ACN Foundation releasing revised edition of trauma guidebook

Special attention given to counselor compassion fatigue, PTSD and other post-Sept. 11 effects

BY ANGELA KENNEDY
SENIOR STAFF WRITER

With the success of the book "Terrorism, Trauma and Tragedies: A Counselor's Guide to Preparing and Responding," editors Jane Webber Runte, Debra Bass and American Counseling Association Executive Director Richard Yep will publish a second, revised edition later this month.

The first edition, published in 2002, featured practical strategies, techniques and plans for counselors dealing with clients who were involved in traumatic or tragic events. It was a collection of first-person accounts, news stories, handouts and adaptations of conference presentations. The revised book contains all the original material plus new chapters on compassion fatigue, Sept. 11, 2001, and military deployments, as well as updated articles on Columbine, children's reactions to trauma and Post-Traumatic Stress Disorder.

"This book is one that the trustees of the ACA Foundation feel very excited about," said ACA Foundation Chairman Clemmie Solomon. "We had

Continued on page 24

The somber scene at Fresh Kills, a landfill where workers sifted through debris from Ground Zero searching for human remains, left even professional counselors feeling emotionally numb.

ACA leads education funding coalition in hosting 35th annual gala

The Committee for Education Funding, a coalition of 100 education-related organizations, of which the American Counseling Association is a member, held its 35th Annual Gala and Awards Banquet at the Hyatt Regency-Capitol Hill in late September to honor members of Congress who have worked to elevate the priority of federal education funding this year. The gala brought together education lobbyists, organization leaders, members of Congress and congressional staff for an evening to recognize their victories and celebrate their heroes.

ACA Government Relations Representative Chris Campbell served as co-chair of this year's gala, and he presented the CEF Outstanding New Member Award to Rep. Tim Bishop (D-N.Y.). In his remarks, Campbell noted that "as a member of the House Education and the Workforce Committee, Bishop has worked to increase funding for several key education programs. This includes supporting efforts to increase the Pell Grant maximum to $5,800 and to require full funding of the 'Elementary and Secondary Education Act,' especially Title I."

Other honorees at the gala included Sen. Arlen Specter (R-Pa.), Sen. Jack Reed (D-R.I.) and Rep. David Obey (D-Wis.), who were each presented with the William H. Natcher Distinguished Service Award. Among the 500 guests at this year's award banquet were ACA Associate Executive Director David Kaplan, ACA Director of Public Policy and Legislation Scott Barstow, ACA Public Policy and Legislation Committee member Dana Coach-Davis and Governing Council member Lynn Linde.
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FDA issues ‘black box’ warning on antidepressant use by children

The Food and Drug Administration has issued a “black box” warning about a possible increased risk of suicidal tendencies that some antidepressants might pose for children and adolescents.

A federal advisory panel had recommended last month that this strongest of government warnings be adopted. The decision also follows congressional hearings held last month where lawmakers accused FDA officials of suppressing clinical information about risks associated with antidepressant use among children. At the same hearing, however, most lawmakers did not make the same accusations of the pharmaceutical companies that testified.

The FDA’s decision came after an analysis of 15 clinical trials found that, on average, 2-3 percent of children taking antidepressants experienced an increase in suicidal tendencies. In the studies of more than 4,000 youths, no suicides actually took place. In general, it appears that clinical trials of treatment of depression in children have been fairly limited.

A black box warning is a section that appears in bold face at the top of an insert in packages of drugs distributed to doctors and patients. The FDA is also issuing an information packet for pharmacists to distribute to patients to help parents look for warning signs of suicidal ideations. The warning labels will be placed on all antidepressants and will certainly affect how the drugs are advertised and prescribed.

The National Mental Health Association commended the FDA for its efforts to ensure the safe use of medications for children. However, Michael M. Faenza, NMHA president and CEO, said, “The warning must not be presented in a manner that could add to the stigma surrounding children’s mental health or construct additional barriers to needed care, namely by causing unnecessary fear in parents and families.”

Kenneth Duckworth, medical director of the National Alliance for the Mentally Ill, said the FDA’s recognition of the risk is not included in the actual black box warning—language nor clearly stated in other labeling changes. “This is a serious omission,” he said. “Untreated mental illness poses a very real risk of suicide. The new labeling also does not recognize that antidepressants combined with psychotherapy represent the most effective course of treatment.”

The Last Word

“The idea is that these are ‘broken’ children, and we need to get them away from the ‘well’ children. That is not the right way to approach it.”

—Brenda Melton, High School Counselor at Navarro Academy in San Antonio

(See story “Helping students climb out of the cracks” on page 10)

J.D. Crowe

Breaking News

NMHA guide features treatments for youth with mental health problems in the juvenile justice system

To assist community leaders, advocates and family members with addressing the complex mental health problems of children and adolescents in the U.S., the National Mental Health Association has created the “Mental Health Treatment for Youth in the Juvenile Justice System: A Compendium of Promising Practices.”

NMHA’s free guide features current evidence-based practices are highly effective in reducing recidivism rates. It highlights state-of-the-art treatments designed to account for the individual needs of youth involved in the juvenile justice system.

Youth in the juvenile justice system have substantially higher rates of mental health disorders than children in the general population. In fact, federal studies suggest that as many as 60-75 percent of incarcerated youth have a mental health disorder with 20 percent having a severe disorder. Up to 50 percent have substance abuse problems.

“Mental Health Treatment for Youth in the Juvenile Justice System,” along with NMHA’s recent “Advocacy Guide to Rights Protection for Youths in the Juvenile Justice System” and “Privatization and Managed Care in the Juvenile Justice System” are available through NMHA’s website at www.nmha.org/childrenjuvenpr/index.cfm.

Professional Counseling Fund leaders, e-mail addresses

Last month’s issue of Counseling Today noted the establishment of the Professional Counseling Fund, a political action committee for counselors. The PCF leaders and their e-mail addresses are:

- Mark Pope, president: PopeML@mix.umsl.edu
- Courtland Lee, vice president: clee5@umsl.edu
- Pat McGinn, secretary/treasurer: patmcginn@uchicago.edu
- Bob Walsh, director of development: walshgasp@aol.com

Individuals who do not have e-mail access and wish to contact PCF may do so by contacting Pat McGinn at 773.363.8313.

HHS awards more than $67 million for substance abuse, mental health services for homeless people

Health and Human Services Secretary Tommy G. Thompson announced 34 grants totaling $67.6 million over five years to provide substance abuse and mental health services to homeless individuals. The announcement was made recently during a meeting of the U.S. Interagency Council on Homelessness.

The grant awards total almost $13.5 million each year for five years, subject to continued availability of funds and progress achieved by the grantees. The average award ranges from $272,000 to $400,000 per year in total costs. HHS Substance Abuse and Mental Health Services Administration will administer the grants.

“The large majority of homeless individuals have serious and disabling health conditions, including psychiatric and substance use disorders,” said SAMHSA Administrator Charles Curie. He noted these new grants will help make accessible the many essential health and human services needed for people to get and keep permanent housing. For more information, visit www.oas.dhhs.gov/newsl/press/2004pr0/20040929.html.
Counselors face their responsibility in labeling

Samuel T. Gladding made a very valid point in his article, "Diagnoses, labels and dialogue," in the September 2004 issue of Counseling Today. Namely, that "while diagnoses and labels may be necessary at times, we need to remember that people are more complex than the words we use to describe them." This may be true, but in order to describe "them," words are necessary. In so doing, counselors use labels and diagnoses as a lens with which we see the client, much the same as we use a theoretical framework to conceptualize the client fundamentally.

When counselors use a particular theory to view the client characteristics and patterns of behavior, we also label and categorize the client. Whether we label him or her as having an "incompetence complex" or fall prey to "irrational inferiority complex," we must all remember our perspective when encountering a client and relate to our clients on a phenomenological basis. If anyone were to like respond, please feel free to e-mail taylor burrowes@nol.com.

Melissa Taylor Burrowes
North Miami, Fla.

Counseling Today articles: not just for counselors

The Counseling Today articles titled "When children harm other children: bullying as a form of child abuse" and "Self-injury on rise: the growing phenomenon of harming the body to ease the mind" are very timely articles that point to a very important need. School counselors need to have short one- to two-page documents to hand out to teachers concerning these areas. Counselors attend workshops that provide this information but then go home and become inundated with everything that is going on. As a result, they do not take the time to condense the information they received into a readily readable article for their staff. As a result, staff is not made aware of current issues and ways they can identify and refer to the counselor for assessment, brief counseling and referral. As a result, many students may continue their inappropriate or self-destructive behavior without a timely intervention.

The American Counseling Association could become a very valuable resource by providing readily reproducible articles that counselors could provide to teachers as informational pieces as well as inducements for teachers to learn more about specific areas of student concerns. In many cases, the articles that appear in Counseling Today could be easily adapted for that purpose and available online so school counselors could quickly download them and put them in their faculty mailboxes. I know I have not completely thought through this but offer up this idea for consideration.

Bruce Dickinson
Seward, Neb.

Your opinions are valuable to Counseling Today.

Readers are encouraged to write with feedback on articles, columns, features and/or letters.

Letters must be brief (below 300 words) and include your full name, city and state at the end of your letter. If you are submitting your letter by e-mail (our preferred method), please indicate whether or not you wish for your e-mail address to appear if your letter is published. Letters are selected at the discretion of the editor-in-chief. We reserve the right to edit for Associated Press style, grammar, length, clarity and other professional standards. Please limit letters to four per year.

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Tangibles, intangibles of ACA membership

We live in an age of conspicuous consumption. As a society, we buy, sell and barter goods and services. In the words of Ross Perot, we like to “see, touch, taste and smell” those objects and opportunities that are before us. Otherwise, objects and opportunities that touch, taste and smell “just aren’t real.” Thus, it is little wonder that Madonna’s pop culture metaphor, “Material Girl,” still gets a lot of airtime on the radio. It appeals to our senses.

Now, there is nothing wrong with being a shopper, especially a prudent one. It is important that what we purchase be worth the cost. Otherwise, we are throwing our money away—something most of us cannot afford to do. Therefore, when we join a group—such as the American Counseling Association—we expect to acquire something for our dollars. The good news, at least with ACA, is that we get our money’s worth and a little bit more!

The tangibles

Membership in ACA is filled with tangible benefits. It helps us stay up-to-date on the latest research, emphasizes and develops counseling. It provides us with information about trends and findings in the field through the monthly editions of the ACA newspaper, Counseling Today, and the quarterly flagship periodical, the Journal of Counseling & Development. The ACA website is also a rich source of data.

In addition, embedded within ACA are 19 work and special interest divisions, four regions, and dozens of branches. Professionals from these groups can and do band together for conferences and continuing education seminars. ACA offers an annual convention that varies geographically, too. For example, last year’s convention was in Kansas City, Mo., this year it will be in Atlanta and next year it will be in Montreal. These conventions provide a plethora of programs on a variety of counseling topics. They also bring professionals together to celebrate and honor achievements. If that were not enough, continued learning and credit for it can also be obtained by reading many ACA publications and taking courses online through the ACA website (www.counseling.org).

The association’s staff also works hard at the state and national level to shape legislation that is beneficial to counseling professionals, clients and the general public. Then there is the leadership training offered at the regional and national levels. Furthermore, ACA’s work is complemented by that of the ACA Foundation, which provides scholarships to graduate students to attend the annual convention and also sponsors an essay contest on current counseling issues. Likewise, the ACA Insurance Trust gives ACA members an opportunity to purchase low-cost malpractice insurance. Furthermore, ACA has connections with other professional groups and a Code of Ethics and Standards of Practice. All of the tangible services and benefits of the association can be found on the ACA website and in ACA brochures.

The bottom line is that ACA gives its members an excellent return for their investment!

The intangibles

But what about the intangible benefits of belonging to ACA? These less obvious values are too seldom discussed, perhaps because they are more difficult to describe. Yet, it is important to acknowledge their presence and to note that our development individually and collectively is not based just on what we receive in material goods and services. Rather, how we function and grow is connected with intangibles. So what are the intangibles of being a member of the world’s largest counseling association?

First, there is a purposefulness that transcends time and place. None of us lives as well in isolation as we do in community. ACA provides a community of people who can help us to sustain and maintain the essence of who we are by supporting our goals, growth and ideals. The association keeps us from being what John Donne described as “islands.” The association gives us people to...

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The profession that always gives

I have found professional counselors to be one of the most thoughtful, compassionate and giving groups in all of society. They give of their time, their energy and their desire to improve the lives of others. In addition, professional counselors are tireless advocates for people, causes and issues that strive to improve the human condition.

This month, I am writing to tell you about yet another way to give. I know that with all that is on your plate, it may be hard to think of how you could spare another minute of your time to give to something else. Actually, I am talking about the giving of resources, specifically to the American Counseling Association Foundation, an organization that I believe is worthy of your consideration this year as you think about your year-end giving.

Why the ACA Foundation? Well, for one thing, it is the oldest and one of the only not-for-profit philanthropic foundations dedicated exclusively to supporting projects, research and financial assistance for various facets of counseling. During its more than 25 years in existence, the ACA Foundation has been instrumental in its support of the profession as well as individual counselors at the beginning of their careers, those who are mid-career and others who are at the pinnacle of their careers.

As an example of how the ACA Foundation has supported graduate students in counseling, one need only look at its sponsorship of the many graduate students whose ACA convention registration was covered because the Foundation wanted to ensure that some students in need had the opportunity to attend this event. Further, the Foundation's support of the annual Graduate Student Essay contest has resulted in a number of students whose ACA membership dues and professional liability insurance premiums were covered for an entire year.

For both practitioners and academics, the ACA Foundation has published or distributed a number of books that look at specific issues in counseling. And this month the Foundation is releasing its second edition of "Terrorism, Trauma and Tragedies: A Counselor's Guide to Preparing and Responding." The first edition of this book was published in response to the events of Sept. 11, 2001. The new edition greatly expands on what practicing counselors have seen relative to the many societal events that have evolved since Sept. 11, 2001.

Last, but certainly not least, the Foundation's work in offering grants to organizations that provide counseling has been both innovative and timely. Throughout the years, the ACA Foundation has provided "mini-grants" to not-for-profit organizations that worked on violence reduction activities and as you may have read in last month's column by ACA Foundation Chair Clemmie Solomon (Counseling Today, October 2004, page 55), the board voted in favor of establishing the "Growing Happy and Confident Kids" project, which provides elementary school counselors with up to 10 different books that promote positive self-esteem, tolerance for others and coping strategies for youth.

With the good causes to support, I would say that your support of the ACA Foundation is one that has clearly demonstrated ongoing benefits to the counseling profession for nearly 30 years.

Professional counselors are a community of givers. Your time, your knowledge, your advice and your advocacy for your clients and students are exemplary and beyond compare. Asking you to consider giving of your financial resources is something I would not do if I did not think there would be some type of benefit for you and the profession.

Like the ACA Foundation's philosophy that fund raising is not about seeking 100 donors of $1,000, but rather, 10,000 donors giving $100 or, perhaps, 10,000 donors giving $10 — it is about community and ensuring that all who want to give can do so in an easy, expeditious way, knowing that each dollar they give will be designated toward projects that truly benefit the counseling profession.

I know I will be giving to the ACA Foundation this year, and I hope you will seriously consider a donation as well. You can obtain more information about the ACA Foundation by visiting its website: www.counseling.org/foundation or by calling 800.347.6647 ext. 350.

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

Three years ago, I decided to change my educational focus to pursue a master's degree in counseling. Two previous master's degrees—one in communications and the other in marketing—served me well financially but were not fulfilling. It was a difficult decision because while my employer would pay for 100 percent of a huge variety of courses, such reimbursement would not include my desire for coursework in the counseling field. The significance of the choices to be made was great and got me to think seriously about the financial repercussions of moving into the counseling profession.

The cost

It is no exaggeration to say that I have spent more than $70,000 on my education so far. Consider this: add all class fees, books, conferences (e.g., hotel, air ticket, taxi, food), and then add practicum and internship time. It's a tactic that takes time, which is the difficult part to accept. The desire to acquire that income as a counselor requires discipline in conforming to a model, and this necessary discipline can only come when the path chosen is one that will keep you highly motivated.

Finding joy and growth

The decision to invest my money was based on the desire to work in a field that I would enjoy. After analyzing all the possibilities, the conclusion was that counseling fit me best. I am a "people" person who loves to know others better. Since my first class, I have repeated the same old story to teachers and colleagues. I am so blessed with having made the right decision to study counseling because no other profession can take me as close to the human soul, which is a reward in and of itself. Knowing that you can help people find their paths in life and that you can contribute to people's happiness—that is a real blessing. I thank God every day for the decision, and I am thoroughly enjoying the ride.

Even before I finish the program, endorsement courses for mental health and school counseling are already on my mind. I also have the idea of being a certified play therapist (as I write this article, I just received confirmation of my acceptance into a program), as well as a certified sexuality therapist. Getting my license is a must, and I don't want to stop. The future is bright and the opportunities many, if I just keep moving forward in productive ways.

Recovering the investment

It would be a fair question to ask, "Claudemir, what you are saying is beautiful about life and your love for the profession, but can you ever recover your investment?" I've certainly heard that one before: At every conference I attend and in each discussion with friends, the recurring comments are always about how badly our profession is paid. All these conversations could easily be depressing and cause second thoughts about investing so heavily in a profession that does not promise a high level of compensation.

Continued on page 14
LEGAL & REGULATORY COMPLIANCE
Updates for Counselors, Mental Health Professionals and Counselor Educators

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HIPAA is not "over and done with." New rules are still coming out and this landmark legislation is sure to affect the counseling profession well into the future. This newsletter, the successor periodical to HIPAA Compliance Legal Update and Analysis Service for Counselors and Related Mental Health Professionals, will continue to cover HIPAA and other privacy initiatives, but also will keep you abreast of other new laws and regulations, both federal and state. Some of the major topics include:

- Legal mandates ranging from child abuse reporting to the ADA
- Licensure board and other complaints and how to avoid them
- Reimbursement issues including insurance fraud
- FERPA and other school counseling-related topics
- Supervision—state regulatory requirements, liability
- Issues for counselors who are employers (sexual harassment, independent contractor vs. employee, and more)
- Informed consent, privilege and privacy issues
- Duty to warn...and dozens of other critical subjects

Legal & Regulatory Compliance also will include:

- State Spotlight—Key court cases, legislation and regulatory action in the states
- FAQs—Most common questions counselors have regarding HIPAA and other federal and state matters
- Resources—Important Web sites and other resources to keep at your fingertips

Meet the Editor
Attorney Anne Marie “Nancy” Wheeler

Ms. Wheeler’s specific experience is in how to comply with HIPAA and other legal and regulatory requirements, professional liability, reimbursement, confidentiality and key aspects of other laws and regs. Through her role in responding to inquiries from the ACA Insurance Trust’s hotline on risk management, she has gained additional insight into the issues counselors face every day. She is well-informed about licensure board complaints and how to avoid them.

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**Staying awake**

I believe that we can be born more than once in our lives. I believe that I have three birthdays — my official birthdate, the second birthday when I met my mentor and a third birthday in my early 40s. In between my birthdays, I’ve done some “sleepwalking.” What I mean is that there were times in my life when I was not feeling close or connected to myself or other people. I fell asleep. Becoming a client in counseling was the first experience of rebirth, and the second experience was a painful liaison in my 40s.

Even after these significant events in my life, the effects of being self-absorbed do not always become sustained. This isn’t at all surprising, considering that is what happens with clients. I remember how excited and anxious I was when I first entered counseling and also that liaison. They weren’t like any other experiences I had before. Both made me feel unconditionally accepted and truly appreciated for who I was, and both gave me permission to explore the uncharted waters of my soul; it was liberating.

So when I am invited to talk about myself, it’s appealing and powerful. But after awhile, I usually retreat (or is it rest?) again from others and myself. I guess this could be those fits and starts on the road to discovery, growth or change. Perhaps it’s a lack of total readiness or a way to protect myself because, underneath it all, I’m vulnerable to rejection.

Emotionally, I continue to ebb and flow like the ocean tides or wax and wane like the moon. I come in close and then back off as I go through my phases of development — it’s the cycle of waking up and falling asleep. I can either vacillate between playing it safe and taking risks, between complicating my life and simplifying my life and between being other-oriented to being self-absorbed. I even oscillate between writing verse and prose!

Even as I write this, I’m struck by how hard it is for me to stay with myself or keep balance in my life, for there are times I find myself just going through the motions of living. I get up and go to my job as a counselor, return home, eat and go back to bed, with my enthusiasm and creativity hibernating now and then. Please don’t misunderstand me — this is not to say that I’m not alert during my sessions or that I’m not being mindful of what I do. But, rather, I’m just not as aware of my feelings as acutely as at other times.

For so many years, I have been busy making my career a priority and focusing on accumulating various job experiences that I knew would make my work history impressive. I have been employed at psychiatric hospitals, a medical surgical hospital, day treatment facilities, community nonprofit facilities and private practices. In the meantime, I moved, traveled, lost and gained the same 20 pounds several times and had minor surgery. When I was 42, I finally got relief from some pain that I was having, and it improved my energy level. At times, because of all this, I felt like I was going through puberty again and was about to burst out of my skin! It’s been disconcerting, not understanding exactly what’s happening to me physically.

Continued on page 26
Helping students climb out of the cracks

Two alternative school counselors share their struggles, successes

BY ANGELA KENNEDY
SENIOR STAFF WRITER

The growing concerns about violence, bullying and drugs on school campuses have caused parents, teachers, counselors and policy-makers to push for alternative schools and programs to provide a safety net to catch at-risk students before they slip through the proverbial cracks of the nation’s educational system.

With more than 36 combined years of experience at alternative schools, counselors Brenda Melton and Emily Ranion are dedicated to weaving that net. Through innovation, flexibility, creative discipline and unconditional care, these women have helped hundreds of students see past their flaws and mistakes to realize their abilities and recommit to their futures.

Navarro Academy
San Antonio, Texas

Brenda Melton, who is a past-president of the American School Counselor Association, worked at the first alternative school established in Texas. In her 18 years of experience with the San Antonio Independent School District, she has seen alternative schools’ admission criteria change with the state laws, because many have moved from “completion” schools to more positive settings and back again. Currently, Melton is a high school counselor at the Navarro Academy, a non-traditional school campus that focuses on credit and dropout recovery where the students enroll at their own discretion.

Students choose to attend Navarro Academy because they don’t feel that they can “fit in” at a traditional school. Other reasons include teen pregnancy and prior drug or alcohol addiction. Melton noted that many of the students are gay, lesbian, bisexual or transgendered and find it difficult to attend a traditional school, so they opt for the alternative setting.

“I call them the ‘dissed’ students — they are disconnected, disruptive and disenfranchised ... not all, but most. Some are acting in a parental role in their family, and most of them usually lack strong adult role models,” she said. “A lot of these kids are very intelligent and capable. Some of them have a lot of street sense but perform low academically. They get frustrated, and rather than being frustrated, they quit school or they will act out in class. Oppositional-defiant, ADD — you can put all kinds of labels on them, but that’s not helping them at all. They are not traditional students. The traditional approaches don’t work with them; you have to try other methods and approaches to reach them.”

Navarro offers day, night and dual-credit programs for the 350 enrolled students. Class begins at 8 a.m. and goes to 3 p.m. The methodology Melton has found to be most effective is the social skills program of the Girls and Boys Town educational model, founded more than 80 years ago.

“They fuss about the structure, but they do like it,” she said, noting that Navarro was one of the first schools in San Antonio Independent School District to implement a dress code.

Navarro uses an educational model of intervention and, rather than suspending students for breaking the rules, students must go to counseling, participate in role-playing exercises, write letters of apology and do community services to rectify the situation.

Students regularly attend group and individual counseling. The school frequently invites outside speakers to come in for a variety of presentations, such as AIDS awareness, drug/alcohol prevention and relationship issues.

“They have a lot of the same issues that students in regular schools have; it’s just more intense. Many are also dealing with some sort of unresolved grief and loss issue, where they lost someone close to them in the past three to five years,” Melton said, noting that most of students have bounced from one school to another, so the alternative school setting truly aspires to provide a stable environment for them.

“You have to have strong staff members who can really build relationships with kids. They have to be tolerant and very patient,” said Melton. She noted that “zero tolerance” rules have forced students who are labeled troublemakers to be placed somewhere besides the public schools.

“Most of the time, they are sent to an alternative school. The rule varies from community to community, but the idea there is that these are ‘broken’ children, and we need to get them away from the ‘well’ children. That is not the right way to approach it,” Melton said.

“So, in many cases, there are interventions that need to be implemented on the campus level before you move students out of the school,” she said. “Kids make mistakes. What disturbs me is when elementary children are being sent to alternative schools. With a strong counseling program at any school, you don’t need an alternative program to do the interventions.” She added that the school administration should also take some responsibility.

Schools with zero tolerance policies usually have a larger number of expulsions. “It means you are taking more kids out of school, and with ‘No Child Left Behind,’ that isn’t a good situation,” she said. “It can come back to bite the school district and the school itself.”
also sends the message to the students and their families that they are not wanted or welcomed. They are told they need to find another school to go to.

Before Navarro switched from its punitive setting to optional enrollment, almost 80 percent of the student population was sent there because of possession, use, or distribution of marijuana. "You often find that there was no systemic, easy way of solving this type of problem," Melton said, noting that most of the students were only there for a "sentencing" of days or months, whereupon they could return to their previous schools. "It was more of a 'Band-Aid' type of approach that really wasn't effective. Now, we are allowed a lot of flexibility and interventions to meet the needs of the students rather than the students meeting the program's needs. Sometimes we get flak about that."

Because Melton works with the students on a regular basis for months and sometimes years, she is able to see the results of her dedication. "I really feel like these kids need long-term interventions and not a quick fix. In being at a non-traditional campus, I see to it that the students are getting the support and help they need to complete their education. We have a really strong counseling program that is based on the ASCA model — it's comprehensive and meets the needs of all students," she said. "Working with these types of kids is a bit of a challenge as well as a great reward."

Melton added that the best part of her job is seeing her students graduate. "They finish school and say that we made a difference in their lives — that's a great feeling."

Booker T. Washington
High School
Terre Haute, Ind.

"In our case, Booker T. Washington High School is designed to meet the particular needs of pregnant and parenting teen-agers," said Emily Runion, a licensed school counselor and a past-president of the Counseling Association for Humanistic Education and Development.

The school was established in 1974 as a result of the efforts of some concerned women in the Terre Haute area who saw the need to provide education and day care for parenting teen-age girls. Washington offers pre-natal classes, parenting skills classes, child development classes and a vocational day-care class and lab, as well as an on-site nursery that serves as many as 46 infants, toddlers and pre-schoolers.

"The school began small, with only one classroom and one nursery worker. Through the years, the program evolved and established itself into an accredited high school," said Runion. "We now encompass an entire historical red brick school building serving at present, 104 students and 46 children, with a waiting list. We have a teaching staff of 12 full-time certified teachers, one part-time special education teacher, one school counselor and one social worker."

The Alternatives for Living and Learning Nursery is a United Way-funded organization that is separate from the school but located on the school grounds. It provides nursery care solely for the students' children, who range in ages from 3 weeks to 5 years.

Unlike Navarro, Washington selects each student for enrollment — that is, students are not "sent" there.

"It is a privilege to attend Washington. We decide who is admitted, who stays and who leaves. We have few rules: be kind, no facial piercings (other than the ears), adhere to the appropriate dress code and stay professional and avoid drugs," Runion said. She noted that if students do not wish to comply with the rules, then they have the choice of returning to their home schools or testing for their GEDs. Washington graduates 35 to 45 students a year, and more than 50 percent of those students pursue further education at one of the local colleges.

Classes are scheduled Mondays through Thursdays from 8:25 a.m. to 2:15 p.m. "Our charter established us as a day school on an adult education night school model. Students attending night school attend one night a week for three hours. Our class time equals or exceeds that time requirement," Runion said. "What I love about an alternative school is the flexibility we have to work an educational program that meets the needs of each individual student. A student may attend a full day, half day or only one hour a day, if that is what is needed to get a student to feel comfortable attending school again."

The school also allows a three-week maternity leave. Grades can be carried over from one term to the next so that a student doesn't have to repeat course work from the beginning to complete the credit.

"This is especially beneficial for the parenting students who have had either a difficult pregnancy or an ill child," Runion said. "Most of our students work; many work full time. Our day is structured to provide adequate time to complete assignments in school and not to have homework. Balancing parenting responsibilities with work responsibilities and school responsibilities can be overwhelming. Those of us who were 'grown up' and tried to handle all three might bien beg to understand. Imagine it without any support and with adolescent comprehension and restrictions."

Runion said that Washington is often referred to as a mental health facility with an educational component. Like the students at Navarro, Washington's students deal with the same issues as students in a traditional high school: gossip, dating, broken hearts, drugs, bullying, hurt feelings, worry over family matters, career decisions, etc.

"What is unique to our school is that the population is 100 percent at-risk for dropping out," Runion said. "The major presenting issue is being a parent. Beyond that are all the other issues of abuse, molestation, homelessness, poverty, drug abuse and mental illness, to name a few."

She added that the new students go through an adjustment period, in which they learn to trust and use her office to resolve interpersonal issues, straighten out misunderstandings, confide in her, and unburden worried minds.

"The most difficult part of my job is working with irresponsible, addicted, absent parents. Battling the influence of drugs is maddening. Trying to resolve safe shelter and housing issues gets discouraging, also. Maintaining students' attendance can be frustrating as well," Runion said, adding that she has spent many restless nights being concerned for the students who choose to leave the program prematurely. "However, resolving student disputes is fattening but highly rewarding from the individual growth that occurs following resolution."

Runion said the staff members at Washington are aggressive and assertive with the students, and they don't stay away from exploring the students' personal lives and issues. "We are very 'in-your-face.' We treat the whole person from breakfast to bedtime and beyond. We network with other agencies in an attempt to wrap around the student," she said. "We believe in Maslow's Hierarchy of Needs. Sometimes a student is able to focus on schoolwork and future goals. However, sometimes personal issues are a bigger priority — the death of a parent, a sick child, part-time and temporary issues, housing, etc. Until basic security needs are met, they cannot easily progress with their education."

Although Washington's student body is primarily composed of teen mothers, the school does admit other cases on a recommended basis. "Some students are placed here from expulsion hearings but are sent to us because of the nurturing, small environment we provide," she said. "However, serious behavioral problems are not permitted."

Typically, Runion works with the juvenile authorities, mental health agencies and local colleges. She is the special education coordinator as well as the test coordinator for the graduation exam. She handles the class schedules and arranges conferences with the parents and teachers.

"I advocate for my students," she said. "I have private counseling and group counseling sessions. I work with the seniors on entrance exams and financial aid. I work with the entire population on interest inventories and career exploration. I am also available to the staff for personal and professional concerns."

Though her workload is heavy, she enjoys the unique setting of the school. "I love the freedom Washington High School provides its students and staff," Runion said. "I love its flexibility, its boundaries and its caring and nurturing environment. As a staff, we support and encourage one another. We laugh, cry, sigh, moan and celebrate together. We share ideas and materials as a team to decide how best to serve and work with the students. We are in a continuous state of growth, change, fluctuation and adaptation."

Runion continued, "It is a hard, demanding job. To do it, one must love teenagers and teaching, have good mental and emotional health (and possess) a means of self-rejuvenation and a support system. Most of all, I admire and respect my students' desire to improve their lives and provide for their children (as well as) their ability to survive incredible hardships and heartaches. They are truly awesome."
Continued from page 1

Grants Committee Chair Bill Young (R-Fla.), the goal is to have the omnibus appropriations bill ready for consideration when members of Congress return for a lame-duck session the week of Nov. 15. Should Congress fail to complete action on the FY 2005 omnibus appropriations bill, one or more continuing resolutions may be needed to keep government agencies funded until the omnibus is passed.

As the appropriations process moves forward, the American Counseling Association will continue to urge House and Senate members charged with reconciling their chambers’ spending bills to support the Senate’s higher level of appropriations for the Secretary’s higher level of appropriations program. “To send a message to the Senate, the Senate Appropriations Committee passed support of the bill and signed letters of support organized by the Juvenile Justice and Delinquency Prevention Coalition and the Mental Health Liaison Group. For more information, please contact Dara Alpert in ACA’s Office of Public Policy and Legislation at 800.347.6647 ext. 242 or by e-mail at dalterp@counseling.org.

House and Senate appoint conference on ‘IDEA’

In a move that surprised many of those in the education and disability communities, the Senate in September named conferees on H.R. 1350, the “Improving Education Results for Children with Disabilities Act of 2003,” to reauthorize the “Individuals with Disabilities Education Act,” the nation’s special education law. The House appointed its conference committee in October, shortly before leaving town. This sets the stage for an IDEA conference committee to begin resolving differences between the respective House and Senate bills. Senate Democrats had been balking at naming conferees to the IDEA conference committee because they believed they had not had meaningful input on a number of previous conference committees on other issues. However, a deal between Sens. Judd Gregg (R-N.H.) and Ted Kennedy (D-Mass.) — the chairman and ranking member of the Senate Health, Education, Labor and Pension Committee, respectively — broke the stalemate and allowed the conference committee to move forward.

Although the naming of conferees completes the next step in the legislative process, it may be the last one made. There is no assurance that the IDEA conference committee will come to any conclusions soon, let alone complete its work in time to allow enactment of IDEA reauthorization legislation before the 108th Congress adjourns for the year. Unlike completing work on appropriations, IDEA reauthorization is not considered “must-pass” legislation. Unless quick and painless agreement can be reached on the IDEA legislation, lawmakers are unlikely to spend considerable time and energy attempting to push through a bill in the final hours of a lame-duck session.

For more information, visit the American Counseling Association’s public policy website at www.counseling.org/public.

Hate crimes provision eliminated from bill

Legislative language to strengthen hate crimes protection was removed from the 2005 Department of Defense authorization bill before it was passed by the House and Senate on Oct. 9. The bipartisan hate crimes provision, originally sponsored by Sens. Ted Kennedy (D-Mass.) and Gordon Smith (R-Ore.), would have allowed the Departments of Justice and Defense to reduce funding for any federal or state entity that refuses to implement the nation’s hate crimes law. The Senate approved its version of the FY 2005 Department of Defense Authorization Bill (S. 1194, the “Mentally Disordered Offender Treatment and Crime Reduction Act of 2005”) last week, while the House already completed action. Senate Democrats had been balking at naming conferees to the IDEA conference committee because they believed they had not had meaningful input on a number of previous conference committees on other issues. However, a deal between Sens. Judd Gregg (R-N.H.) and Ted Kennedy (D-Mass.) — the chairman and ranking member of the Senate Health, Education, Labor and Pension Committee, respectively — broke the stalemate and allowed the conference committee to move forward.

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The negative ideas about finances and pay in the counseling field have not swayed me. On the contrary, they have energized me to get the message across that the picture need not be as bleak as it is sometimes portrayed. It does take time. The return on my investment may not fully pay off financially in the next 10 years, but this is not the whole financial picture. I keep saying to peers and myself that a person who moves a mountain is the one who starts moving it stone by stone. For me, everything works like the "butterfly effect," where one little action here can literally transform the world around me, but not immediately.

The plan to recover my investment is focused on the power of choice and wanting something. The experience in itself came with compound interest. Whatever comes my way now can only contribute to the positive bottom line.

Working the business
I do understand that—most if not all of us are in this profession for the love we have for people and the desire we have to help them. We realize that we have studied hard to give the best possible service to our clients, but also that we need to pay bills. Counseling is a profession and a business from which we need to derive a living. If clients are willing to pay for medical doctors to take care of their bodies and pay billions of dollars for medicines, then why should we treat clients' minds and souls for peanuts? We have trained hard to treat them, and we need and deserve just compensation.

I recall a teacher once asking what I would do if a client asked me to reduce the fee. I told him in a very straightforward way that I would reduce the time, not the fee. This would show respect for the client and the profession. I believe in the value of professional work, and I believe that the fees we charge should reflect the value of our work. We have studied hard to give the best possible service to our clients, and we should be paid for our hard work. We should not be treated as if we are not important or valuable.

The last three years have produced tremendous growth in my counseling career. Mentors, readings, and clients have provided more productive views of the world, people, and myself. In many ways, I have already recovered my investment, and the experience in itself came with compound interest. Whatever comes my way now can only contribute to the positive bottom line.

The other half of the equation for being a true professional and caring for people is to provide pro-bono hours helping those who cannot afford to pay professional fees. The subject of reducing fees should not even be discussed for those who can pay the bill.

Financially speaking, until now, all I have done is literally invest in my education. I expect to get all those dollars back with interest through my passion for this profession and because I have a plan. The plan has five parts: being a counselor, a motivational speaker, a consultant, a writer, and a teacher. My focus will be to help clients see their strengths in life. A second objective will be to work as a motivational speaker, share a positive message with people, and, through them, spread the word to others. The third objective is to help corporations grow their businesses by focusing on human strengths. Finally, through articles, books, and classes, I want to share the beautiful part of life that people so often miss. It may sound like a big plan, but it is one that others have accomplished, so I ask why can't you or I do it?

There are more than 6 billion people on this planet who create a huge need for our services. As long as we keep reinvesting ourselves, so long as we keep investing in being great professionals and, most importantly, so long as we keep working together to market our product, we can be successful. It may take years to see the full impact of the success, but I have begun the journey in a positive way, looking to the top of the mountain without forgetting to enjoy the walk up.

The only chance we have to transform our profession and the world is by walking the nai's, one by one, together. In doing so, sooner than we can imagine, all of us in the counseling profession can meet at the top of the mountain. We can and should celebrate there, but the real joys will be gained by reveling in all we experience along the way.

Claudemir Oliveira
Student Focus

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For the past three years, the Council for Accreditation of Counseling and Related Educational Programs Board has been considering a restructure of its composition. The board feels that greater autonomy from the American Counseling Association and its divisions will further remove the appearance of any conflicts of interest, both for CACREP as a whole as well as for individual board members appointed by ACA and its various divisions. Accreditation decisions must be free from perceived influence to maintain the integrity of the review and decision-making process. CACREP has always been an accrediting body for the profession; yet the current structure belies that fundamental role. Accreditation decision-making process. CACREP as a whole as well as individual board members appointed by ACA and its various divisions. Accreditation decisions must be free from perceived influence to maintain the integrity of the review and decision-making process. CACREP has always been an accrediting body for the profession; yet the current structure belies that fundamental role. Counselor education process, board members will be predominantly from counselor educator positions, with representation from a variety of professional counseling disciplines. Additionally, practitioners and public members will be a part of the new board.

This new structure will allow the CACREP Board to fill vacancies based on current and projected needs of the board to ensure representation of all facets of the counseling profession. Board size will be slightly reduced from its current composition of 18 members, with board members who serve one five-year term.

The date for new board implementation is July 1, 2007. Given the current structure of the board members' three-year appointments and reappointments, the transition process will be challenging. However, the board has developed a transition plan, which will include adjusting appointment and reappointment schedules and changing the board member selection process. An additional positive aspect of this new structure is changing the financial reliance on the divisions for support of board members. The CACREP Board will become self-sufficient. The result will be that board members will no longer be "representatives" for ACA and its specific divisions, and the appointing organization will no longer be required to pay the $2,100 annual fee for board member representation. All board member costs will be paid by CACREP.

As you can see, this is quite an ambitious undertaking. The CACREP Board feels that it is the right time to begin this transition process. Through numerous discussions over several years, board members, both past and present, have supported the idea of CACREP Board independence. Given the importance of the accreditation process to counseling programs, and the current climate of high-stakes accountability, it is vitally important that CACREP maintain its strong reputation as an independent accrediting body. This new board structure represents the next step in CACREP's ongoing efforts to promote excellence in accreditation for counselor education programs.
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publishers turned down my first book idea, networks. I know and others about whom we will knowledge of where I might go next guides and sustains us in our quest to emulate, some of whom we will get to know more than three decades. Some of my best and closest friends are counselors I met through ACA. A case could be made for viewing friends as tangible, but it is their spirit, good will and trust that stays with us when we are apart that is of equal value. For instance, I do not always see my faculty colleagues every day, but I am aware that they are close to me because of the friendships and professional relationships we share. This smaller, more intimate group of ACA counselors helps sustain and enrich me.

Another intangible of being a member of ACA is inspiration and increased altruism. Leo Buscaglia, Maya Angelou and Gilbert Wrenn are some of the individuals who have made major presentations at our association conventions. Their words and lives have helped spark a new spirit within our members. The results have been expressed many times in modest, humane acts of kindness and concern. An example is the annual "Empty Plate Project" at the ACA Convention, where money is collected to help a local charity. Likewise, because of ACA's relationship with the Red Cross, a number of our members have served with mental health units working with individuals and families following tragedies such as Sept. 11, 2001, or the 2004 hurricanes in Florida.

Renewed energy is a fifth intangible benefit of being a member of ACA. There is something both refreshing and revitalizing in linking with professional counselors. It is the opposite of burnout and disillusionment. Counseling can be draining as well as demanding. We need to refuel. Participation in ACA events, where we are with like-minded professionals, can help us renew because of the contagious spirit of optimism and concern that permeates such times. We may not notice our increased vigor or heightened vitality, but others can tell. For instance, my wife, Claire, first pointed out to me in a heartwarming way that I had changed after returning from an association event. Her words were simple: "You seem more alive and re-energized. You've been hanging out with counselors, haven't you?"

Strategic, serendipity is yet another intangible benefit of association membership. As John Krumboltz has emphasized, much of what we do in life is not planned or does not go according to plan. Rather, because of our environment or happenstance, we accidentally meet people or take part in events that have a profound and lasting impact on us and who we become. While the impact may not be as dramatic as Abraham Maslow changing from a behaviorist to a humanist after the birth of his first child, we are transformed nevertheless. We can also be strategic in letting serendipity happen by putting ourselves in certain enriched environments. In my own life, a brief chance conversation I had at an ACA convention with Leo Goldman, then the editor of what is now the Journal of Counseling & Development, gave me encouragement to try writing professionally. This event would not have happened had I just been reading a counseling book in my office. Serendipitous encounters, especially those that are strategic, reinforce us in our mission to serve. They open up opportunities for us to learn about or learn more about counseling areas we might not have previously explored.

A final, noble intangible that comes often as a result of ACA membership is increased empathy for others and a better understanding of ourselves. The reason this benefit develops is related to our having access to like-minded counselors who share similar circumstances or conditions. They know some of what we may be going through. We, in turn, are more aware than not of a number of conditions that they face. For example, when I once told a fellow ACA professional that I was struggling in working with a man with depression, she invited me to discuss my frustration further and worked with me in understanding what I might do that would be helpful in treating my client.

**Conclusion**

ACA provides a number of specific services and opportunities that are measurable and beneficial to members. These include the publication of professional journals, newspapers, books and a website, as well as the opportunity to garner continuing education units. The fact that ACA has a staff devoted to legislative activities on state and federal levels should not be overlooked either. In addition, the annual ACA Convention, our Code of Ethics and our affiliations with the ACA Foundation, ACA Insurance Trust and other professional groups such as the Red Cross are tangible that are quite useful to members. Yet, we should not forget those benefits of being an ACA member that are basically intangible. They include:

- A feeling of purposefulness beyond oneself.
- Informal networking.
- The formation of lasting friendships.
- Increased inspiration and altruism.
- Renewed energy.
- Strategic serendipity.
- Increased empathy for others and a better understanding of ourselves.

Thus, not everything of value in counseling is concrete. Much that is lasting is found on the more ethereal side in the ledger of life. We should remember that as we renew or join ACA.

As counseling professionals, we must strive to bring a balance into our lives. By tapping into both the tangibles and intangibles of counseling, we will grow. In the process of that development, we will become more attuned to and pleased with the entire array of ACA membership benefits. Unlike the Rolling Stones, we will get "satisfaction" and, in contrast to Madonna or Ross Perot, our focus may become less material than sense-oriented. Seriously, please vote! **
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Thank you for considering the ACA Foundation.

Together, we can continue to enhance the counseling profession and reach out to others.
Continued from page 12

(Re-Ore.), would have expanded the existing hate crimes definition to include crimes based on gender, sexuality and disability. The current statute only allows federal investigation and prosecution of hate crimes based on race, religion and national origin. The provision also would have aided local law enforcement agencies and courts in prosecuting alleged hate crimes.

As an amendment to its FY 2005 “Defense Authorization Act, the Senate adopted the “Local Law Enforcement Enhancement Act” (S. 966/HR. 4204) in May. Senate and House negotiators reportedly dropped the hate crimes language in the defense bill after receiving opposition from some leading House Republicans.

House Republican leaders opposed the provision despite the fact that, just last month, the House voted to “instruct conference” to support the hate crimes proposal. Senate proponents of the legislation have vowed to bring up the hate crimes legislation again in the next Congress.

Several states have already enacted hate crimes legislation focused on gender and sexual orientation. Congress first enacted a federal hate crimes prevention law in 1968, covering violent crimes motivated by a person’s race, religion or national origin. Subsequent legislation in the early 1990s expanded data collection and reporting and enhanced sentencing for bias-motivated crimes.

For more information, see the American Counseling Association’s briefing paper on this topic at www.counseling.org/public or contact Dara Alpert at 800.347.6647 ext. 242 or via email at dalpert@counseling.org.

Senate delays action on vocational education bill

The American Counseling Association received word in October from the Senate Health, Education, Labor and Pensions (HELP) Committee that it has decided not to go forward with its bill (S. 2868) to reauthorize the “Perkins Vocational and Technical Education Act” this year. According to a senior HELP Committee staffer, the major disagreement was about the expansion of funding for the Perkins program to four-year institutions. After discussing the issue at length, members on both sides were uncomfortable proceeding unless they could reach a consensus, especially given the limited amount of time available for doing so.

On the House side, no plans have been made public to bring that chamber’s Perkins reauthorization bill (H.R. 4496) up for a floor vote before Congress adjourns for the year. Consequently, it is all but certain that both houses will begin the reauthorization process again in the 109th Congress next year.

For more information, visit the ACA Public Policy website at www.counseling.org/public.

Lobbying effort focuses on school counseling

American Counseling Association lobbyist Chris Campbell, joined by lobbyists from the School Social Work Association of America and the National Association of School Psychologists, met in late September with William Modzeleski, associate deputy undersecretary at the U.S. Department of Education’s Office of Safe and Drug-Free Schools. The purpose of the meeting was to discuss the “Elementary and Secondary School Counseling Program,” over which OSDPS has jurisdiction.

Specifically, the group discussed FY 2006 funding for ESSCP and the recent Senate Appropriations Committee report language that calls upon the department to produce, as soon as possible, a report on the program. ACA, NASP and SSWA offered to assist the department with this report.

The Bush administration has recommended eliminating funding for the ESSCP for the last four years, and the meeting was held in an attempt to prevent this from occurring again in the first fiscal year of a potential second Bush administration. Advocates for the program have had to rely on champions in Congress to restore funding each year.

Modzeleski expressed his support for the school counseling program but noted the competing budget interests among programs within the Department of Education. He indicated that the budget for FY 2006 hinges somewhat on the results of the presidential election and a possible change in administration. However, even a change in administration will not change the current tenuous financial situation facing all federal agencies.

Modzeleski also initiated a discussion about “packaging.” He talked a great deal about the need for school-based mental health providers to portray themselves and their services somewhat differently in a post-Sept. 11, 2001, world from what we might have in the past (i.e., post-Columbine).

Children today, he said, are inundated with terrifying images (e.g., kidnappings, beheadings, genocide, acts of terrorism), and many are concerned that these things could happen to them and their families. To this end, Modzeleski

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Is there such a thing as value-free counseling?

Cognitive restructuring is a concept that suggests the possibility of rethinking and reframing how we perceive and think about a particular issue, individual or principle. In basic counseling skills training, students are taught to listen, to evaluate what they hear, to assess what they think and how they feel about what they hear, and to suspend judgment. Value-free counseling has been fundamental to our role as a counselor; however, how value-free can anyone be?

Thought-provoking questions

At a recent conference sponsored by the Western Association of Counselor Education and Supervision in Sacramento, Calif., a very spirited discussion occurred primarily among counselors educators on issues related to values and principles of counselor training programs in the context of higher education institutions. Among the leading questions were: 1) How can or should a program do about students who espouse fixed, judgmental thinking about different groups based on religion, sexual orientation and ethnicity? 2) Should programs require that trainees participate in counseling or psychotherapy? 3) How can or should a program dismiss students who hold on to value-based attitudes that are not consistent with the American Counseling Association's ethical standards, the Association for Multicultural and Developmental Counseling Competencies and university-specific mission and values of inclusiveness and respect for individual differences? 4) If change is fundamental to our role and skills as a counselor, then what type of change can be expected of trainees?

Bias's role in counseling

The development of biases and preferences is a cognitive process that is learned and reinforced through different socialization experiences. For example, my preferred mode of counseling today is not consistent with the theories I learned in graduate school. Back then, to say one was "eclectic" was often viewed negatively. There was a value placed on one's theoretical orientation and, in Boston, the preferred theoretical orientation was psychodynamic. Today, I describe my theoretical paradigm as psychodynamic, engaging clients in a process of co-construction through a narrative approach. The psychodynamic model is about context according to Bronfenbrenner's model of the microsystems, mesosystems, ecologies, ecosystems and macrosystems, helping the counselor to understand clients across the life span. How counselors appraise clients and their issues, and the theoretical paradigm that is applied, is a matter of bias or preference. At face value, this may seem like a nonissue; however, it can become problematic if counselors hold fast to the same model with all clients. The AMCD Multicultural Counseling Competencies remind counselors that there is a need to examine "how a counseling approach may or may not be appropriate for a specific group based primarily on dimensions of culture?" (e.g., gender, sexual orientation). For many years, psychoanalytic therapy is inconsistent with feminist models about equity and relational models of being. Understandably, applying the psychoanalytic model because it is valued and preferred by the counselor can do more harm than good to female clients. This is not value-free counseling.

The role of attributions

Who is the ideal client? When I was in graduate school, we talked about the YAVIS client—young, attractive, verbal, intelligent and social. If this is the norm and these are the desirable attributes for clients, then it is not surprising when trainees immediately want to refer a client who speaks English as a second language or a person with a disability. Associating a particular attribute to different individuals is a learned process. Attributions also correspond to expectancy theory. The business management video, "The Tale of O2" provides a classic example of attribution theory. The "O2" is the individual in the organization typically represented by a minority group (e.g., ethnic, age). Co-workers may expect the "O2" to speak for all "O" people, to behave in a certain way, to have stereotyped "O" opinions and so forth. Attributes counselors ascribe to clients based on their A dimensions (e.g., gender) and B dimensions (e.g., educational background) can bias how we speak to our clients and what we expect they are capable of accomplishing in counseling. Another competency that is relevant to the discussion of attributions is that "cultural-styled" counselors recognize their stereotyped reactions and preconceived notions that they may hold toward others. Counselors are not value-free or nonbiased, but our awareness and self-management are the keys to doing no harm.

Locus of control/locus of responsibility

In a classic article published in 1978, Daniel Wing Sue introduced a paradigm of locus of control/locus of responsibility. The paradigm is an alternative to the construct of internal/external locus of control introduced by Rotter in the 1950s. In American
culture, internal locus of control is consistent with values of autonomy, competitiveness, self-reliance and so forth. Self-actualization is a related construct, suggesting that we as individuals have the potential of realizing more than we are born with and shaping our destiny. This mindset, according to Sue, is not the same for everyone. Gay, lesbian, bisexual or transgendered clients may assume locus of responsibility in the workplace, fulfilling job responsibilities and meeting set expectations; however, they may not have the expected locus of control. Work settings with institutionalized homophobia and other forms of oppression apply control through the use of stereotypes and other forms of the self-fulfilling prophecy.

Ironically, counseling is designed to facilitate clients' growth and change. In most situations, the expectation is that clients assume responsibility for their issues and goals, and the realization of these goals. However, many counselors have been client communication. The competencies are instrumental to help all counselors to "peel back the onion" and the many learned layers of beliefs that may slow the way we see and judge another.

Reassessing learned biases and closely held values about individuals and groups needs to be a deliberate process in counselor training. Learning ethical standards is a fundamental base of knowledge and is further reinforced by the competencies, but the questions introduced at the beginning of the column are more complex. What can a program do about students who espouse fixed, judgmental thinking about different groups based on religion, sexual orientation and ethnicity? How can we help all students to hold on to value-based attitudes that are not consistent with the ACA ethical standards?

AMCD Multicultural Counseling Competencies and university-specific mission and values of inclusiveness and respect for individual differences?

We encourage counselor educators and supervisors to reconsider the premise of value-free counseling. Taking theory to practice is more complex in a society with multiple social issues, individual and group differences, technological forces and globalization. Let us engage the difficult dialogues.

Pamela Arredondo is a faculty member of the Department of Counseling Psychology at Arizona State University. She is also the founder and president of Empowerment Workshops (e-mail: empower@asu.com). Michael D'Andrea is a professor in the Department of Counseling Education at the University of Hawaii (e-mail: michael@hawaii.edu).

Washington Update
Continued from page 21

The American Counseling Association is working as part of a coalition of consumer and provider organizations (the Consortium for Citizens with Disabilities) to improve the reauthorization bills by changing them to allow states to count individuals participating in rehabilitative services as engaged in work activities.

The welfare reauthorization legislation reported out of the Senate Finance Committee would allow states to do so for up to three months and for an additional three months if rehabilitative services are combined with work. While this is better than the House welfare reauthorization bill, eligibility for rehabilitative services must be extended further.

Under the "Pathways to Independence Act" (S. 1523), separate legislation introduced by Sens. Gordon Smith (R-Ore.), James Jeffords (I-Vt.), and Kent Conrad (D-N.D.), states could count rehabilitative services as a work activity for an individual.

Continued on page 26
such a positive response from the first edition that we knew we needed to do a follow-up!"

As the editors looked at the book and sent the chapters back to the original writers for their thoughts and revisions, a couple of themes became apparent — compassion fatigue and the long-term effects of Sept. 11, 2001, said Webber Runte.

"Compassion fatigue is the effect when counselors continue to work with trauma, and they absorb it," she said. She added that it is a state of tension and preoccupation with the individual trauma of clients in which the mental health professional may personally re-experience the traumatic event, become numb or avoid reminders of the traumatic event, or have negative arousal in the form of hypervigilance, sleep disturbances, irritability and anxiety. After Sept. 11, 2001, many counselors were exposed to the horrors of the event through the experiences of their clients, and many became overwhelmed or burned out by this secondary exposure to trauma.

"This is one of most important of the new additions to the book," Webber Runte said. "It's a fairly new area, and only in the past few years have people identified a syndrome of symptoms that counselors experience when they continue to work with traumatized people."

Trauma specialists Eric Gen- try, Mike Dubil and George Kapalka penned many of the trauma articles in the book. Another topic in the book is the possible overdiagnosis of PTSD.

"There is wide discussion within the profession on labeling people with PTSD," said Webber Runte. "There is quite a debate ongoing since Sept. 11, 2001, on whether much of the reactions by the population immediately after the terrorist attacks were normal reactions to very abnormal events. There has been a lot of discussion on what is PTSD and acute stress disorder and how counselors and mental health professionals may be over-labeling PTSD, when clients are actually responding normally and naturally to a very difficult event." She added that the new chapter in the revised book fill a void in the current literature.

"There is no doubt that there was a real demand for this second edition of the book," said Yep, who also serves as secretary/treasurer of the ACA Foundation. "This is a timely publication, given that all that is going on in the world today, and a must read for any professional counselor who works with those experiencing trauma, tragedy or the effects of terrorism."

Lessons learned
J. Barry Mascari, one of the previous contributing authors, wrote "9/11 — Lessons Learned" for the new edition. His article is based on qualitative research gathered from fellow practitioners during two workshops.

"Although the workshops were not planned as data-gathering events, we were so struck by the emotional responses of counselors about their Sept. 11, 2001, experiences," he said. "Many were still feeling the effects and expressed that this was their first opportunity to do something about those feelings."

Our article looks at lessons, some of which have already been addressed since Sept. 11, 2001, which need to drive our planning so that we are better prepared to muster a response next time there is a disaster."

Specific suggestions are provided for all counselors but, more specifically, the article recognizes the critical role school counselors play in trauma response. Mascari's other piece, "The Best-Laid Plans: Will They Work in a Real Crisis?" originally appeared in the first edition and has been revamped for the second edition.

"It specifically addresses school emergency planning in a specific, no-nonsense way," Mascari said. "Readers can pick this up, find out where they currently are and improve what is needed. This time, more attention is paid to the caretakers. After Sept. 11, 2001, we learned a great deal about the needs of counselors suffering compassion fatigue."

"I think that the most significant aspect of this book is that the authors, most of whom are not household names, are all emerging leaders in this emerging field," he added. "Most have a focus and understanding of compassion fatigue — symptoms that were previously lumped together with PTSD or burnout. Also, the book, although grounded in theory and research, gives practical skills and tips that counselors can use without a great deal of additional training."

'Ground Hero'
In one of the new chapters, a counselor who responded to the Red Cross deployment to Ground Zero (or "Ground Hero," to him) shared his struggles with compassion fatigue. Tom Quay, a Licensed Professional Counselor with a private practice in Atlanta, volunteered for two weeks in New York. He returned a different man.

In his submission, he wrote: "Service Center 6 was located at the picturesque Mount Manresa Catholic spiritual retreat center overlooking Ground Zero from Staten Island."

The College of William & Mary
Ph.D. in Counselor Education
The Counselor Education Program at the College of William & Mary in Williamsburg, Virginia offers the CACREP-approved Ph.D. degree in Counselor Education and Supervision. Topics for doctoral seminars include advanced study in contemporary counseling theories and integrated theoretical approaches; cognitive developmental theory and application; family systems frameworks, current research in counselor education; and current issues in the role and identity of the counselor educator. The program of study includes course sequences in quantitative and qualitative research, a counseling practicum, and a counselor education internship.

Each student also will select a 12 credit hour cognate to broaden his or her knowledge base and provide additional areas of specialization and expertise. Topics for cognates have included addictions counseling, family counseling, family-school collaboration, gifted education, and college student development, among others.

The doctoral program is designed to allow students intensive involvement with faculty as teachers, mentors, supervisors, and collaborators in teaching, research, professional presentations, and publications. Other opportunities include roles as directors and supervisors in an innovative on-site clinic in family counseling and with school-based prevention programs.

Fellowships and financial aid packages including graduate assistantships, health service and tuition fee waivers are available. Deadline for receipt of all application materials for Fall, 2005 admission is February 1, 2005.

The College of William & Mary is committed to recruiting students representative of societal diversity. For more information contact Dr. Victoria Foster at (757) 221-2321 or vafost@wm.edu. Information and registration materials are also available on the School of Education website at www.wm.edu/education.
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**Name on Certificate**

Please print your name exactly how you want it to appear on the certificate.

Maximum 25 characters, including space and punctuation.

**Shipping Cost**

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**TOTAL**

**Payment Method**

[ ] Check or money order payable to ACA in U.S. funds enclosed.

[ ] P.O. (attached) P.O. #______

[ ] VISA [ ] MasterCard [ ] American Express [ ] Discover

Credit Card #________________________ Exp. Date ___/___

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Cardholder's Name (print) __________________________________________

Daytime Phone ___________________________ Date _____________

Authorized Signature __________________________________________

Source Code: CPFCT05
Finding Your Way

Continued from page 9

First, I tried coping by lis-
tening to music, taking long
walks and re-ordering counsel-
ling as a client. I was torn
between my love for my hus-
band and my longing for my
colleagues. Being confused is
the most painful experience for
me; whether it's the uncertainty of
or feeling like I'm totally out
of control, I don't know for sure.
I wanted desperately to allevi-
ate my suffering and transform
my grief somehow into someth-
ing positive so I could concen-
trate on my work. It was extrem-
ey challenging for me to manage
my own inner turmoil and still
see clients at the same time.

However, I was experien-
cing and reconnecting with my
emotions in a way that I hadn't
before. I certainly would not
have chosen this experience to
wake me up or recommend to
anyone that they go looking for
this, but it did ultimately help
me feel more alive and "reborn."

This new "pain" was intense
and forced me to face myself
again and to risk creating. I've
realized throughout the years
that I usually don't pay attention
to my pain until it's loud and I can't
ignore it anymore. I've also
noticed that one of the first things
I do when I "wake up" is take a
stab at writing poetry.

Whether it's because I'm older
now or I have more life experi-
ence, I finally have the courage
and confidence to really risk
being creative and to try better
ways of identifying and commu-
nicating my inner turmoil.
Sometimes writing is an exorcis-
ing or numbing process for me
because it's very hard for me
to find the exact words to accu-
ately convey what I want to say.
For example, I wrote that last
sentence about 10 different
ways! Writing doesn't come
easy to me because I didn't study
it, for one thing, and because
I don't do it very day. Although,
for some reason, I find it less
painstaking to write poetry or
technical papers.

I just realized something.
The least I say in counseling, the
better, and the fewer the words
I write, the better. The more I try
to elaborate, the more I trip over
my words like the proverbial
centipede trips over its feet when
it tries hard to concentrate on
how to walk! It takes less effort
to be vague than to be precise.
Then there are those times I
cherish writing because I
become so engrossed that I lose
my self-consciousness, and
there's no distinction anymore
between where I begin and end,
or between me and the keyboard
and the computer. It makes me
feel reborn with my surround-
ings and connected to the world.
I think that value being in coun-
selling and doing counselling
because it's another way to bridge
separateness (or estrange-
ment?) for other people and me.

I think that my clients come
to counseling — and I go to coun-
seling when we can no longer
ignore our feelings and problems,
and our pain then can become
a catalyst. I learned that
pain, if harnessed creatively,
could become an inspiration,
a muse. One such time for me
was going into counseling and
another was being at a cross-
roads in my marriage. For my
clients, it has been illnesses,
deaths, accidents, divorces and
births or some other major
change in their lives.

The task for me then is to take
my rebirths and find a way to
stay awake and use them as a
catalyst in the clients that I can
accomplish this by integrating
my pain into my life and incor-
porating it into my work and
then teaching clients to "re-
frame" their painful experiences
too. For example, I helped one
client to view his brain tumor,
and the surgery to remove it, as
his personal Sept. 11, 2001, and
"rebirth." Now he says that his
life is divided into two parts —
before the tumor (or "BT time")
and after the tumor ("AT time").

Counseling helped him decide
that the true purpose of the
umor was to "wake him up.
It certainly shook him up. A
man once afraid that he had no
future and would not see his daughter
grow up is now anticipating the
birth of his second child.
My goal is to continue learning
and growing by harnessing and
transforming my pain from each
"rebirth" and to stay awake a little
longer each day and use it to be
the most effective counselor.

Cynthia L. Marcolina is a
Licensed Professional Coun-
selor as a poet and works at
PsyCare Solutions, a pri-
ivate practice in the Philadel-
phia area.

Washington Update

Continued from page 23

ACA joins luncheon for
Back-to-School Address
from Education secretary

American Counseling Asso-
ciation Public Policy and Leg-
islation Co-Chair Dana Couch-
Davis and Government Rela-
tions Co-Chair Dana Couch-
Davis attended a luncheon
on Sept. 24 with Education
Secretary Rod Paige. The lun-
cheon, held at the National
Press Club in Washington,
D.C., was the occasion of
Paige's Fourth Annual Back-to-
School Address.

Speaking before a crowd of
educators, education lobbyists,
journalists and students, Paige
discussed what he sees as the
positive changes brought about
in classrooms by the "No Child
Left Behind Act." Paige said,
"We are at the beginning of a
new era in education. I am
proud to report that our schools
are improving; American edu-
cation is getting better — and it
is because of No Child Left Be-
hind and the hard-working
teachers and administrators in
our nation's schools."

Although most of his remarks
were focused on the achieve-
ments of No Child Left Behind,
Paige was asked how he
thought the Department of Edu-
cation could comply with the
recommendation of the Presi-
dent's New Freedom Com-
mission on Mental Health to
improve access to mental health
services through the schools.
Paige responded, "We're work-
ing on it," but offered no other
details.

The full text of Paige's Back-
to-School Address is available

Guidebook

Continued from page 24

Island. When the courier
dropped me off at this location,
a crazed-looking woman ran up
to the van, flung open the door
and said, "Are you mental health?"
I said, "Yes," I answered. "Wel-
come to hell," she moaned. She
began to "debrief" me. "What did
you do to him?" She asked me
about my job. "What kind of
work do you do?" She asked me.

She said she was a nurse and
had been working at the Fresh
Kills landfill. She had learned
about the place from a friend,
and had been told that it was
where people could get help for
their mental health issues.

She said she had been work-
ing at the Fresh Kills landfill for
several years, and had come to
know some of the workers there.
She said that she felt honored
to be there, and that she was
happy to help anyone who came
to the site.

She asked me if I was willing
to talk to her about my experi-
ences at the Fresh Kills landfill.
I agreed, and we spent several
hours discussing our experi-
ences at the site.

Counseling helped me decide
that the true purpose of the
tumor was to "wake him up.
It certainly shook him up. A
man once afraid that he had no
future and would not see his daughter
grow up is now anticipating the
birth of his second child.

My goal is to continue learning
and growing by harnessing and
transforming my pain from each
"rebirth" and to stay awake a little
longer each day and use it to be
the most effective counselor.

His professional life felt the
effects as well.
"I felt like an impostor when I
returned to my practice," he
said. "The loss of feelings lasted
into January 2002. I asked
my clients since then. Some
have said they didn't at
the time but, in hindsight, they
say they looked and acted "affected"
and "stiffened." They said they
felt uncomfortable being
with me, telling me their "small"
Answer 7 questions correctly, and we'll send you your certificate of completion. If you're already reading CounselingToday, the additional time could be as little as 10 minutes per month.

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

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---

**Counseling Today Quiz — November 2004**

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

**"CACREP Restructures Board Composition"**

1. At the 2003 ACA conference, the CACREP board:
   - o. committed to change
   - o. decided on an innovative new board model
   - o. both a and b
   - o. none of the above

2. The new Board size will be:
   - o. slightly increased
   - o. greatly increased
   - o. slightly reduced
   - o. greatly reduced

**"Spotlight on Atlanta"**

3. This year's program includes different sessions on multicultural issues:
   - o. 48
   - o. 55
   - o. 67
   - o. 74

4. The author notes 60-minute presentations on all of the following topics EXCEPT:
   - o. multicultural literacy
   - o. multicultural youth suicide issues
   - o. multicultural school counseling
   - o. strategies for recruiting and retaining faculty and students of color

5. The creative component of counseling is reflected in sessions on the use of music, literature, bibliotherapy, and:
   - o. a. art therapy
   - o. b. narrative
   - o. c. creative movement
   - o. d. dramatization

6. The revised book contains new chapters on all of the following EXCEPT:
   - o. a. compassion fatigue
   - o. b. Columbine
   - o. c. children's reactions to trauma
   - o. d. the impact of suicide

7. Mascari's 9/11 article specifically addresses emergency planning:
   - o. a. in families
   - o. b. in schools
   - o. c. in communities
   - o. d. all of the above

8. When Query returned to his practice, he describes feeling:
   - o. a. confused
   - o. b. passive and distracted
   - o. c. linkable
   - o. d. like an imposter

9. The Senate approved the House-passed version of the Mentally Ill Offender Treatment and Crime Reduction Act of 2004 by unanimous consent:
   - o. a. True
   - o. b. False

10. Under the "Pathways to Independence Act," states could count rehabilitative services as a work activity for an individual beyond:
    - o. a. six months
    - o. b. nine months
    - o. c. one year
    - o. d. eighteen months

---

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**Read the selected articles in this issue of CounselingToday** Complete the quiz. Then send it to us with $12 — and you're done!

*Price subject to change in future issues.*
Feedback sought for ACA Code of Ethics revision

Dec. 31 deadline to give input about your updated ethics code

BY MICHAEL KOCET
FOR COUNSELING TODAY

Since 2002, a group of ethicists and leaders in the counseling field have been meeting regularly to review the 1995 American Counseling Association Code of Ethics and Standards of Practice and make recommendations for a new draft of the code.

Historically, the code of ethics is reviewed approximately every 10 years, and the dedicated members of the Code Revision Task Force took to the task at hand. One of our primary charges was to examine the existing code and create a draft code of ethics that reflects the changes that have taken place in the counseling profession since 1995, specifically issues addressing cultural diversity. Thus, issues of multiculturalism and diversity are infused throughout the draft of the new code.

The Code Revision Task Force has tried to find the balance between the aspirational aspects of ethical practice and the professional mandates expected of all counselors. Readers of the draft will find “aspirational introductions” that begin each section of the draft code. These brief introductions help set the tone of each section and address what counselors should aspire to with regard to ethical practice. Additionally, you will see that the Task Force has recommended that the current Ethical Standards for Internet/Online Counseling be incorporated into the ACA Code of Ethics, rather than be a separate document. These are just some of the examples of the changes that you will find throughout the 2005 draft code of ethics.

We are asking all association members and leaders of ACA to review the 2005 Draft of the ACA Code of Ethics. The 2005 ACA Code of Ethics draft accompanies this article and is also available online. Please note that this is only a draft and has not been approved by the ACA Governing Council. We are asking for your feedback and suggestions on the draft code of ethics. We ask that all feedback and suggestions on the new draft be provided online at the ACA website. Please be as specific as possible when giving suggestions and recommending changes. Members can find an online version of the 2005 Draft Code of Ethics at www.counseling.org/ethicsdraft.

We will be seeking feedback online through Dec. 31. During the next few months, the Code Revision Task Force will be reviewing all feedback received and will present a final draft of the ACA Code of Ethics to the Governing Council in spring 2005.

Thank you for taking the time to review the 2005 ACA Code of Ethics draft. I want to thank all the members of the Code Revision Task Force for their dedication and hard work on such an important task that impacts counselors in many ways. Please contact me at mkocet@yahoo.com should you have any questions or need further information.

Michael Kocet is chair of the ACA Code Revision Task Force.

2005 ACA Code of Ethics Draft

The following is a draft of the revision of the American Counseling Association's Code of Ethics. The ACA Code Revision Task Force will be accepting thoughts and suggestions on this proposed draft through Dec. 31 online at www.counseling.org/ethicsdraft.

Members of the Code Revision Taskforce 2002-'05

John Bloom
Courtland Lee
Tammie Bringaze
Judy Miranti
R. Rocco Cottone
Christine Moll
Harriet Glasoff
Vilia Tarvydas
Barbara Herlhy
Michael M. Kocet, Chair

Michael Hartley & Anna Harpster, student note-takers

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Information Needed

- Employment Needs
- Training needs
- Practice needs
- Professional growth

References

- American Counseling Association (ACA)
- Ethical Standards for Internet/Online Counseling
- New Code of Ethics for ACA

Additional Resources

- ACA Website: www.counseling.org
- Feedback Form: www.counseling.org/ethicsdraft

Feedback is due by December 31, 2004.
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Mission
The mission of the American Counseling Association is to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession and using the profession and practice of counseling to promote respect for human dignity and diversity.

ACA Code of Ethics Preamble
The American Counseling Association is an educational, scientific and professional organization whose members work in a variety of settings and serve in multiple capacities. ACA members are dedicated to the enhancement of human development throughout the lifespan. Association members recognize diversity and embrace a cross-cultural approach in support of the worth, dignity, potential and uniqueness of people within their social and cultural contexts.

Professional values are an important way of living out an ethical commitment. Values inform principles. Inherently held values which guide personal behaviors or exceed prescribed behaviors are deeply ingrained in the counselor and developed out of personal dedication, rather than the mandatory requirement of an external organization.

The ACA Code of Ethics serves six main purposes:
1. The Code enables the association to clarify its current and future members, and to those served by members, the nature of the ethical responsibilities held in common by its members.
2. The Code helps support the mission of the association.
3. The Code establishes principles that define ethical behavior and best practices of association members.
4. The Code is required to be adhered to by all members of the American Counseling Association.
5. The Code serves as an ethical guide designed to assist members in constructing a professional code of conduct that best serves those utilizing counseling services and best promotes the values of the counseling profession.
6. The Code serves as the basis for processing of ethical complaints and inquiries initiated by association members of the association.

The Code of Ethics contains eight main sections that address the following areas:
A. The Counseling Relationship
B. Confidentiality, Privileged Communication and Privacy
C. Professional Responsibility
D. Relationships With Other Professionals
E. Evaluation, Assessment and Interpretation
F. Teaching, Training and Supervision
G. Research and Publication
H. Resolving Ethical Issues

Each section of the Code of Ethics begins with an aspirational introduction. The introductions to each section discuss what counselors should aspire to with regards to ethical behavior and responsibility. The aspirational introduction begins each section and provides a starting point that invites reflection on the ethical mandates contained in each part of the Code of Ethics.

When counselors are faced with ethical dilemmas that are difficult to resolve they are expected to engage in a carefully considered ethical decision-making process. Reasonable differences of opinion can and do exist among counselors with respect to the ways in which values, ethical principles and ethical standards would be applied when they conflict. While there is no specific ethical decision-making model that is most effective, counselors are expected to be familiar with one credible model of decision-making that can bear public scrutiny and its application.

Through a chosen ethical decision-making process and evaluation of the context counselors and counselors are empowered to make decisions that help expand the capacity of people to grow and develop.

Section A: The Counseling Relationship
Apirational Introduction
Counselors encourage client growth and development in a manner that serves the interest and welfare of clients and promote formation of healthy relationships. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process.

Over the course of their professional careers, counselors are challenged to contribute to society by devoting a portion of their professional activity to serving for which there is little or no financial return (pro bono publico).

A.1. Welfare of Those Served By Counselors
A.1.a. Primary Responsibility
The primary responsibility of counselors is to respect the dignity and promote the welfare of clients.

A.1.b. Records Counselors maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institution procedures. Counselors include sufficient information and disclose documentation in their client records to facilitate the delivery of services and to ensure confidentiality of needed services. Counselors also strive to ensure that documentation meets ethical standards by requiring that documentation be kept accurate and current. Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both the counselor and the client. Counselors recognize that informed consent is an ongoing part of the counseling process. Counselors appropriately document discussions of informed consent that take place during the counseling relationship.

A.2. Informed Consent in the Counseling Relationship
A.2.a. Informed Consent
Counselors offer clients the freedom to choose, whether to enter into or remain in a counseling relationship. For clients to make informed choices they need adequate information about the counseling process and the counselor. Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both the counselor and the client. Counselors recognize that informed consent is an ongoing part of the counseling process. Counselors appropriately document discussions of informed consent that take place during the counseling relationship.

A.2.b. Types of Information Needed
Counselors explicitly address to clients the nature of all services provided. The counselor informs clients about issues such as, but not limited to: the purposes, goals, techniques, procedures, limitations, potential risks and benefits of services to be provided; the counselor's qualifications, credentials and relevant experience; continuation of services upon the incapacitation or death of a counselor; and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis, the need for tests and reports, fees and billing arrangements. Clients have the right to expect confidentiality and to be provided with an explanation of its limitations, including understanding how supervisors and/or treatment team professionals are involved; to obtain clear information about their case records; to participate in the ongoing counseling process; and to refuse any recommended services or modalities change and to be advised of the consequences of such refusal. In addition, counselors are expected to understand the goals and expectations of clients regarding their services.

A.2.c. Developmental and cultural sensitivity
Counselors are responsible for communicating information in ways that are both developmentally and culturally appropriate. Counselors use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language used by the counselor, they provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure an understanding of content. When clients have difficulty understanding the language used by the counselor, they provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure an understanding of content. When clients have difficulty understanding the language used by the counselor, they provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure an understanding of content.
A.3. Clients Served by Others

If a client is receiving services from another mental health professional, counselors consult with the client's other professional(s) to avoid confusion and conflict for the client.

A.4. Personal Needs and Values

A.4.a. Personal Needs. In the counseling relationship, counselors are aware of the emotional connect with clients and their responsibilities inherent in the counseling relationship, maintain respect for clients and avoid situations that seek to meet their personal needs at the expense of clients.

A.4.b. Personal Values. Counselors are aware of their own values, attitudes, beliefs, and ideologies and how they apply in a diverse society. Counselors avoid imposing their values on clients.

A.5. Roles and Relationships with Clients

A.5.a. Current Clients. Sexual or romantic counselor-client interactions or relationships with current clients or their family members are prohibited.

A.5.b. Former Clients. Sexual or romantic counselor-client interactions or relationships with clients or their family members are prohibited for a period of five years following the last professional contact. Counselors, before engaging in sexual or romantic interactions or relationships with clients or their family members after five years following the last professional contact, demonstrate forethought and document (in written form) whether the interactions or relationships can be viewed as exploitative in some way, and/or whether there is still potential to harm the former client; in cases of potential exploitation and/or harm, the counselor avoids entering into these interactions or relationships.

A.5.c. Non-Professional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships). Counselor-client non-professional relationships with clients, former clients, or their family members should be avoided, except when the interaction is potentially beneficial.

A.5.d. Potentially Beneficial Interactions. When a counselor-client non-professional interaction with a client or former client may be potentially beneficial to the client or former client, the counselor must document in case records, prior to the interaction, the rationale for such an interaction, the potential benefit and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. Such interactions should be time-limited and initiated with agreement in writing. Where unintentional harm occurs to the client or former client, or to an individual individually significantly involved with the client or former client, due to the non-professional interaction, the counselor must show an attempt to remedy such harm. Examples of potentially beneficial time-limited interactions include, but are not limited to, attending a formal ceremony (e.g., a wedding or graduation); purchasing a service or product provided by a client or former client (excluding unrestricted bartering); hospital visits to an ill family member; or providing support during a stressful event.

A.5.e. Counselor-Client Contiguous Professional Relationships. When a counselor changes roles from the most recent contracted relationship, they obtain informed written consent and the right to refuse services related to the former role. Examples of roles that change include contiguous professional relationships that include: (1) changing from individual to family counseling or vice versa; (2) changing from an evaluative to a therapeutic role, or vice versa; (3) changing from a counselor to a researcher role; and (4) changing from a counselor to a mediator role, or vice versa.

A.6. Clients Informed

Clients must be fully informed of any anticipated consequences (e.g., financial, legal, personal or therapeutic) of counselor role changes.

A.7. Multiple Clients

When counselors agree to provide counseling services to two or more persons who have no common connections, counselors clarify at the outset which person or persons are clients and the nature of the relationships they will have with each involved person. If it becomes apparent that counselors may be called upon to perform potentially conflicting roles, they clarify, adjust, or withdraw from roles appropriately.

A.8. Group Work

A.8.a. Screening. Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.

A.8.b. Protecting Clients. When a group setting, counselors take reasonable precautions to prevent harm from physical, emotional, or psychological trauma.

A.9. End-of-Life Care for Terminally Ill Clients

A.9.a. Quality of Care. Counselors take measures to ensure that clients: (1) receive high quality end-of-life care for their physical, emotional, social and spiritual needs, (2) have the highest degree of self-determination, (3) are given every opportunity possible to engage in informed decision making regarding their end-of-life care, and (4) are provided support during a stressful event.

A.9.b. Counselor's Limitations. Counselors may participate in bartering only if the relationship is not exploitative or harmful and does not place the counselor at a disadvantage, if the client requests it, if a clear written contract is established, and if such arrangements are an accepted practice among professionals in the community.

A.9.d. Accepting Fees From Agency Clients. Counselors refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through the counselor's employing agency or institution. The policies of a particular agency may make explicit provisions for agency clients to receive counseling services from members of its staff in private practice. In such instances, the clients must be informed of other options open to them should they seek private counseling services.

A.10. Fees and Bartering

A.10.a. Establishing Fees. In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, counselors assist clients in attempting to find comparable services of acceptable cost.

A.10.c. Bartering. Counselors may participate in bartering only if the relationship is not exploitative or harmful and does not place the counselor at a disadvantage, if the client requests it, if a clear written contract is established, and if such arrangements are an accepted practice among professionals in the community.

A.11. Termination and Referral

A.11.a. Abandonment Problems. Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, illness and following termination.

A.11.b. Inability to Assist Client. If counselors determine an inability to be of professional assistance to clients, they avoid entering or continuing relationships. Counselors are knowledgeable about clinically and culturally appropriate referral resources and suggest alternatives. If clients decline the suggested referrals, counselors should discontinue the relationship.

A.11.c. Appropriate Terminations. Counselors terminate a counseling relationship, securing client agreement when possible. When it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling may no longer serve the client's needs or interests, when clients do not pay fees charged, when an agency/employer limits do not allow provision of further counseling services.

A.11.d. Appropriate Transfer of Services. When counselors transfer or refer clients to other practitioners, they ensure that appropriate clinical and administrative processes are completed and open communication is maintained with both clients and practitioners.

A.12. Technology Applications

A.12.a. Benefits and Limitations. Counselors inform clients of the benefits and limitations of using technology applications in counseling processes. Applications include but are not limited to computer hardware/software, telephones, the World Wide Web, online access, and other communication devices.

A.12.b. Technology-Assisted Services. When providing technology-assisted distance counseling services, counselors determine that (1) clients are intellectually, emotionally and...
physically capable of using the application;
(2) the application is appropriate for the needs of the clients;
(5) clients understand the purpose and operation of the technology; and
(4) clients are satisfied with the experience.

A.12.c. Inappropriate Services. When client services are deemed inappropriate for such experiences or client is dissatisfied with them, a referral is made to provider of more traditional services.

A.12.d. Access. Counselors inform clients of free public access points, such as public libraries, for using technology applications.

A.12.e. Laws and Statutes. Counselors determine that the use of technology applications does not violate the laws of any local, state, national or international entity and observe all relevant statutes.

A.12.f. Assistance. Counselors seek business, legal and technical assistance when using technology applications, particularly when the use of such applications crosses state or national boundaries.

A.12.g. Technology and Informed Consent. As part of the process of establishing informed consent, counselors do the following:
(1) Address issues related to maintaining the confidentiality of electronically transmitted communications.
(2) Inform clients of all colleagues, supervisors and employees, such as information technology (IT) administrators, who might have authorized or unauthorized access to electronic transmissions.
(3) Usher clients to be available or unauthorized users including family members and fellow employees who have access to those computers.
(4) Inform clients of relevant statutes governing the practice of a profession over state lines or international boundaries.
(5) Use encrypted Web sites and other communications to help ensure confidentiality when possible.
(6) When the use of encryption is not possible, counselors notify clients of this and electronic transmissions to general communications that are not client-specific.
(7) Inform clients if and for how long session notes and transcripts are maintained.
(8) Discuss the possibility of technology failure and alternative methods of service delivery.
(9) Inform clients of emergency procedures, such as calling 911 or a local crisis hotline, when the counselor is not available.
(10) Discuss time zone differences, local customs and cultural or language differences that might impact service delivery.
(11) Determine whether counseling services provided from a distance are covered by the client’s insurance.

A.12.h. Informed Consent. Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counselors respect the differing views towards disclosure of information and understand that some clients may not consider confidentiality to be upheld in traditional ways. Counselors should hold open and regular discussions with clients concerning the counseling in which client information is to be shared.

B.1.a. Cultural Considerations. Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counselors respect the differing views towards disclosure of information and understand that some clients may not consider confidentiality to be upheld in traditional ways. Counselors should hold open and regular discussions with clients concerning the counseling in which client information is to be shared.

B.1.b. Respect for Privacy. Counselors respect the confidentiality of information shared. When developing counseling with whom information is to be shared.

B.1.c. Respect for Confidentiality. When clients share private information counselors should not share confidential information without client consent, or without sound legal or ethical justification.

B.1.d. Exceptions. The general requirement that client confidentiality be maintained does not apply when disclosure is required to prevent clear and imminent danger to the client or others or when it is required by law.

B.1.e. Contingencies, Life-Threatening Diseases. A counselor who receives information confirming that a client has a disease commonly known to be both communicable and life-threatening may be justified in disclosing information to an identifiable third party, who by her or his relationship with the client is at a high risk of contracting the disease. Prior to making a disclosure the counselor should assess the client’s intent to inform the third party about her or his disease or to engage in any behaviors that may be harmful to an identifiable third party.

B.1.f. Court-Ordered Disclosure. When court ordered to release confidential information without a client’s permission, counselors request to the court that the disclosure not be required or that it be limited as narrowly as possible due to potential harm to the client or counseling relationship.

B.1.g. Minimal Disclosure. When circumstances require the disclosure of confidential information, only essential information is revealed. To the extent possible, clients are informed before confidential information is released. Counselors are involved in the disclosure decision-making process.

B.1.h. Explanation of Limitations. When counseling is initiated and throughout the counseling process counselors inform clients of the limitations of confidentiality and identity foreseeable situations in which confidentiality must be breached.

B.1.i. Subordinates. Counselors make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates including: employees, supervisors, students, clerical assistants and volunteers.

B.1.j. Treatment Teams. When counseling treatment involves a continued review by a treatment team, the client will be informed of the team’s existence and composition. Clients are informed about the types of information being shared and the purposes of sharing such information.

B.1.k. Deceased Clients. When counseling involves individuals who have died, counselors are sensitive to the cultural diversity among families and respect the inherent rights and responsibilities of parents or guardians over the welfare of their children/charges by virtue of their role and according to law. Counselors work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.
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B.3.6. Release of Confidential Information. When counseling minor clients or adult clients who lack the capacity to give voluntary consent to release confidential information, counselors may seek permission from an appropriate third party to disclose information. In such instances, counselors inform clients consistent with their level of understanding and take culturally appropriate measures to safeguard client confidentiality.

B.5. Records

B.4.a. Requirement of Records. Counselors maintain records necessary for rendering professional services to their clients as required by laws, regulations or agency or institutional procedures. Counselors include sufficient and timely documentation in client records to facilitate the delivery of services and ensure continuity of needed services. Counselors take reasonable steps to ensure that documentation in records accurately reflects client progress and services provided. Counselors ensure that records are maintained in a secure location and that only authorized persons have access to records.

B.4.b. Permission to Record. Counselors obtain permission from clients prior to recording sessions through electronic or other means.

B.4.c. Permission to Observe. Counselors obtain permission from clients prior to observing counseling sessions, reviewing session transcripts or viewing recordings of sessions.

B.4.d. Client Access. Counselors provide reasonable access to records and copies of records when requested by competent clients. Counselors limit clients' access to their records to the periods of their sessions only, when it is compelling evidence that such access would cause harm to the client. Counselors may refuse access to persons based on a determination that access would reasonably be expected to diminish the client's health, safety or welfare. Counselors provide individual clients with only those parts of records that related directly to them and do not include confidential information related to any other client.

B.4.e. Accession with Records. When clients request access to their records, counselors provide access in interpreting counseling records and counsel clients regarding their records.

B.4.f. Disclosure or Transfer. Counselors obtain written permission from clients to disclose or transfer records to legitimate third parties unless exceptions to confidentiality exist. Steps are taken to ensure that recipients of counseling records are sensitive to their confidential nature.

B.4.g. Storage and Disposal of Records after Termination. Counselors store records following termination of services to ensure reasonable future access. Counselors should maintain records in accordance with state statutes governing records. Counselors dispose of client records and other sensitive materials in a manner that protects clients' confidentiality.

B.4.h. Reasonable Precautions. Counselors take reasonable precautions to protect client confidentiality in the event of counselor's termination of practice, incapacity or death.

B.5. Research and Training

B.5.a. Institutional Approval. When institutional approval is required, counselors provide adequate information about their research proposals and obtain approval prior to conducting their research. Counselors conduct research in accordance with approved research protocols.

B.5.b. Adherence to Federal Guidelines. Counselors are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices.

B.5.c. Confidentiality of Information Obtained in Research. Violations of subject privacy and confidentiality are data of participation in research involving human participants. Investigators are required to minimize these risks to the extent possible by maintaining all research records in a secure manner. Regardless of the degree to which confidentiality will be maintained, investigators must disclose to participants any limits of confidentiality that reasonably can be expected.

B.5.d. Disclosure of Research Information. Counselors do not disclose confidential information that reasonably would lead to the identification of a research participant unless they have obtained the prior consent of the person or the disclosure cannot be avoided. If they must disclose information, they do so only to the extent necessary to achieve the purpose of disclosure.

B.5.e. Data Disguise Required. Use of data derived from counseling relationships for purposes of teaching, research or publication is confined to content that is disguised to ensure the anonymity of the individuals involved.

B.5.f. Agreement for Identification. If counselors must identify clients or supervisors in a presentation or publication, it is permissible only if there have been written agreements or consent and agreed to its presentation or publication.

B.6. Consultation

B.6.a. Agreements. When acting as consultants, counselors seek agreements among all parties involved concerning each individual's rights to confidentiality, the obligation of each individual to preserve confidential information, and the confidentiality of information shared by others.

B.6.b. Respect for Privacy. Information obtained in a consulting relationship is disclosed specifically for the purposes only with persons clearly concerned with the case Written and oral reports present data germane to the purposes of the consultation, and every effort is made to protect client identity and to avoid undue invasion of privacy.

B.6.c. Disclosure of Confidential Information. When consulting with colleagues, (1) counselors do not disclose confidential information that reasonably could lead to the identification of a client or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided; and (2) counselors will not disclose confidential information only to the extent necessary to achieve the purposes of the consultation.

B.6.d. Coordinating Agencies. Before sharing information, counselors make efforts to ensure that there are defined options for agencies serving the counselor's clients that effectively protect the confidentiality of information.

Section C: Professional Responsibility

Agrarian Introduction

Counselors aspire to open, honest and accurate communication in dealing with the public and other professionals. They practice in a non-discriminatory manner within the boundaries of society's legal and personal competence and have a responsibility to abide by the Code of Ethics. Counselors voluntarily participate in local, state and national associations that foster the development and improvement of counseling.

C.1. Knowledge of Standards

Counselors have a responsibility to read, understand and follow the Code of Ethics and adhere to applicable laws and regulations.

C.2. Professional Competence

C.2.a. Boundaries of Competence. Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, and national professional credentials and appropriate professional experience. Counselors will gain knowledge, personal awareness, sensitivity and skills pertinent to working with a diverse client population.

C.2.b. New Specialty Areas of Practice. Counselors practice in specialty areas new to them only after appropriate education, training and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm.

C.2.c. Qualified for Employment. Counselors will accept employment only for positions for which they are qualified by education, training, supervised experience, state and national professional credentials and appropriate professional experience. Counselors hire for professional counseling positions only individuals who are qualified and competent professional counselors.

C.2.d. Monitor Effectiveness. Counselors continually monitor their effectiveness as professionals and take steps to upgrade their practice as necessary. Counselors in private practice take reasonable steps to seek out peer supervision to evaluate their effectiveness as counselors.

C.2.e. Ethical Issues Consultation. Counselors take reasonable steps to consult with other counselors or other professionals when they have questions regarding their ethical obligations or professional practice.

C.2.f. Continuing Education. Counselors recognize the need for continuing education to maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse and/or special populations with whom they work.

C.2.g. Impairment. Counselors refrain from offering or providing professional services when their physical, mental or emotional impairments are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems and, if necessary, limit their practice, or terminate their professional responsibilities.

C.2.h. Death or Incapacitation of Professional. Counselors are expected to prepare and to disseminate a plan for the transfer of clients and files in the case of their incapacitation or death.

C.3. Advertising and Soliciting Clients

C.3.a. Accurate Advertisements. Counselors attract the public from deceptive practices counselors advertise or represent their services to the public by identifying their clients consistent with an accurate manner that is not false, misleading, deceptive or fraudulent.

C.3.b. Testimonials. Counselors who use testimonials do not solicit them from current clients or other persons who, because of their particular circumstances, may not reasonably be expected to unduly influence.
C.3.c. Statements by Others. Counselors make reasonable efforts to ensure that statements made by others about them or the profession of counseling are accurate.

C.3.d. Recruiting Through Employment Agencies. Counselors do not use their places of employment or institutional affiliation to recruit or gain clients, supervisees, or consultants for their private practices.

C.4. Products and Training. Counselors who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events accurately and disclose adequate information for consumers to make informed choices.


C.4.g. Professional Membership. Counselors clearly differentiate between current, active, associate memberships and former association memberships. Members of the American Counseling Association (ACA) are not qualified for professional membership.

C.4.h. Continuing Education. Counselors accurately describe their continuing education and specialized training.

C.5. Nondiscrimination. Counselors do not discriminate or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis prescribed by law. Counselors do not discriminate against clients, employees, counseling supervisors, or research participants in a manner that has a negative impact on individuals who may be vulnerable. Counselors may adopt textbooks they have authored for instructional purposes.

C.6. Professional Qualifications

C.6.a. Accurate Representation. Counselors claim or imply only professional qualifications actually possessed and correct any known misrepresentations of their qualifications by others. Counselors truthfully represent the qualifications of their professional colleagues.

C.6.b. Credentials. Counselors claim only licenses or certifications which are current and in good standing.


C.6.d. implying Doctoral-Level Competence. Counselors clearly state their highest earned degree in counseling or closely related field. Counselors do not imply doctoral-level competence when only possessing a master's degree in counseling or closely related field by referring to themselves as "Dr." in a counseling context when their doctorate is not in counseling or related field.

C.6.e. Program Accreditation Status. Counselors clearly state the accreditation status of their degree programs at the time the degree was earned.


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C.6.m. Educational Degree. Counselors clearly differentiate between earned and honorary degrees.

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C.6.y. Program Accreditation Status. Counselors clearly state the accreditation status of their degree programs at the time the degree was earned.


D.1. Relationships with Colleagues, Employers and Employees

D.1.a. Different Approaches. Counselors are respectful of approaches to counseling services that differ from their own. Counselors know and take into account the traditions and practices of other professional groups with which they work.

D.1.b. Professional Conduct. Counselors have a responsibility to clients and to the agency or institution within which services are performed to maintain high standards of professional conduct.

D.1.c. Harmful Relationships. Counselors do not engage in harmful relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority.

D.1.d. Employer Policies. The acceptance of employment in an agency implies that counselors are in agreement with its general policies and procedures. Counselors strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in institutional policies conducive to the growth and development of clients.

D.1.e. Interdisciplinary Team Work. Counselors who are members of interdisciplinary teams keep the focus on the best serve clients. They should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values and experiences of the counseling profession and those of colleagues from other disciplines.

D.1.f. Confidentiality. When counselors are employed or doing counseling in an institutional setting, they make reasonable efforts to ensure that information not be shared without the client's consent, or in any manner that would preclude the client being a proper party to the counselor's decision. Behavioral problems should be referred for professional consultation if the counselor believes the employee's conduct of counseling services may be prejudicial to the welfare of the client or to other parties including courts, employers or other professionals.

D.2 Consultation and Collaboration with Others

D.2.a. Consultation as an Option. Counselors may elect to consult with other professionals or competent persons about their clients. Counselors avoid placing the consultant in a conflict of interest situation that would preclude the consultant being a proper party to the counselor's decision. Behavioral problems should be referred for professional consultation if the counselor believes the employee's conduct of counseling services may be prejudicial to the welfare of the client or to other parties including courts, employers or other professionals.
D.2.b. Consultant Competency. Counselors take reasonable steps to ensure that they have the appropriate resources and competencies when providing consultation services. Counselors provide appropriate referrals or other assistance when requested or needed.

D.2.c. Understanding Clients. When providing consultation, counselors attempt to develop with their clients a clear understanding of problem definition, goals for change and predicted consequences of interventions selected.

D.2.d. Consultant Goals. The consulting relationship is one in which client adaptability and growth toward self-direction are consistently encouraged and cultivated.

D.2.e. Informed Consent in Consultation. When providing consultation, counselors have an obligation to review in writing and verbally with the consultant the responsibilities of both counselors and clients. Counselors use clear and understandable language to inform all parties of the purposes and use of the services to be provided, relevant costs, potential risks, and benefits, and the limits of confidentiality. Working in conjunction with the client, counselors attempt to develop a clear definition of the problem and the anticipated consequences of interventions that are culturally responsive and appropriate to the client's needs.

D.3. Subcontractor Arrangements

When counselors work as subcontractors for counseling services for a third party, they have a duty to inform clients of the limitations of confidentiality and services provided that the organization may place on counselors. These limits are ordinarily discussed as part of the intake session.

Section E Evaluation, Assessment and Interpretation

E.1. General

E.1.a. Appraisal. The primary purpose of educational, psychological and career assessment is to provide that are valid and reliable in terms of their role. Counselors recognize the need to interpret the statements in this section as applying to both qualitative and quantitative appraisal techniques.

E.1.b. Client Welfare. Counselors promote the welfare and best interests of the client in the development, presentation, and utilization of educational, psychological, and career assessment techniques. They do not misuse assessment results and interpretations and take reasonable steps to prevent others from doing the same.

E.2. Competence to Use and Interpret Assessment Instruments

E.2.a. Limits of Competence. Counselors perform within the limits of their competence utilizing only approved and calibrated assessment services for which they have been trained. Counselors are competent in the evaluation of reliability, validity, standardization, error of measurement and proper application of any test or assessment instruments. Counselors using technology-assisted test interpretation are trained in the correct construction of the construct being measured and the specific construct being used prior to using its technology-based application. Counselors take reasonable measures to ensure the proper use of psychosocial and career assessment techniques by persons under their supervision.

E.2.b. Appropriate Uses. Counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments relevant to the needs of the client, whether they score and interpret each assessment themselves or use technology or other services.

E.2.c. Decisions Based on Results. Counselors responsible for decisions involving individuals that are based on assessment results have a thorough understanding of educational, psychological and career measurement, including validation criteria, assessment research and guidelines for assessment development and use.

E.3. Informed Consent in Assessment

E.3.a. Explanation to Clients. Prior to assessment, counselors explain the nature and purposes of assessment and the specific use by potential recipients of results in the native language the client has been authorized person on behalf of the client) can understand, unless an explicit exception to this right has been given in advance. Regardless of whether scoring and interpretation are completed by counselors, by assistants, by other outside services, counselors take reasonable steps to ensure that appropriate explanations are given to the client. When explaining the results of assessments, counselors need to consider the client's personal or cultural context and the impact of the client's understanding of the results.

E.3.b. Recipients of Results. Counselors consider the examinee's welfare, explicit understandings and prior agreements in determining who receives the assessment results. Counselors include accurate and appropriate interpretations with any release of individually or group assessment results.

E.4. Cultural Diversity

E.4.a. Cultural Diverse Populations. Counselors are cautious when selecting assessment tasks and are not responsible for psychological and career assessment tasks that are not culturally appropriate. Counselors are aware of the cultural differences in the way people are evaluated. Counselors must be sensitive to the cultural differences in the way people think and respond to assessment tasks.

E.5. Instrument Selection

E.5.a. Proper Diagnoses of Mental Disorders

E.6. Instrument Use

E.6.a. Appropriateness of Instruments. Counselors carefully consider the validity, reliability, psychometric limitations and appropriate nature of instruments when selecting assessment tasks for use in a given situation or with a particular client.

E.6.b. Referral Information. If a client is referred to a third-party provider for assessment services, the counselor will provide specific referral questions and sufficient objective data about the client so as to ensure that appropriate tasks and assessment instruments are utilized.

E.7. Conditions of Assessment Administration

E.7.a. Administration Conditions. Counselors administer assessment under the same conditions that were established in their standardization. When obtaining interpretations under standard conditions, as may be necessary to accommodate modifications for clients with disabilities, or when unusual behavior or irregularities are observed during the administration, those conditions are noted in interpretation, and the results may be designated as invalid or of questionable validity.

E.7.b. Technological Administration. Counselors are responsible for ensuring that administration procedures function properly and provide clients with accurate results when technological or other electronic conditions are designed, intended and validated for the assessment administration.

E.7.c. Unsupervised Taking of Assessment. Counselors do not permit unsupervised or inadequately supervised use of tests or assessments until the tests or assessments are designed, intended and validated for self-administration and/or scoring.

E.7.d. Disclosure of Favorable Conditions. Prior to administration of assessments, conditions that do not provide favorable assessment results are made known to the examinee.

E.8. Diversity in Assessment

Counselors refrain from using assessment techniques, making evaluations and interpreting the performance of populations not represented in the norm group on which an instrument was standardized. These may include age, sex, race, language, gender, ethnic group, sexual orientation and socioeconomic status on test administration and interpretation, and placebo tests are used in parallel with other relevant factors.

E.9. Scoring and Interpretation of Assessments

E.9.a. Reporting Results. In reporting assessment results, counselors indicate any reservations that exist regarding validity or reliability because of the circumstances of the assessment that may be outside of the social behavior or cognitive patterns.

E.9.b. Research Instruments. Counselors exercise caution when interpreting the results of research instruments possessing insufficient technical data to support respondent results. The specific purposes for
the use of such instruments are stated explicitly to the examinee.

E.9.c. Assessment Services. Counselors who provide assessment services and interpretation services to support the assessment process confirm the validity of such interpretations. They should describe the purpose, norms, validity, reliability and applications of the procedures and any special qualifications applicable to their use. The public offering of an automated test interpretation service is considered a professional-to-professional consultation. The formal responsibility of the consultant is to the consultant, but the ultimate and overriding responsibility is to the client.

E.10. Assessment Security. Counselors maintain the integrity of security data and other assessment techniques consistent with legal and contractual obligations. Counselors do not appropriate, reproduce or modify published assessments or parts thereof without acknowledgment and permission from the publisher.

E.11. Glossole Assessments and Guided Results. Counselors do not use data or results from assessment that are obsolete or outdated for the current purpose. Counselors make every effort to prevent the misuse of assessment and interpretation data by others.

E.12. Assessment Construction. Counselors use established scientific procedures, relevant standards and current professional knowledge, research or modify in the development, publication and utilization of educational and psychological assessment techniques.

E.13. Forensic Evaluation. When providing forensic evaluations, the primary obligations of counselors is to produce objective assessments that can be substantiated based on information and techniques appropriate to the discipline. Such materials may include examination of the individual and/or review of records. Counselors will define the limits of their expertise and availability, especially when an examination of the individual has not been conducted.

Section F: Terminology, Training and Supervision

F.1. Counseling Supervision and Client Welfare

F.1.a. Client Welfare. A primary obligation of counselors is to monitor the services provided by other counselors or counselors in-training. Counseling supervisors are responsible for monitoring client welfare and supervise clinical performance and professional development. To meet this obligation, supervisors meet with supervisees on a regular basis and review case notes and samples of clinical work or live observations as part of the supervisory process.

F.1.b. Counselor Credentials. Counseling supervisors make every effort to ensure that supervisees are aware of the qualifications of the supervisees rendering those services.

F.1.c. Informed Consent and Client Rights. Supervisees aware of client rights including the protection of client privacy and confidentiality in the counseling relationship and the information resulting from it. Supervisors should provide clients with professional disclosure and inform them of how the supervision process influences the limits of confidentiality. Supervisors make clients aware of who will have access to written and electronic records of the counseling relationship and how those materials will be used.

F.2. Supervisor Competence

F.2.a. Supervision Preparation. Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision should pursue continuing education activities on a regular basis, including both counseling and supervision topics and skills.

F.2.b. Cultural Issues in Supervision. Counseling supervisors are aware of and address the role that cultural issues play in the supervisory relationship.

F.2.c. Supervisory Relationships.

F.2.d. Relationship Boundaries with Supervisees. Counseling supervisors clearly define and maintain ethical, professional and emotional relationships with their supervisees.

F.2.e. Counseling Supervision Avoiding Professional Contingency with Supervisees. If supervisors must assume contiguous professional roles (e.g. clinical and administrative supervisor, instructor) with supervisees, they work to minimize potential conflicts and explain to supervisors the expectations and responsibilities associated with each supervisor role. They do not engage in any form of non-professional interaction that may compromise the supervisory relationship.

F.2.f. Sexual Relationships. Sexual or romantic interactions or relationships with supervisees are prohibited.

F.2.g. Sexual Harassment. Counseling supervisor do not condone or subject supervisees to sexual harassment.

F.2.h. Close Relationships and Friends. Counseling supervisors do not accept close relationships and avoid accepting confidant supervisees.

F.2.j. Potentially Beneficial Relationships. Counseling supervisors are aware of the power differential in their relationships with supervisees and the potential benefits or liabilities. Counseling supervisors document and provide the rationale for such interactions.


F.3.a. Evaluation. Counseling supervisors utilize evaluative procedures in supervising the performance of supervisees. They accurately describe and record the evaluation results. They do not engage in any form of evaluation that may compromise the supervisory relationship.


F.4.a. Supervisory Informed Consent. Supervisors are responsible for incorporating the principles of informed consent and participation into their supervision. Supervisors do not solicit, obtain or use information from their supervisees that may involve the client or the supervisory relationship.

F.4.b. Emergencies and Abuse. Supervisors establish and communicate procedures for contacting them, or alternative on-call supervisors, in their absence to assist in handling crises.

F.4.c. Counseling Supervisors Standards and Ethical Standards. Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities. Supervisors document and provide the rationale for such interactions. Counseling supervisors should encourage these counselors to adhere to the professional standards of practice.

F.4.d. Termination of the Supervisory Relationship. Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for withdrawal are provided to the other party. When cultural, clinical or professional issues are crucial to the validity of the supervisory relationship both parties make efforts to resolve differences. When termination is warranted, supervisors provide appropriate referrals to possible alternative supervisors.


F.5.a. Evaluation. Supervisors document and provide supervisees with ongoing performance appraisal and evaluation feedback and schedule periodic formal evaluative sessions throughout the supervisory relationship.

F.5.b. Limitations. Supervisors, through ongoing evaluation and appraisal, are aware of the limitations of supervisees that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed, and recommend dismissal from training programs, applied counseling settings, or state or voluntary professional credentialing processes for those supervisees who are unable to provide competent professional services. Supervisors seek professional consultation and document their decision to dismiss or refer supervisees for assistance. They also ensure that supervisees are made aware of options available to them to address such decisions.

F.5.c. Counseling for Supervisees. If supervisees request counseling, supervisors provide them with acceptable referrals. Counselors must not provide counseling services to supervisees. Supervisors should address interpersonal dynamics within and outside the impact of these issues on clients, the supervisory relationship and professional functioning.

F.5.d. Endorsement. Counselors and counselors who supervise certification, licensure, employment, or completion of an academic or training program if they believe supervisees are qualified for the endorsement. Regardless of qualifications, supervisors do not endorse supervisees whose performance or abilities they believe are impaired in any way that would interfere with the performance of the duties associated with the endorsement.


F.6.a. Counselor Educators. Counselors who are responsible for developing, implementing and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable...
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F.5.b. Human Diversity. Counselor educators make every effort to infuse material related to human diversity into all courses and/or workshops that are designed to promote the development of professional counselors.

F.5.c. Integration of Study and Practice. Counselor educators develop training programs that integrate academic study and supervised practice.

F.6.d. Teaching Ethics. Counselor educators make students and supervisees aware of the ethical responsibilities and standards of the profession and the ethical responsibilities of students to the profession. Counselor educators infuse ethical considerations throughout the training curriculum.

F.7.e. Peer Relationships. Counselor educators make every effort to ensure that the rights of peers are not compromised when students or supervisors are assigned to lead counseling groups or provide clinical supervision. Counselor educators take steps to ensure that students and supervisees understand they have the same ethical obligations as counselor educators, trainers and supervisors.

F.7.f. Innovative Theories and Techniques. Counselor educators using techniques/procedures that are: (1) innovative, (2) without an empirical foundation, or (3) without a well-grounded theoretical foundation, define the techniques/procedures as "unproven" or defined as "empirical foundation, or theoretical foundation, (1) program training goals, objectives and mission, and (2) program training goals, objectives and mission.

F.7.g. Field Placements. Counselor educators determine clear policies within their training program regarding field placement and other clinical experiences. Counselor educators provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor and the program supervisor. They confirm that site supervisors are qualified to provide supervision and inform site supervisors of their professional and ethical responsibilities in this role.

F.7.h. Professional Disclosure. Before the initiation of counseling services, counselors-in-training provide professional disclosure information about their status as a student and how this affects the limits of confidentiality. Counselor educators ensure that the clients at field placements are aware of the services rendered and the qualifications of the students and supervisors rendering those services. Reassignment is obtained in order for the students and supervisees to use any information concerning the counseling relationship in the training process.

F.7.i. Student Welfare. F.7.a. Orientation. Counselor educators recognize that the orientation process is a developmental process that continues throughout students' educational and clinical training. Counseling faculty provide prospective students with information about the counselor education or training program's expectations: (1) the type and level of skill and knowledge acquisition required for professional completion of the training, (2) program training goals, objectives and mission, and (3) program training goals. They also provide training, (4) training components that encourage self-growth or self-disclosure as part of the training process, (5) the type of supervision settings and requirements of the sites for required field experiences, (6) student and supervisee evaluation and dismissal policies and procedures, and (7) up-to-date employment prospects for graduates.

F.7.b. Self-Growth Experience. Counselor educators use professional judgment when designing training experiences conducted by the counselor educators. These experiences require student and supervisee self-growth or self-disclosure. In the absence of demonstrated skills necessary to establish a therapeutic relationship, counselor educators may require trainees to seek professional help to address any personal concerns that may be addressed only by a professional counselor. Safeguards are provided so that students and supervisees are aware of the immunity afforded to those in training. Counselor educators may have on counselors whose primary role is as teacher, trainer, or supervisor. Counselor educators consider ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate predetermined academic standards that are separate and do not depend on the student's level of self-disclosure. Counselor educators program delineate requirements for self-disclosure or self-growth experiences in their admission and program.

F.8. Student Responsibilities.

F.8.a. Standards for Students. Before entering the counseling field, students must become fully aware of the responsibilities and requirements for entry into all courses and/or workshops that are designed to promote the development of professional counselors.

F.8.b. Impairment. Counselors-in-training refrain from offering or providing counseling services when their physical, mental, or emotional conditions are likely to harm a client or others. They are alert to the signs of impairment, seek appropriate assistance, and notify their program supervisors. They also notify their program supervisors when they are aware that they are unable to effectively provide services. In addition, they seek appropriate professional services for themselves to remediate the problems that are interfering with their ability to provide services to others.


F.9.a. Evaluation. Counselors-in-training must be aware of counseling programs and the status as a student and how this affects the limits of confidentiality. Counselor educators ensure that the clients at field placements are aware of the services rendered and the qualifications of the students and supervisors rendering those services. Reassignment is obtained in order for the students and supervisees to use any information concerning the counseling relationship in the training process.

F.9.b. Limitations. Counselor educators, throughout on-going professional and appraisal, are aware of and address the inability of students to achieve counseling competencies that might impact performance. Counselor educators: (1) assist students in securing remedial assistance when needed, (2) seek relevant corrective action and document their decision to dismiss or refer students for assistance, (3) ensure that students have recourse in a timely manner to address decisions made to require them to seek assistance or to dismiss them, and (4) provide students with due process, according to institutional policies and procedures.

F.9.c. Counseling for Students. If students request counseling services, these services are provided by the counselor educators. These services are not provided free of charge or for a reduced fee. In addition, there are institutional policies and procedures that provide clearly stated roles and responsibilities for the counselor, student or supervisee, the site supervisor and the program supervisor. They confirm that site supervisors are qualified to provide supervision and inform site supervisors of their professional and ethical responsibilities in this role.

F.9.d. Professional Disclosure. Before the initiation of counseling services, counselors-in-training provide professional disclosure information about their status as a student and how this affects the limits of confidentiality. Counselor educators ensure that the clients at field placements are aware of the services rendered and the qualifications of the students and supervisors rendering those services. Reassignment is obtained in order for the students and supervisees to use any information concerning the counseling relationship in the training process.

F.9.e. Counseling for Students. If students request counseling services, the counselor educators provide these services with acceptable referral.

F.10. Relationships Between Counselor Educators and Students.

F.10.a. Sexual or Intimate Relationships. Sexual or romantic interactions or relationships with current students are prohibited.

F.10.b. Sexual Harassment. Counselor educators do not condone or subject students to sexual harassment.

F.10.c. Relationships with Former Students. Counselor educators are aware of the power differential in the relationship between counselor educators and former students. Faculty members do not discuss with former students the specific nature and limitations of the additional role(s) they will have with the former student prior to engaging into the non-professional relationship(s). Nonprofessional relationships with students may be permitted. Faculty members are encouraged to discuss with former students the specific nature and limitations of the additional role(s) they will have with the former student prior to engaging into the non-professional relationship(s).

F.11. Diversity.

F.11.a. Faculty Diversity. Counselor educators are committed to recruiting and retaining a diverse faculty.

F.11.b. Cultural Competence. Counselor educators actively infuse multicultural competency in their training and supervisory programs. They actively train students to gain awareness, knowledge and skills in the competencies of multicultural activities that promote professional development. Counselor educators make every effort to include case examples, role-plays, discussion questions and other classroom activities that promote and represent various cultural perspectives.

F.11.c. Student Diversity. Counselor educators actively attempt to recruit and
C O D E O F E T H I C S

who conduct research with human participants are responsible for the welfare of participants throughout the research process and they take reasonable precautions to avoid causing injurious psychological, emotional, physical or social effects to their research participants.

G.1.a. Principal Researcher Responsibility. The ultimate responsibility for ethical research practice lies with the principal investigator and others involved in the research activities share ethical obligations and responsibility for their own actions.

G.1.f. Minimal Interference. Counselors take reasonable precautions to avoid causing disruptions in the lives of research participants due to participation in research.

G.1.g. Diversity in Research. Counselors are sensitive to diversity and research issues with special populations. They seek consultation when appropriate.

G.2. Informed Consent

G.2.a. Topics Disclosed. Counselors use language that (1) accurately explains the purpose and procedures to be followed, (2) identifies any procedures that are experimental or relatively new, (3) describes the attendant discomforts and risks, (4) describes the benefits or changes in individuals or organizations that might be reasonably expected, (5) discloses alternative investigative procedures that would be advantageous for participants, (6) offers to answer any inquiries concerning the procedures, (7) describes any limitations on confidentiality, (8) describes the format and potential target audiences for dissemination of research findings and (9) instructs that participants are free to withdraw their consent and discontinue participation in the project at any time.

G.2.b. Deception. Counselors do not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception, unless such deception has potential to cause physical or emotional harm to research participants. When the methodological requirements of a study necessitate concealment or deception, the investigator is required to identify the reasons for this action as soon as possible during the debriefing.

G.2.c. Student/Supervisee Participation in Research. Faculty who involve students or supervisees in research make clear to them that the decision whether or not to participate in research activities with faculty does not affect one's academic standing or supervisory relationship in any manner. Students/Supervisees who choose not to participate in educational research are provided with an appropriate alternative to fulfill their academic/clinical requirements.

G.2.d. Client Participation in Research. Counselors conducting research involving clients make clear to them that the client's informed consent process that clients are free to choose whether or not to participate in research activities, (2) describe the necessary precautions to protect clients from adverse consequences of declining or withdrawing from participation in research.

G.2.e. Confidentiality of Information. Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to the client as a part of the procedure for obtaining informed consent.

G.2.f. Persons Incapable of Giving Informed Consent to Research. When a person is incapable of giving informed consent, counselors provide an appropriate explanation, obtain agreement for participation and obtain appropriate consent from a legally authorized person.

G.2.g. Commitments to Participants. Counselors take reasonable measures to honor all commitments to research participants.

G.3. Data Collection

G.3.a. Use of Human Research Participants. Counselors plan, design, conduct and report research in a manner consistent with pertinent ethical principles, federal and state laws, institutional regulations and scientific standards governing research with human research participants.

G.3.b. Deviation From Standard Practices. Counselors seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard acceptable practices.

G.3.c. Independent Researchers. When independent researchers do not have access to an Institutional Review Board (IRB), they should consult with researchers familiar with IRB procedures to provide appropriate safeguards.

G.3.d. Precautions to Avoid Injury. Counselors

G.4. Reporting Results

G.4.a. Information Affecting Outcome. When reporting research results, counselors explain all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data and describe the applicability for diverse populations.

G.4.b. Accurate Results. Counselors plan, conduct and report research accurately. They provide thorough discussion of the limitations of their data and alternative hypotheses. Counselors do not engage in misleading or fraudulent research, distort data, misrepresent data, or deliberately bias their results.

G.4.c. Obligation to Report Unfavorable Results. Counselors report the results of any research judged to be of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions or vested interests are not withheld.

G.4.d. Reporting Errors. If counselors discover significant errors in previously published research, they take reasonable steps to correct such errors in a correction erratum, or other appropriate publication means.

G.4.e. Identity of Participants. Counselors who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective participants in the absence of specific authorization from the participants to do otherwise. In situations where participants self-identify their involvement in research, they take reasonable steps to correct such errors in a correction erratum, or other appropriate publication means.

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G.4.g. Relationship with Research Participants. Sexual or romantic counselor-research participant interactions or relationships with current or former research participants are prohibited.

G.3. Standards for Ethical Conduct

G.3.a. Non-Professional Relationships. Counselor-research participant non-professional relationships should be avoided.

G.4. Ethical Conduct

G.4.a. Information Affecting Outcome. When reporting research results, counselors explain all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data and describe the applicability for diverse populations.

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audiences for dissemination of information should be fully described to participants prior to participation.

G.4.f. Replication Studies. Counselors are obligated to make available sufficient original research data to qualified professionals who may wish to replicate the study.

G.5.a. Recognizing Contribution of Others. When conducting and reporting research, counselors are familiar with and give recognition to previous work on the topic, observe copyright laws and give full credit to those to whom credit is due.

G.5.b. Plagiarism. Counselors do not plagiarize, presenting the words, data, or ideas of others as their own, even when the other work has been cited elsewhere in the document.

G.5.c. Review/Republication of Data or Ideas. Counselors fully acknowledge and make editorial reviewers aware of prior publications of ideas or data where such ideas or data are submitted for review or publication.

G.5.d. Contributors. Counselors give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor is listed first and minor technical or professional contributions are acknowledged in notes or introductory statements.

G.5.e. Agreement of Contributors. Counselors who conduct joint research with colleagues or students/supervisees establish agreements in advance regarding allocation of tasks, and types of acknowledgment, and any publication credit that will be received.

G.5.f. Student Research. For an article that is substantially based on a student's course paper, project, dissertation or thesis, the student is listed as the principal author.

G.5.g. Duplicate Submissions. Counselors do not submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in substantial part in another journal or published work are not submitted for publication without acknowledgment and permission from the previous publication.

G.5.b. Professional Review. Counselors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it. Counselors use care to make publication decisions based on valid and defensible standards. Counselors review article submissions based on the scope and competency in research methodologies. Counselors who serve as reviewers at the request of editors or publishers make every effort to only review materials that are within their scope of competency and use care to avoid personal biases.

Section II: Resolving Ethical Issues

A. Aspirational Introduction

Counselors behave in a legal, ethical, and moral manner in the conduct of their professional work. They hold other counselors to the same standards and are willing to take appropriate action to ensure these standards are upheld.

Counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. Counselors incorporate ethical practice into their daily professional work. They engage in ongoing professional development regarding current topics in ethical and legal issues in counseling.

B. Standards and Law

B.1. Standards and the Law

B.1.a. Knowledge. Counselors understand the ACA Code of Ethics and other applicable ethics codes from other professional organizations or from certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.

B.1.b. Conflicts Between Ethics and Law. If ethical responsibilities conflict with legal, regulatory, or other governing legal authority, counselors make known their commitment to the ACA Code of Ethics and take steps to resolve the conflict. If the conflict is irresolvable via such means, counselors may adhere to the requirements of law, regulations, or other governing legal authority.

B.2. Suspected Violations

B.2.a. Ethical Behavior Expected. Counselors expect professional associates to adhere to the ACA Code of Ethics. When counselors possess knowledge that raises doubts as to whether another counselor is acting in an ethical manner, they take appropriate action.

B.2.b. Consultation. When uncertain as to whether a particular situation or course of action may be in violation of the ACA Code of Ethics, counselors consult with other counselors who are knowledgeable about ethics, with colleagues, or with appropriate authorities.

B.2.c. Organization Conflicts. If the demands of an organization with which counselors are affiliated pose a conflict with the ACA Code of Ethics, counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the ACA Code of Ethics. When possible, counselors work toward change within the organization to allow full adherence to the ACA Code of Ethics. In doing so, they address any confidentiality issues.

B.2.d. Informal Resolution. When counselors believe that another counselor is violating or has violated an ethical standard, they attempt first to resolve the issue informally with the other counselor if feasible, providing that such action does not violate confidentiality rights that may be involved.

B.2.e. Reporting Ethical Violations. If an apparent violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution or is not resolved properly, counselors take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, voluntary national certification bodies, state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when counselors have been retained to review the work of another counselor whose professional conduct is in question.

B.2.f. Unwarranted Complaints. Counselors do not initiate, participate in, or encourage the filing of ethics complaints that are made with reckless disregard or willful ignorance of facts that would disprove the allegation.

B.2.g. Unfair Discrimination Against Complainants and Respondents. Counselors do not deny persons employment, advancement, admission to academic or other programs, tenures, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

B.3. Cooperation With Ethics Committees

Counselors assist in the process of enforcing the ACA Code of Ethics. Counselors cooperate with investigations, proceedings and requirements of the ACA Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. Counselors are familiar with the ACA Policies and Procedures and use it as a reference in assisting the enforcement of the Code of Ethics.

Editor's note: Counseling Today staff only made structural changes to the original document. Final edits involving punctuation, grammar and content of the document will be made and approved by the members of the Code Revision Taskforce.

Albert Ellis, founder of Rational-Emotive Behavior Therapy, observes his 90th birthday as part of a lively and provocative panel discussion featuring five legends in various aspects of counseling. Also presenting during this session are Patricia Arredondo (Multicultural Counseling), William Glasser (Reality Therapy/Choice Theory), and John Krumboltz (Social Learning Theory). Jon Carlson (Adlerian/Individual Psychotherapy) moderates the session. Participants discuss how they would like to be known, their recommended reading for counselors, and their outlook for the future of counseling. In an especially light moment, Dr. Ellis offers his own entertaining lyrics to the tune of “Yankee Doodle Dandy.”
Using process observation with committees and other task group meetings

The context for process observation

Have you ever been involved in a meeting that bored the living daylight out of you? How about one where the same people rehearse the same old issues repeatedly? Maybe a meeting where you had the thought, probably more than 50 times, “Hey! I could be actually getting something done if I were not here!”

Well, you get the drift. For too many meetings can be incredibly mind-numbing and frustrating, where a tremendous loss of productivity amidst spiking dissatisfaction runs amok!

Let me give you a quick example. I had several occasions to observe the public meetings of a government agency. I was amazed to see certain members conducting loud and obvious sidebar discussions, others reading their correspondence, still another two often on and off the telephone — all as the meeting was occurring!

Usually, though, the instructions and dysfunction are not so apparent. Participation patterns may be unfairly controlled by a subgroup, certain members may be excluded from discussion, or information needed for a decision may consistently be unavailable. What can be done to improve these situations?

One very useful method can be to include process observations routinely in committees and other task group meetings. For instance, the American Counseling Association’s Governing Council has built process observations into its functioning throughout the last several years (I have had the good fortune to serve as a process observer of Governing Council four times), and process observation is an important part of most counseling and therapy groups.

What process observation can do for your group

Process observation is intended to shine a spotlight on how members of meetings interact with each other and how they transact business. Typically, a near-exclusive focus in meetings is placed on their content, which is the “what” of any group. The meeting agenda represents the content dimension. This “what focus” means that virtually no time or energy is given to the meeting’s process, which is the “how” of any group. Process observation is used to call attention to how people deal with content, in an effort to balance the equation. As we all know from counseling in general and from group work in particular, process is a very important part of human interaction, and attending to it can drive productivity, as well as member satisfaction, upward.

How process observation can work for your group

The first step on the way to including process observation within meetings is to determine whether members would value its presence. This question can be answered only through a discussion of the costs and benefits of process observation. If the consensus of the members is to include it, then someone should immediately be identified who will perform this function. To minimize any potential dual role issues this individual might have, someone from outside the group might be chosen. However, an internal person who is able to separate roles effectively can perform the role. In any case, the process observer should possess strong knowledge and skills in group dynamics, group processes and how to provide effective feedback to individuals and a group.

Process observation then needs to be introduced into the meeting and tried out. There are various ways to include it. Within Governing Council, for instance, the president turns to the process observer before or after a scheduled break for input to the participants. In addition, it is possible for the process observer to interject process observations at any point, after first getting recognized by the president. This latter strategy is especially helpful when there is a “don’t-miss moment” close at hand.

The process observer can provide observations in a number of different ways. One way is by giving short summations of what was observed about process (expert model); another way is enlisting the observations of members themselves about process (facilitator model). The approach selected is a function of style and of what fits the situation.

From group process observation to ecological process observation

One of the trends I have noted through providing process observation...
Bullying as child abuse: Intervention strategies schools can employ

Counseling Corner Continued from page 41

The sage advice of parents, teachers or other adults to “ignore it” no longer works for our generation of children and, based on what kids tell me, I don’t think it ever did. Among the reasons this outdated advice does not work is the type of bullying abuse that occurs in schools today. Consequently, the level of violence perpetrated by children against other children has escalated beyond what our grandparents or even our parents probably could have imagined.

The possible reasons for this escalation of violence among children can be found within our culture, the media, families and the children themselves. However, the most violent cases of children abusing other children and the retaliation that can occur by the victim is only one aspect of bullying abuse. Bully abuse has a range of behavior that affects students’ physical, mental and emotional safety as well as that of the school community, and it needs to be stopped.

The key to understanding any type of abuse perpetrated by a person toward someone else is that abuse is about having absolute power and control over another human being. Children are capable of learning about abusive power in terms of who has power, how to get power and who to target to prove your power. When children learn these steps of abusive power, they have the capability of proliferating abuse toward other children in a systematic manner and, like other perpetrators, some of them can be relentless once it begins. When adults do not step in and intervene to stop bully abuse, the power and control cycles are reinforced, and bully abuse will proliferate and flourish, causing harm to other children while it does.

School counselors are in a key role to intervene and stop bully abuse in schools. A bully intervention strategy can be incorporated into schools’ existing child abuse awareness programs. When these types of programs are already in place, intervening with bullies and preventing a particular child’s bully behavior from continuing becomes an extension of existing abuse prevention programs.

School counselors who are supported by their administration to develop, sponsor and offer students, teachers and parents education about all forms of child abuse — what it is and how to stop it — provide a valuable community service within their schools. The school counselor who promotes the program also reinforces the value of treating others with the respect and courtesy that is demonstrated in the daily interaction of teachers, students and school staff.

What school counselors can do about bullying

School counselors can take a leadership role in identifying the specific benefits of a “stop bully abuse” program for their students. They can also supply the guidance needed to identify each adult’s role in stopping

Guidebook Continued from page 28

problems in the face of what I had seen. I told them, “We can do something about your issue, let’s get on with it!” In fact, I’ve changed my style of treatment. I move a bit more aggressively, saying, “It’s my attempt to heal. He continues to tell his story about it was a way for him to reflect and feel very empowered by my experience. It was a convergence of all the skills I had learned in my life’s experience. I used pastoral skills, skills learned when I worked in mental hospitals, skills learned working community mental health, diagnostic skills, skills working with an emergency children’s shelter. Each of these experiences came into play in my work there.”

This year, Query and his family returned to Ground Zero. His wife felt that it was a way for him to reflect and heal. He continues to tell his story about “Ground Zero” at conventions and conferences.

Said Yep, “This publication has been a labor of love for the authors who contributed their time and experience so that their colleagues could find a one-stop resource that will help with their clients and students.”

To order “Terrorism, Trauma and Tragedy: A Counselor’s Guide to Preparing and Responding,” call ACA member services at 800.347.6647 ext. 222. The ACA member price is $26.95 — use order number 72836.
bully abuse from occurring in their schools. While programs do not have to be complicated, they do require time to create, implement, promote and maintain. A stop-bullying program has to begin with adults. While the program certainly can include students, it is the adults who will need to make and keep this commitment to children. The rewards are the outcomes: decreased bully abuse, a safe school environment and less disruption in the classroom! The school environment and less disruption in the classroom! Measurable goals can be obtained from a stop bully abuse program, and while bully abuse is not the only factor affecting students, it is one factor over which schools can have a measure of control.

**Identify the problem and promote awareness**

Begin by identifying the behavior of bullies. Not only does a definition give teachers, staff and children a guide to follow, but it can also make the bully uncomfortable. Teachers identify the problem throughout the school year by putting up posters in their classroom that students make at the beginning of the year. These posters can be rotated once a month and placed in the cafeteria, music room, art room, rest rooms, offices, nurse’s room, library and entrance hallway. Kids can be chosen by a “draw” whereby names are put into a hat and selected at random. Kids can work together to place the posters in designated areas and bring already-placed posters back to the teacher.

This is one of the key ways of getting students involved. In middle school, posters about bully abuse and other forms of abuse toward children are also displayed in classrooms and throughout the school. Middle school is also a good age to include posters about assault and sexual harassment — what it is and to whom to report it when it occurs. Sexual harassment and assault is a form of bully abuse that occurs between boys and girls, both toward children of the same gender and those of the opposite gender. Again, bully abuse programs are a natural extension of existing child abuse prevention programs, and that includes sexual abuse and harassment as well as physical assault and verbal abuse toward children.

Posters are simple and cost-effective ways to identify and give the problem a name, promote awareness throughout the school and involve both teachers and students. Posters are completed at the beginning of the school year and reviewed once a month during “Stop Abuse Day.” Incorporated into the classroom, students read aloud two or three of their peers’ posters.

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**NEW RELEASE**

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edited by Craig S. Caswell and J. Scott Young

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Regents Professor, University of North Texas

Editor, Counseling and Values

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Continued from page 43

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The school counselor meets with the student to determine why the bullying was referred. The student is given a review of the stop bully abuse policy. The youth is also told that his or her parent(s) will be called that day and a conference will be scheduled with the student and parent(s) within 24 hours. The student is then instructed to write a description of how the behavior was bully abuse, how he or she probably made the other person feel and how he or she felt during the bullying. This is left at the guidance office before the student returns to class. The student is told that he or she will not be able to return to class until the description is given to the school counselor.

School counselors should be called upon to present the stop bully abuse program to new teachers at orientation and to all teachers and staff at the beginning of the year. A one-page outline is provided, and at the beginning of the year handed out to teachers will allow them to plan and be aware of when the program is to be promoted in their classrooms and how disrespectful and disrespectful behavior must be handled. At the same time, teachers and staff need a simple method for referring students when they suspect or witness bully abuse occurring.

Teachers can ask questions that promote discussion. What is respect? How does respect apply to courtesy and respect awareness. Any worthwhile prevention program on bully abuse will include this component to inform kids that courtesy and respect toward others are also respected. This attitude should be shown in the hallway, rest rooms, and on the playground. Students who are doing homework at home, or studying should be prevented from bullying. The student who was bullied and a copy is made. Upon returning to the classroom, he or she reads the apology letter to the student and then gives it to the student that experienced the bully abuse. If the student is in another classroom, then arrangements are made for the student to be escorted by the school counselor to the other student's room for reading of the apology. He or she is further instructed that the description of the incident and the apology letter to the student who was bullied needs to be completed before he or she can return to class the next day.

If the student is not able to return to class due to not completing either of the above, the youth is further instructed that he or she will be given his or her class assignments to complete in the school office until the above are completed and a conference is held with his or her parents.

Parent conference

The parent conference is scheduled and, if at all possible, takes place by the next day. While parents' work schedules have to be considered, it is recommended that parents be notified if a conference is to be held with their child. Parents must be reminded that until the conference takes place, their child will not be able to return to the classroom but will complete assignments in the guidance office. If school counselors are comfortable with tape recording conference, the parent is asked to sign a release to do so and are given the option of receiving a copy of the tape within three days of the conference.

If school counselors are not comfortable with tape recording conference, the conference notes should be typed and sent to the parent within three days of the conference so that it is complete before the student returns to class.

Guidelines for meeting with the student who has committed bully abuse

The school counselor meets with the student to determine why the bullying was referred. The student is given a review of the stop bully abuse policy. The youth is also told that his or her parent(s) will be called that day and a conference will be scheduled with the student and parent(s) within 24 hours. The student is then instructed to write a description of how the behavior was bully abuse, how he or she probably made the other person feel and how he or she felt during the bullying. This is left at the guidance office before the student returns to class. The student is told that he or she will not be able to return to class until the description is given to the school counselor.

School counselors should be called upon to present the stop bully abuse program to new teachers at orientation and to all teachers and staff at the beginning of the year. A one-page outline is provided, and at the beginning of the year handed out to teachers will allow them to plan and be aware of when the program is to be promoted in their classrooms and how disrespectful and disrespectful behavior must be handled. At the same time, teachers and staff need a simple method for referring students when they suspect or witness bully abuse occurring.

Teachers can ask questions that promote discussion. What is respect? How does respect apply to courtesy and respect awareness. Any worthwhile prevention program on bully abuse will include this component to inform kids that courtesy and respect toward others are also respected. This attitude should be shown in the hallway, rest rooms, and on the playground. Students who are doing homework at home, or studying should be prevented from bullying. The student who was bullied and a copy is made. Upon returning to the classroom, he or she reads the apology letter to the student and then gives it to the student that experienced the bully abuse. If the student is in another classroom, then arrangements are made for the student to be escorted by the school counselor to the other student's room for reading of the apology. He or she is further instructed that the description of the incident and the apology letter to the student who was bullied needs to be completed before he or she can return to class the next day.

If the student is not able to return to class due to not completing either of the above, the youth is further instructed that he or she will be given his or her class assignments to complete in the school office until the above are completed and a conference is held with his or her parents.

Parent conference

The parent conference is scheduled and, if at all possible, takes place by the next day. While parents' work schedules have to be considered, it is recommended that parents be notified if a conference is to be held with their child. Parents must be reminded that until the conference takes place, their child will not be able to return to the classroom but will complete assignments in the guidance office. If school counselors are comfortable with tape recording conference, the parent is asked to sign a release to do so and are given the option of receiving a copy of the tape within three days of the conference.

If school counselors are not comfortable with tape recording conference, the conference notes should be typed and sent to the parent within three days of the conference so that it is complete before the student returns to class.

The student's behavior is reviewed with the parent by having the student read his or her own description of the bully abuse. The emphasis is on identifying how the student's behavior was bully abuse, the apology that the student gave to the child who was bullied, and what parents are doing at home to discourage bullying and encourage courtesy and respect. This is an opportunity for the school counselor to gain insight into the family dynamics and home environment. A handout on expected behavior for students at school is given to the parents: no touching other students; no teasing, ridiculing or making fun of other students; discuss feelings in a calm manner; express anger without ridicule, sarcasm, loud voices or physical aggression; and follow the limits and standards of behavior set forth by the school.

For a one-time incident, the student is asked to sign a written pledge by the end of the school day not to bully abuse again, which the parents witness and sign as well. This pledge is posted in the guidance office for one week and given a gold star by the student's name. The student is given a sticker, "Against Bullies," and that the parent is given a sticker of "Courteous Matters." Both the student and parents are thanked for coming to the conference and reminded that, if a second incident occurs, the student will be referred to the Against Bullying Group that meets three days at a designated time during a one-week period.

The parents will be notified if this happens, and a written permission form for their child to attend the group is signed during the conference so that it is on file. If the student attends the ABG, it is explained to parents that students come to the ABG during a nonacademic classroom time, so they may have to come during art, music, gym, etc., in order to attend. The goal of the ABG is to prevent a more serious occurrence of bully abuse and to assist the child to be a more positive peer with students. Parents sign an "end of conference" agreement that is filed in the school counselor's office.
Bystanders as witnesses, encouragers of bullying

The student(s) identified as the bystander(s) by the adult who reported the bully abuse are called to the office individually and asked to write down what was witnessed as bully abuse, how their behavior encouraged bully abuse, what they felt the next time they witnessed bully abuse, how they felt about the bully abuse, and how the student who was being bullied felt. The school counselor reviews with the student the bullying that occurred and bystander encouragement of bullying. The students are given a warning to follow the school policy in the future, or given a warning to follow counselor reviews with the student they felt during the bully abuse, what was witnessed as bully abuse, and how the student who was encouraged bully abuse, what was witnessed as bully abuse needs attention as well. This child should be called to the office immediately following the meeting with the child who committed the bully abuse and the bystanders who encouraged it. The purpose of the conference is to assure the child that he or she is not in trouble, ask if he or she is OK, find out what he or she needs to feel safe and secure at this time, ask how he or she felt when the bullying occurred, and find out what the bully specifically did or said and who witnessed the bully abuse. The child should be informed that a call needs to take place while he or she is in the office to inform his or her parent regarding what occurred, assure the parent that the child is safe and that the bully abuse has stopped, and that the child who bullied has been addressed according to school policy and the stop bully abuse program. Any questions the parent might have are answered and the parent is encouraged to comfort the child once he or she reaches home. The child should have the apology letter(s) to share with the parent(s). One week later, this child is called back to the school counselor's office to touch base and see how things are going and to ensure that no further bully abuse has occurred by the same child or someone different. This process is similar to a stress debriefing and is encouraged because children have even fewer coping skills than adults.

Against Bullying Group

Although the name of the group is focused on bullying, the goals of the group are to promote courtesy and respect among students and to teach the skills that students either lack or are not reinforced and practiced in their everyday environments. Goals include conflict management and resolution, problem-solving, developing and main-

Continued on page 46
Community referral
If, after a student has completed the above steps and the bully abuse continues, then it is suggested that the school counselor conference with the parents and student to recommend outside intervention for the youth. If asked by the parent, the school counselor can provide a list of therapists and other counselors whom the parent can contact for more in-depth assistance with the child. If parents choose to seek outside intervention, then they are asked to confirm with the school counselor when the appointment is scheduled and with whom. This suggestion to parents needs to focus on leadership qualities, how not to call names and labeling, identifying feelings (mad, glad, sad) and expressing those feelings in a way that gives the student self-esteem and self-confidence, leadership qualities and role modeling.

This is an outline of what an effective group counseling program would involve. School counselors can tailor this group to meet the needs of a specific group of kids who are in the three-day program. For example, one group of kids may need to focus on listening, communication skills and identifying feelings, while another group later in the year may need to focus on leadership qualities, how not to call names and label, and how to have empathy and compassion. Students are given a certificate when they complete the program and a sticker that says “Leaders Against Bullying,” which promotes their awareness of standing against bully abuse and not being a bully!

Bullying

Effects of being bullied:
- Missing school
- Decline in self-confidence
- Poor grades
- Depression
- Anxiety
- Suicidal thoughts and plans
- Sleep disorders
- Nervous habits
- Stress headaches
- Gastrointestinal problems
- Frequent crying and feelings of sadness
- Loss of appetite
- Inability to concentrate or stay on task
- Building of rage

Signs of a bully:
- Intimidates and makes fun
- Incessant teasing that is hurtful
- Embarrasses and ridicules
- Loss of anger control
- Pushes, shoves
- Interrupts others
- Center of attention with peers
- Problem taking turns
- Always blames others
- Discourteous in behavior
- Discourteous in language
- Lack of empathy toward others
- Inability to apologize
- Unable to see the “wrong” in their behavior toward another
- Makes excuses for behavior

Myth about bullying:
- It’s a stage of life; all kids go through it
- Kids are just playing around
- It is not to be taken seriously
- It stops after a certain age
- It’s a stage of life; all kids go through it

Where bullying can lead:
- Juvenile crime and delinquency
- Violence and assault
- Adult perpetrators of violence
- Jail and probation
- Alcohol and drug use
- More serious crime in adulthood
- Low achievement in life

Overview of strategies:
- Include in existing child abuse prevention programs
- Adult intervention required
- Zero tolerance needed within the school

School counselor’s role:
- Leadership
- Presentation to students, staff and parents
- Reinforces the program throughout the year
- Referral for intervention
- Intervention for bully abuse
- Student meetings
- Parent conferences
- Against Bully Group counseling
- Community referral

Bullying abuse identified through:
- Student posters, essays, art stories and poems
- Stickers to students once a month

Generating awareness of bullying abuse and courtesy and respect:
- Once a month on designated days
- Teachers promote awareness in the classroom
- Discussions
- Apology letters
- Early intervention

Financial support:
- Parent groups
- Line-item budget
- Grants and community donations
Four myths that surround Parental Alienation Syndrome

You've heard of myths, right? One of my favorite myths is the one about waiting one hour after eating before swimming. I've always wondered — can't someone swim immediately after eating a small salad? And should anyone swim only one hour after eating a big Thanksgiving dinner? After all, some people need at least one hour just to move from the table to the couch after having their fill of turkey, stuffing and all their other holiday favorites.

The problem with myths, like the myth about eating and swimming, is that they are too black-and-white. Shades of gray have no place in a good myth.

What do myths have to do with Counseling Today? A little more than a year ago, I wrote two articles for Counseling Today on Parental Alienation Syndrome. Your response, both positive and negative, to these articles were very black-and-white. You either applauded the articles or dismissed them. Just like a good myth, we didn't see any shades of gray when it came to PAS.

For those of you who didn't see last year's articles, the late Richard A. Gardner, author of "The Parental Alienation Syndrome: A Guide of Legal and Mental Health Professionals," coined the term Parental Alienation Syndrome almost 20 years ago to characterize the breakdown of previously normal, healthy parent/child relationships during divorce and child custody cases. Typically, one parent deliberately damages, and in some cases destroys, the previously healthy, loving relationship between his or her child and the child's other parent. In a severe PAS case, the alienating parent and child work together to successfully eliminate the previously loved mom or dad from the child's life.

Unfortunately, legal and mental health professionals working divorce and child custody cases can't dismiss or dismiss PAS as easily as you did last year. These professionals must deal with four myths surrounding PAS on a daily basis.

The first PAS myth is that once the divorce and child custody proceedings end, then the PAS actions will end too.

"The key factor that is characteristic in all PAS families is the alienating parent's real or perceived fear of abandonment," said David Israel, a Connecticut clinical psychologist who specializes in child advocacy and family mediation. "During a divorce, the alienating parent feels an intense level of abandonment and betrayal. This parent uses his or her child to fill the void left by the divorce and destroy a relationship that is loved and cherished by the other parent. In mild to moderate PAS cases, alienating parents often stop their alienating behavior after a divorce. In some cases, they find another relationship. Others address their unresolved issues with a therapist. However, in more severe cases, alienating parents do not resolve their abandonment issues and continue using their children to keep those issues alive. In these cases, the alienating behavior not only doesn't stop when the legal battles end, but the behavior also becomes a way of life for the alienating parents and children."

The second myth surrounding PAS is that it is purely "a father's issue." In fact, PAS critics often claim that fathers who accuse mothers of PAS are merely abusive husbands and fathers using PAS as a defense during custody hearings against well-deserved physical and/or sexual abuse charges.

This myth ignores the fact that many loving mothers are alienated from their children by the children's fathers. If the e-mails and letters that I still receive in response to last year's articles are any indication, then both genders use their children to fill unhealthy emotional needs at the expense of the other parent. In fact, my mail runs 50/50. I hear from equal numbers of targeted moms and dads looking for help.

In any event parents, both male and female, often exaggerate their situations during contested custody proceedings and cry abuse or PAS when none exists. Why? Because the entire concept of family court law is based on the premise that one side will use whatever means necessary to outwit and discredit the other side in front of the judge. Injustice, half-truths and lies of omission are standard operating procedure in family court. The judge is responsible for sorting it all out. When PAS allegations are present, mental health professionals are responsible for helping the judge determine fact from fiction.

"A skilled clinician can tell the difference between false abuse charges and legitimate PAS and vice versa," Israel said. "For example, an abusive parent typically won't cooperate with a therapist. A victim of false allegations generally will cooperate with a therapist. A parent filing a false abuse complaint generally can't back up the story with facts and won't cooperate with counseling recommendations once he or she has the professional's sympathy, support and validation."

PAS myth No. 3 states that "the place to deal with PAS is in the therapist's office, not the courtroom."

In mild and moderate PAS cases, parents and therapists can often successfully address PAS without involving the court. But in severe PAS cases, getting the alienating parent and alienated child to cooperate with the therapist in a timely fashion is the judge's job. He or she is the only person with the power to put the alienated child in the therapist's office.

Judges are often reluctant to impose any punishment on the alienating parent that might cause the child any additional pain. However, empty threats won't convince a severely alienating parent to help, or at least not sabotage, efforts to rebuild the child's relationship with the other parent. In the most severe PAS cases, judges must consider extreme measures such as fines, jail time and even a change of custody to obtain the alienating parent's cooperation.

The fourth and last myth is that PAS isn't even a legitimate issue because it isn't listed in the DSM — the psychology profession's Diagnostic and Statistical Manual. The manual is the clinician's bible — a guide to symptoms and syndromes and the definitive diagnosis on any legitimate mental health condition.

The latest edition of the DSM is the DSM-IV-TR, the fourth edition with revised text. The DSM is an evolving document. At one time, the DSM listed homosexuality as a deviant condition — an illness or sickness. Not any longer. Conversely, at one time anorexia didn't exist, diagnosis-wise, in the DSM. Today it does.

"Inclusion in the DSM is not an instantaneous event," said Barry Brody, executive director of Forensic Family Services and a Licensed Marriage and Family Therapist in Miami. "For example, Gilles de La Tourette first described his syndrome in 1885. But Tourette's Syndrome didn't appear in the DSM until 1980 — 95 years later."

Inclusion in the DSM is a conservative and deliberate scientific process that includes reviewing the scientific literature regarding a particular diagnostic entity. "PAS is a fairly new phenomenon," Israel said. "As psychologists see more PAS cases, they'll begin to see the patterns. PAS has very clear, defined patterns. That's what the DSM is looking for — definite criteria or symptoms that equal a specific syndrome."

Said Brody, "If we accept the logic that a diagnostic entity must be in the DSM for it to exist, that logic leads to the inevitable conclusion that mental illness didn't exist before 1952. That was the year that the first DSM was published."
Who will be your next ACA president-elect?

Meet the five contenders for FY 2006-'07 presidency

In an effort to bring American Counseling Association members the most complete information possible about ACA presidential candidates, Counseling Today is pleased to introduce you to the five individuals who are running for this prestigious leadership position.

Each candidate was asked to provide information for four questions; this month, two of those questions are showcased. See the October 2004 issue for their answers to the previous two questions.

Complete candidate information for ACA candidates — including their biographies and goals statements — as well as for those participating in elections for divisions and regions will be featured in the December 2004 issue of CT.

Editor's note: The following information is printed as it was submitted from each candidate. CT has edited only for spelling and style errors.

Kay T. Brawley
Candidate questions

Q: What do you intend to do to increase the public visibility of professional counseling and market the profession to our external constituencies (e.g., members of Congress, our sister professional associations, the public)?

A: Be proactive rather than reactive ... rather than wait to be invited to provide a sound bite on CNN, CBS "Marketwatch," an article in the Wall Street Journal, Washington Post or New York Times, be an advocate for the counseling profession by providing timely position statements addressing societal issues where counseling can be effective.

Be a visible voice in bridging the gap between public policy and counseling/ human development issues (e.g., technological progress, and the growing generational imbalance of fewer young people supporting a growing number of retirees).

Take advantage of opportunities to let the public know what we're doing. In Kansas City, Mo., ACA and its divisions all addressed issues that were newsworthy outside the ACA arena. Yet the National Employment Counseling Association was the only professional group that made the business section of the Kansas City Star, through recognition of the Women's Employment Network in Kansas City for its success in assisting women in raising self-esteem and achieving economic independence through sustained employment.

We must address issues in the public mind, draw attention to our activities and programs and, finally, make sure the word gets out. One example of these issues that professional counselors could address is demoralization from long-term joblessness in our society.

Q: Explain five principles of leadership that you believe are most critical to the ACA presidency.

A: ACA leadership efforts must concentrate on making changes happen successfully. In my leadership roles, I have emphasized five key elements of making lasting change:

- **Approach:** To make a difference and lasting change, Goethe sums up my approach. "Whatever you can do or dream you can do, you can. Boldness has a genius, magic and power to it."

- **Readiness:** Timing is everything and especially critical for changes in the way we do things. We must be ready to let go of anything that is no longer working. A comfortable system that has worked well for years may have become a barrier to growth without strong purpose for continuation.

- **Passion:** Energy is needed to keep the fire burning with ACA's initiatives. If we are not willing to spend the energy toward creating what we want, we get to spend the same amount of energy coping with what we get.

- **Perseverance:** Commitment is essential to keep the passion moving. Change is not easy, and long-term change, by definition, does not happen immediately.

- **Support:** Few entities can make significant changes alone. ACA needs supportive others as partners in our professional endeavors to bridge the gap between client needs and public policy programs.

Marie A. Wakefield

Candidate questions

Q: What do you intend to do to increase the public visibility of professional counseling and market the profession to our external constituencies (e.g., members of Congress, our sister professional associations, the public)?

A: Increasing public visibility of professional counseling and marketing the profession to our external constituencies is imperative to ACA's fiscal and human support, organizational credibility, economic stability/cohesiveness, venues of communication, membership involvement/pride, performance levels and the mindset to improve. ACA has a professional obligation to be accountable to the membership and the public it serves, stay alert and current with mental health issues and advocate for change.

As a leader in the nucleus of the organization, communication and collaboration are key to ACA's visibility and resourcefulness. Much is to be gained through knowledge and understanding of emerging issues faced by generations and special populations, constructive feedback to direct strategic thinking and greater unity through networking. ACA staff and membership are applauded for their accomplishments. Other strategies include:

- Establishing an annual forum at the national ACA conference for sister professional organizations, interested legislators and human resource departments to learn of ACA's agenda and concerns needing attention.

E. Christine Moll

Candidate questions

Q: What do you intend to do to increase the public visibility of professional counseling and market the profession to our external constituencies (e.g.,
members of Congress, our sister professional associations, the public?

A: Counselor licensure over 25-plus years in almost all of our ACA branches has increased the visibility and credibility of professional counseling. Recently, ACA members have testified during congressional hearings, collaborated with our colleagues in "sister professional associations" and worked with individuals here and abroad to facilitate change. They are advocates for our profession!

ACA has a strong Public Policy & Legislation office. Their work and resources are magnificent. I will work to promote and highlight the work of our PP&L office. Some ACA branches and regions could benefit from more contact with our PP&L office. Assistance with local initiatives might increase the visibility of professional counselors and promote counselor identity and professional self-esteem of grass-roots counselors.

I want to explore ways to increase our presence in the media via public service announcements, "expert" interviews on network programs and the formation of a team of "regional representatives" available to the media for commentary. It has also been observed that when tragic events occur, seldom has a "counselor" been on camera. I am not advocating that we exploit the catastrophe but, rather, see this as an opportunity to contribute and assist individuals beyond the scope of the event.

Q: Explain five principles of leadership that you believe are most critical to the ACA presidency.

A: A "situational-transformational" mindset (Hersey & Blanchard, 1982; Bass, 1985; and Posner & Kouzes, 1987) suggests that beyond the demands for good interpersonal skills, problem-solving and management skills, a leader:

- Is aware of self — using strengths to facilitate change with the recognition and compensation for liabilities, plus the capability to give bimodal (quiet/hiato) attention to association concerns.
- Envisions a future with an "outcome" orientation and communicates a clear plan of action. There is no surefire path, but a leader draws in others to create new paths toward successful results.
- Understands that the history of ACA shapes us but does not dictate our future. We can initiate "course corrections" with resilience to take appropriate actions based upon new information.
- Develops coalitions to achieve results. By learning what others do best, one can delegate tasks appropriately and challenge others to stretch to reach personal and organizational potentials while providing the necessary support to succeed.
- Mentors and engenders a sense of excitement about the significance of ACA’s contribution to society. Leadership is not only a matter of the head but also of the heart. When we encourage others, we share passion and inspire enthusiasm for what we do!

Robert K. Conyne

Candidate questions

Q: What do you intend to do to increase the public visibility of professional counseling and market the profession to our external constituents (e.g., members of Congress, our sister professional associations, the public)?

A: 

![Image](https://via.placeholder.com/150)

**Vision:** The ACA president must articulate and communicate a vision that is inspiring, involving, pragmatic and in keeping with dominant organizational and professional values. Leadership without a large motivating vision is, at best, management.

**Style:** The ACA president needs to work collaboratively with others. An effective leader motivates others and knows how to coordinate their efforts. The style needs to be transformative as well, combining talents and energies in such a way so as to generate new ideas and solutions from the mix.

**Active engagement:** The ACA president needs to expend continuous and high-level energy in a focused way. The job is a daunting one, requiring a wide variety of skills demanded across an array of situations.

**Organization:** The ACA president will be ineffective if great ideas and directions cannot be translated into organized applications. Being able to see the big picture is essential, but then also to reconfigure it so that action can occur.

**Accountability:** The ACA president needs to set goals with others that are aspirational yet feasible. A leader is a person who works with others to reach necessary and desirable goals. Only measures of accountability can provide the evidence.

Brian S. Canfield

Candidate questions

Q: What do you intend to do to increase the public visibility of professional counseling and market the profession to our external constituents (e.g., members of Congress, our sister professional associations, the public)?

A: 

**Collaboration** — a penchant to listen to others, an ability to articulate key issues in a clear and concise manner and the patience to engage disparate constituencies to work toward common goals.

**Positive public presence** — someone who will present a positive public image on behalf of the association. An ability to effectively convey ideas to individuals and groups both within and outside the association.

**Organizational ability** — the experience and skill to organize and efficiently conduct business. A willingness to appropriately delegate authority to professional staff and hold them accountable for the results.

**Analytical skill** — the ability to gather information, weigh all perspectives, critically analyze data and the courage to act decisively in the best interests of the association.

**Motivation** — maintain a positive environment that invites members to invest their time and energy on behalf of the association. Strive to make involvement in all ACA activities a personally and professionally positive experience. This is essential when working with people who volunteer their time.
AAC assessment conference offers advanced training
Submitted by Randy Watts
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The Association for Assessment in Counseling will hold the National Assessment Conference at the Citadel in Charleston, S.C., from Nov. 11-12. This advanced training conference will provide two days of high-energy, intensive workshops packed with useful skills and information for assessment professionals in counseling and education. These workshops will feature many nationally known and respected presenters who are experts in their fields. This event is a "must-attend" for all professional counselors, counselor educators and supervisors, school testing coordinators, district accountability specialists and graduate students. The Citadel provides a magnificent high-tech venue for this event. Don't miss this outstanding advanced training opportunity!

A preliminary conference program as well as registration information can be found at http://aac.acat.edu.

ACC to host creativity conference
Submitted by Thelma Duffey
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The Association for Creativity in Counseling is preparing for its first official event, the Dr. Lesley Jones Creativity in Psychotherapy Conference, scheduled for Feb. 12. Pre-conference institutes will be held on Feb. 11. Conference presentations will explore creative ways to negotiate differences in personality, relational styles, culture and worldviews. The conference premise is that we can positively impact our relationships with others by deepening our capacity for empathy and increasing our depth of self-understanding. Details of the conference can be found by visiting the ACC website at www.acc-acc.org.

Robert Babcock, chair of the Department of Counseling and Human Services at St. Mary's University-San Antonio, announced that the university will sponsor a pre-conference institute featuring Amy Banks, a well-known expert in the area of trauma, neurobiology, creativity and relational growth. St. Mary's University's CACREP-accredited counselor education program is one of nine universities in the country that offers extensive training in neurofeedback. ACC extends its sincere appreciation to St. Mary's University for its support of, and investment in, ACC and this important work.

According to Dana Comstock, ACC Executive Board member, Banks serves as director of the practitioners program for the Jean Baker Training Institute at Wellesley College and is on the faculty at Harvard Medical School. Banks wrote, "How does a therapist respond when language is no longer a path to connection? Even the most well-meaning therapists cannot verbally drag their clients into a better world." Integrating new insights into neurobiology and Relational-Contextual Therapy, Banks' presentation, "What Words Can't Say," will explore creative and practical ways to meet people in their worlds and walk with them toward connection and hope.

In addition, ACC is happy to announce that Ed Jacobs, director of Impact Therapy Association and a popular presenter and author in the field of creativity and counseling, has graciously and generously offered to present a Friday afternoon pre-conference institute titled "Impact Therapy: A Multidisciplinary, Creative Approach to Counseling" and two sessions on props and movement on Saturday. I had the good fortune to visit with Jacobs while he was in San Antonio and to attend one of his invigorating workshops. Apparently, he had presented a workshop for more than 200 school counselors last year and was back in town by popular demand. The participants loved him! We look forward to an informative and entertaining experience with Jacobs.

Friday's sessions will set the stage for a variety of cutting-edge presentations to be introduced at the Saturday conference. Albert Valadez will present "A NOVEL Approach to Processing Anger and Getting On the Path to Forgiveness." This innovative presentation bridges the use of literary creative writing styles with therapeutic interventions to stimulate empathy and understanding. And for counselors involved in custody cases or other legal issues, Tony Neugebauer will present "Courts, Counselors and Creativity: Ethics in the Courtroom." In addition, the use of photography, cinema, poetry, psychodrama, props, movement, masks, music, dream-weaving and other innovative counseling media will be presented. We hope to see you there!

ACCA: Dec. 10 deadline for Emerging Leader grant applications
Submitted by Harrison Davis Jr.
hdavis@ngcsu.edu

The American College Counseling Association announces the 12th annual invitation for graduate and new professionals to apply for Emerging Leader grants to the 2005 ACCA Annual Conference in Atlanta. These grants are awarded for students currently enrolled in master's and doctoral-level counseling programs and professionals who recently completed their graduate training.

The ACCA Executive Council, which oversees the selection process, encourages student and new professional participation in the 2005 ACCA Convention and in ACCA activities. As in previous years, six graduate students and/or new professionals will be reimbursed for their conference registration fees and the cost of the ACCA Branch and Business Meeting. The grant recipients will be acknowledged and given a certificate at the ACCA Branch Meeting in Atlanta.

The deadline for submission of application material is Dec. 10.

Eligibility requirements

Applicants must be student or new professional members of ACCA. Individuals who are not currently members must affiliate with ACCA to be considered for this award. The Awards Committee will confirm verification of membership.

Departments may endorse no more than two students per year for the Emerging Leader grant. If more than two students from a department wish to apply for these grants, the department must perform an initial screening and forward only two applications.

Preference will be given to those candidates who demonstrate a commitment to college counseling through either scholarship and/or service.

For more information and to download an application, please visit the ACCA webpage at www.collegecounseling.org, or contact Harrison Davis Jr. (hdavis@ngcsu.edu).

ARCA seeking nominations, survey responses
Submitted by Betty Hedgeman
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The American Rehabilitation Counseling Association is seeking nominations for the position of its representative to the Council on Rehabilitation Education's Commission on Standards and Accreditation. The commission is the arm of CORE that deals with standards and graduate program reviews.

Members of the commission are expected to provide the reviews as part of their duties. They author paper reviews on programs and their annual reports usually during the annual meeting. The term begins July 1, 2005, and is for three years. Incumbents may be eligible for reappointment. Requirements for the position are ARCA membership and having a Certified Rehabilitation Counselor credential. You are expected to report to the ARCA Council on Professional Preparation and Standards. If you are interested, send a letter of intent and a CV or resume to Betty Hedgeman at bhedgeman@nycap.rr.com or to 198 Williamsburg Court, Albany, NY 12203.

Nominations for a representative to CRCE are also welcome. Details are available in previous issues or you can obtain information by contacting Betty Hedgeman. Closing date for nominations is Jan. 1.

A member survey has been mailed to all ARCA members. All are urged to complete the survey and return it to Betty Hedgeman before Dec. 31. If you have not received a copy and want to participate, contact Hedgeman at the aforementioned address.

ARCA members are reminded to register for and attend the ARCA Conference in Atlanta from April 6-10. If a local ARCA group or members are planning a meeting, they are welcome to use the ARCA suite by making arrangements beforehand. Contact Hedgeman for additional information or if you have any questions.

For additional information on ARCA, see the website and sign up for the listserv.

ASCA: Call for Governing Board ballots
Submitted by Russell A. Sabella
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At the American School Counselor Association, there's more to this year's election than voting. On Dec. 15, 2004, all ASCA members are also voting for the association's 2005 Governing Board. Ballots, which also include complete candidate profiles, are en route via mail, and all members should have received them by late October. To be tallied, ballots must be in hand at ASCA headquarters no later than Nov. 15.

We also have more freebies — this one is for our counselor educator members. Because of their contact with students, ASCA's counselor educator members are crucial to educating those newest to the school counseling profession. To help, ASCA has produced a free poster highlighting the benefits of ASCA student membership for counselor educators to post in their offices or on department bulletin boards. Interested members who have not received one by mail should contact ASCA headquarters at 703.683.ASCA (2722).

Lastly, want to get tees in touch with real reality TV? Check out this month's programming on PBS "In the Mix," the weekly national Emmy award-winning TV series for teens, by teens. ASCA is an active supporter of "In the Mix." Featured presentations
this month include "Teen Immigrants," showing Nov. 6-13. Last month's featured presentations included "Financial Literacy: On the Money," "Devore and Stepfamilies: Breaking Apart/Coming Together" and "Smoking: The Truth Unfiltered." Each program runs 30 minutes and has off-air taping rights for educational use. For more information on programming times, specifics and transcripts, visit www.inthemix.org.

For more information on these happenings and more, visit www.schoolcounselor.org.

West meets East
ACA sponsors counseling delegates to China

IAMFC seeking editor, Mardi Gras conference attendees

Submitted by Lynn Miller
Lynn.miller@ubc.ca

"Laissiez les bons temps roulez!" Let the good times roll!

The International Association of Marriage and Family Counselors is pleased to announce its inaugural Mardi Gras Conference, to be held in New Orleans Jan. 27-29. This conference is designed to capitalize on the Carnival atmosphere in the week before Mardi Gras. The conference hotel, the Pontchartrain, is located in the beautiful Garden District and sits directly on the parade route. A host of activities are planned to allow attendees to learn about historic New Orleans as well as the cutting-edge family and systemic treatment issues. For more information, registration forms and the call for proposals, please visit our website at www.iamfc.com. Questions may be directed to iamfc2005conf@aol.com.

Call for nominations: editor of The Family Journal

The Family Journal: Counseling and Therapy for Couples and Families is the official journal of the International Association of Marriage and Family Counselors. The purpose of the journal is to advance theory, research and practice of counseling with couples and families from a family systems perspective. The editor will serve a three-year term (2005-'08) with approval of the IAMFC Board and will have major responsibility for the solicitation, peer review and publication of four annual volumes of the journal.

Because IAMFC is a non-profit organization, the successful candidate will likely be able to demonstrate signs of support from his or her institution. Candidates should have a strong publishing record, demonstrated leadership in the field and experience as an editor of a national or state referred journal. Candidates should send a cover letter outlining their qualifications and interest along with a curriculum vita to Brian Canfield, Department of Human Development, Southeastern Louisiana University, SLU 863, Hammond, LA 70402-0863 or e-mail attachments to bcanfield@selu.edu.

Attention all IAMFC members! The IAMFC Digest (newsletter) is going electronic! To receive your copy, please send your e-mail address to shannon.younger@yahoo.com.

Last month, 14 ACA members traveled to Shanghai to meet with their Chinese counterparts at the Honkou District Mental Health Center. The center has both inpatient and outpatient units and more than 110 medical professionals. HDMHC has pioneered the use of Morita therapy (a Japanese technique) with Chinese clients.

Counselling Today will feature more details and highlights of the trip in the next issue.
Argosy University/Sarasota and the American Counseling Association Foundation

-Announces-

The Annual Winter Counseling Symposium

February 25 – 27, 2005

Responding to Tragedy, Trauma, and Crisis

Join us for presentations and poster sessions on disaster response after the Florida hurricanes; treating acute stress disorder and PTSD; children’s trauma and drive-by shootings; sexually abused children; treating first responders (police and firefighters); crisis intervention in communities and schools; deployment to Iraq; critical incident stress debriefing; research on trauma and crisis response; compassion fatigue; long-term effects of September 11th on first responders, families, and counselors; and related topics.

NBCC approved CEUs will be awarded to attendees.

ACA Member $140  Student $75
Non Members $160  Chi Sigma Iota Student Member $55
Saturday Sunset Beach Barbeque $15
(Late fee after February 11, 2004: $25)

Holiday Inn at Lakewood Ranch • Sarasota, Florida
15 minutes from Sarasota-Bradenton Airport; 45 minutes from Tampa Airport; Symposium room rate: $84

For more information and registration, please contact ssanabria@argosyu.edu or call toll free 800-331-5995.

Call for Papers

You are invited to submit proposals addressing the theme: Responding to Tragedy, Trauma and Crisis. Papers will be presented in 90 or 45 minute sessions or during the poster session. Proposals are limited to 500 words and must be submitted in APA format no later than November 30, 2004. Include your name, title, institution, and a brief summary of interest, experience and/or research in the field.

Please submit to Samuel Sanabria at ssanabria@argosyu.edu or by U.S. mail to: Argosy University Winter Symposium, School of Psychology and Behavioral Sciences, Sarasota 5250 17th St., Sarasota, FL 34235.

Papers are invited on:
- Trauma recovery
- Acute Stress Disorder
- PTSD
- Hurricane disaster response
- Models of debriefing
- First responders to tragedies
- Community crisis response
- School tragedies
- Crisis Intervention
- Compassion fatigue
- Children and trauma
- Burnout
- related topics

If you have questions concerning your proposal, please contact Dr. Samuel Sanabria at 800-331-5995 or Dr. Jane Webber at 908-766-7225.
2005 ACA Convention April 6–10 in Atlanta

The American Counseling Association has a long history of providing convention attendees with an extremely wide array of education sessions from which to choose. With more than 450 programs on the line-up for the 2005 ACA Convention in Atlanta, this year’s event will be no exception. But there is a twist this year— one that is reflective of our increasingly global society, our heightened awareness of cultural differences and even the war in Iraq.

This year’s program includes 74 different sessions on multicultural or international topics, up from 62 in 2003. With this many programs focusing on multicultural and international themes, it is fitting that the 2005 convention is being held in Atlanta — a mecca of civil rights as well as a city that has hosted Olympic athletes from around the world.

Attendees can span the globe in five days, immersing themselves in the study of specific topics such as youth suicide in Northern Ireland, social justice and counseling in the Himalayas, counseling adolescents affected by the Iraq War and methods for counseling individuals who are Chinese. Or they can expand their knowledge on a more general level with programs such as the hour-long “Multicultural Literacy: What Every Culturally Competent Counselor Should Know.”

School counselors will find a number of sessions that are applicable to their work. A pre-convention Learning Institute, for example, offers an intensive overview of a preventive intervention with preschoolers, parents and teachers in an African-American school community. A 60-minute program on multicultural school counseling delves into the unique complexities of working with children in grades K–6, and another covers students at the Co-Chair National of the education spectrum — graduate school. That program, “A Study of Multicultural Competence Among School Counseling Graduate Students,” provides a glimpse into how our universities are building the essential skills in the school counselors of the future.

Other sessions explore what is happening on college campuses today. “Barriers to the Achievement of African-American Students on White College Campuses” hones in on how colleges can identify and knock down the obstacles faced by African-Americans. The session offers a 60-minute program on effective strategies for recruiting and retaining faculty and students of color in rehabilitation counseling programs.

Group counseling professionals will find several sessions of interest, including a daylong pre-convention Institute on Wednesday, April 6, titled “Challenges Facing Group Leaders: Understanding and Working With Resistance and Diversity Issues.” This session includes a live demonstration of leader interventions aimed at reducing resistance in a group. “Multicultural Group Counseling and Psychotherapy: Converging Forces of Development and Healing” and “Multicultural Group Work: Visions and Perspectives From the Field” are two 90-minute programs that offer insights on diversity through the lens of group counseling.

The creative component of counseling is reflected in sessions on the use of music, literature, bibliotherapy and narrative in working with binucleic and multiracial groups. Eleven programs on creativity have been added to the convention to build on the 2005 theme, “Counseling: A Creative Force in the Fabric of Life.”

The growing Hispanic population in the United States has created a strong demand for specialized services, and the 2005 convention has a significant number of programs that address this need. An evening Learning Institute reviews how to assess and treat family levels of acculturation and adjustment of Latino adolescents, and an education session explores how to work with radio stations to reach Latino parents. Addiction dynamics and mental health service delivery systems.

Turning to Asian countries and cultures, the convention program offers at least 10 sessions on specific aspects of working with this population. Marital satisfaction in arranged marriages is explored along with cultural immersion challenges for Korean adoptees.

Also under the umbrella of multicultural and international topics are sessions that focus on ecological models, career choices, HIV, rape, disabilities, depression and many other traditional areas of counseling.

For attendees who wish to broaden their knowledge of counseling from both international and multicultural perspectives, the ACA convention offers a wide variety of programming. For more information on the convention and programs, visit www.counseling.org/convention. Please note that the pre-convention Learning Institutes are offered on April 6–7 and require a separate registration fee.

Editor's note: The “Spotlight on Atlanta” column will appear regularly in Counseling Today to inform attendees and potential attendees about the exciting events taking place during the convention (April 6–10) and during its pre-convention Learning Institutes (April 6–7).

Television alcohol ads that bombard teens continue to increase

Alcohol industry advertising on television maintained a steady path of growth between 2001 and 2003, driven in part by an explosion of distilled spirits ads aired on cable television. These findings, released in a new study from the Center on Alcohol Marketing and Youth at Georgetown University, demonstrate how little the national debate about alcohol advertising and underage drinking has led the alcohol industry to change its practices through 2003.

CAMY found that nearly 50,000 more alcohol ads aired on television in 2003 than two years earlier, with the greatest increase occurring between 2001 and 2002. The same was true for the number of ads that underage youth were more likely to see on a per capita basis than adults — ads that “overexposed” youth. In 2001, 31,064 ads were more likely to be seen by youth, ages 12 to 20, than by legal-age adults; this number jumped to 69,054 by 2003.

The full text of this study can be found at www.camy.org.

Wanted: Play therapy research participation

The National Play Therapy in Counseling Practices Project, a first of its kind joint research effort between the American Counseling Association and the Association for Play Therapy, invites counselors who conduct play therapy to participate in the first phase of this exciting research.

Approximately 15 minutes of your time is all that is needed to complete the survey.

As a thank you for participating, 10 randomly selected participants will receive either “Counseling as an Art: The Creative Arts in Counsel- ing, 3rd edition” by Samuel T. Gledding or “Play Therap- hy: The Art of the Relation- ship, 2nd edition” by Garry L. Landrath.

Counselors who conduct play therapy are encouraged to complete the brief survey at www.camy.org.

Results of the study will be presented at the 2005 ACA Convention. For further information, please contact: Simone F. Lambert, Ph.D., Co-Chair, National Play Therapy in Counseling Practices Project at 703.591.9600 or email simonelambert@mainstreetchi.com

Mental health initiative for children to receive $34 million from HHS

Health and Human Services Secretary Tommy G. Thompson announced awards totaling $34 million to develop comprehensive community-based mental health services for children and adolescents with serious emotional disturbances and their families.

These six-year grants build on President George W. Bush’s compassionate agenda that fosters innovative community-based solutions for families in need. HHS’ Substance Abuse and Mental Health Services Administration awarded four cooperative agreements that are designed to strengthen local capacity to care for children and adolescents with serious emotional disturbances. Through a “systems of care” approach, the mental health needs of children, adolescents and their families will be provided through local resources such as the home, schools and community programs.

All four grantees will develop and implement community-based service systems for their targeted populations and participate in a national multi-site evaluation.

Grantees will also develop plans for social marketing and local level evaluations as well as a plan for sustainability after federal funding ends. Requirements for increasing levels of non-federal matching funds are designed to assure grantees in the process of creating enduring systems of care. These grants are expected to last for six years.

SAMHSA is a public health agency within the U.S. Department of Health and Human Services. The agency is responsible for improving the accountability, capacity and effectiveness of the nation’s substance abuse prevention, detection, treatment and mental health service delivery systems.
Becoming a Solution Detective: Identifying Your Clients' Strengths in Practical Brief Therapy

Whether you are using solution-focused therapy and its family of techniques in current work or are simply interested in exploring the topic, "Becoming a Solution Detective" is a quick and interesting read. The book provides a handy and accessible introduction to the practical uses of the solution-focused approach. Using the metaphor of a solution detective, the authors liken the work of a counselor to the historic crime detective Sherlock Holmes.

The authors emphasize key ideas through excerpts from the fictional detective Sherlock Holmes' book, "The Science of Deduction and Analysis" (Doyle, 2001). These excerpts from Holmes' imaginary treatise on sleuthing set the stage for the related solution-focused construct. For example, when Holmes urges detectives to put "yourself in the other fellow's place," the authors encourage the solution-focused counselor to "depend upon empathic understanding" to see the world through their client's eyes (page 1). Just as Sherlock Holmes tackled new cases afsresh, so should the successful solution-focused counselor. In solution-focused speak, this requires keeping hypotheses momentarily in check and using a not-knowing stance. Or, as Sherlock Holmes writes, "always approach a case with an absolutely blank mind" (page 1).

The first five chapters of this six-chapter book (plus appendix) focus on getting started as a solution detective. However, learning strategies to get unstuck are as important as learning ways to get going. Chapter 6, "When Therapy Doesn't Go Well," is likely to prove useful to beginning and veteran counselors alike. Sherlock Holmes, the authors note, encountered obstacles on the crime-solving road. Instead of giving in to frustration, Holmes found motivation: "There is nothing more stimulating than a case where everything goes against you" (page 81). The authors provide classes to confront and face these difficulties. The tools rest in the client's own strengths and resources. The authors suggest practical ways to facilitate continued client movement.

The authors supply an abundance of practice exercises. These exercises frequently invite the counselor to examine their own counseling practices. Others serve to direct the counselor to apply a given construct or technique with clients. Still other exercises use case studies to illuminate a counselor's ways of working with clients. In the context of a classroom, the exercises can be used for student reflection or are simply interesting in small groups. Case studies encourage the reader to view cases from the solution-focused approach as they consider the possibilities and strengths of clients. Suggested ideas are supplied in an appendix to promote the reader to think creatively about how they might work with the client in each case.

The experienced solution-focused practitioner will find the book a thorough review of the tenets of this therapeutic approach. For those new to solution-focused therapy, they will find the book accessible. The clear and concise overview of the approach is the major strength of the book.

Whether read for personal inquiry or assigned reading as a course requirement for counselors-in-training, the book will grab the reader's attention and further their understanding of solution-focused therapy.

Reviewed by Kelly Duncan, an assistant professor of counselor education at Northern State University, Aberdeen, S.D.

Counseling Theories and Techniques for Rehabilitation Health Professionals

Several things about this book make it an exceptional text for graduate-level counseling courses aimed at rehabilitation health professionals. First, its editors and chapter authors represent some of the leaders in the counseling field. These authors have practiced, researched and taught the material covered in the text. Thus, they bring a keen understanding of, and appreciation for, the special needs of persons with disabilities. They speak with authority on the need to adjust conventional models and theories to assist those with disabilities.

Second, rather than surfing across a large number of theories, the editors select a few dominant theories to illuminate. Importantly, they view each counseling theory from a rehabilitation perspective. Thus, the text's usefulness in the classroom is enhanced not only by the text's suitability for inviting discussion but also by the depth of the theories presented. Additionally, it is in the editors' intent, and one that they have achieved, to produce a text that is a practice resource for the rehabilitation counseling professional. They organize the book into five sections: Introduction, Counseling Theories, Basic Techniques, Special Considerations (e.g., substance abuse counseling) and Professional Issues (e.g., risk management).

Each chapter provides ready access to discussions of issues that practicing professionals routinely face (e.g., supervision, group practices) when working with clients with special needs.

A couple of chapters are worthy of mention. Shaw's chapter on "Risk Management" is an excellent overview of counselors' legal and ethical responsibilities. In it, Shaw demonstrates the relationships among five categories of law and regulation, including the codes of ethics. Shaw demonstrates clearly how these rules and ethics interrelate and support the professional behavior of counselors.

Herbert's chapter on "Clinical Supervision" articulates the developmental models that can aid in the transition from supervisee to practicing counselor. This chapter is fundamentally useful for those who work as supervisors in clinical set-

Despite the book's essential nature, the authors develop a straightforward and uncluttered research and scholarly foundation for crisis intervention. The book covers the basic principles of crisis intervention, different crisis intervention models, useful techniques for conducting crisis assessments, common intervention strategies associated with crises, the unique needs of the crisis helper, and application of crisis models into action and group crisis interventions.

The authors include useful appendices. They include important crisis tools such as a suicide assessment checklist, a triage assessment form, a cognitive severity scale and a behavioral severity scale. These instruments are concise, have simple-to-follow instructions and can be used quickly.

The text boxes deserve special attention. For example, text boxes labeled "Rapid Promote" represent understanding of concepts and provide ready reference as needed. Other text boxes, such as those labeled "Putting It Into Practice," suggest ways to put ideas and concepts to use in real situations. Finally, the authors discuss intervention strategies such as building rapport, using common sense and aligning psychologically with individuals involved in a crisis. Thus, to clarify and make the point practical, the "Putting It Into Practice" text box provides the reader with a case example. For example, a mental health practitioner arrives at an apartment fire. Immediately, she aligns herself with both rescue workers and victims of the event. In the example given, the mental health worker achieves this alignment through careful attention to the needs of the individuals at the scene, understanding her role (e.g., to provide comfort, assist with information) and assuming a rapport-building role position.

One of the strongest chapters of the book is Chapter 6 — "The Helper." In this chapter, the authors introduce how the crisis helper may be affected by the crisis. The authors emphasize the importance of self-awareness and ongoing training for crisis workers. Another strength of the book lies in its multicultural emphasis. The value and importance of developing a crisis counseling style that incorporates and uses knowledge, skills and awareness of other cultures is echoed throughout the book. This book is essential for any counseling student or practitioner who may someday be involved in working with people in crisis. That means, of course, that all counselors need this information. However, as noted with the term "Counselor," "most mental health professionals receive little or no graduate training in crisis intervention procedures" (page 16). After reading this book, my department plans to incorporate this text into its counseling program.

Reviewed by Ethel McKenna, an assistant professor of counselor education at Central Missouri State University.

Resource Reviews are edited by James Koreckij, an assistant professor at the University of South Dakota.
NOVEMBER

Association for the Advancement of Gestalt Therapy International Conference
November 10-14, 2004
St. Pete Beach, Florida
AAGT will hold its conference at the Sirata Beach Resort & Conference Center on St. Pete Beach, Florida. The conference theme is "Re-Creation: Transforming the Field through the Processes of Gestalt Therapy." Prominent Gestalt therapists, educators and organizational development specialists will present 40 stimulating workshops that include theory, methods, clinical processes and experiential activities. Continuing Education credit will be provided, as AAGT is approved by NBCC, APA, California Board of Behavioral Sciences and California Board of Registered Nurses to offer Continuing Professional Education. For more information about AAGT or to register for the conference go to www.AAGT.org.

COMING EVENTS

Connecticut Counseling Association Spring Conference
May 6, 2005
Rocky Hill, Conn.

The theme for CCA's Spring Conference is: "Counseling: Celebrating the Human Spirit through Life Transitions," and it will be held at the Rocky Hill Marriott. For more information contact Conference Chair, Cathleen Dziakos, at 203.483.7342 or cdziakos@nbrichmond@fordschools.org. A call for proposals form is available at www.ccamain.org or www.ccamain.com. Closing date for proposals is Jan. 6, 2005.

F.Y.I.

Call for manuscripts/submissions

The Journal for The Professional Counselor invites the submission of manuscripts to address the interests of counselors in school, college, agency and private practice settings. Scholarly research on a broad range of counseling related topics are welcome. Submissions may address varied domains such as disability, spiritual awareness, advocacy, diagnosis and treatment, but practical implications should be explicit. JPC is a refereed journal based in current professional issues, theory, scientific research, innovative programs and effective practices. Manuscripts may be sent to Paul M. Parsons, Editor, The Journal for the Professional Counselor, Medaille College, 18 Agassiz Circle, Buffalo, NY 14 214-9985. The guidelines for authors are list in each issue including the use of the reference style of the Publication Manual of the American Psychological Association, Fifth Edition.

Robert Chope (rcchope@asu.edu) and Charlie Healy (healy@gaeis.asu.edu) will be the guest editors of a special issue of Measurement and Evaluation in Counseling and Development that will be devoted to new empirical research on interest measurement. MECD is the official journal of the Association for Assessment in Counseling and Education, a division of the American Counseling Association. Potential topics include but are not limited to: interest assessment and inventory development, interest interpretations, interest measurement. MECD welcomes additional suggestions for topics. Copies of each manuscript should be sent to Patricia B. Elmore, associate dean, College of Education and Human Services, Malcode 4624, Southern Illinois University, Carbondale, IL 62901-4624

Career Development Quarterly invites manuscripts about work and leisure, career development, career counseling and education. Authors should be sure that manuscripts include implications for practice before submitting. Submissions may be accepted or rejected at the discretion of the editor-in-chief.

ADULTSPAN Journal is soliciting manuscripts for publication on the following topics, in addition to general adult development issues:

- Career Development of Adults
- Diverse Lifestyles and Adulthood
- Elder Care Issues/ Caregivers
- Teaching and Learning about Adult Development
- Changes in Family configurations in Later Life

Wellness and Adult Development.

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Wellness and Adult Development.
**CALENDARS**

- **Substance Abuse & Corrections**
  2004 Winter Training Academy
  Cañon City, CO, 12/15/03-12/18/04 24 hours NBCC & NAADAC. $300. Hotel $55/day. Register: http://www.worldcomserve.com/home pages/criminaljustice/sched ule.htm or by e-mailing rtham nenger@juno.com or call Criminal Justice Addiction Services @ (303) 232-0767

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  Ph.D., statistician and methodologist. Provide consulting services to assist in designing your research, developing testable hypotheses, selecting appropriate statistics, designing questionnaires, testing, coding and analyzing data, reporting results (typically within 2 weeks) with APA tables and figures, and explaining the results (so you can defend them). Visit us at www.statisticalconsults.com or call toll free (877-437-8622) for free consultation.

**BUSINESS OPPORTUNITIES**

- **BUILD YOUR PRIVATE PRACTICE**
  The Congressionally-Awarded, nationwide, 1-800-THERAPY NETWORK has one opening for a Network Director in each area code. This unique networking opportunity will help you create a second income while increasing your client caseload. Call 866-642-2286.

**OFFICE SPACE**

- **ILLINOIS**
  Spacious 400 sq. ft. office for rent. Also 600 sq. ft. office to share. Oak Lawn, IL. Medical district, close parking. 1st flr., clean bldg. Call Carrie Cheepe @ 708-426-8577.

**EMPLOYMENT**

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

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**SOUTHEASTERN ARIZONA BEHAVIORAL HEALTH SERVICES, INC.**

SEABIS, Inc., offers a variety of opportunities related to new program initiatives; best practices and community capacity building. Bilingual ability highly valued, Arizona board certification and working knowledge of family-centered therapy preferred. Clinical & administrative positions available throughout southeastern Arizona including Nogales, Benson, Sierra Vista, Bisbee, Willcox, Safford, Moreno and Douglas for MA, MSW, & CSAC. Call our job line at (800) 841-6308 or request an application at SEABIS, HR Dept., 489 N. Arroyo Blvd., Nogales, AZ 85621, (520) 287-4713 or fax (520) 287-4717.

**POSTIONS WANTED**

- **SPANISH SPEAKING**
  Licensed Clinical Professional Counselor (LCP) and Certified School Psychologist II, seeks employment in Maryland, Metro Area. Special areas of interest include but are not limited to: sexual abuse, addiction, women's issues, learning/children's problems, general clinical diagnosis. Contact: Susan: 202 746 5027, 301 652 1392, tolk@aol.com.

THE CENTER FOR HOPE

A program of Community Counseling
Bridges, Inc. is looking for Arizona state licensed Masters and Bachelor level clinicians to work with pregnant women with mental health and substance related co-occurring disorders and their children in an innovative, high energy transitional housing model. For more information please contact Trisha Miller at 480-831-7566 ext 205 or fax resumes to 480-831-7563. Bilingual a plus.

CALIFORNIA

CALIFORNIA STATE UNIVERSITY, STANISLAUS

SCHOOL COUNSELING

Tenure-track appointment at rank of Assistant or Associate Professor in School Counseling. Expected to begin Spring or Fall Semester, 2005. Teach required courses in Master of Arts and Papil Personnel Services Credential (PES) Program and supervise student research and fieldwork. Full salary scale, and application information, visit: www.csustan.edu/HR/employment_opportunities

SAN FRANCISCO STATE UNIVERSITY

Full, Associate, or Assistant tenure track position at San Francisco State University in the Department of Counseling with a specialization in Marriage and Family Therapy, a mental health counseling program. Minimum requirements include a doctorate in counseling/clinical psychology, counselor education, or related field; license or license eligibility as an MFT or Psychologist with at least two years clinical experience; demonstrated excellence in graduate teaching; established scholarly record; and noteworthy leadership skills. Desired qualifications may include expertise as individual, family, couples, and/or family therapy; child treatment; and/or women and mental health. Responsibilities include: teaching, advising, committee work, scholarship, leadership, and community service. Application deadline is January 10, 2005. Submit vita, three letters of recommendation, reprints, and teaching evaluation data to: Chair, Hiring Committee, Department of Counseling, San Francisco State University, 1600 Holloway Ave., Bldg Hall 524, San Francisco, CA 94132. San Francisco State University - one of 23 campuses in the California State University system - is a comprehensive institution located in a diverse and international urban setting. The university serves a multicultural student body of approximately 29,000 and offers more than 200 degree programs. The University is an Equal Opportunity employer.

SAN JOSE STATE UNIVERSITY

The Department of Counselor Education at San Jose State University, San Jose, CA, is seeking applications for an Assistant Professor (tenure track) position to teach graduate courses in counseling foundation, organization change and consultation, school counseling, human growth and development, student service management, college outreach and student services, and supervise students in practicum and fieldwork assignments, advise graduate students, initiate research, grant and scholarly activities. Start date is August 23, 2005. Required qualifications include: Doctorate in counselor education, counseling psychology or a closely related field (ABD considered), graduate teaching experience, evidence of scholarly work, and successful work with ethnically and culturally diverse persons and communities. Position open till filled. Screening open beginning December 10, 2004. Send letter of application, curriculum vita, copies of transcripts and three reference letters to: Dr. Xiaohe Hu, Search Committee Chair, Department of Counselor Education, San Jose State University, One Washington Square, San Jose, CA 95192-0773. For more information on the position please check http://sweeney.hall.sjsu.edu/Employment.asp

COLORADO

ADAMS STATE UNIVERSITY

A tenure-track Assistant/Associate Professor of Counseling in a CACREP program. Start Fall 2005. PhD/EdD in counseling or related field (ABD considered). The Department offers MAs in Community and School Counseling. The successful candidate will be a generalist who can teach a broad range of counseling courses face-to-face and online, supervise Practica/Internships; advise graduate students, develop a research interest, and serve on committees. Experience as a school counselor is preferred. Experience as an addictions counselor preferred. Travel to teach weeknights and weekends in off-campus sites required. Review of applications will begin November 1, 2004 and continue until the position is filled. See http://www.hrd.adams.edu/employment/index.html for further information.

GEORGIA

UNIVERSITY OF GEORGIA

Assistant Professor, School Counseling, UGA. Doctorate in Counselor Education or closely related field. Experience as a school counselor. Active in professional organizations. Potential for research and attracting external funding. Graduate of CACREP and/or APA program. Expected to teach graduate counseling and core counseling courses. Full description available at www.coe.uga.edu/echd. Send a letter of application, current curriculum vita, and the names, addresses, e-mail, and telephone numbers of four references to: Counselor Education Faculty Search Committee, 402 Adair Hall, The University of Georgia, Athens, GA 30602-7142. Finalists will be asked to have professional references submit letters directly to the Search Committee. Direct inquiries to Dr. Pam Paisley at ppaisley@coe.uga.edu. Review will begin on November 30 and will continue until the position is filled.

ILLINOIS

SACRED HEART SCHOOLS

SCHOOL COUNSELOR to implement and facilitate delivery of counseling services under supervision of Head of Lower School; Establish and promote school guidance and counseling programs and formulate and implement school-based written guidance plan; Consult with parents and teachers to determine cause of problems and effects of counseling; Arranges for medical, psychiatric, and other tests and examinations that may disclose causes of difficulties and indicate remedial measures; Recommend treatment and refer cases to outside professionals; Serve as a liaison between school and outside professionals who are working with students; Conduct social behavior groups and/or group counseling programs for lower and middle school students; Work with first and second graders in goal setting; Require: M.Ed. degree (from an institution accredited by CACREP) in Guidance and Counseling, or a closely related field; Must have a demonstrable ability to perform the stated duties gained through academic coursework/previous work exp. Must be certified or certified-eligible in the state of IL. Competitive salary offered. Send resume: Aroma Patrich, Sacred Heart Schools, 6250 N. Sheridan Road, Chicago, IL 60660; Attn: Job SP.

EASTERN ILLINOIS UNIVERSITY

The Dept. of Counseling and Student Development invites applications for a full-time tenure-track position at the Assistant Professor level for a nine-month appointment with possible summer teaching. Responsibilities involve teaching graduate courses and advising in a CACREP accredited Community Counseling Master's program. Earned doctorate in Counseling Education, Counseling Psychology or closely related field. Experience with graduate teaching, and evidence in providing counseling is required. ABD Candidates must have defended dissertation by start of contract. Starting Date: August 17, 2005. Screening begins on December 1, 2004. Send letter of intent, a current vita, and three letters of reference to: Dr. Lynda Kayser, Counseling and Student Development, EIU, 600 Lincoln Avenue, Charleston, IL 61920. For full description: www.eiu.edu/~ciaa/ed/announcements/AA/EOE

UNIVERSITY OF ILLINOIS SPRINGFIELD

COUNSELOR EDUCATOR (TWO TENURE-TRACK


UNC-CHARLOTTE

Teaching Positions in Counseling

The Department of Counseling UNC Charlotte invites applications for the following positions:

Tenure-eligible Assistant Professor position in counseling with appointment beginning August 15, 2005. Candidates should demonstrate a commitment to multiculturalism (e.g., multicultural issues in teaching, membership in organizations, research interests, career experiences); and contribute multiple experiences to the PhD program. Additionally, the chosen applicants will supervise M A and Ph D interns; direct and serve on doctoral dissertation committees; maintain scholarly productivity in research; obtain external funds to support research and service activities; provide service to the field and profession; and participate in department, college, and university service.

Qualifications. An earned doctorate in Counseling from an accredited university, with preference given to graduates of CACREP-accredited programs; teaching experience at the college level, university level, or as a doctoral program; demonstrated ability to contribute to the CACREP core program and to a specialty area; eligibility for licensure by North Carolina as a professional counselor, or for certified substance abuse counselor, or eligibility for school counseling licensure; demonstrated research ability; professional presentations at state, regional or national conferences; and professional service. Prefer focused professional experience or research in the areas of multiculturalism and diversity, particularly within Spanish speaking communities. Candidates should present evidence of experience in clinical work, and be familiar with the use of technology in counselor education and training.

Non-tenure track Clinical Assistant Professor position beginning August 15, 2005. This position will have a 2-year renewable contract. The expectations for this position are to teach 4 master's level internship and core courses each semester and to provide service to the department, field, and profession.

Qualifications. An earned doctorate in Counseling from an accredited university, with preference given to graduates of CACREP-accredited programs; teaching experience at the college level, university level, or in a doctoral program; eligibility for school counseling licensure; experience as an addictions counselor, or eligibility for certified substance abuse counselor, or eligibility for school counseling licensure.

Application Process: Application materials should include: (1) a cover letter stating the position for which the applicant is applying and describing how the applicant's professional qualifications relate to the position and how the applicant can contribute to enhancing students' understanding of diversity, (2) a current and current curriculum vita, (3) Unofficial copies of transcripts of graduate degrees, (4) three letters of recommendation, (5) current professional resume; (6) written evidence (including titles and documentation) telephone numbers, and personal addresses of five references, (7) Candidate must be a graduate of a CACREP accredited program. (8) Candidates must provide evidence of strong commitment to diversity and to experiencing multicultural populations in their practice. (9) Applicants must be eligible for certification as school counselor. (10) Applications must include a written statement by the candidate or supervising agency indicating that the candidate is eligible for school counseling licensure.

Application materials should be sent to Mrs. Keitha Callanan, Department of Counseling and Student Development, Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920. Review of applications will begin November 23, 2004. For more information please contact Trish Miller at 480-831-7566 ext 205 or fax resumes to 480-831-7563. Bilingual a plus.
POWERS), Community Counseling position: teach courses in the counseling core such as research methods, developmental counseling, career/lifestyle counseling, fundamental issues and ethics, community counseling, counseling theories, appraisal, multicultural counseling, practicum and internship in CACREP-accredited, Master's-level degree program. Responsible for coordination of the community counseling area of study. Community Counseling/Marriage and Family Therapy position: teach courses such as practicum, internship, research methods, psychopathology and the DSM, appraisal, multicultural counseling, sexual dysfunction, substance abuse and family violence, child therapy, diverse counseling and couple counseling. Both positions begin August 16, 2005. Provide clinical supervision, serve as academic advisor, and supervise M.A. projects. Requirements include doctoral degree in counselor education, clinical/counseling psychology, marriage and family therapy or closely related field by date of appointment. Experience with CACREP accreditation strongly preferred and licensure as LPC, LCPC, psychologist and/or marriage and family therapist required within one year of date of appointment. Experience in community counseling, university-level teaching and work with diverse populations is preferred. The University emphasizes teaching and expects ongoing scholarly and university service activities. Benefits are competitive. Applicants should send letter of interest, curriculum vitae, transcripts, and three letters of recommendation to Dr. Bill Abler, Search Committee Chair, Human Development Counseling Program, BRK 332, One University Plaza, University of Illinois at Springfield, Springfield, IL 62703-5407. Formal review of applications will continue until the position is filled. The University of Illinois at Springfield is an equal opportunity/affirmative action employer. Minority candidates, women, and persons with disabilities are especially encouraged to apply.

INDIANA

PURDUE UNIVERSITY

The Department of Educational Studies at Purdue University is currently accepting applications for a tenure-track assistant-professor position in its CACREP-approved School Counseling Counseling program, beginning fall 2005. Candidates should be committed to innovative, developmental programming to support academic, career, social, and emotional development in diverse populations of children and adolescents. Candidates must hold an earned doctorate in counseling or a related field, preferably from a CACREP-approved program, have professional experience in P-12 schools, be experienced in supervision, demonstrate the potential for scholarly productivity, and have the potential to secure external funding for interdiscipli- nary school-based research. For a complete position description, visit www.soe.purdue.edu/employment.

Review of applications will begin immediately and will continue until the position is filled. The University of Iowa is an Equal Employment Opportunity/Affirmative Action Employer. Women and minorities are encouraged to apply.

KENTUCKY

WESTERN KENTUCKY UNIVERSITY

Assistant Professor – Counseling (Marriage and Family Therapy) and/or Mental Health Counseling) Department of Counseling and Student Affairs, Western Kentucky University invites applications for an Assistant Professor in the Department of Counseling and Student Affairs, tenured track, beginning August 1, 2005. Responsibilities include directing the Family Counseling Clinic, supervising practicum and internship students, teaching master's counseling courses (offered primarily in the evening and weekends), supervision, and service. Our program includes master's programs in elementary and secondary school counseling, counseling with emphases in either marriage and family or mental health, and student affairs. This position is in either marriage and family therapy or mental health counseling programs. Qualifications: The applicant must have a commitment to the clinical delivery and supervision of counseling services, program development, expertise in Marriage and Family Therapy or Mental Health Counseling, eligibility for relevant counseling credentials, and evidence of scholarly activity. Strong clinical and supervision experiences are preferred. Submit an original, signed letter of application addressing qualifications for the position. In addition, applicants must send current vita, official transcript from doctoral-granting institution, and contact information for three references. Faxed applications will not be accepted.

University of Central Florida

College of Education

Visiting Coordinator/Visiting Instructor
Community Counseling Clinic

The Counselor Education Program in the College of Education’s Child, Family and Community Sciences Department at UCF invites applications for the position of Visiting Coordinator/Visiting Instructor for its Community Counseling Clinic.

This is a 12-month position responsible for overseeing the operations of the College of Education’s Community Counseling Clinic, which includes: provision of clinical services; monitoring research efforts, screening clients and scheduling the clinic, play, groups, family and individual sessions, provides services to over 1,000 people a year and is equipped with state- of-the-art technology. The salary is $20,000 to negotiable plus full benefits, which can include a tuition waiver for two courses per term. Desired start date August 2005.

The successful candidate must have a Master’s or Education Specialist’s degree in Counseling (CACREP accredited program preferred). Licensed or license eligible in the State of Florida (LMHC, LPC, or LMFT). Also it is also a requirement of the position to be a student enrolled or accepted in UCF’s College of Education Counselor Education Ph.D. Program.

UCF is a major metropolitan research university, providing the academic core for central Florida. The University enrolls approximately 45,000 students and is the fastest growing university in Florida. The main campus is located in central Florida, at the center of a growing, diverse community of nearly two million people. It has met all of the criteria for the Carnegie classification of doctoral intensive and is accredited by the Southern Association of Colleges and Schools. The College of Education has 75 full-time faculty serving approximately 4,000 students in 12 undergraduate programs and 25 graduate programs.

The Counselor Education Program offers certificate programs in Marriage and Family Therapy, Play Therapy and Creative Development, Master’s levels programs in School and Mental Health Counseling, the Educational Specialist degree in school counseling, and the Ph.D. degree in Counseling Education and Supervision. The Master’s and Ph.D. degrees are accredited by CACREP.

 Applicants should send a letter of interest, curriculum vitae and three professional references to Allison Laffoon, Attn: Counseling Clinic Coordinator, UCF, College of Education, P.O. Box 161259, Orlando, FL 32816-1259; fax: 407-823-5155; aclaffoon@mail.ucf.edu.

For Counselor Education Program information visit www.uca.ucf.edu/ccc
NEW YORK

ST. JOHN FISCHER COLLEGE
Assistant/Associate Professor of Mental Health Counseling
The MS in Mental Health Counseling program at St. John Fisher College in Rochester NY is accepting applications for a tenure track position. This 60 credit hour program is designed to prepare students academically and professionally for New York State licensure as mental health counselors. Responsibilities of this position include teaching in the program, assisting in program development and accreditation processes, coordinating scholarly activity with students, and advising and supervising students throughout their programs of study and their internships. Candidates must hold an earned Ph.D. in Counselor Education or closely related field, have experience as a counselor and be eligible for licensure in New York State as a mental health counselor. The candidate must also have a demonstrated record of scholarship, publications and external funding activity. Candidates with degrees from CACREP approved programs are preferred. Review of applications will begin January 15, 2005 for a start date as early as May or as late as August, 2005. Please send curriculum vitae, three letters of reference for review and copies of recent articles to: Deborah Erickson, Ph.D., NCC, Professor/Program Director, MS in Mental Health Counseling, St. John Fisher College 3590 East Avenue, Rochester, NY 14618.

OHIO

CLEVELAND STATE UNIVERSITY
The Department of Counseling, Administration, Supervision and Adult Learning at Cleveland State University invites applications for a tenure-track Assistant or Associate Professor to teach in our master’s and doctoral programs. The successful candidate must have a Doctorate (completes by 2005) in counseling, human development or related field, and a demonstrated capacity for scholarship. At the Associate level, candidates also must have an established record of scholarship and successful teaching at the graduate level. Preferred qualifications include: earned doctorate in a counseling-related program with APA or CACREP accreditation, a minimum of two years teaching experience and a demonstrated capacity for scholarship. Please send letter of application, vita and three letters of recommendation to: Dr. Donna Schluthe, Chair, Search Committee, Department of Counseling, Administration, Supervision and Adult Learning, RT 1419, Cleveland State University, 2123 Euclid Avenue, Cleveland, OH 44115. Visit our Web site at www.csuohio.edu. Cleveland State University is an AA/EOE committed to nondiscrimination. M/F/D/V encouraged.

KENT STATE UNIVERSITY
GRADUATE ASSISTANTS OR TEACHING FELLOWSHIPS. A limited number of graduate assistantships or teaching fellowships for full-time students in a CACREP accredited Ph.D. counselor education and supervision program are anticipated for Fall Semester of 2005. Currently it appears that all positions will pay a stipend of at least $9,500 for nine months in addition to tuition waiver and require 20 hours a week of work. In part, faculty interests include: supervision, teaching, professional counseling, and school counseling. For further information contact: John D. West, Kent State University, College and Graduate School of Education, Counseling and Human Development Services Program – 310 White Hall, Kent, Ohio 44242-0001 (office telephone 330-672-0713). Kent State University is an Equal Opportunity/ Affirmative Action Employer.

STUDENT OPPORTUNITIES

THE UNIVERSITY OF AKRON
Doctoral Positions/Assistantships Available. The University of Akron’s Department of Counseling is seeking doctoral students to fill positions in its Ph.D. programs. Now students will enjoy a $300 million campus renovation, including wireless and technologically advanced buildings which complement a state-of-the-art training clinic housed within the Department. Tuition waivers and annual university stipends of $10,500 are available. Program goals, frequently asked questions, and online application forms can be found at: http://www.uakron.edu/colleges/edu/Counseling/index.php
STATE UNIVERSITY

COUNSELING AND HUMAN RESOURCE DEVELOPMENT POSITION: Assistant/Associate Professor, tenure-track in the Counseling and Human Resource Development Department beginning January 3, 2005 or August 15, 2005. QUALIFICATIONS: Required qualifications include: Earned doctorate (by start date) or ABD if completion is near start date) in counseling education or closely related field; eligibility for licensure; effective communications skills; ability to teach core counseling courses with specialization (coursework and experience) in an area such as one of the following: addictions, adolescents, employee assistance program, or rehabilitation counseling; past experience working with diverse populations; ability to coordinate and enhance collaborative relationships with the Native American population in the state. Preferred qualifications include university teaching experience and evidence of scholarly productivity. In addition to above qualifications, five years of experience with graduate teaching experience required for position at Associate Professor level. DUTIES: Primary duties include teaching a variety of courses in a CACREP accredited graduate program. Other duties include supervising internship students, advising, conducting research and scholarship, and providing service to the community. SALARY: $48,432-

OREGON

SOUTHERN OREGON UNIVERSITY

COUNSELOR EDUCATOR: Southern Oregon University invites applications for a tenure-track teaching position at the Assistant Professor rank beginning September 16, 2005, pending funding approval. Southern Oregon University is a comprehensive university offering undergraduate and graduate programs. Southern Oregon University, 1250 Siskiyou Blvd, Ashland, OR, 97520. PREERENCE WILL BE GIVEN TO APPLICATIONS POSTMARKED BY JANUARY 15, 2005; open until position is filled. SOU is an Affirmative Action/Equal Opportunity Employer committed to development of an inclusive, multicultural community.

SHIPPENSBURG UNIVERSITY

Counseling Department (Two Positions) Department seeks candidates for two tenure-track, Assistant Professor positions beginning August 2005. Responsibilities include teaching in school counseling, qualitative and quantitative research, statistics, assessment, and possibly career development, multicultural counseling, and pre-practicum; practicum externship or supervises practicum/internship in school counseling settings. Both positions require: 1) an earned doctorate in counselor education and supervision, or a closely related field, 2) a demonstrated commitment to a professional code of ethics, and 3) the ability to work effectively with students, faculty, and the community. Salary: $38,000-$44,000 depending on qualifications. Submit letter of application, curriculum vitae, three letters of recommendation, graduate transcripts, and evidence of successful teaching (including course evaluations) and scholarly activity to: Dr. Lani Fujimoto, Chair, Department of Counseling, Southern Oregon University, 1250 Siskiyou Blvd, Ashland, OR, 97520. UNIVERSITY OF TENNESSEE AT CHATTANOOGA

The graduate Studies Division of the College of Health, Education, and Professional Studies at the University of Tennessee at Chattanooga invites applications for an Assistant Professor, Counseling. Nine-month, tenure-track position. Earned doctorate in counselor education required. Experience in school and/or community counseling and experience working with children and adolescents preferred. Eligible for state certification as counselor (LPC). Preference given to graduates of CACREP accredited programs. Review of applications will begin on January 15, 2005, and continue until position is filled. Start date is August 1, 2005. For more information, contact Dr. Robin Lee, Search Committee Chair, at robin-lee@utc.edu. The University of Tennessee is an equal opportunity, affirmative action/Title VI/ Title IX/Section 504/ADA institution and welcomes applications from women, minorities, and individuals with disabilities. Contact information: E-mail: becca-mccashin@utk.edu Phone: (423) 425-2418 Fax: (423) 425-5380 c/o Becca McCashin, College of Education, Department of Counseling, University of Tennessee at Chattanooga Dept. 4154, 615 McCallie Avenue Chattanooga, TN 37403

UNIVERSITY OF TENNESSEE, KNOXVILLE

The Department of Educational Psychology & Counseling of the College of Education, Health, and Human Sciences at the University of Tennessee, Knoxville seeks to hire a tenure track Associate Professor to serve as Coordinator of Mental Health Counseling. The successful applicant will teach practicum and internship courses and core courses in mental health counseling; advise graduate students; develop and maintain a research agenda; and perform service activities within university, community, and professional settings. Applications must be received by February 1, 2005 or until such time as the position is filled. Applicants must have a doctorate in Counselor Education from a CACREP accredited program; must be a Licensed Professional Counselor as a Mental Health Service Provider or eligible for licensure upon appointment; provide evidence of strong leadership, management, teaching, clinical, research, and grant writing skills; and have counseling work experience. Applicants with rehabilitation counseling education experience, CRC certification, and familiarity with CORE accreditation requirements are particularly welcome. Send cover letter, resume, and names, addresses, and telephone numbers of three references to: Dr. Marla Peterson, The Department of Educational Psychology & Counseling, 440 Claxton Complex, The University of Tennessee, Knoxville, TN 37996-3452. The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADA institution in the provision of its education and employment programs and services.

TEXAS

AUSTIN

Therapist/ Diagnostician: LPC, Psychologist, Psychiat, Associate, or Post-Doctoral Intern position in a thriving private practice. Strong therapy skills, neurocognitive evaluation skills required. This position will provide diverse, extensive training & excellent supervision by a licensed psychologist in such leading edge areas as applied neuroscience (EEG Neurofeedback, QEEG, etc) as well as in traditional psychotherapies. Excellent salary & medical benefits. 512-247-8100.

THE UNIVERSITY OF TEXAS AT THE PERMANENT BASIN

COUNSELING EDUCATION: The University of Texas at the Permian Basin invites applications for a tenure-track position in Counseling Education, available for Fall 2005. The Counseling Education program prepares master’s degree practitioners for school and community settings. Required: Doctorate or ABD in Counseling Education; potential for quality teaching, service, and research. Preference: college teaching experience and school counseling experience. Review of candidates will continue until the positions are filled. Send letter of interest, vita, copies of graduate transcripts, and names and of three references to: Dr. Pete Lensch, School of Education, UT Permian Basin, 801 E University Blvd, Odessa, TX 79762. EBOAA employer.

TARLETON STATE UNIVERSITY

Assistant Professor in Counseling/Counseling Psychology -
Tarleton State University invites applications for a tenure-track position beginning September 2005. The successful candidate will be a Licensed Professional Counselor or Licensed Psychologist in Texas or be eligible for licensure. Candidates must have a doctorate in Counseling, Counseling Psychology or a related area. Current Texas Marriage and Family Therapist License also preferred. Teaching responsibilities will include but will not be limited to all aspects of marriage and family therapy. The position also includes advising graduate students, supervising graduate interns, and teaching at off-campus locations. Scholarship, professional development, and professional service also expected. Summer teaching for the position is normally available. The Masters’ programs in Counseling and Counseling Psychology currently have approximately 230 student majors. To apply, send a letter of application; curriculum vita including the names, addresses, and telephone numbers of at least 5 current references; and a copy of original transcript(s) to: Dr. Bob Newby; Head, Department of Educational Administration, Counseling, and Psychology; P. O. Box T-0620; Tarleton State University; Stephenville, TX 76402. Review of applications will begin February 1, 2005 and will continue until the position is filled. Tarleton State University, a member of the Texas A&M University System, serves primarily the North Central Texas area just west of Dallas/Ft. Worth and has an enrollment of approximately 7200 students. The University is an Affirmative Action, Equal Opportunity Employer and Educator, committed to excellence through diversity.

UNIVERSITY OF TEXAS – SAN MARCOS

The Professional Counseling Program at Texas State University-San Marcos is currently seeking to fill two tenure-track faculty positions. Both positions involve teaching, research, service, and program support in a CACREP approved Professional Counseling Program. Specific responsibilities will include teaching courses leading to certification/licensure in school counseling and professional counseling, in addition to an active, productive program of research. Other responsibilities include student advisement and service to the program, department, and university. Candidates must have an earned doctorate by employment date of fall 2005. Experience with children and/or adolescents in a clinical or school setting is required. Preferred candidates will have the following: an earned doctorate from a CACREP program, experience with play therapy (we especially solicit Registered Play Therapists), and experience as a clinical supervisor. The successful candidates will teach courses on both the main university campus and at the Round Rock Higher Education Building, University Drive, San Marcos, TX 78666.

Wisconsin

UNIVERSITY OF WISCONSIN – MADISON

DEPARTMENT OF COUNSELING PSYCHOLOGY: The Department of Counseling Psychology at the University of Wisconsin – Madison invites applications for a tenure-track position at the rank of Assistant Professor. The successful candidate will have demonstrated a commitment to diversity and multiculturalism, be able to take a leadership role with the department in their specialty area, and contribute as a scholar and teacher to our APA – accredited Doctoral program in Counseling Psychology and our Master’s program in Counseling, which includes training in school, community, and higher education counseling. The successful candidate will have demonstrated competence in counseling, teaching, and/or clinical supervision with diverse populations in education and/or mental health settings; (b) have completed a doctorate in counseling psychology or a closely related discipline; (c) have evidence of a research agenda indicating the potential for scholarly publication sufficient for tenure at a major research university; (d) be eligible for licensure in Wisconsin as a psychologist, professional counselor, or school counselor. Currently, the department has well-developed strengths in the areas of multiculturalism, research methods in counseling, vocational psychology, supervision, and school counseling. We are seeking a candidate who has the ability to build on these strengths and/or extend our expertise in new directions that are relevant to counseling psychology such as gender or LGBT research and practice, health psychology, or the psychology of underrepresented groups. By November 12, 2004, send a letter of application, vita, and samples of scholarly work. Have three letters of recommendation sent directly to Hardin L.K. Coleman, Ph.D., Search Chair, Department of Counseling Psychology, 321 Education Building, 1000 Bascom Mall, University of Wisconsin – Madison, Madison, WI 53706-1398. Write inquiries to Hardin L.K. Coleman at hcoleman@wisc.edu or (608) 262-2161. For general information about The Department of Counseling Psychology our website is: . Unless confidentiality is requested in writing, information regarding applicants and nominees must be released upon request. The University of Wisconsin is an Equal Opportunity/Affirmative Action Employer.
We need your help! Letters and phone calls from constituents are the most effective way of getting members of Congress to take action. Following are a few of the current high-priority federal policy issues on which the American Counseling Association is working, and contacts by counselors can make a big difference in the level of success.

If you are unsure who your Representatives and Senators are, then visit the ACA legislative action center on the Internet at http://capwiz.com/counseling, or contact Chris Campbell with ACA's Office of Public Policy and Legislation at 800.347.6647 ext. 241, or via e-mail at ccampbell@counseling.org. Remember, in any communication with your elected representatives — whether by letter, post card, phone, fax or e-mail — be sure to leave your name and postal address.

### Appropriations for the Elementary and Secondary School Counseling Program

Despite President George W. Bush's Fiscal Year 2005 budget request eliminating the ESSCP program, the House has passed an FY 2005 spending bill for the Departments of Labor, Health and Human Services and Education that would provide $353.8 million for the program, the same amount it received in FY 2004. The Senate's version of the spending bill would provide $335 million for ESSCP; an important increase at a time when the national average student-to-counselor ratio in public schools remains nearly twice the recommended level. Congress has still not finalized spending decisions for next fiscal year, and lawmakers need to hear that school counseling should be made a priority by adopting the Senate's higher spending figure for ESSCP.

**Who to Contact**

<table>
<thead>
<tr>
<th>Your Representatives</th>
<th>Message</th>
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<tbody>
<tr>
<td>Capitol Switchboard</td>
<td>&quot;I am contacting you to ask for your support for the Elementary and Secondary School Counseling Program. ESSCP is the only federal program devoted solely to supporting counseling programs in our nation's schools. I'd like the [Senator/Representative] to support an appropriation of $365 million for ESSCP for Fiscal Year 2005, as called for under the Senate's spending bill in this area.&quot;</td>
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<tr>
<td><a href="http://www.house.gov">www.house.gov</a></td>
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<td>www/senate.gov</td>
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**ACA Resource**

Chris Campbell
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ccampbell@counseling.org

### Medicare Reimbursement of Licensed Professional Counselors

Congress is likely to consider Medicare legislation in 2005, but to maximize our chances of gaining Medicare coverage of state-Licensed Professional Counselors, we need to build momentum now. Although the Senate has passed counselor coverage legislation, the House has not. We need Representatives to know that Medicare beneficiaries need better access to mental health services, and that LCPs stand ready to help them. Seniors deserve the same choice of provider under Medicare as is enjoyed by most private sector beneficiaries, and in many medically underserved communities LCPs are the only accessible mental health providers. Sadly, older Americans remain the demographic group most at risk of committing suicide.

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<td>Capitol Switchboard</td>
<td>&quot;As a constituent, I am calling to urge the Representative to sponsor and support legislation to establish Medicare coverage of medically necessary outpatient mental health services provided by state-licensed professional mental health counselors. Legislation accomplishing this — the &quot;Seniors Mental Health Access Improvement Act&quot; (S. 310), introduced by Sen. Craig Thomas — passed the Senate last year, but was unfortunately not included in the Medicare prescription drug legislation ultimately enacted. S. 310 is a cost-effective way to address the devastating problem of mental illness among the elderly, which contributes to older Americans being the demographic group most at risk of committing suicide. I urge you to consider sponsoring a House counterpart to Sen. Thomas' legislation.&quot;</td>
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<td><a href="http://www.house.gov">www.house.gov</a></td>
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**ACA Resource**

Dara Alpert
800.347.6647 ext. 242
dalpert@counseling.org

### Anti-Bullying Legislation

Reps. John Shimkus (R-Ill.) and Danny Davis (D-Ill.) have introduced legislation (H.R. 4766) to amend the Safe and Drug Free Schools Act to specifically include bullying and harassment prevention programs as an authorized use of funds.

Currently, SDFSA provides important federal support (approximately $441 million in Fiscal Year 2004) to promote school safety, but the act does not expressly focus on issues of bullying and harassment. H.R. 4766 would focus more directly on issues of bullying and harassment by requiring states, districts, and schools that receive SDFSA funds to develop policies and programs to prevent and appropriately respond to instances of bullying or harassment. Specifically, H.R. 4776 would allow funds under SDFSA to be used to train counselors, among others, in "strategies to prevent bullying and harassment and to effectively intervene when such incidents occur."

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<td>Capitol Switchboard</td>
<td>&quot;Please cosponsor and support H.R. 4766, a bipartisan bill to encourage school districts to use federal Safe and Drug-Free Schools funds to train counselors, among others, in strategies to prevent bullying and harassment, and to effectively intervene when such incidents occur. Students' mental, emotional and physical well-being is key to their academic success.&quot;</td>
</tr>
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**ACA Resource**

Chris Campbell
800.347.6647 ext. 241
ccampbell@counseling.org

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