Identifying and treating depression

Also inside:
- Helping clients heal from heartbreak
- NBCC’s Minority Fellowship Program grant
- Using a cultural lens with military clients
EVERYTHING YOU’VE EVER WANTED IN A WEBSITE AND MORE!

WEBSITES FOR THERAPISTS. MADE SIMPLE.

With TherapySites’ easy-to-use online tools, it is easy to effectively market and run your practice.

Build a successful web presence in minutes using the most comprehensive online package available to therapists. Your website becomes much more than a website - it becomes a one-stop business portal to help grow your practice. Get started now!

- Search Engine Optimization
- 100+ Search Engine & Directory Listings
- Credit Card Processing
- HIPAA Compliant Technology
- Video & Audio Integration
- Pre-Built Client Forms
- Unlimited Technical Support
- Psychology Today Directory Listing

See TherapySites.com for details.

$0 SET-UP FEE. NO EXTRA CHARGES. $59 MONTH.
30-DAY MONEY-BACK GUARANTEE

Build your website FREE!
www.TherapySites.com
TherapySites.com | 866.597.2674

More than just a website.
Cover Story

30 Eyes wide open
By Lynne Shallcross
Recognizing depression in clients, especially among those who are often “invisible,” is the first step in addressing a very treatable illness.

Features

40 What becomes of the brokenhearted?
By Stacy Notaras Murphy
Counselors have options when helping clients to heal from heartache.

44 NBCC awarded federal Minority Fellowship Program grant
By Lynne Shallcross
Counselors are now part of a decades-long program aimed at improving mental health care for underserved populations.

48 Putting her money where her heart is
By Heather Rudow
ACA award winner Brandé Flamez hopes to inspire others by donating her prize money to a special needs school in Tanzania.

52 Knowledge Share
It’s not all guns and PTSD: Counseling with a cultural lens
By Natosha K. Monroe
If the client's military culture is not clearly understood or properly accounted for during provision of services, even the best counselor can inadvertently damage client rapport, limit the quality of care or misdiagnose.

Opinion

62 Counselors who coach
By Lyle Labardee, Pat Williams & Shannon Hodges
From a counselor’s perspective, coaching can be considered a counseling specialization that requires specific, focused training to meet accepted best practices.

Extras

60 Q&A with ACA president-elect candidates

65 Graduate Student Committee:
Supporting ACA graduate students’ needs
By Nicole A. Adamson & Victoria E. Kress
The American Counseling Association is celebrating its 60th anniversary as an organization in 2012. The following items appeared in Counseling Today between 1995 and 2000:

- For the first time in the history of the counseling profession, competencies are articulated to guide interpersonal counseling interactions with attention to culture, ethnicity and race. The Association for Multicultural Counseling and Development, a division of ACA, is responsible for developing and approving the multicultural competencies. (September 1995)

- The ACA Governing Council unanimously approves the application of the Association of Gay, Lesbian and Bisexual Issues in Counseling to become an organizational affiliate of ACA. “I think the timing of the vote had a lot to do with the overall cultural awareness of ACA leaders who are concerned that diverse groups have a voice in ACA leadership,” said ACA President Joyce Breasure. (June 1996)

- ACA publishes Childhood Bullying and Teasing: What School Personnel, Other Professionals and Parents Can Do by Dorothea Ross. It is one of the first books to provide detailed procedures for primary prevention and management of bullying in the U.S. school system. (February 1997)

- During a White House conference on school safety to discuss the causes and prevention of youth violence, President Bill Clinton joins the U.S. Conference of Mayors in its call to put more school counselors in the nation’s schools. Clinton says he wants to develop a plan to have a counselor in every elementary school in the United States. (November 1998)

- The ACA Governing Council votes to give Counselors for Social Justice organizational status. CSJ grew out of a series of workshops and symposia held at the ACA 1997 World Conference in Orlando, Fla., when more than 100 counselors met to discuss ACA’s social agenda and the need for an organizational entity. CSJ leaders say the organization is dedicated to fixing the social ills that are a detriment to the overall mental health of many clients. (June 1999)

- The first ever surgeon general’s report on mental health is released and is expected to be one of the building blocks for change in the arenas of treatment and health care options. The 487-page report says that approximately 50 million Americans struggle with different types of mental illness, including depression, phobias and eating disorders. Surgeon General David Satcher acknowledges that many people with mental illnesses do not receive treatment because of stigma and the cost of proper treatment, with many health care plans not offering coverage for mental health care needs. (January 2000)
Focus on wellness: Putting the health back into mental health

Over the past few months, our country has been deeply saddened by numerous violent tragedies, including the massacre of 12 moviegoers in Aurora, Colo., and six Sikh worshippers in Wisconsin. In addition to the tragic deaths, many others were injured and numerous others traumatized or otherwise affected by these events. Although all of these events are painful to our collective society, some hit much closer to home than others. One of the victims of the Colorado shooting was a student member of the ACA family. Many ACA professional and student members are faithful Sikhs. In an August school shooting in Baltimore County, Md., in which a student with Down syndrome was shot and, fortunately, survived, a graduate of my school counseling program subdued the shooter before more devastation could take place. At ACA, our thoughts, prayers and most heartfelt condolences go to all those affected by these and numerous other tragedies.

These violent tragedies occur for many reasons, although in the aftermath, none of these reasons seems to make much sense. What we do know is that the perpetrators often feel socially disconnected and marginalized. Whether perpetrators, victims or bystanders, many of those involved in crisis situations will suffer mental health-related complications.

One of the mental health complications that affects many in our society is depression. This month’s cover story focuses on depression, which unfortunately is an all-too-commonly encountered problem among those with whom we work. Depression has touched all of us in some way, and each of us has at some point pondered the question, “How has depression taken such a hold on people in our society, and what can we do to prevent it?”

A philosophical cornerstone of the counseling profession is wellness, and this focus is central to how counselors address clients’ mental health struggles. We help our students and clients focus on wellness, but as counselors, do we regularly focus on our own personal wellness? How many of us live by the mantra (of myriad financial advisers), “Pay yourself first”? We all know that if we do not take excellent care of ourselves, we will be less able to care for those who depend on us — our children, our parents, our friends, our colleagues and, yes, our clients and students. And because counselors often deal with those who are undergoing great suffering, if you feel “burnout” setting in — if you feel demoralized and exhausted — it is best for the sake of everyone to withdraw and restore yourself. Whether you are a client or a counselor, the point is to have a long-term wellness perspective.

Yet, we too often run ourselves ragged, deteriorate and then focus on fixing what is broken. We are told there is not enough money to pay for wellness and prevention services and also fund remediation and crisis services. This begs the age-old question: Why is there never enough money to do it right, but there is always enough money to do it over? But I believe our advocacy efforts promoting the cost-effectiveness of wellness are paying off, systemically and individually.

From time to time in our day-to-day struggles, it is important to ask our clients, our students, our friends, our loved ones and ourselves, “What makes us ‘come alive’?” Wellness and health affect your body, but they also reflect the well-being of your state of mind, your relationships — and your spirit. These attitudes make us resilient as we face the challenges of living full and meaningful lives. As advocates for our clients and the counseling profession, we all need to do our part as individuals and professionals to keep the “health” in mental health. Be well!
<table>
<thead>
<tr>
<th>Title</th>
<th>Edition</th>
<th>Authors</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Counselor and the Law: A Guide to Legal and Ethical Practice</td>
<td>Sixth</td>
<td>Anne Marie “Nancy” Wheeler and Burt Bertram</td>
<td>In this bestselling book, the authors discuss the legal and ethical dilemmas that can arise in practice. This edition contains a new chapter on the use of social media and other Internet-related issues, updates to HIPAA through the HITECH Act and regulations, a new legal/ethical decision-making model, and discussion of the specific legal risks for counselor educators. The issues surrounding civil malpractice liability, licensure board complaints, confidentiality, duty to warn, suicide and threats of harm to self, professional boundaries, records and documentation, and managing a counseling practice are also addressed in detail. 2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>List Price: $54.95</td>
</tr>
<tr>
<td>The Creative Arts in Counseling, Fourth Edition</td>
<td></td>
<td>Samuel T. Gladding</td>
<td>In this detailed examination of the expressive therapies, Dr. Gladding demonstrates how music, dance, imagery, visual arts, literature, drama, and humor can be used effectively in counseling. Combining history, theory, and application, he provides a rationale for using each art form with how-to strategies for working with clients of all ages and diverse cultural backgrounds to promote positive change and growth. This fourth edition includes Creative Reflection sections that give readers an opportunity to ponder their own creativity and, for greater ease of use, a new chapter that briefly describes each of the 117 exercises found in the book. 2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>List Price: $48.95</td>
</tr>
<tr>
<td>Casebook for Counseling Lesbian, Gay, Bisexual, and Transgender Persons and Their Families</td>
<td></td>
<td>edited by Sari H. Dworkin and Mark Pope</td>
<td>This captivating book contains 31 case studies that examine contemporary issues facing the LGBTQQI community. The emphasis is on what is said and done in actual counseling sessions, including diagnosis; interventions, treatment goals, and outcomes; transference and countertransference issues; other multicultural considerations; and recommendations for further counseling or training. Experts in the field address topics across the areas of individual development, relationship concerns, contextual matters, and wellness. 2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>List Price: $54.95</td>
</tr>
<tr>
<td>Integrating Spirituality and Religion Into Counseling: A Guide to Competent Practice</td>
<td>Second</td>
<td>edited by Craig S. Cashwell and J. Scott Young</td>
<td>Designed as an introductory text for counselors-in-training and clinicians, this book describes the knowledge base and skills necessary to successfully and ethically integrate spiritual and religious issues into counseling in a manner that is respectful of client beliefs and practices. Through an examination of the 2009 ASERVIC Competencies for Addressing Spiritual and Religious Issues in Counseling and the use of evidence-based tools and techniques, it will guide you in providing services to clients presenting with these deeply sensitive and personal issues. Strategies for clinical application are offered throughout the book and new chapters on mindfulness, ritual, 12-step spirituality, prayer, and feminine spirituality enhance application to practice. 2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>List Price: $54.95</td>
</tr>
</tbody>
</table>

Please include $8.75 for shipping of the first book and $1.00 for each additional book.
Order by phone: 800-422-2648 x222
M–F, 8 a.m.–6 p.m., ET
Order online: counseling.org/publications
As autumn marches toward winter here in the United States, you can already feel the change in the air in some parts of our country. The beginning of November also signals change at the local, state and national levels of government. Regardless of the outcome of the presidential election, thousands of individuals running for office or seeking re-election will begin new terms during the next few months.

The American Counseling Association and its members must not sit idle. Now is the time to provide education and information to public policy officials, elected or appointed, who might have an impact on the counseling profession and those whom you serve. Now is the time — in fact, now is our time — to ensure that whoever controls legislative and regulatory bodies will know of the good work that all of you do for millions of individuals, couples and families each and every day.

The journey to spread the word really does begin with the first step. Ask yourself and your colleagues what message and information needs to be conveyed, and then find out with whom you need to communicate. Professional counselors, counselor educators and graduate students are the very best advocates for the profession. In fact, that is why ACA now boasts a staff that includes eight professional counselors at the master's and doctoral levels. I know how important it is to have professional counselors at the table when it comes to advocating for the profession.

If you need help in figuring this all out, we are here for you! Contact the Executive Director’s Office at 800.347.6647 ext. 231 or via e-mail at ryep@counseling.org. You can also follow me on Twitter: @RichYep. Be well.

One letter, one email, one phone call, one town hall meeting or one meeting that helps to inform public policy officials may not seem like much. But before you know it, people who make decisions about what you do, how you will practice, if you will get hired, if you can be reimbursed and how you can be counted on for expert advice really will look to you for guidance and counsel.

I encourage you to visit counseling.org/publicpolicy. Read the articles in Counseling Today about legislative and regulatory issues that have an impact on the profession. Go to the ACA YouTube channel to hear our public policy broadcasts. We really try to communicate in a way that will reach the most members possible. You can also call the public policy staff at 800.347.6647 ext. 354 if you prefer.

Participating in the public policy arena, especially with such critical issues coming before those in decision-making positions, is both timely and critical. Being involved does not take so much time that you are unable to do your “real job.” In fact, an hour here or there is all that it might require. The objective is to get on the radar of those who make decisions about your ability to practice, while learning how you can be the best advocate for your clients and students.

Today, I am asking you to join me in an effort to “Be One for All.” Help yourself and the profession in general by being ONE counselor who, when combined with the others in this effort, is really helping ALL who are positively affected by the work that you and your colleagues do.

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

Be well. 

Richard Yep
President
Much more to explore regarding evidence-based practice

“Proof positive?” in the September issue of Counseling Today is an amazing article. I don’t recall seeing anything close to it in terms of clarity and balance. The expert sources all came across with important information. It even helped me understand the issues in evidence-based research more clearly, although I have followed the area since its beginning. I’m impressed with the writing of Lynne Shallcross and the way she was able to organize the diverse thinking so well.

To me, this is a must-read for all our students and professionals in the American Counseling Association. In a fuller version, I’d hope also to see something about multicultural and social justice issues, and perhaps even a mention of neuroscience. But the main message remains fully solid. And in the space you had available — wonderful!

I am excited to learn about ACA’s major effort in addressing research on counseling. We have a solid tradition here, but there is a great need for more work. Perhaps we can consider an e-journal to support and follow up the great article on evidence-based practice.

Allen E. Ivey, Ed.D., ABPP
Distinguished University Professor (Emeritus), University of Massachusetts, Amherst
Courtesy Professor, University of South Florida

Here are four points about evidence-based practice that I feel need to be stressed.

1) I have never known a counselor who does not strive to be effective. We all strive to practice evidence-based counseling all the time, and any help we can get will only make us better counselors.

2) Cognitive behavior therapy (CBT) is often offered as the technique that claims to have clear evidence from clinical trials for being effective. It is true that some research suggests that CBT is effective for some clients. But it must be just as emphatically stated that it can be detrimental to some clients. In their book Personality Adaptations, Vann Joines and Ian Stewart describe how individuals with certain personality adaptations offer thinking as their “open door” — is the easiest way to make contact with a client for an effective therapeutic alliance. However, for others, thinking is their “trapdoor” — that is, using thinking might prevent a therapeutic alliance from forming or even exacerbate the client’s dysfunction. Feeling or behavior would be a more appropriate and effective approach for such individuals.

3) Being a counselor for more than 40 years and a clinical statistician for more than 30 years, I have never seen any report of any particular counseling technique that would confirm it is more effective than any other. This is not because the research has been poorly done. Rather, so many critical factors in the dyadic counseling situation might affect the outcome that it cannot be properly understood through randomized clinical trials (RCT) that focus on one or two variables. Imagine trying to use an RCT to discern which pitch is more effective than others in baseball — each pitcher, batter and pitch is part of a unique situation. The counseling situation is even more dynamically complex. Unfortunately, many organizations with which we interact are more familiar with the critical role RCTs play in research for medical practice, but as most counselors are aware, the medical model is not the most effective model for what we do as counselors.

4) Finally, to end where I began, I believe it is critical for every counselor to practice evidence-based counseling. As part of the counselor’s process, he or she needs to be recording what worked and what did not work. And in statistical terms, each session is an “n of one.” Perhaps models from systems theory or chaos theory would be more appropriate than models from medical research. Like the butterfly wings flapping, one word or phrase or look from a counselor has been known to completely change a client. It can be the unexpected tipping point for change.

Ray McKinnis
Winfield, Ill.
dreamsampm@aol.com

Lynne Shallcross’ interviews about evidence-based practice were interesting and provocative, and the themes across the interviews indicate how complex and challenging finding “proof positive” actually is. I reread the article seeking themes and found at least 25, some of which seemingly conflicted with others. For example, evidence-based practice is important versus evidence-based practice is based on deeply flawed assumptions. Another example: Randomized, controlled studies with multiple replications is the most respected approach versus the overall context of counseling should be evaluated.

Additional themes indicated there were preferred approaches and potential impediments to them. For example, counselors should participate in the research versus counselors are more grounded in theory than research, and some are even resistant to research. Counseling practitioners received considerable attention from the contributors.

The themes from the article were shared with a group of doctoral students and generated a lively discussion. The discussion introduced another feature of the evidence-based practice debate that was not mentioned in the interviews. There appear to be at least two different sets of counselors dealing with the evidence-based practice challenge — those responding to third-party payers and those not having to do so. The former group is locked into what the payers demand — data from controlled studies. The latter group has more freedom and flexibility when it comes to evidence-based practice. Consequently, we are challenged to recognize and understand these differences and to help both groups. One set of recommendations will not serve all counseling practitioners. Now, it is even more complicated!

Stan Baker, Ph.D., NCC, LPC
North Carolina State University at Raleigh
sbaker@ncsu.edu

I applaud ACA President Bradley T. Erford’s comments in his “From the President” column (“Where’s the beef?”) and associate editor/senior writer Lynne Shallcross’ cover story in the September issue about the need for evidence-based
counseling practice. Ten years ago, I received first place in the ACA Foundation graduate student essay contest for writing about the need to use evidence-based interventions over the next decade to better serve clients and society. Unfortunately, professional counselors are producing tiny hamburgers on huge buns! In a 2011 article for the Journal of Counseling & Development ("Research in Counseling: A 10-Year Review to Inform Practice"), Dee Ray and her co-authors found that less than 6 percent of all the articles in ACA division-affiliated journals published studies focused on counseling effectiveness and intervention. These results prompted the authors to ask if professional counselors were looking to social workers and psychologists for a counseling identity.

My recently completed doctoral dissertation used ethnographic content analysis to explore how ethical codes define counselor professional identity. Results indicated that psychology ethical codes are distinguished from counseling ethical codes because of a stronger emphasis on scientific research and psychometric practice. Speaking of psychologists, Raymond D. Fowler, a past president of the American Psychological Association, boldly claimed, "Our scientific base is what sets us apart from the social workers, the counselors and the Gypsies." The Publication Manual of the American Psychological Association and the research databases PsycEXTRA and PsycINFO further support psychology's prominence and niche of scientific research in comparison with that of professional counseling.

ACA Chief Professional Officer David Kaplan's poignant 2009 article, "A Radical Thought on Counseling Research: Let's Stop Doing It," concurred that professional counseling lacks a rigorous research base in comparison with that of psychology because our profession attracts members who are more investigative-minded and it offers more training in outcome research methods. He also critiqued our profession for allowing doctoral students to conduct survey research designs that only give us a collection of opinions instead of empirical outcomes documenting our work with clients and the evaluation of potentially helpful techniques, approaches, interventions and programs.

Professional counselors are at a critical crossroads for developing a culture of rigorous scientific inquiry into clients and counseling interventions that focus on growth, development and wellness. This level of investigation necessitates that we discontinue survey-based, convenience sampling, Internet research and start using advanced, quantitative, experimental designs that include statistical power, mixed methods, meta-analysis and advanced qualitative designs. These should include credible grounded theory, phenomenology, consensual qualitative research, ethnography, narratology and participatory action research to stimulate a mature research identity. Only then can professional counselors show the beef.

Jason H. King, Ph.D., CMHC, ACS Clinical Director and Co-owner Life Enhancement Center jking0964@msn.com

The recent article on the very important topic of evidence-based counseling was wonderful. Although I was interviewed and quoted for the article, I would like to contribute a few additional points to that important discussion.

When psychotherapy research comes up in discussion, it's not long before someone voices the "common factors mantra." This occurs when one pronounces that common factors (for example, quality of the therapeutic relationship) accounts for most of the outcome in psychotherapy, while specific factors of cognitive behavior therapy and the alliance and facilitative conditions. The general findings were that early change in specific factors predicted later change in depression (subsequent change), while common factors did not. Notably, early change in depression (prior change) predicted later common factors. Thus, symptom change led to improvement in common factors (possibly causal), while common factors were the consequences of change (not causal due to lack of temporal precedence).

This study demonstrated that the way in which common factors have traditionally been evaluated as predictors of outcome in psychotherapy has been wrong. Often, common factors were averaged over time or evaluated at a point when a great deal of symptom change already had occurred. This study showed that one needs to determine temporal precedence, because the average over time of the common factor (typically alliance) or measurement after much change already has occurred cannot be causal to that change, but rather a consequence of change in symptoms.

It was also suggested that members of the evidence-based community adhere to assumptions inherent in the medical model. Some do, and many of them have indeed demonstrated specific efficacy for specific treatments for specific disorders. The entire community does not endorse these assumptions, however. Many are quite critical of the Diagnostic and Statistical Manual of Mental Disorders and the medical model more generally. Importantly, there is no reason empirical investigation cannot occur outside of a medical model.

A quote concerning my description of the critical incident stress debriefing literature was followed with this notation: "...its proponents take issue with claims that there is no evidence of its effectiveness or that it has been proved to be harmful." Although I can't review the scientific literature here, the following quote from the esteemed Cochrane Reviews may be helpful: "There is no current evidence that psychological debriefing is a useful treatment for posttraumatic stress disorder after traumatic incidents. Compulsory debriefing of victims of trauma should cease." What will guide the counselor's behavior — the scientific literature or the enthusiasm of proponents?

R. Trent Codd
Cognitive-Behavioral Therapy Center of Western North Carolina rtcodd@behaviortherapist.com

Home-based counseling and meeting multicultural needs

Kudos to Dawn Friedman and to Counseling Today for publishing her article on home-based counseling ("Home is where the client is") in the September issue. I began doing home-based counseling just out of my master's program and was told by my former adviser that I was doing a "disservice to the profession."

Time and experience have taught me what my gut told me way back then — that...
Washington Update - By Scott Barstow, Art Terrazas, Guila Todd & Jessica Eagle

Congress passes resolution to fund federal government for six months

The National Center for Education Statistics (NCES) within the U.S. Department of Education has released updated data on the number of students and school counselors in U.S. elementary and secondary schools for both the 2009-2010 and 2010-2011 school years. According to the figures, the national average student-to-counselor ratio has increased significantly since the 457:1 ratio reported for the 2008-2009 school year. The American Counseling Association recommends a student-to-counselor ratio of no more than 250:1.

With the effects of the economic downturn on state and local government spending, the national average student-to-counselor ratio edged up to 459:1 in 2009-2010 and then rose significantly in 2010-2011 to 471:1. NCES data indicate that U.S. elementary and secondary schools had 2,400 fewer school counselors in 2010-2011 than they had in 2009-2010, while the U.S. student population grew by more than 120,000 students.

Despite the overall trend, 13 states improved their student-to-counselor ratios from the previous school year. More information on individual states’ professional school counselor trends is available on the ACA Public Policy and Legislation website at counseling.org/publicpolicy. For more information on how you can advocate for school counselors, please contact Jessica Eagle at jeagle@counseling.org.

Members of Congress continue asking VA to hire more counselors

ACA has been renewing its push toward more grass-roots organization and having ACA members engage in advocacy themselves. At the Institute for Leadership Training in July, ACA leaders from across the country took their message directly to Capitol Hill and asked that federal lawmakers begin focusing on issues that matter the most to counselors and the profession.

This work continues to bear fruit, with Rep. Walter Jones (R-N.C.) becoming the latest member of Congress to write Secretary Eric Shinseki to urge the VA to improve veterans’ access to mental health treatment in VA facilities by hiring more clinicians and the very slow pace of counselor hiring. Thanks to their efforts, Jones agreed to send a letter to Shinseki asking that the VA:

1) Create paid training positions for counselors
2) Issue guidance to the VA medical community regarding the hiring of licensed professional counselors
3) Adopt “grandfathering” provisions that would expand eligibility provisions for positions
4) Work with ACA in filling vacancies in the VA

The fact that we succeeded in working with Jones to send a letter to the VA after just one meeting demonstrates the power that individual counselors have to influence policy in Washington. All too often, many of us think our voices will not be heard. Often, advocacy work does not result in success (at least initially), but the times when it does are the result of advocates speaking up, working together and being persistent. ACA is committed to giving counselors the tools they need to influence the policymaking process. To find out how you can be an advocate for the profession and how to use your time most efficiently in doing this, contact Art Terrazas at aterrazas@counseling.org or 800.347.6647 ext. 242.

U.S. student-to-school counselor ratio rises

The National Center for Education Statistics (NCES) within the U.S. Department of Education has released updated data on the number of students and school counselors in U.S. elementary and secondary schools for both the 2009-2010 and 2010-2011 school years. According to the figures, the national average student-to-counselor ratio has increased significantly since the 457:1 ratio reported for the 2008-2009 school year. The American Counseling Association recommends a student-to-counselor ratio of no more than 250:1.

With the effects of the economic downturn on state and local government spending, the national average student-to-counselor ratio edged up to 459:1 in 2009-2010 and then rose significantly in 2010-2011 to 471:1. NCES data indicate that U.S. elementary and secondary schools had 2,400 fewer school counselors in 2010-2011 than they had in 2009-2010, while the U.S. student population grew by more than 120,000 students.

Despite the overall trend, 13 states improved their student-to-counselor ratios from the previous school year. More information on individual states’ professional school counselor trends is available on the ACA Public Policy and Legislation website at counseling.org/publicpolicy. For more information on how you can advocate for school counselors, please contact Jessica Eagle at jeagle@counseling.org.

Members of Congress continue asking VA to hire more counselors

ACA has been renewing its push toward more grass-roots organization and having ACA members engage in advocacy themselves. At the Institute for Leadership Training in July, ACA leaders from across the country took their message directly to Capitol Hill and asked that federal lawmakers begin focusing on issues that matter the most to counselors and the profession.

This work continues to bear fruit, with Rep. Walter Jones (R-N.C.) becoming the latest member of Congress to write Secretary Eric Shinseki to urge the VA to improve veterans’ access to mental health treatment in VA facilities by hiring more clinicians and the very slow pace of counselor hiring. Thanks to their efforts, Jones agreed to send a letter to Shinseki asking that the VA:

1) Create paid training positions for counselors
2) Issue guidance to the VA medical community regarding the hiring of licensed professional counselors
3) Adopt “grandfathering” provisions that would expand eligibility provisions for positions
4) Work with ACA in filling vacancies in the VA

The fact that we succeeded in working with Jones to send a letter to the VA after just one meeting demonstrates the power that individual counselors have to influence policy in Washington. All too often, many of us think our voices will not be heard. Often, advocacy work does not result in success (at least initially), but the times when it does are the result of advocates speaking up, working together and being persistent. ACA is committed to giving counselors the tools they need to influence the policymaking process. To find out how you can be an advocate for the profession and how to use your time most efficiently in doing this, contact Art Terrazas at aterrazas@counseling.org or 800.347.6647 ext. 242.

U.S. student-to-school counselor ratio rises

The National Center for Education Statistics (NCES) within the U.S. Department of Education has released updated data on the number of students and school counselors in U.S. elementary and secondary schools for both the 2009-2010 and 2010-2011 school years. According to the figures, the national average student-to-counselor ratio has increased significantly since the 457:1 ratio reported for the 2008-2009 school year. The American Counseling Association recommends a student-to-counselor ratio of no more than 250:1.

With the effects of the economic downturn on state and local government spending, the national average student-to-counselor ratio edged up to 459:1 in 2009-2010 and then rose significantly in 2010-2011 to 471:1. NCES data indicate that U.S. elementary and secondary schools had 2,400 fewer school counselors in 2010-2011 than they had in 2009-2010, while the U.S. student population grew by more than 120,000 students.

Despite the overall trend, 13 states improved their student-to-counselor ratios from the previous school year. More information on individual states’ professional school counselor trends is available on the ACA Public Policy and Legislation website at counseling.org/publicpolicy. For more information on how you can advocate for school counselors, please contact Jessica Eagle at jeagle@counseling.org.

Members of Congress continue asking VA to hire more counselors

ACA has been renewing its push toward more grass-roots organization and having ACA members engage in advocacy themselves. At the Institute for Leadership Training in July, ACA leaders from across the country took their message directly to Capitol Hill and asked that federal lawmakers begin focusing on issues that matter the most to counselors and the profession.

This work continues to bear fruit, with Rep. Walter Jones (R-N.C.) becoming the latest member of Congress to write Secretary Eric Shinseki to urge the VA to improve veterans’ access to mental health treatment in VA facilities by hiring more clinicians and the very slow pace of counselor hiring. Thanks to their efforts, Jones agreed to send a letter to Shinseki asking that the VA:

1) Create paid training positions for counselors
2) Issue guidance to the VA medical community regarding the hiring of licensed professional counselors
3) Adopt “grandfathering” provisions that would expand eligibility provisions for positions
4) Work with ACA in filling vacancies in the VA

The fact that we succeeded in working with Jones to send a letter to the VA after just one meeting demonstrates the power that individual counselors have to influence policy in Washington. All too often, many of us think our voices will not be heard. Often, advocacy work does not result in success (at least initially), but the times when it does are the result of advocates speaking up, working together and being persistent. ACA is committed to giving counselors the tools they need to influence the policymaking process. To find out how you can be an advocate for the profession and how to use your time most efficiently in doing this, contact Art Terrazas at aterrazas@counseling.org or 800.347.6647 ext. 242.
LicensedTherapists.com

Search Directory Exclusively for Licensed Mental Health Professionals

25% off monthly listing

Use promo code: ctnovember

$x 39.95$ $29.95 per month

See how LicensedTherapists.com compares with leading first generation search directories

<table>
<thead>
<tr>
<th>Feature</th>
<th>LicensedTherapists.com</th>
<th>Psychology Today</th>
<th>GoodTherapy</th>
<th>TherapyTribe</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License Mandatory</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video Profiles</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personalized URL</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Search Engine Rankings</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Social Media Friendly</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Promotes Strength Based, Client-friendly Therapies</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Owned and Operated by Mental Health Professionals</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Monthly Fee

<table>
<thead>
<tr>
<th></th>
<th>LicensedTherapists.com</th>
<th>Psychology Today</th>
<th>GoodTherapy</th>
<th>TherapyTribe</th>
</tr>
</thead>
<tbody>
<tr>
<td>$29.95 with valid promo code</td>
<td>$29.95</td>
<td>$29.95</td>
<td>$24.95</td>
<td>$20</td>
</tr>
</tbody>
</table>

The Only Search Directory Exclusively for Licensed Mental Health Professionals
School counselors making a difference

At the beginning of the school year, I put out a call for professional school counselors to share stories about advocacy work they have done with students and within their school communities. The results were remarkable, yet I know we have just scratched the surface. Every day, school counselors are running schoolwide comprehensive programs that address the multifaceted needs of our youth. They are implementing evidence-based curricula and data-driven interventions. They are providing the necessary safe space for students to focus on underlying social and emotional issues and reframing these feelings and events so students can put their best self forward in the classroom — and in life.

School counselors are distinctively equipped with the skills, knowledge and passion to advocate for and with students who are facing obstacles. For the next three months, numerous stories of school counseling advocacy work will be shared in Counseling Today, and even more will be posted to CT Online at ct.counseling.org. We will continue to collect stories from professional school counselors because they paint a colorful picture of how school counselors are uniquely poised to make the kind of impact other educators often cannot. Please encourage any school counselor you know to submit their stories to me at jeagle@counseling.org.

Advocacy within a new Gay-Straight Alliance

Laura Mundy has been a professional school counselor for two years at North Junior High School in Boise, Idaho. She hadn’t been meeting with students for very long before a number of conversations took place that revolved around students’ questions and concerns regarding their sexual orientation. Some of these students felt they were being discriminated against in their own homes as well as at school. Laura noticed that some students were displaying behavior issues that seemed tied directly to feelings of anger regarding the discrimination they faced.

Laura identified the need for a safe place in which these students would feel they belonged, as well as a proactive platform from which the students could advocate for themselves. Laura went on to create Idaho’s first Gay-Straight Alliance (GSA) club at the junior high level. The group members organized a National Day of Silence at the school, an event in which students took a vow of silence for the day, symbolizing the silence that lesbian, gay, bisexual, transgender, queer and/or questioning (LGBTQ) students often feel they must live in. “I felt like I was able to help these students find some confidence and comfort in themselves and their identity,” said Laura.

In reflecting on the specific skills and competencies that she learned while pursuing her professional school counseling license, Laura said, “First of all, I had to really listen with a compassionate heart and open mind to understand what was going on in these kids’ lives. Then I had to have the courage to act on what I believed to be the rights of these students. Using the ACA Advocacy Competencies model of advocacy at different levels — client/student empowerment and client/student advocacy, community collaboration and systems advocacy, and public information/social/political advocacy — I feel I was able to address the needs of these students on a personal level as well as a systemic level.”

Leadership at the school and district levels

Christine Abrahams has been a school counselor for 10 years and currently is serving as a school district counseling supervisor for the Hopewell Valley Regional School District in New Jersey. She took an innovative, systemic approach to address the difficulties students displayed with math.

After hearing comments such as “I can’t do math” at her school, Christine approached the math supervisor and asked if they could try an experiment. She suggested that they test the lowest level of math students for learning styles and group them by their predominant style. She also suggested testing the learning styles of the teachers. Christine hypothesized that teachers would have an easier time differentiating instruction with students who had the same predominant learning style. She also believed students would do better because their confidence in math would increase, enabling them to advance in math levels. “For me, this was placing students by ability rather than by inability as it has always been done,” said Christine. Together, the math supervisor and Christine applied for a Hunterdon Central Regional High School Foundation Grant, which they received to implement the program.

Christine took her knowledge of tiered interventions with her to the district level, where she was still able to run small counseling groups, marking a big change for the staff and school. During severe state budget cuts, she became concerned because New Jersey did not have a prescribed student-to-counselor ratio, and school counselors were considered “ancillary services.” It was important to her to maintain the counseling staff because the students needed them so much.
“To make sure that counselors would not be cut, I invited administrators to co-facilitate groups in the department. The business administrator, the principal and the vice principal co-facilitated groups with me and my counselors, and it truly opened their eyes to what goes on in a high school counseling department,” Christine said. “This was extremely valuable because when I presented to the board of education on what counselors do, the business administrator, the principal and vice principal were able to corroborate the challenges our students face and the challenges school counselors face in trying to help and advocate for them.”

In both examples of advocacy, Christine implemented an intervention that had great impact, both on individual students and on how things were done systemwide. She shared that one of the greatest struggles during a time of budget cuts was helping the board of education understand that the “guidance counselor” role from several decades ago has changed under the new counselor model.

Small group for teenage fathers

Martinsburg High School in West Virginia has an extensive program to link pregnant teenagers with community resources, academic assistance when unable to attend school and counseling through the county’s Educating Teen Age Parents (ETAP) program. Professional school counselor Matthew Armes built a strong rapport with the county ETAP coordinator in 2011. In their regular conversations, they discussed the need to support the young fathers in the school.

“The topic of helping adolescent males greatly appeals to me, so I was excited about the chance to dig deeper into this area of counseling,” said Matthew.

Matthew did his research and reviewed available curricula for working with this population. After screening the young fathers in the school, he pulled together a small group of three. The ETAP coordinator and Matthew conducted eight sessions with these adolescents and discussed a number of topics, including their relationships with their parents and their girlfriends’ parents, graduating high school, employment and money management. The group offered newfound support and a sense of hope for these students.

“At the end of the last session, one of the boys approached me and asked if we would have the group again next year. I knew then that I had made a positive change in their lives,” recalls Matthew. That is not the only way Matthew knew he had made a difference. Each week, he gathered the young men’s grades for each class and calculated the averages to see if the small group intervention was having an impact on their academic success. Encouraged by the results, Matthew pulled together the data and created graphs to show the department chair and school administrator. Matthew intends to hold this group again in the future because it proved to meet the needs of students who were at risk of dropping out.

Professional school counselors who can address students’ social, emotional, academic and career-readiness needs are a resource that schools need. School counselors make a school climate safer and help keep students engaged in learning. They are natural school leaders and student advocates ready to meet the wide variety of student needs. A huge thank you goes to Laura, Christine, Matthew and the many others who have shared their stories with the American Counseling Association. More stories will be shared in next month’s Counseling Today, and in the meantime, check out CT Online to read what other school counselors are doing to make a difference.

Jessica Eagle, a licensed school counselor, works in ACA’s public policy and legislation office. Contact her at jeagle@counseling.org.

Letters to the editor: ct@counseling.org

If you’re not visiting CT Online, you’re missing out on exclusive content not available in Counseling Today, including:

- An interview with Carlos Zalaquett on diversity’s role in depression
- How reading fiction might make you a better counselor
- How an ACA member’s passion for running led to improved physical, mental and social health for female Alaskan inmates
- An introduction to Will Stroble, director of ACA’s new Center for Counseling Practice, Policy and Research
- Profiles of counselor practitioners doing interesting and innovative work in a diverse range of areas, from adventure-based counseling to sex offender counseling to faith-based counseling

To see what you’ve been missing, visit ct.counseling.org today
Counselor Career Stories - By Rebecca Daniel-Burke

Working with the American Indian population

I was on a conference call with Deborah Black Ignace from the Behavioral Health Division of the Indian Health Service in Rockville, Md. I told her I wanted to interview an American Indian counselor for the November issue of Counseling Today in honor of American Indian and Alaska Native Heritage Month. She connected me with Nikki Kirkendoll, a licensed professional counselor and licensed alcohol and drug counselor who is director of behavioral health at the Oklahoma City Indian Clinic. This is Nikki's story.

Rebecca Daniel-Burke: I had my ancestral DNA done a few years back and discovered I have Dogrib Indian blood [now called Tlicho Indian], along with a small bit of Navajo. Do you have a tribal affiliation?

Nikki Kirkendoll: Yes, I am from the Delaware Tribe of Indians.

RDB: Thank you so much for speaking with us today about your work in Indian Country. What is your current position? What primary tasks do you perform?

NK: I am the director of behavioral health at the Oklahoma City Indian Clinic (OKCIC). I was hired as a therapist in 2006 and promoted to director in 2007. I supervise 14 staff, which includes licensed therapists, grant program coordinators, behavioral health clinicians and mentors. I also provide therapy, crisis intervention, screenings and assessments for patients with mental health and/or substance abuse concerns.

Our behavioral health department is completely integrated into every department at OKCIC. Every patient 15 and up, regardless of what department they are being seen in, is screened quarterly for depression, alcohol and drug abuse, tobacco and domestic violence. Behavioral health clinical staff are available for consultation, assessment and follow-up on all positive screens. We also administer a Teen Screen on patients [ages] 11-15.

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

NK: I knew I wanted to be a counselor since about ninth grade. Human behavior always interested me, and I also wanted to be in the helping field. I have always been interested in people, their culture and personality development. I have been a counselor for a variety of populations, all of which have been very rewarding.

RDB: How did you find your position in Indian Country?

NK: I was working as a school counselor, which was not a very good fit for me. I wanted to provide therapy services, which was not an option in that position. The OKCIC’s behavioral health department was beginning to expand and looking for an additional therapist. It was the perfect opportunity to be a therapist and work with the Indian population.

RDB: What are the most prevalent presenting problems a counselor might work with in Indian Country?

NK: As with most mental health departments, we see a great deal of patients who suffer from severe depression and anxiety. One of our main priorities is to screen, assess and reduce suicide risk. Suicide was the leading cause of death in Oklahoma in 2011 and is also a leading cause of death among the American Indian/Alaska Native population. Many things contribute to and increase suicide risk in Indian Country, including substance abuse, historical trauma and access to care.

RDB: Is there a particular skill set one needs to address these issues? How about particular treatment strategies and techniques?

NK: Along with the knowledge and skills to provide current evidence-based treatment modalities, I believe a therapist in Indian Country must be educated on traditional healing methods [and] practice-based theories, and have continuing education in cultural aspects that contribute to mental health and substance abuse issues.

RDB: When working with this population, is there one theoretical orientation that you gravitate toward more than others? Why?

NK: I utilize the strength perspective within the therapeutic change process. This may entail identifying cultural, spiritual [or] community involvement as a source of additional support for reduction of symptoms and stressors, as well as working with patients to identify potentially untapped strengths such as resiliency, coping skills and implementing health lifestyle choices. A common problem among any population in need is the lack of self-confidence to believe in the strengths they already possess.

RDB: What mistakes have you made while working with this population? What lessons have you learned from those mistakes?

NK: While working with this population, I’ve learned that balancing cultural and professional boundaries can sometimes be difficult. A lot of our patients are related to each other or related to employees. Sometimes you have to take special precautions to ensure confidentiality and also set limitations on how far you can go to help a patient.

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

NK: I played sports since I was young and all the way into college. I was lucky to have coaches who believed not only in my athletic abilities, but also believed in the young woman I was becoming. They provided me a strong foundation for success, and I learned skills that would stay with me forever, such as teamwork, dependability, integrity, leadership and having a good attitude.

RDB: Has being in the field of counseling been transformational for you?

NK: One of my first positions was as a child therapist for foster children. I believe this helped me grow as a person and as a therapist. Not only was I new to the field, but most of these children’s stories were gut-wrenching. I learned very fast that I couldn’t “save” all the children, but what
I could do was be a positive influence in their lives, be a person they could trust when most of them couldn't even trust their own parents, and try to instill self-worth even after all they had been through. Also, transitioning from a therapist to administration was an influential period for me and presented new challenges.

RDB: Is there a saying, a book or a quote that you think about when you need to be inspired regarding your work?

NK: The behavioral health department at OKCIC has grown and expanded so much over the past six years. It inspires me to see the number of patients that we serve continue to grow, as well as the services that we provide. Also, we have an amazing staff that motivates and encourages each other daily and treats each other like family. I am grateful every day for the OKCIC, administration and staff. They're one of the many blessings in my life.

RDB: Your work is intense. What do you do to take care of yourself and refill yourself?

NK: One thing I do is document funny things that happen with family or friends. So, anytime I want, I can go back and read, relive good times I've had and laugh. It is something I have done for many years.

RDB: We have more than 50,000 American Counseling Association members who will be receiving Counseling Today this month. Is there anything else you want our members and readers to know about you and your work?

NK: In July, I was diagnosed with a rare form of lung cancer called carcinosarcoma. I have always believed in a holistic approach with patients, and now more than ever, I realize the power of hope, support and maintaining emotional well-being.

RDB: ACA members, let's all send some healing thoughts to Nikki as she works, stays strong and tries to beat this.

Rebecca Daniel-Burke is the director of professional projects and career services at the American Counseling Association. Contact her at rdanielburke@counseling.org.

Letters to the editor: ct@counseling.org
The Divine Horror

The image is permanently imprinted in my mind’s eye: that grim, gothic, forbidding, dark stone edifice perched raptorlike on a grassy hill. The driveway a long, meandering ribbon winding through well-manicured green lawns, landscaped with a tranquil arboretum of flora’s vibrant beauty, providing stark contrast to Osawatomie State Hospital’s menacing architecture.

I was a 5-year-old on my neophyte visit to see my mother, who was a psychiatric patient. Though I did not understand her hospitalization, I sensed it was a serious matter. It was spring 1965, when psychiatric issues were a scarlet letter on a family’s name, particularly when that family had rural Southern roots. Dixie literature, exemplified by Faulkner among others, chronicled mental illness in macabre, embarrassing ways, and the mentally ill were fair game for ridicule by comedians — and everyone else.

The background to this story is that my mother was a teen bride who had five children, all boys, in a span of six years. Financial, marital and emotional pressures far exceeded her juvenile coping skills and, as the vernacular saying went, she “had a breakdown.” I had witnessed her fits of rage, punctuated by extended periods of inconsolable sobbing. She had struggled with mood swings since early in her marriage, necessitating brief stays at Osawatomie. In fact, my younger brother had been farmed out to relatives, my father’s minimal earnings, three of my siblings had been farmed out to relatives, our mother just prior to her delivery date.

Myth and symbols

Though my early recollections are fragmented, I have vivid memories of that visit to Osawatomie, located in Kansas. A surreal silence hovered ghostlike about the grounds in a gauzy pastoral scene from a horror film, just before the truly frightening occurs. But my starkest impression was of that ominous building and its “early Halloween” architecture. The mere sight of it awakened some vestigial survival impulse, and I asked my dad if we could go home. “We’re going to see your mother!” he snapped, emphasizing the word your. He parked the car and then led my brother and me through a grand front entrance. Inside was a large sculpture of the globe in healing hands. A church in the Kansas City area had a similar model of God’s hands upholding the world. Naturally, my child mind’s conjecture was that the state hospital was somehow connected to the Almighty, and all was well. I was quickly disabused of this notion, however.

The doctors, nurses and orderlies sporting spotless whites shuffled past as if in some dream sequence, faux smiles creasing their faces, periodically patting my brother or me on the head. A matronly nurse shepherded us through the vast, seemingly endless labyrinth of hallways and wards. The scenes we encountered were Dante-esque: screams echoing down the long corridors and patients urinating in the hallways, debating invisible opponents or reaching out for my brother and me, though whether in animus or for rescue was unclear. Frightened, we hung close to our dad, who seemed oddly detached from us.

Finally, our feminine Virgil delivered us to a calmer locale in the hospital’s far wing. I noticed my mother drawing or painting something. She glanced up in puzzlement, as if unable to place us. Then, a spark of recognition ignited, and she strode over to embrace us. I studied my dad, who hung back from our reunion. Then, while dad took refuge in the coffee shop or elsewhere, my mother led my brother and me on a tour of the spacious, well-manicured estate grounds. The juxtaposition between the seeming anarchy within the hospital and the ordered stillness of its bucolic surroundings was profoundly disturbing to me. But during the excursion, my mother appeared happy, smiling and talkative about nature and books. She had evidently read up on the history of the hospital and area, explaining that Osawatomie was the name of a local Indian tribe, and she spoke of patients providing the landscaping. But she also exuded wariness evident even to a 5-year-old, as if she sensed some dangerous predator stalking about.

During our stroll, I asked innocently, “Are you coming home with us?” She stopped and looked away into the far distance, as if scouting for sight of some anticipated Godot. Then she turned abruptly, and for the first time during our visit, her mask slipped. She lashed out, hurling angry words, each like a slap on the face. My brother and I were hurt and confused by her outburst at what seemed a natural question. She paced a bit, then led us in silence around the gardens until she recovered her equilibrium, whereupon she continued in her “Grand tour” manner.

Aftermath

Decades later, I would discover my mother initially had been diagnosed as paranoid schizophrenic — a common diagnosis for psychiatric patients at that time. This was later corrected to manic-depressive. The treatment of choice for her was electroshock therapy, which was far more Frankensteinian than the electroconvulsive therapy practiced today. Even so, she preferred electroshock to taking massive doses of Thorazine. Admittedly, the treatment did provide some mood management, though at significant cost to her intellectual and emotional functioning.

To help calm her, she was locked in a dimly lit room with a tiny wire mesh window. Rebellious patients (and she was a rebellious patient) were confined in that room for days on end with no human interaction, save for with the detached
hospital staff. She once recounted to me that she considered the isolation room the worst aspect of her treatment — worse than electroshock, worse than sedating drugs, worse than unruly patients. A religious woman, she maintains that her faith saw her through, although one could easily feel abandoned by God, or whatever else one holds as true, in such circumstances.

My mother did identify a couple of helpful aspects of her treatment. She particularly enjoyed the psychodrama theater. A natural performer, she and her fellow patients would re-enact their illnesses, playing the roles of family members, nurses and especially psychiatrists. It was the one time she felt free to express herself regarding her illness, treatment and family. Doctors, nurses and even patients occasionally complimented her on her thespian prowess — some of the rare affirmations she recalls.

Then there were the group sessions run by a social worker in which the patients simply talked. From these group encounters, she was able to make a couple of friends. One group member, evidently a former graduate student in philosophy, instructed my ninth-grade-educated mother on the likes of Hegel and Spinoza over lukewarm instant coffee. Interestingly, the alliance between this patient, an African American, and my mother, a white Southerner, is what mom cites as being the most therapeutic aspect of her treatment.

A few months after our visit to Osawatomie, my grandfather arrived and took my brother and me to live in rural Arkansas. During my formative school years, the mentally ill were fair game to poke fun at. Crazies, coo-coo, loco and other colorful colloquiums were some of the less objectionable terms uttered by classmates, much to my chagrin. Thus, normal, well-intended peer questions such as “Where’s your mom?” were profiles in shame because I was torn between honesty and family honor. “She’s away,” was my typical cryptic refrain. To the community’s credit, only once did anyone ridicule my mother to my face. Another time, however, I had the misfortune of overhearing a peer’s mother say, “... and their crazy mother,” in reference to my family.

Looking back, looking forward
It’s always difficult to assess what impact traumatic experiences have on us in the long run, but some 47 years later, I am still occasionally haunted by my visit to Osawatomie. Something will jog my memory — a sound, a clip from a movie, a scene in a novel — and flickering, grainy, Technicolor images of that visit begin rolling past like old 16 mm film.

What I do understand as the son of a mentally ill parent is the enduring pain of unintended consequences. I believe the majority of staff at Osawatomie were well-intentioned professionals doing what they perceived to be in the patients’ best interests. They likely provided the standard of care they had been taught and, in truth, the mid-1960s likely stood as the tail end of psychiatry’s dark ages, as hundreds of patients could be confined in massive, castlelike fortresses. In essence, the staff was playing out a scripted role, but to my 5-year-old mind, Osawatomie resembled hell, and “Abandon hope all ye who enter” could have been inscribed over its doorway.

Watching the foreboding hospital gradually disappear in our car’s side-view mirror that fateful day, I feared I’d never see my mother again. Fortunately, things for my mother turned out far better than could ever have been envisioned. She was eventually transferred to the state hospital in Little Rock, Ark., then to a halfway house and, years later, back home. She held a job for more than 30 years and, for the most part, has functioned reasonably well given her illness and the Neanderthal treatment she received. When I asked what she would have changed regarding her in-patient treatment, she responded, “More counseling and physical activity.”
Resolution

In retrospect, the image of “caretaking hands” seems a cruel, idolatrous irony. Patients who improved in that capricious setting must have been very resilient. Though I’m no Scientologist, I lean toward William Glasser’s opinion that traditional psychiatry may indeed be hazardous to one’s health. I certainly do not want to paint psychiatry with a broad brush, because medication is sometimes necessary. But a more balanced, humanistic, culturally competent approach to psychiatric treatment (for example, the Wheel of Wellness) also seems advisable. Counseling, creating human connections and cultivating purpose in life — not simply dispensing medications — must be vital components of any mental health plan. A real need also exists for children to have a supportive environment in which to ask questions and debrief regarding a family member’s mental illness.

I still cringe when witnessing the disaffected lampoon of the mentally ill. This is a function of my mental health training and experience, I’m certain, but also a reflex from having a mentally ill parent. Ironically, Osawatomie is partially to thank for my sensitivity toward people grappling with mental illnesses because it provided me a front-row seat to dehumanizing treatments and the effects on family members.

I long for the day when mental illnesses are as understood and as accepted as physical ailments are. Meanwhile, I meditate on Osawatomie, its meaning and its lessons. And sometimes, in the shelter of my mind, I take that long, quiet, winding road back to that dark edifice on the grassy hill.

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

Letters to the editor: ct@counseling.org
PSYCHOLOGICAL STUDY IS THE KEY. HANDS-ON EXPERIENCE IS WHAT TURNS IT.

MASTER’S AND DOCTORAL PROGRAMS
Applied Behavior Analysis
Business Psychology
Clinical Psychology
Counselor Education and Supervision
Forensic Psychology
International Psychology
Marital and Family Therapy
Organizational Leadership
School Psychology

UNLOCK HUMAN POTENTIAL
Unrivaled range of real-world training opportunities.
On-campus and online-blended graduate programs.
Regionally accredited, not-for-profit institution.
Named to the President’s Honor Roll for Community Service.

The Chicago School of Professional Psychology
Learn more at 800.721.8072 or thechicagoschool.edu.
Chicago, IL | Los Angeles, CA | Irvine, CA | Westwood, CA | Washington, DC | Online-Blended
Working with adolescents

“No adolescent ever wants to be understood, which is why they complain about being misunderstood all the time.” — Stephen Fry

I

have always managed to be comfortable working with adolescents in the counseling relationship. When I started out, I was actually closer in age to my adolescent clients than I was to the ages of their parents. In fact, in the parents’ eyes, there was often a credibility gap between my life experience and my potential ability to work with their teenagers. A common question asked of me during this time was, “Do you have any children?” which, of course, was code for, “How can you counsel us about our teenager when you are so young and have so little life experience?”

I appreciated that these parents saw me as being closer to their children’s age so that I could more easily identify with (and perhaps “fix”) these adolescent clients. I was simultaneously distressed, however, that these parents also viewed me as an inexperienced counselor (even though I was at the time). Luckily, I had a great supervisor who was willing to support me through my early stages. I also took the opportunity to learn more about family therapy and working with challenging adolescents. I enthusiastically attended weeklong workshops by Salvador Minuchin, Maurizio Andolfi and Carl Whitaker and read all of their works. I developed a strong professional belief in not seeing the adolescent in isolation, and my approach shifted to working with as many family members as possible. When I examined my own adolescence and that of my friends growing up, I was able to use those lessons to better connect with families of adolescents.

The most valued perspective I would share with these families was the uniqueness of adolescent development. Adolescents are wired to explore and try new things for the purpose of crystallizing their identities and to differentiate themselves from their families. Families would come into counseling and identify their teenager as the problem on the basis of his or her current behaviors. The challenge these parents faced was to help their adolescents navigate those developmental changes, while avoiding risks that could be detrimental to their welfare.

This approach involved developing a trusting relationship among all members of the family and emphasizing that they had the personal capacity to work through these issues together. Once we established a working alliance as a group, we had to accept that family members would sometimes have differing viewpoints. The family also had to accept the responsibility to work to improve the situation. From that point forward, counseling with adolescents and their families took its own natural course and pace.

For the beginning counselor working with adolescent clients and their families, it is especially helpful to tap the resources of professional associations, consider the uniqueness of adolescent development, explore counseling techniques and understand particular treatment strategies.

Professional associations

- Association for Child and Adolescent Counseling (an organizational affiliate of the American Counseling Association): tinyurl.com/8udux5f
- Society for Research on Adolescence: s-r-a.org
- American Academy of Child & Adolescent Psychiatry: aacap.org
- Society of Clinical Child & Adolescent Psychology (Division 53 of the American Psychological Association): clinicalchildpsychology.org
- International Association for Child and Adolescent Psychiatry and Allied Professions: iacapap.org
- Child and Adolescent Mental Health Project (part of the National Center for Cultural Competence): tinyurl.com/8f5lyne
- International Association of Adolescent Health: iaah.org

Adolescent development

So many changes happen during an emerging adolescent’s development: emotional, cognitive, social and physical. These links offer a good review for any practicing counselor working with adolescents and a good overview for parents who need to know more about the transition their child is going through.

- “Adolescent Growth and Development” (Virginia Cooperative Extension): tinyurl.com/cw2llhb
- “Developing Adolescents: A Reference for Professionals” (American Psychological Association): tinyurl.com/cwufaez
- “Cognitive and Affective Development in Adolescence” (Lawrence Steinberg): tinyurl.com/cbb3p4o
- Psychology: The Human Experience: Adolescent & Adult Development (four-part video series): you.tu.be/5rJZ5-N-1e7s
- “Adolescent Brain Development” (three-part video series): you.tu.be/Hl-KtE98
- “Adolescent Emotional Development” (Angela Oswalt): tinyurl.com/c2s9r6b
Social and emotional changes in adolescence (Raising Children Network): tinyurl.com/9ukq9sb
Psychflick theme index for popular movies that deal with different issues of adolescence: psychflix.com/theme_index.html

Counseling approaches
What are some basics you need to remember when working with adolescents and their families? The following Internet resources offer information about counseling frameworks and approaches for working with adolescents.

Basic Counseling Skills: basic-counseling-skills.com
“Walking a Tightrope: Family Therapy With Adolescents and Their Families” (Kenneth V. Hardy): tinyurl.com/c3gnzp4
Youth-Centered Counseling (Pan American Health Organization): tinyurl.com/9m58h8x
“Counselling skills training in adolescent sexuality and reproductive health” (World Health Organization): tinyurl.com/8rtrr3b

Five approaches to counseling adolescents (five-part video series from Microtraining Associates):
youtu.be/kFS6KAu66EQA
“The Beginning Counselor’s Survival Kit: 30 Creative Activities and Interventions” (handouts from presentation at the ACA Annual Conference): tinyurl.com/c2s3hcr
“Group Counseling for At-Risk Adolescent Girls to Improve Decision-Making Skills” (Jennifer L. Daka): tinyurl.com/clxoqgq
“The Effects of Group Counseling on Adolescent Stress” (Melissa I. Kurlan): tinyurl.com/cj964rh

Counseling techniques
“The Mental Health of Adolescence: A National Profile, 2008” (National Adolescence Health Information Center): tinyurl.com/cbezaw2
Treating and Preventing Adolescent Mental Health Disorders (Annenberg Foundation Trust at Sunnylands Adolescent Mental Health Initiative): tinyurl.com/csrc859
Preventive Health Counseling for Adolescents” (American Family Physician): tinyurl.com/9z6uf0v
The California Evidence-Based Clearinghouse for Child Welfare: ceb4cw.org (anxiety treatment: tinyurl.com/8uct8r6; depression treatment: tinyurl.com/efaq0xr; disruptive behavior treatment: tinyurl.com/d8p3ozr; trauma treatment: tinyurl.com/8ehbqaz)

Looking back, I can better understand those parents’ questions about whether I had my own children. I have since experienced my own remarkable journey raising adolescents — both of whom, I am thankful to say, seem to have made it down that road with their sense of self-confidence and happiness intact.

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

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

Letters to the editor: ct@counseling.org
My first year as a new professional

At this point of the year, recent counseling graduates are either getting adjusted in their roles as new professionals or still on the job hunt. We recently spoke with a new professional who has been in the counseling field for two years about her first job, as well as a doctoral student who is an author and has her own private practice.

Kelli M. Polo obtained a master’s degree in clinical psychology with a counseling specialization in December 2010. She is a licensed professional counselor and works for Thresholds, a social service agency in Chicago for individuals with severe mental health issues. Kelli handles outreach services for individuals with mental illness, including counseling, case management, advocacy, skill building and community support services.

Julie A. Brown graduated with a master’s in mental health counseling and is pursuing her doctorate in advanced studies in human behavior. Julie is in her second year as a private practice clinician and is a licensed professional counselor associate, a national certified counselor and a certified trauma specialist. She also published a book titled How to Pass the National Counselor Exam … the first time! Additional information about Julie’s work is available at sandhillsclearview.com.

What are your “greatest lessons” learned from your first year as a new professional?

Kelli M. Polo: There are many great lessons to be learned, especially in your first year. My top five are:

1) Progress is measured in different ways for different people. Not all clients make huge leaps, and sometimes progress can be very, very small, but it is still progress and should be celebrated.
2) Burnout and compassion fatigue are real. Take time to engage in self-care regularly and create balance in your life.
3) Ethical dilemmas are prevalent. Knowing the laws and ethical codes, receiving good supervision and acting diligently, with the client’s best interest in mind, will help you through anything.
4) Regular, good supervision is critical. I cannot emphasize this enough!
5) Be honest with yourself. Certain settings or populations are not for everyone, and it is OK to change jobs. Find the right area for you.

Julie A. Brown: As soon as I received my license to practice, I opened a private counseling practice. (Note: It is up to individual state licensing boards to determine if counselors with an associate or provisional license are eligible to go into private practice.) I quickly learned how liberating and refreshing it was to work for myself in a helping profession. I should have done this — worked for myself — many years ago. It is an exciting field. In looking back, I am convinced that if a person has the desire to run their own business, they can. They should do their due diligence and make it happen.

What major challenges did you face on the job? How did you deal with them?

JB: The major challenge encountered in my practice was handling clients who had insurance other than Medicaid. As a provisionally licensed clinician in my state, I was allowed to bill Medicaid recipients. However, other insurance plans such as Blue Cross Blue Shield, TRICARE and the like require mental health professionals to be fully licensed before they will contract with them for reimbursement of services rendered. I dealt with that challenge by tactfully screening clients when they called for services. However, I saw some clients regardless of their insurance situation because I needed to fulfill my hourly requirement for full licensure status. The majority of my clients though were billable and private-paying. There were no issues with them.

KP: The biggest challenge for me — finding balance. As new practitioners, it is sometimes difficult to manage all of the demands put on us. The main pressures are negotiating time between meeting clients’ needs, the billing requirements of your organization and maintaining your own sanity. Sometimes, it is tough to do all three at the same time. I deal with these pressures by being in constant communication with and getting help from my supervisors and co-workers and being open with myself. Communication and honesty are key.

Tell us about your biggest accomplishments during the first year.

KP: Becoming a licensed professional counselor, becoming effective in crisis situations, building my knowledge base and developing my skills are my biggest accomplishments. Nothing out of the ordinary, yet they are accomplishments that I am very proud of and, in those certain moments, accomplishments that feel extraordinary.

JB: As I previously mentioned, I opened a private practice. That was my biggest accomplishment. During that same year, I published my first book, How to Pass the National Counselor Exam … the first time! Between the two, I feel a great sense of satisfaction knowing I am able to help many individuals with my counseling services, as well as others who desire to enter the counseling field so they, too, can help others.

Describe your job search process. What do you think helped you land a position during the current recession?

KP: I obtained my first job two months after graduation but started searching and applying [for jobs] three months before I graduated. I constantly monitored career websites such as Indeed.com and CareerBuilder.com and applied as soon as the job was posted. I also used memberships in professional organizations to my advantage and searched their websites and periodicals for job postings.

Finally, I searched directly on the career pages of websites of local health care and social service organizations. For each position that I applied for, I tailored not only my cover letter but also my résumé to it and followed up with a phone call or email. I actually ended up [being] hired through networking, which seems to be the way to go, especially during the current recession.

JB: I was not searching for a job per se. However, I was searching for clients. Then
Nominate an exceptional student or new professional to be featured in “My life, my story” by emailing acanewperspectives@yahoo.com.

This month, new professional Geneva M. Gray is featured as president of the International Association of Addictions and Offender Counselors. Gray is also an assistant professor in the counseling department at Argosy University-Atlanta Campus.

Age: 37
Home: Originally from Chicago but resides in Atlanta
Education: Ph.D. in counselor education and practice, Ed.S. in professional counseling and M.S. in professional counseling from Georgia State University; B.A. in psychology from Emory University; associate of arts in liberal arts from Oxford College of Emory University

Greatest professional accomplishment: The day that I defended my dissertation and became “Dr. Gray.” This was an important day both for me and for other people who struggled, sacrificed, prayed and encouraged me along the way. That day was a great accomplishment for my ancestors.

Biggest professional challenge: Learning to narrow my interests and invest my time and energy in projects and activities that are meaningful to me.

Words of advice for new professionals and students: Think beyond the classroom and the office to determine how you can be an agent for change in society. Use small and seemingly insignificant moments in your day-to-day life to advocate for and support the rights of others. Never ignore injustice. Use your voice to speak for others who don’t have a voice, and make it acceptable for others to do the same.

Donjanea Fletcher Williams is a student affairs counselor at the University of West Georgia. To submit a question to be answered in this column or an article detailing the experiences and challenges of being a graduate student or new counseling professional, email her at acanewperspectives@yahoo.com.

Letters to the editor: ct@counseling.org
Counseling practices struggle with employee turnover. High turnover is sometimes a product of poor working conditions or low compensation. In other instances, it is because the hiring party does a poor job of determining whether an applicant would be a good fit for his or her company. This article will focus on the latter reason.

Turnover is an issue in many fields, but in counseling private practice, it presents a unique challenge. It is bad for clients, bad for a practice’s reputation and very difficult financially because of the investment that clinics put into new staff, including training, credentialing and the high cost of building a counselor’s caseload. Unfortunately, when counselor turnover occurs, the vast majority of a clinician’s caseload often is lost.

What is a nightmare counselor?

What does it mean to have a “nightmare counselor” on your team? Ethical issues and clinical aptitude aside, here are some of the most common counselor traits that can be a nightmare for an employer.

Won’t complete notes: The counselor’s notes are often behind schedule or incomplete, thus creating a hassle for medical billers and increasing the practice’s liability.

Poor client retention: The counselor’s clients don’t stay long, and many clients are gone after their first or second appointment.

Wants more money: The counselor isn’t happy with his or her compensation and constantly tries to renegotiate wages. Note: This doesn’t automatically mean you pay poorly; sometimes clinicians just want more!

Refuses admin work: The counselor refuses to complete the simplest of administrative tasks. The counselor won’t print a form, make coffee or turn off a light because “that’s not my job.”

Copay issues: The counselor complains about or refuses to accept clients’ copays, stating that doing so creates a “dual role” that gets in the way of the therapy relationship.

Practice on the side: The counselor opens his or her own practice on the side, cutting into the counselor’s availability and fostering a lack of loyalty to your company.

Debates everything: The counselor thinks that he or she can manage the company better than you and argues every administrative decision.

Makes everything an ethical issue: The counselor demands that you accommodate his or her personal preferences and soapboxes by claiming they are “ethical issues.”

Won’t follow up with clients: The counselor is too shy, too timid or too lazy to follow up with clients whom he or she has lost touch.

Technologically unwilling: The counselor won’t commit the time or effort to learn technological procedures that are important to how your practice operates.

Finding a rock star counselor

As the owner of a private practice, you want to do your best to ensure that the person you plan on hiring doesn’t possess the characteristics discussed above. Hiring an excellent counselor isn’t just about finding someone who isn’t a problem, however. It’s also about finding someone who is a great fit for your company and taking into consideration that every practice is different.

Think about what you consider to be the four most important characteristics for a new employee to possess to succeed in your practice. Some possibilities include clinically experienced, gentle, firm, flexible, customer service oriented, connected in the community, extroverted, kind of weird, nurturing, follows instructions well, technologically savvy, able to work independently, able to work in a team, able to multitask, maintains a focus on personal growth and so on. Now, interview each applicant for these characteristics.

1) Ask situation-style questions.

To survey whether an applicant has the characteristics you require, try a situation-style interview question. For example, to inquire if an applicant is clinically strong, instead of saying, “Tell me about your clinical experience,” you could say, “Tell me about a time when you were in session with a client and he or she presented a very challenging problem. What was the problem, how did you attempt to help, and what was the outcome?” A situation-style question will help you better assess whether the applicant truly possesses the characteristics you are seeking.

2) Check supervisor references.

References are often poorly checked (if checked at all). It is important not just to check references, but also to do this well. First, only accept a professional reference from an applicant’s direct supervisor/report. Co-workers are often friends and are biased. Conversely, if a reference is too high up the food chain (the CEO, for example), that person won’t have any direct insights into the applicant’s work.

Next, ignore the accolades and ask the reference to tell you in what areas the applicant is weak. Sometimes a reference won’t want to shine light on any weaknesses. In this case, you will need to level with the reference and say, “We all have areas where we need to grow. As a potential employer of the applicant, we want to make sure we provide an environment that will set up [the applicant] for success and foster his/her growth. It is important that we know [the applicant’s] weaknesses to do that.” If the reference still won’t provide any weaknesses, it is a bad reference. Ask the applicant for a new reference, which brings us to our next strategy …

3) Ask applicants to jump through a couple of hoops.

Most employers want team members who can problem solve and overcome challenges. Test this during the interview process. Interviews don’t need to be easy! At our company, we often ask applicants to meet with us over Skype for the first interview. For many applicants, this poses a challenge. If, at the time of the
interview, the applicant’s computer isn’t working or he or she has a poor Internet signal, that’s a red flag. Also, applicants are interviewed at least three times. You will be shocked at how much you learn about an applicant by the end of the third interview that you didn’t know at the end of the first. This brings us to our final strategy …

4) Watch for red flags. Here are two for which I have learned to be on the lookout. First, watch for the applicant who is overexcited about the company. This person might say, “I’ve looked at your website, and I love, love, love your company! I know this will be a great fit for me!” These individuals might seem like a great fit, but hire them and they will turn on you the second that things aren’t exactly how they thought they would be.

Second, pay attention to the impression the applicant makes on the phone. If you reach a voice mail message that sounds rude or crotchety, if the message isn’t in line with your brand, or if it takes the person 15 seconds to hang up the phone after recording a voice mail greeting, beware! Also beware if an applicant answers the phone and comes across as rude before learning who you are.

It’s worth it

Hiring well is one of the best things you can do for your company. As my ability to hire has improved through the years, my team has also improved. Today, I am proud and amazed by my employees, both in their professionalism and in how they represent our company’s brand. On more than one occasion, I have had people join us for lunch or visit a peer supervision meeting and comment, “Wow! Your team is so happy and positive. How did you do that?”

My answer: “Oh, I didn’t do that. They came like that! I only hire really happy people.”

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

Letters to the editor: ct@counseling.org
Recent books by ACA members

Chillax! How Ernie Learns to Chill Out, Relax and Take Charge of His Anger
By Marcella Marino Craver, Magination Press

In this graphic novel for preteens, Ernie has a great life except for one problem — he doesn’t just get mad, he gets really mad! With the help of a school counselor and the support of his family, Ernie learns about his angry outbursts and discovers that he has the power to control and calm himself. Chillax! includes a kid-friendly resource section with information about emotions, plus easy-to-use tools and strategies for dealing with anger. This graphic novel received the Mom’s Choice Award for Juvenile Books Self-Improvement (Gold).

Interviewing and Change Strategies for Helpers, Seventh Edition
By Sherry Cormier, Paula Nurius & Cynthia Osborn, Brooks/Cole

This book is a compendium of interviewing skills and change intervention strategies applicable to a range of therapeutic situations with diverse clients. The format of the book lends itself to documentation of a variety of specific learning outcomes.

Working in Your Major: How to Find a Job When You Graduate
By Mary E. Ghilani, Praeger

This book tackles a daunting problem faced by many new grads — successfully finding a job in their area of study after graduation. The book begins by exploring the options available to college graduates and then details effective methods for finding openings. It also covers communicating college experience on a résumé, navigating the hiring culture unique to their college major and succeeding in that first critical year on the job.

Healing From Childhood Abuse: Understanding the Effects, Taking Control to Recover
By John J. Lemoncelli, Praeger Publishers

Written directly to individuals who have experienced childhood trauma, this book provides essential information that allows victims to begin recovering from their immense pain and suffering, and empowers them to examine their specific issues to become a true survivor. It helps those abused in childhood to grasp how their experience impacted their development and the extent to which it negatively affects their present lives; encourages them to let go of the belief that they are damaged, dirty, or at fault; and provides an effective strategy for externalizing the source of their anguish, rather than blaming themselves.

Groups in Practice: A School Counselor’s Collection
By Debra Madaris Efird, Routledge

This practical, user-friendly manual will provide school counselors with the information they need to set up and run 12 different counseling groups, covering such topics as Asperger’s syndrome, attention deficit disorder, juvenile diabetes, relational aggression and underachieving boys. Included with each chapter are the American School Counselor Association standards that are addressed in the course of the group, as well as a rationale, step-by-step breakdown of each session, reproducible worksheets and activities, and a group-specific evaluation form.

The Couple’s Match Book: Lighting, Rekindling or Extinguishing the Flame
By Daniel Eckstein, Trafford

In this book, Daniel Eckstein has taken 20 years of his “for couples” columns published in The Family Journal and collaborated with others for additional experiential activities. All couple activities have been organized using Jay Haley’s four assessment tools of understanding and respecting personality differences, role perceptions, communication and problem-solving skills.

Counseling the Culturally Diverse: Theory and Practice, Sixth Edition
By Derald Wing Sue & David Sue, Wiley

This new edition of the most frequently cited, widely used and critically acclaimed text on multicultural counseling features new chapters on multicultural counseling competence for minority mental health professionals, multicultural evidence-based practice, culturally competent assessment, and poverty and counseling.

Primer on Posttraumatic Growth: An Introduction and Guide
By Mary Beth Werdel & Robert J. Wicks, Wiley

Drawing on the growing empirical and theoretical material on posttraumatic growth — an outgrowth of the positive psychology movement — this guide provides insight, depth and treatment recommendations for both the clinicians who work with those who have experienced dramatic negative events in their lives and for other professionals who support victims of trauma and extreme stress.

Trauma Counseling: Theories and Interventions
By Lisa Lopez Levers, Springer

This is a comprehensive, multidisciplinary guide to the theory and treatment of survivors of a broad spectrum of traumatic events, including interpersonal violence, hate crimes, school violence, community violence, natural disasters, and war and terrorism. The author is a Fulbright scholar who is internationally recognized for her work with traumatized populations in Rwanda, several southern African countries, Russia and the United States. The book discusses evidence-based trauma assessment and intervention techniques and integrates the latest findings from neuropsychology and psychopharmacology.

I Can Choose Better Behaviors
By Emily Goodman-Scott & Judy O’Rorke-Trigiani, CreateSpace

As school counselors, the authors created social skills workbooks to teach students skills such as coping and self-regulation. After many requests from other counselors, these books were published on Amazon. This interactive workbook can
be individualized for each student or client to teach and then practice specific social skills based on the individual’s need. Using images, simple language, opportunities for practice and adult involvement, the book is a crucial first step in teaching social skills to youth with disabilities as well as typically developing children who are coping with temporary challenges.

**Developing Resilient Youth: Classroom Activities for Social-Emotional Competence**
*By William G. Nicoll, Abbot Press*

Based on the resilience research, a conceptual framework is provided for developing transformative, bully-proof schools, improved classroom climate, and socially and emotionally competent youth. Fifty classroom guidance activities are provided for developing the five essential social-emotional competencies of resilience. Each activity includes follow-up activities both for teachers and for parents to engage home-school collaboration in the development of resilient youth.

**Counseling LGBTI Clients**
*By Kevin Alderson, Sage*

This book is part of the Multicultural Counseling and Psychotherapy Series under the general editorship of Paul Pedersen. It provides a comprehensive overview and counseling interventions for lesbian, gay, bisexual, transgender and intersex clients.

**Breaking Out II: The Complete Guide to Building a Positive LGBTI Identity**
*By Kevin Alderson, Insomniac Press*

This self-help book nicely complements the author’s Counseling LGBTI Clients book published by Sage. This second edition provides very practical suggestions from a cognitive-behavioral and hypnotic perspective for lesbian, gay, bisexual, transgender and intersex individuals attempting to live positive, productive and fulfilling lives.

**Bleachers in the Bedroom: The Swampoodle Irish and Connie Mack**
*By John J. Rooney, Zip, The Educational Publisher*

A nostalgic and humorous trip back to the author’s childhood home across the street from Philadelphia’s Shibe Park, where Connie Mack’s As are challenging the Yankees dynasty of Ruth and Gehrig. His family — and their neighbors — has fans watching the games from their roofs and bedrooms, a practice that Mack tries everything to curtail. Neighborhood tykes sell hot dogs, lemonade and scorecards to customers on the rooftops and charge for watching cars parked on the street.

**Trauma-Informed Practices With Children and Adolescents**
*By William Steele & Cathy A. Malchiodi, Routledge*

This resource deepens clinicians’ understanding of the effects of trauma on children and adolescents. It effectively translates theory into helpful practice strategies, with an emphasis on the use of expressive therapies. Case vignettes and commentaries from noted trauma experts make this book an in-depth exploration of helping practices that acknowledge individual resiliency and the possibility of transformative growth after trauma.

**Ecopsychology: Science, Totems and the Technological Species**
*Edited by Peter H. Kahn Jr. & Patricia H. Hasbach, MIT Press*

We need nature for our physical and psychological well-being. Yet we are also a technological species and have been since we fashioned tools out of stone. One of this century’s central challenges is to embrace our kinship with a more-than-human world and integrate that kinship with our scientific culture and technological selves. This book takes on that challenge and proposes a re-envisioned ecopsychology.

**The A to Z of School Counseling in New York State, 2012-13 Edition**
*By Edward A. Mainzer, CreateSpace*

Designed as the “go to” desktop reference work for everyone serving school-age youth in New York state, this volume contains both the latest state Education Department regulatory changes and dozens of entries on counseling best practices and resources. New in this edition are entries covering topics ranging from non-suicidal self-injury to restraint and seclusion, social justice counseling and social media. Every entry is documented with bibliographical citations from the professional literature as well as up-to-date links to local and national online resources.

**Living With a Disability: Finding Peace Amidst the Storm**
*By Susan Stuntzner, Counseling Association of India*

When Susan Stuntzner was 19 and injured her spine, there wasn’t much information available to demystify the process of adapting to it. Her first book addresses that need, detailing the arduous process of mental, spiritual, social and physical adjustment, while exposing the dehumanizing cultural assumptions that people with disabilities are either weaker than or more courageous than others. The resource incorporates questions at the end of each chapter aimed at students and professionals, and it concludes with an overview of approaches.

**On the Intuitive Spectrum: A Deeper Look Into the Amazing Value of Intuition**
*By Susan Ozimkiewicz, CreateSpace*

This well-organized and impressively researched book offers a detailed historical and practical review of intuition as a cultural value and personal transformative power. This book could appeal to a range of readers, including therapists, their patients, students, Jungian scholars and women and feminists of all ages.

Book descriptions are provided by the authors or their publishers. Book announcements are for informational purposes only and do not indicate an endorsement by Counseling Today or the American Counseling Association. ACA members who have had a book published in the past four months can email jrollins@counseling.org for information on having the book announced in Counseling Today.
Article: Eyes wide open

Learning Objectives: Reading this article will help you:
1) Understand how to better recognize depression in clients.
2) Examine treatment approaches counselors can use to help serve the needs of clients with depression.

1) Which factor increases a person’s likelihood of living with depression?
   a) Stressful life events
   b) Loss of a loved one
   c) A past history of abuse
   d) Conflict in interpersonal relationships
   e) All of the above

2) Certain medications such as beta-blockers and medical problems such as cancer can increase the risk of depression.
   _____ True _____ False

3) Depression may be more difficult to recognize in clients who are:
   a) In touch with themselves
   b) Unmotivated to continue therapy
   c) Aware of their symptoms
   d) More stoic in nature

4) Which treatment approach has not been empirically supported to treat depression across the general population?
   a) Behavior therapy
   b) Cognitive therapy
   c) Person-centered therapy
   d) Interpersonal therapy

I certify that I have completed this test without receiving any help. Signature __________________________________ Date ____________

Rate the following:

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>No opinion</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

_____ I learned something I can apply in my current work
_____ The information was well presented
_____ Fulfillment of stated Learning Objectives was met
_____ This offering met my expectations

Profession:
_____ Alcoholism & Drug Abuse Counselor
_____ Counselor
_____ Counselor Educator
_____ Psychologist
_____ Social Worker
_____ Student
_____ Other

Complete the test online at http://learning.counseling.org.
You will be able to pay online and download your CE certificate immediately!

Mail: Complete the test and mail (with payment made out to American Counseling Association) to: ACA Accounting Department/CT, American Counseling Association, 5999 Stevenson Ave., Alexandria, VA 22304. Your CE certificate will be emailed, unless noted otherwise, in 2–3 weeks. Questions? 800-347-6647, x306.

Please print clearly

Name: _____________________________________________
ACA Member Number: __________________________________
Zip Code: __________________________________________
Phone: ____________________________________________
Email: _____________________________________________

Total amount enclosed or to be charged

$20.00 member
$30.00 nonmember

Check/money order (payable to ACA in U.S. funds)

VISA  MasterCard  American Express  Discover

Card #: ____________________________________________

CVC Code: ___  ___  __  Exp. Date: ______________________

(AmEx, 4 digits above card number; VISA, MC, Dis., 3 digits by signature line)

Cardholder’s Name: __________________________________

Authorized Signature: ____________________________________
Considerations for records retention

**Question:** I am a licensed professional counselor in a solo private practice. Can you give me any guidance on how long I should retain my records?

**Answer:** You should retain your counseling records for at least the minimum time set by state law, if there is such a law. (See also the 2005 ACA Code of Ethics, Standard B.6.g., Storage and Disposal After Termination.) Federal Health Insurance Portability and Accountability Act laws address privacy and security but do not set record retention periods. Counselor licensure law or regulations sometimes specify how long records must be kept. If not, consider your practice setting and why records may be needed. You may also wish to contact your licensure board to see if it has guidelines for records retention.

Why would your records be needed in the future? Some of your clients may return to you in the future, and records may help you to remember details of the counseling relationship. Some clients may want records to be sent to a new mental health care provider, and records can help provide continuity of care. You will want your records to help defend yourself in the event a malpractice lawsuit, ethics complaint or licensure board complaint is filed against you. Furthermore, the “statute of limitations” may be relevant in setting your records maintenance and retention policy; this pertains to the number of years after an injury or the discovery of injury that a client has to file a lawsuit. The statute of limitations for both negligence and breach of contract actions should be checked because the latter period might apply in a complaint alleging breach of confidentiality.

If there is no set minimum records retention period in your state, you should probably consider retaining your records for a minimum of seven years for adult clients. If you see Medicaid clients or those receiving other federal government assistance, you may want to extend that period to 10 years (because federal “false claims” actions can be brought against a health care provider for up to 10 years). If you treat children, you may wish to keep their records until the time they reach the age of majority. In some states, it is advisable to keep minor’s records until age of majority plus three years (or the applicable length of time that pertains to the statute of limitations). Some attorneys advise keeping records indefinitely, but counselors must balance the possible need for records with the cost and trouble of storing them.

Another consideration in setting a records retention policy is that licensure board investigations may sometimes be brought years after an alleged practice violation. There is often no statute of limitations in this venue. Your documentation of care provided can frequently help your attorney get the board complaint dismissed.

There is no “one size fits all” answer to the question of how long to keep records. If you carefully consider the options mentioned above and obtain advice from your personal attorney, malpractice company and licensure board, you will be well-positioned to make a reasonable decision that fits your particular practice.

The question addressed in this column was developed from a de-identified composite of calls made to the Risk Management Helpline sponsored by the American Counseling Association. This information is presented for educational purposes only. For specific legal advice, please consult your own local attorney.

To access additional risk management Q&As, visit ACA’s website at counseling.org and click on “Ethics.”

---

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

Letters to the editor: ct@counseling.org

---

Somatic Experiencing®

Somatic Experiencing® (SE®), developed by trauma-expert, Peter A. Levine, PhD, and founded in leading-edge neuroscience, is the revolutionary, naturalistic approach to the healing, resolution and prevention of trauma.

Visit our Website for More Info!

www.TraumaHealing.com
Melancholy piano music plays in the background as people flash back to times in their lives when they felt happiness. Returning to the present, we see individuals in obvious emotional pain. A voice asks, “When you’re depressed, where do you want to go? Nowhere. Who do you feel like seeing? No one. Depression hurts in so many ways.”

If you watch TV, you’ve no doubt seen this commercial advertising one of the growing number of antidepressants now on the market. Regardless of how you feel about these medications, statistics suggest the message from that commercial — that depression can be debilitating and rob people of their sense of joy — likely resonates with millions of viewers. In fact, the World Health Organization calls depression “common,” affecting about 121 million people across the globe. According to the Centers for Disease Control and Prevention, nearly 1 in 10 U.S. adults reports symptoms of depression.

American Counseling Association member Katherine Walker has a private practice in Wake Forest, N.C., and one of her counseling specialties is treating depression. She says clients dealing with depression often feel stuck or overwhelmed with some aspect of their lives.

“We may be experiencing a significant loss such as loss of a job, loss of previous status or esteem, loss of a significant relationship or the death of a loved one. Others may be dealing with some internal conflict — body image, poor self-esteem, etc. — or experiencing conflict in their relationships with others. We know that depression can either be situational or recurrent, lasting hours, days, weeks, months or even years. It can affect them not just mentally and emotionally but also physically, relationally, vocationally and spiritually. Regardless, these clients often describe their depression on a continuum ranging from feeling blue or ‘in a funk’ to experiencing overwhelming emptiness and despair. They feel helpless, hopeless and victims to whatever they are experiencing,” says Walker, who has also worked as a counselor in an outpatient physical rehabilitation setting and as part of an employee assistance program.

Having trouble concentrating, feeling a lack of desire to do anything and feeling a general sense of malaise are also common among those experiencing depression, says Gary Gintner, an associate professor and program leader of counselor education at Louisiana State University and a past president of the American Mental Health Counselors Association, a division of ACA.

We all hit bumps in the road of life. The question is why these bumps land some people “in the ditch,” while others seem to power through without losing course. Walker points to genetics and the individual’s environment as two major factors that determine the likelihood of depression. Those individuals with a family history of depression — especially a biological parent who has struggled with depression — are more likely to experience depression at some point in their own lives, she says. Moving beyond genetics, a history of abuse, stressful life events, loss of previous status or role, conflict in interpersonal relationships and loss of loved ones can also increase a person’s likelihood of living with depression, Walker says. Certain medications such as beta-blockers and

Eyes wide open
Recognizing depression in clients, especially among those who are often “invisible,” is the first step in addressing a very treatable illness

By Lynne Shallcross
medical problems such as cancer can also increase depression risk, she adds.

Says Richard Hazler, a professor of counselor education at Penn State University and a member of ACA, “No different than most disorders, genetics appear to make some people more likely to suffer from depression and some less, but it is the environment that tends to trigger reactions [and] make the depression less severe or more severe.”

Certain clients who seek counseling will present with clear symptoms and be “painfully in touch with their depression,” Walker says, making it relatively easy for the counselor to determine what is going on. “For others,” she says, “it might be more insidious, especially for individuals who may be unaware and not in touch with themselves, are in denial of their symptoms or tend to be more stoic in nature and put up a front for fear of being perceived as being weak or a failure.”

In searching for clues of depression in clients, Walker says counselors should pay close attention to the following symptoms:

- Reported or observed signs of sadness, including poor eye contact, strain in the facial muscles around the eyes and mouth, slowed movement and speech, slumped posture, crying in session and reported bouts of tearfulness
- Wanting to withdraw and hide from responsibilities and relationships
- Feeling either overwhelmed or underwhelmed in life roles
- Experiencing a loss of appetite or engaging in emotional eating
- Experiencing decreased sex drive
- Having sleepless nights or sleeping excessively
- Feeling helpless and hopeless
- Feeling fatigued and achy
- Having trouble remembering, concentrating or making decisions
- Feeling a loss of pleasure for previously enjoyable or meaningful activities and apathy for things once important to them
- Feeling worthless
- Feeling a general lack of direction, meaning, purpose or motivation

Asking clients whether or how their habits have changed can also provide possible indicators of depression, Hazler says. For instance, if clients say their sleeping patterns have changed recently, their eating habits have changed recently and their interactions with friends and family have changed recently, those might be warning signs of depression, he says.

**Different paths to treatment**

Gintner says three approaches are empirically supported for treating depression across the general population: behavior therapy, cognitive therapy and interpersonal therapy. Behavior therapy is often a good initial treatment, Gintner says, because it is fairly straightforward and encourages clients to make changes in their activities or lifestyle. Cognitive therapy is beneficial when the main component of a client’s depression is connected to his or her thoughts, he says. Interpersonal therapy fits well with clients experiencing a significant number of interpersonal problems related to their depression, Gintner says.

---

**Marymount University**

Arlington, Virginia

**Doctor of Education in Counselor Education and Supervision (Ed.D.)**

Now Accepting Applications for 2013 Cohort!

- Designed for those with a master’s in Counseling who seek to further their careers as advanced clinicians, supervisors, educators, or researchers
- Tailored to provide the advanced skills and competencies needed to serve diverse populations
- Delivered in a full-time cohort format, two days per week, providing opportunities for continual collaboration with faculty and fellow students
- 108 credits, of which 48 can be transferred from most CACREP-accredited graduate programs

Counseling Information Session • November 10, 10 a.m.

Ballston Center • 1000 North Glebe Road, Arlington, VA

RSVP: (703) 284-5902 • MarymountHumanServices.com
From his experience, Hazler believes a counselor's best route is to follow his or her own preferred clinical approach. “If you are a good counselor and you have a solid theoretical viewpoint and it works consistently, that’s what you should be doing,” Hazler says. “All the research shows that the core relationship and counseling skills have the greatest impact on client outcomes, and those skills are used across all major counseling theories. We have counseling theories — plural — because no one theory has proven to be perfect or uniformly better than others. The combination that seems most important is a counselor with basic skills and a sound belief in and ability to implement a theory that will do the best job.”

Walker deems her theoretical orientation a bit “eclectic,” combining rational emotive behavior therapy and solution-focused therapy with mindfulness and awareness, and that is the treatment path she follows with clients struggling with depression as well. Walker says her goal with these clients is to help them live more authentically rather than always striving to be what others expect them to be.

“I work with clients to help them uncover their true potential and to [live] life more assertively, meaningfully and adaptively, and to do so mindfully with awareness,” Walker says. “I try to help them make sense and find meaning out of what may feel [like] insurmountable circumstances or traumatic events they have had to endure. While we can’t change difficult situations of the past, we can work to better understand and resolve challenges in our life by realizing our true potential to be our own change agent. By applying complementary therapy approaches and techniques, I work with clients to unearth long-standing behavior patterns or negative perceptions that may be holding them back from experiencing a more fulfilling and meaningful life. I believe as counselors, we need to help our clients identify areas where they feel stuck, establish reasonable and attainable goals, break [from] feeling victimized by their circumstances, and feel more empowered and be more adaptive and resilient in their lives.”

In certain cases, these counselors say, medication can aid clients in rebounding from depression. “Medication is mostly used to ease the depressive thoughts and feelings so that the client can more appropriately consider cognitions and take actions that will be productive,” Hazler says.

Walker thinks an antidepressant may be an important adjunct to therapy for some clients. That’s especially true, she says, in cases in which clients are dealing with pervasive depressive symptoms, have a family or personal history of depression, have a history of suicide ideation or attempts, or have a serious medical condition, chronic pain or disability. “However,” Walker says, “I do not necessarily see medications as being the end-all-be-all and believe that a whole-body approach will provide greater efficacy in the treatment of depression. I frequently encourage clients to schedule an appointment with their general practitioner or internist for a full physical and blood work to determine if an underlying medical condition may be contributing to their depression.”

In addition to the chosen counseling approach and possible medications, Walker says wellness is a key ingredient in fighting depression. “[I] have found that when clients engage in a good self-care program, which includes better nutrition, a regular moderate exercise program and keeping a consistent and reasonable sleep-wake cycle, they often report that the intensity, frequency or duration of their [depression] symptoms diminishes,” she says. “I also believe it is important that clients engage in meaningful and productive activity and daily responsibilities, be fully present and engaged in relationships with important others, and participate in leisure activities and recreation to help mitigate their depressive symptoms.”

“Wellness comes apart during depression,” Hazler says, adding that many people experiencing depression tend to decrease healthy life habits such as good eating, exercise, spirituality and sociability. “Not only does not doing these things change body chemistry, [but] the person also knows they’re not doing them, and they feel bad about it,” which can further deepen the depression, he says.

Encouraging wellness is one piece of a holistic approach to helping clients
Zalaquett, who has trained school counselors throughout Florida on how to separate adolescent moodiness from depression, says counselors need to stay alert for signals that a teenager might be depressed. These signals can include attendance issues, behavior problems, academic problems, inability to concentrate, irritability, withdrawing from classmates and friends, and any expressions of suicide or death wishes. Most adolescents won’t show these symptoms for an extended period of time, but if they do, Zalaquett says, counselors need to get involved or make a referral.

According to NIMH, adolescent girls are even more likely than boys to experience depression. Laura Choate, associate professor of counselor education at Louisiana State University, says major depressive disorder is rising among adolescent girls, perhaps because they are reaching puberty earlier than in the past, are facing life stressors earlier and are less prepared to manage those stressors and pressures. Between the ages of 12 and 15, rates of depression among girls triple, according to Choate. By age 18, she says, 1 in 5 girls will have experienced an episode of major depression, and 1 in 10 will have had at least one suicide attempt.

Adolescent girls are under more pressure today than in the past, says Choate, author of the book Girls’ and Women’s Wellness: Contemporary Counseling Issues and Interventions, published by ACA. Not only are their bodies growing and their hormones changing, but they are also facing pressure to achieve academically and socially and to measure up to often-unattainable ideals fostered in the popular media. Choate says adolescent girls also soak up a message perpetuated by society that they should succeed and be competitive, while simultaneously receiving another message that they should be kind, take care of others and show compassion. So, Choate says, these girls may worry about their friends’ feelings even as they try to compete against them in athletics or academics, for instance.

Girls also are prone to excessive empathy, Choate says. “If their friend is going through a hard time, they allow the friend’s problem to affect them, and they feel it [too],” she says, “That can put them at risk for depression.”

Another factor is that girls are more likely to engage in corumination, repeatedly obsessing over problems verbally with their friends, Choate says. “Yet they’re less likely than boys to problem solve and take action,” she says. “Instead, they just ruminate and talk about the problem, and this process contributes to depression.”

Although most adolescent girls will experience a depressed mood from time to time, Choate points out that the criteria for major depression as set forth in the Diagnostic and Statistical Manual of Mental Disorders (DSM) include having at least five of the nine following symptoms that persist for two weeks or more: depressed mood, loss of interest or pleasure in usual activities, appetite disturbance (decrease or increase), sleep disturbance (insomnia or hypersomnia), psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness or guilt, concentration problems or indecisiveness, and suicidal ideation or gestures. These symptoms must represent a change from previous functioning in the adolescent, Choate

Invisible no more

When it comes to diagnosing depression, says Carlos Zalaquett, professor and coordinator of the clinical mental health counseling program at the University of South Florida, adolescents and older adults are often the most “invisible” populations. Why? With adolescents, symptoms of depression are frequently chalked up to teenage moodiness, while among older adults, the symptoms are often mistaken as a normal part of aging, says Zalaquett.

Especially troubling when it comes to depression being overlooked in these two groups — by doctors, by mental health professionals, by loved ones and even by the clients themselves — is that both populations are known to be at high risk for depression, Zalaquett says. According to the National Alliance on Mental Illness, depression affects more than 6.5 million adults age 65 and older in the United States, or more than 18 percent of that population. Information from the National Institute of Mental Health (NIMH) indicates that about 11 percent of adolescents have a depressive disorder by age 18.

Imagine earning an accredited degree without driving to a lecture hall or taking on expensive student loans! With affordable tuition and flexible course schedules you can achieve your educational goals while keeping up with your daily obligations.

Our MA in Psychology degree meets the educational requirements of the California Board of Behavioral Sciences for licensure as a Marriage and Family Therapist in California, as well as for licensure as a Licensed Professional Clinical Counselor (LPC) in California.*

Our PsyD degree meets the educational requirements of the California Board of Psychology for licensure as a Clinical Psychologist in California.*

*Please contact your local state boards for your state licensure requirements.
This instructive book presents statistical methods and procedures for the validation of assessment scale data used in counseling, psychology, education, and related fields. In Part I, measurement scales, reliability, and the unified construct-based model of validity are discussed along with key steps in instrument development. Part II describes factor analyses in construct validation, including exploratory factor analysis, confirmatory factor analysis, and models of multitrait-multimethod data analysis. Traditional and Rasch-based analyses of binary and rating scales are examined in Part III.

Dr. Dimitrov offers students, researchers, and practitioners valuable, step-by-step guidance on contemporary methodological principles, statistical methods, and psychometric procedures that are useful in the development or validation of assessment scale data. Numerous examples, tables, and figures provided throughout the text illustrate the underlying principles of measurement in a clear and concise manner for practical application.

2012 | 272 pgs

List Price: $69.95 ACA Member Price: $49.95

Please include $8.75 for shipping of the first book and $1.00 for each additional book.

Order Online: counseling.org
By Phone: 800-422-2648 x222 (M-F 8am – 6pm)
In making treatment decisions regarding depression with adolescent clients, Choate suggests that counselors consult with appropriate medical professionals and consider the recommendations provided by the American Academy of Child and Adolescent Psychiatry Practice Guidelines for Child and Adolescent Depression.

Early intervention needs to be a primary focus for counselors, Choate says, especially because providing girls with the skills to prevent the onset of depression during adolescence can protect them from many of the negative outcomes associated with battling depression throughout their lifetime. Among important areas of training for girls are emotional literacy and regulation, stress reduction, social skills, problem solving, cognitive skills, building positive support systems, participation in pleasant events, awareness of mental health issues and knowledge of how to access services, Choate says.

Among the other recommendations Choate provides for working with adolescent girls who are dealing with depression:

- “Take the depressive symptoms seriously,” she says. “Don’t buy into the stereotype that adolescent girls are just moody and that symptoms should be dismissed as typical teenage behavior if the depressive symptoms are persistent.”
- Regardless of the theoretical approach taken, address the adolescent girl’s relationships with significant others in her life, including family, peers and romantic partners.
- Assess her level of activity online. “While most girls report that social networking and texting help them feel closer to their friends, they also report that it can cause them to feel jealous, depressed or sad when others do not respond to their communication in the way they expected,” Choate says.
- Include her family in treatment. “At this age, she is embedded in her family system,” Choate says. “Family communication, her role in the family and overall family functioning should be addressed in treatment.”
- Check out prevention programs such as the Penn Resilience Program, which is an evidence-based program for the prevention of depression in adolescents ages 10-14.

‘Depression is not mandatory’

On the other end of the human development continuum, older adults’ depression symptoms are often passed off as something to be expected as people age, Zalaquett says. “As a society, we value youth, vigor, enterprise and agency, among other characteristics,” he says. “Therefore, the declines in mobility and perceptual skills, as well as in intellectual speed, plus health issues, emptying of the nest and loss of relationships due to death, make observers feel that older adults are unhappy and that later years are depressive years. Moreover, many professionals and nonprofessionals view depression as a condition naturally associated with older age. This is not true, and depression is not mandatory for older age.” As with all other groups of people, Zalaquett says, the diagnosis of major depressive disorder among older adults is determined by classification tools such as the DSM and the International Classification of Diseases.

Although depression should not be viewed as a “normal” condition among older adults, Gintner acknowledges a number of life stressors that often accompany aging can contribute to its onset. For example, he says, older adults are often dealing with medical issues, the loss of loved ones and social support, potential cognitive impairment and life transitions such as retirement.

Gintner says it is also important to point out that undiagnosed and untreated depression can have serious consequences for older adults, including potentially complicating any medical issue and even predicting a shorter life. However, studies have shown that psychotherapy is very effective at treating major depression among older adults, he says.

What is tricky, Gintner says, is separating some of the typical physical problems and symptoms of aging from the symptoms of depression, because they often can mimic each other. For example, he says, adults might automatically attribute forgetfulness, fatigue, loss of interest in activities or loss of appetite to aging. But in fact, those are also symptoms of depression.

In diagnosing depression among older adults, Gintner says counselors must pay close attention and screen carefully. Many older adults grew up in a time when psychiatric symptoms were minimized and hidden, especially if you were a man, Gintner says, so they might remain hesitant to discuss those issues today. Counselors should also be aware of how depressive symptoms might vary at different ages, he says. For instance, among older adults, depression is more likely to be indicated by a loss of interest in certain activities rather than by significant depressed mood.

Gintner says cognitive therapy, behavior therapy and interpersonal therapy each have been shown effective in treating depression in older adults. Cognitive therapy looks at the older adult’s dysfunctional thoughts and beliefs; behavior therapy might aim to increase the frequency of a client’s pleasant events while decreasing the frequency of negative events; and interpersonal therapy would examine how a client’s interpersonal relationships affect him or her mood, Gintner explains.

Medication is also an option for treating depression among older adults, Gintner says, although it is often used more with adults whose depression is in the moderate to severe range rather than in the mild to moderate range. Choosing to add medication to the treatment regime is a matter of preference for clients, Gintner.
says, and counselors should respect whatever the client’s preferences are.

Whoever prescribes the medication should also be aware of the differences between older and younger adults in terms of the side effects a medication might have, Gintner says. And, of course, antidepressants might also affect or interact with other medications that older clients are already taking. “Counselors need to be aware of the benefits of medication for the elderly but also [be aware of] potential risks so that they can advocate for their clients if they need to,” Gintner says. The obvious benefit of psychotherapy, he adds, is that it has no medical side effects.

Building on client strengths and focusing on wellness are other keys when working with older adults, Zalaquett says. He suggests that counselors talk with clients about healthy eating, age-appropriate exercise, improvement of cognitive skills, maintenance or re-establishment of social and family relationships, and how to find meaning in life.

Gintner recommends that counselors interested in working with older adults on the topic of depression check out their area Council on Aging, make contacts with nursing homes and develop relationships with physicians known to work in gerontology.

Depression during pregnancy

Prenatal women may be considered yet another partially invisible population as it concerns depression. Choate, who co-authored an article on prenatal depression with Gintner for ACA’s Journal of Counseling & Development last year, says postpartum depression has become more well known in part because of media coverage of women who have acted violently toward their children while suffering from postpartum depression. But depression among women who are pregnant is just as common as depression among women who recently have given birth, according to Choate.

The highest rate of depression for women occurs during childbearing years between the ages of 25 and 44, Choate says. It used to be thought that pregnancy offered protection from depression, Choate says, but it has since been found that just as many women are depressed during pregnancy as are depressed after or outside of pregnancy.

It is not known for certain whether biological factors such as hormones play a role in depression among pregnant women, Choate says, but a previous history of depression does make a woman more likely to have a depressive episode during pregnancy, as does a family history of depression. Pregnant women also tend to be processing a variety of potentially emotional topics, Choate says, such as resolving thoughts about the upcoming transition, regardless of whether they are becoming a mother for the first time or becoming a mother again. They may also be dealing with interpersonal issues with their partners, external stressors such as finances and even grief over a perceived loss of independence, especially if the pregnancy was unwanted.

What makes prenatal depression challenging to diagnose and treat, Choate says, is that many of the symptoms of depression mimic pregnancy symptoms, including fatigue, trouble sleeping, mood swings and trouble concentrating. What might help counselors determine if prenatal depression is present, Choate says, is asking a question such as, “If you did experience an increase in energy or you were able to get better sleep, would you be interested in doing the things you normally do?”

Research has not been conducted on CBT techniques specifically with prenatal women, but Choate believes CBT is likely a good approach to use because of its effectiveness with depression in the general population. A manualized form of interpersonal therapy for pregnant women, called interpersonal therapy for pregnancy (IPT-P), does exist. It focuses on interpersonal skills and on the client being able to resolve issues in her personal relationships, Choate says. IPT-P places emphasis on the skills women need as new mothers, such as communicating with their partners, parenting, getting medical care, building a strong support system, resolving issues from their past and preparing to transition into their new role. Preparing for the transition may involve the mother-to-be addressing what she is giving up as well as what she will gain, Choate says.

Counselors treating prenatal clients with more severe depression might want to suggest that these women talk with their physicians and possibly be evaluated for medication. In such cases, Choate recommends that counselors offer to consult with the physician so that all three parties — counselor, client and physician — can weigh the potential side effects of medication to the baby versus the risk to the child if the mother remains depressed.

Building relationships with physicians is important even before a counselor sees a prenatal client, Choate says. She suggests reaching out to doctors and offering to collaborate with them and take referrals if their pregnant patients appear depressed. Women might believe they are automatically supposed to be happy during pregnancy, she says, and feel embarrassed or ashamed when they feel depressed instead. In such cases, they might not seek out a counselor directly.

Counselors who see depressed prenatal clients should be careful not to impose their values or assume that pregnancy is necessarily a happy time for all women, Choate says. “Try to understand her worldview, her role as a future mother and the pregnancy,” she says. “Make sure that you understand the different stressors that are operating in her life. Look at her holistically, not just as a depressed woman or a pregnant woman. Consider all the stressors and strengths in multiple life areas.”

The threat of suicide

All counselors, regardless of specialty or the population with which they work, should understand that depression is a prominent risk factor for suicide. A new report from the American Journal of Public Health revealed that more Americans now die by suicide than die in car crashes. According to health officials, almost 100 people die by suicide every day in the United States.
In September, U.S. Surgeon General Regina Benjamin in September introduced a new suicide-prevention plan with the goal of saving 20,000 lives in the next five years. Medicare has begun covering depression screenings, and Medicare and Medicaid now reward doctors who screen depressed patients for suicide risk.

Choate points out that adolescent girls are at especially high risk for suicide. “Counselors should definitely assess for suicide if the client is taking antidepressant medication,” she says. “Treatment should include helping her become aware of the relationship between her thoughts and feelings and should help her learn skills for distress tolerance, emotion regulation, coping with stressors and problem solving. This will help her better manage suicidal thoughts if they should emerge.”

According to NIMH, older Americans are “disproportionately likely to die by suicide.” Data from 2009 noted by the American Association of Suicidology shows October 24
Webinar #1: Adapting to Stress: Lessons from Resilient Prisoners of War, Special Forces, and Others
By Steven M. Southwick, MD, Professor of Psychiatry at Yale Medical

October 31
Webinar #2: What’s Crazy in a Combat Zone? One Soldier/Counselor’s First-Hand Experience
By Natosha K. Monroe, MS, Behavioral Health Specialist, U.S. Army Reserve

November 7
Webinar #3: Transforming Trauma Through Energetic Healing
By Paige Valdiserri, MEd, LPC, NCC, BCETS, RMT, traumatic stress and intuitive healing consultant

November 14
Webinar #4: Providing Counseling Support to Returning Veterans
By Colonel (Retired) David Fenell, PhD, professor of counselor education, University of Colorado

November 21
Webinar #5: Hope for the Future: Career Counseling for Military Personnel and Veterans with Disabilities
By Dr. Seth Hayden, PhD, NCC, Program Director, Career Advising, Counseling, and Programming, Florida State University Career Center

November 28
Webinar #6: Understanding Military Culture as a First Step in Working with Military Families
By Lynn K. Hall, Ed.D., LPC, NCC, ACS, Dean of the College of Social Sciences at the University of Phoenix

What if you miss a live webinar? No problem, you can watch any/all of the webinars you have missed on-demand after the live event. Sorry but you cannot sign up for single sessions within this series.

Questions? Email Debbie Johnson at djohnson@counseling.org or Danielle Irving at dirving@counseling.org
that adults older than 65 made up almost 13 percent of the population but almost 16 percent of all suicides. “Suicide is a significant concern among older adults,” Zalaquett says. “This group has a higher rate of suicide than any other age group, particularly among men. Counselors working with older adults should assess for depression and suicide risk. We should not take these symptoms lightly or assume they are a necessary component of aging.”

The first step in combatting suicide with any depressed client, regardless of age or stage, is to understand that he or she is in intense psychological pain and wants to get as far away from that pain as possible, Walker says. “It is imperative that counselors listen openly and calmly with their clients who feel depressed and demonstrate that they care,” she says. “Don’t ignore the threats, and don’t be afraid to talk about suicide or the problems that have caused the desire to commit suicide. If a counselor communicates a fear of talking about it, [the counselor] will inadvertently convey to the client that it isn’t OK for them to talk about it either. Sweeping the problem under the rug may cause the client to feel guilty, misunderstood or unaccepted.”

Walker suggests that counselors also attempt to find out clients’ intent, plans and means to carry out suicide; the frequency, duration and intensity of clients’ feelings; previous suicide attempts, if any; and how hopeless clients feel (using a measurable scale). Counselors can also aim to find out how specific, lethal, available and proximate the suicide plan is, she says. For example, using over-the-counter drugs might be lower risk than using a gun.

“Use closed-ended questions that involve ‘yes’ or ‘no’ answers so you can get a thorough assessment of specific plan and intent,” Walker says. For example, “Have your problems been getting you down so much lately that you’ve been thinking about harming yourself?” and “Have you been feeling so hopeless that you’ve been thinking of killing yourself?” If the answer is yes, the counselor must assess the degree of risk very quickly. Do not ask, ‘Why would you kill yourself?’ Instead ask, ‘How would you kill yourself?’ Talking about it with them will most likely help to bring down the agitation and lower the lethality.”

Help clients verbalize their difficulties and make an “options” list, prioritizing those options from best to worst, Walker suggests. “If they can’t think of anything, help them create alternative options,” she says. “If they absolutely insist on listing suicide as an option, try to get them to list it last. Additionally, help build a network for them and get them to do a verbal … and written contract with you that they will call a crisis hotline before they decide to do anything.”

Hazler warns counselors not to lose sight of the suicide threat as a client’s depression improves. Sometimes, he says, therapy or medication actually provides individuals the little added energy they were previously missing to carry out a suicide attempt.

**Offering a lifeline**

Walker recalls a depressed older male client she counseled while working at a rural community agency. “[He started] off his first session with me with intense anger,” Walker remembers, “shaking his cane in the air, pounding it into the ground [and] saying, ‘No one wants to help me, no one cares about me, and I have nothing left to live for.’ He didn’t want to be there, but he had nowhere else to turn and knew he needed help. He was at the end of his rope. The week prior to his first session with me, he made the devastating decision to put
his dog down because he couldn’t afford to feed it, and [he] felt so alone and lost in life. He had not talked to his adult children in months. He was living with chronic pain, could no longer work and had to survive on meager disability assistance. He felt helpless, hopeless and worthless. He had a definite plan to take his own life and the means to carry it out.”

Walker did a substantial amount of active listening and supporting during that first session. The client could tell she cared tremendously, and he began to trust that she was not going to give up on him. “As a counselor, I believe in the power of human potential and in helping my clients learn to overcome life challenges and trust in their own resiliency,” she says. “I believe in hope and our ability to create meaning in our lives instead of being victims to it.”

Counselors often serve as guides, teachers, coaches, mentors, mediators or lifelines, Walker says. “For this client, I was the lifeline he needed. One test of strength and resiliency was the fact that he had been 20 years actively sober from alcohol. However, as he struggled with his loss of identity as a worker and wage earner, he found himself … in the depths of abject despair. Believing that no one cared and that he was a fraction of a man due to his pain, disability and loss of identity, he had pulled away from his family, friends and the support network he had in Alcoholics Anonymous and with his sponsor.”

Encouraged by Walker, the client agreed to give his gun, which was part of his suicide plan, to a family member, and the family member agreed not to give it back to him. “We tapped into his support network to help serve as a buffer to his emotional pain,” Walker says. “He committed himself to figuring out a way to make sense of it all and to re-create meaning in his life. He began to spend time with his children and grandchildren. He re-engaged in life and reached out to his friends. He resumed weekly AA meetings and began meeting regularly with his sponsor. He began to focus on what he still had in his life and what he could still do with it instead of focusing on what he had lost. Throughout our work together, he learned to not give up on himself and to trust the resources he already had and the resources he could tap into to make it through in life. As he felt stronger, he felt better and began to believe in himself again.”

Walker continues, “There is a great quote by an unknown author that says, ‘When the world says, ‘Give up,’ Hope whispers, ‘Try it one more time.’” As a counselor, I believe in hope and I believe in client resiliency, and I believe as counselors, that is our mandate.”

The following individuals interviewed for this article invite readers to contact them:
- Laura Choate at lchoate@lsu.edu
- Gary Gintner at gintner@lsu.edu
- Katherine Walker at katie@wakeforestmindandhealth.com
- Carlos Zalaquett at carlosz@usf.edu

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

Letters to the editor: ct@counseling.org
Before they understand the various diagnoses and treatment options available, many clients present to counseling because of trouble navigating the same human phenomenon: heartbreak.

Under this label fall countless events such as a painful breakup, the death of a loved one or the failure to attain a major life goal. Counselors are in daily contact with clients struggling with some form of heartbreak, and many counselors initially focus on treating the symptoms, which might include sleeplessness, anxiety about the future and hopeless thoughts. But some in the field are conceptualizing this presenting problem as more complicated than major depression or adjustment disorder. By considering heartbreak through new diagnostic lenses, counselors are developing integrated approaches to treat this universal human experience.

One counselor delving into these nuances is Joanne Vogel, whose résumé reads like a catalog of the varieties of heartbreak. The American Counseling Association member and director of counseling and psychological services at Rollins College in Winter Park, Fla., began her career serving at-risk female adolescents, followed by five years working with children and families navigating the foster care system. She later directed a federal grant program aimed at strengthening couples’ relationships, and then she went on to become a certified sex therapist.

“I think that many people have expertise in the area of love and heartbreak whether they wish to or not,” Vogel says. “I began focusing on this area due to a combination of life circumstances, interest and advanced training in sex therapy. Certainly not every person experiencing heartbreak needs sex therapy, but I approach the mental health discipline with the knowledge that intimacy and love — and the ability to love after heartbreak — undergird healthy sexuality and attachment.”

Applying descriptions from a variety of sources, Vogel defines heartbreak as “an intense, overwhelming, crushing grief or distress over the loss of something or someone.” She notes this definition covers more than simply romantic relationships, including the death of loved ones; abandonment, abuse and/or neglect from caregivers or others; and major changes in life course, such as sustaining physical injury or moving and feeling uprooted. Vogel says the impact of heartbreak varies depending on the person or situation. “I try hard never to minimize the experience and its potentially devastating effects,” she says.

To that end, Vogel has likened heartbreak to posttraumatic stress, acute stress and even substance withdrawal. “For posttraumatic stress, the similarities stem from experiencing a traumatic event that overwhelms coping skills [in which] a person experiences threat of or actual...
Injury. [In treating clients struggling with heartbreak] I have noticed the reliving, avoidance and arousal associated with posttraumatic stress,” she says. She notes that broken clients may have upsetting memories, flashbacks, re-experiencing, lack of interest in normal activities, inability to concentrate, irritability, angry outbursts or sleep disruption.

Clients dealing with heartbreak may also have reactions similar to individuals experiencing substance withdrawal, including obsessions, cravings and relapse-like behaviors, such as getting back into an unhealthy relationship, Vogel says. She says the comparison of heartbreak to grief or bereavement “may be the easiest one for people to accept since it recognizes the loss component of heartbreak in addition to some of the familiar [Elisabeth Kübler-Ross] stages such as denial, anger, bargaining, depression and acceptance.”

**Conceptualize the problem**

Viewing heartbreak as a kind of posttraumatic stress, substance withdrawal or grief can help counselors in considering treatment options, Vogel says. “I suppose some may critique this approach for pathologizing the natural and normal experience of heartbreak in life. However, I would like to see all of the above notions and categories depathologized and used to have a common language about conditions and experiences that affect many of us and the people whom we counsel or love,” she says.

Kalpana Murthy, a licensed professional counselor in private practice in Atlanta, also has observed heartbreak produce symptoms similar to posttraumatic stress and grief. “When a relationship ends — particularly if it ends suddenly or because of an affair — the client could experience shock, loss of control or a sense that what has happened isn’t real,” she explains, adding that these clients may re-experience conversations, images or events related to the breakup. Murthy also notes these clients may experience physical or emotional distress triggered by moments that run the gamut from calendar dates to social media postings.

Vogel points out that social media has become a new venue for retraumatizing heartbroken clients. “Working in a college setting, I am acutely aware of how a ‘status change’ or update affects heartbreak in romantic relationships and the difficulties inherent in limiting information dissemination,” she says. “Furthermore, the ease of information discovery on the Internet makes such things as stalking after relationship dissolution a concern.

“The addictive quality of cyberspace and relationships creates a bit of a perfect storm for those who might obsess or ruminate. I have worked with clients to limit their use of Facebook, Google, Twitter and the Internet until the emotionality and reactivity decrease. I prepare clients for the likelihood that they will discover or hear information about an ex, and we do some imaginal rehearsal to prepare for situations, people and places that may evoke emotion or trigger certain memories.”

**Psychoeducation: Heartbreak 101**

John Ballew is an ACA member who has been in private practice in Atlanta for 25 years. He has found that a significant number of his clients enter treatment due to the heartbreak associated with the end of a relationship. He explains that the breakup often makes it difficult to ignore long-term intimacy issues, which may manifest as a state of personal crisis. Although this can present a good opportunity for the counselor to educate the client about how relationships really work, Ballew emphasizes that the client should always set the pace for this work.

“If a client is in a place to hear it, I will let the client know that personal crises can be opportunities for personal growth,” Ballew says. “Obviously, it is important not to offer glib reassurance or clichés about life when a client is in distress. Clients are often troubled by feeling overwhelmed in the face of loss. I find it helpful to normalize their experience and to talk about it in the context of grief.”

Murthy agrees that providing such context can be useful when dealing with heartbreak. “Psychoeducation helps them understand why people have different reactions to a relationship ending and different timelines for heartbreak recovery and grief,” she says. “It also helps them understand why they feel the way they do and normalizes their experience.”

Ballew notes that working with men regarding heartbreak often presents special challenges but adds that psychoeducation can help. “Men can be very uncomfortable with the feelings of hurt and vulnerability that are intrinsic to heartache,” he explains. “The hurt may emerge as anger instead of pain. And the therapist should be alert for signs that a male client may be experiencing shame regarding his emotional distress. The therapist is in a great position to help the client learn more about how emotions work and to become more comfortable with his interior landscape.”

Ballew adds that care ought to be paid to the physical well-being of all clients experiencing heartbreak, including helping these clients to tune into the possible physical manifestations of the experience. “The intense distress is likely to be experienced in the body, especially if the distress goes on for a while,” he says. “There is risk of hypertension, chest pain and other physical manifestations of grief. Trouble sleeping is very common, and that can precipitate other problems, from anxiety and depression to distraction at work. [Also] be alert for changes in drug and alcohol use for the purposes of self-medication.”

**In treatment: Watch your language**

For Vogel, the first step in helping clients through heartbreak is allowing their experience to be individualized and contextualized. “I ask questions about the person, the pet or the situation, to know — really know — that person, pet or event in a way that helps me to understand the meaning, role and symbol of such in the client’s life,” she says. “I find people are willing and relieved to share these things because many in their social support network — if one exists — may be tired of hearing about the loss and may become frustrated in the amount of time it takes to recover and heal.”

When doing this work, Vogel says she focuses on three subjects: the role of language, creative techniques and learning to dream, live and love again.

The language piece is important, Vogel says, because subtle changes in how counselors speak to clients can expedite treatment. “For instance, I begin to add words like heartache or heartsick to the discussion about heartbreak. When we think of something broken,
we are unsure if it can be fixed. When I use ‘heartsick’ or ‘heartache’ in place of ‘heartbreak,’ as soon as it may be appropriate, it indicates subtly that wellness can be achieved from sickness and aches often go away as we use the muscles more frequently or give them a rest,” she says.

Applying a language technique she learned through a Rapid Trauma Resolution training with Jon Connelly, Vogel speaks in the present tense about the positive remembrances of the lover, person, pet or situation, while placing the negative or conflicted memories about these things in the past tense to create distance. She also pays attention to how other people may be speaking to the client.

“In the case of relationship breakups, I tackle the ‘other fish in the sea’ idea and the tendency to tell someone simply to go out and find another person, or the idea of ‘just go out and get laid’ to forget the other person or feel better,” Vogel says. “I find that these things may be well intended but dismiss the experience or attempt to distract the person from the actual grieving process. Rarely do we find someone who tells you to go out and find another mother after the loss of a parent or to distract yourself with some other feel-good chemical. Certainly, people do this, but it fails to address the issue.”

Vogel goes on to warn that the very human response of normalizing or promoting the universality of the heartbreak experience may not provide actual comfort to the client. “You will often hear back [from individuals going through heartbreak] that you do not understand how different, unique or special this relationship was in comparison with others,” she says. In trying to comfort someone, especially a friend, it can be tempting to tell the person that he or she can “do better” next time, she adds. “While the phrase ‘you deserve better’ might be acceptable, this idea of ‘doing better’ reminds me of a coach or teacher who wants me to perform something more perfectly and somehow suggests that I am responsible for my own pain because I could have done better.

“Likewise, any notion that ‘it would not have lasted anyway’ is equally distressing because it seems equivalent to a funeral condolence of someone being ‘in a better place.’ Perhaps some will find solace in this, but most clients struggling with heartbreak or heartache will not respond to thinking that it was going to end at some point anyway.”

Vogel also cautions friends against reminding the person that the lost partner wasn’t really fun or was never available during the relationship. “This feedback may be appropriate at some point in the future,” she says, “but it is better to focus more on your friend in the short term than on what you lacked when your friend was in the relationship.”

**EMDR options**

Trina Welz, a counselor in private practice in San Antonio, became interested in helping clients facing the trauma of heartbreak after many years of working clients through other sorts of trauma, including that experienced by military personnel and their families. She trained in eye movement desensitization and reprocessing (EMDR) to help that population, but has found success in applying that treatment approach to clients dealing with grief and loss as well.

“If we look at the end of a relationship as a traumatic event, there are several ways in which the EMDR protocol can be applied based on the client’s needs [and] treatment goals, and the clinician’s assessment and case conceptualization,” Welz says. “If the client is struggling with overwhelming depression and sadness, that emotion can be targeted with EMDR. If the client is struggling with the memory of a terrible argument they had with their partner, that can be an EMDR target.”

Welz notes an EMDR technique called resource development installation that can help clients recognize, access and reinforce their own resources to address the situation. “For example,” she says, “if your client is struggling with feelings of sadness after their partner has left, you can explore earlier times in [the client’s] life when they struggled but were able to be successful. Whatever resources the client identifies — courage, determination, the ability to be empathetic, spirituality, etc. — I can then use EMDR to reinforce that resource so that it becomes more readily available.

“So, instead of the client thinking, ‘I feel so sad and hopeless. Things will never get better,’ the client can think and feel, ‘Life was really hard when I was going to college and working two jobs, but I made it. I can use that same strength to get through this breakup.’”

Further, EMDR can be used to desensitize the client to the places or things that activate the person’s grief, Welz says. “After a particularly painful divorce, my client continued to live and work in the same neighborhood. Driving past the children’s school triggered his
feelings of sadness and anger and the negative belief, ‘I’m a loser.’ With the use of EMDR, we were able to desensitize this trigger so that driving past the school stopped evoking those same negative thoughts and emotions, and his negative belief was replaced by the more positive belief, ‘I was the best parent I could be.’”

Murthy, also a certified EMDR therapist, finds that an integrated therapy approach helps her clients who are facing heartbreak. “My approach includes psychoeducation, ego state work to increase a sense of security, EMDR therapy, grief work, mindfulness meditation and cognitive approaches to help with resisting the urge to contact the spouse [or] significant other when further contact would not be beneficial,” she explains. “After the acute symptoms have been reduced, I then work on helping the client address relationship patterns or other issues that may stand in the way of a healthy relationship with someone new. When the client decides to discontinue therapy sessions, an effective transition process and closure session is especially important with [those] who have just gone through a relationship ending.

For some clients, this may be their first experience of a healthy way to end a relationship.”

Get creative
Clearly, counselors can use many different methods to help clients get through heartbreaking circumstances. Vogel emphasizes that creative techniques can help clients transition from mourning their loss to envisioning a brighter future, while simultaneously incorporating lessons learned from the previous relationship. “I try to learn about the types of creativity the client already uses in life,” she says. “I adapt activities frequently and allow the client to help determine what type of creative medium: writing, dancing, sewing, songwriting, making a music mix, creating a collage, painting, gardening, etc.”

For example, Vogel uses a trauma desensitization technique from researchers James Pennebaker and Sandra Beall that invites clients to write about their heartbreak for 15-20 minutes on three to four consecutive days. In the process, Vogel says, clients may be able to take more or less personal responsibility for the breakup and become less sensitive to thoughts about the relationship. Clients also can bring in photos of the relationship, create a scrapbook and even create a different ending to the heartbreak, she says.

Vogel avoids talking specifically about the client moving on or finding a “replacement” for the lost relationship, but through the counseling process, she says, that end result often happens on its own. Says Vogel, “I find that using creative approaches and honoring the loss allows clients to think about the things and people that they want in their lives in the future.”

Contributing writer Stacy Notaras Murphy is a licensed professional counselor and certified Imago relationship therapist practicing in Washington, D.C. To contact her, visit stacymurphyLPC.com.

Letters to the editor: ct@counseling.org

Does your Practice Accept Insurance?
We Can Help!

Call us at 1-855-4-THRIVE
Visit us at MedicalCredentialing.org

Also, ask us about Affordable Medical Billing!

November 2012 | Counseling Today | 43
In August, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the National Board for Certified Counselors (NBCC) a Minority Fellowship Program grant. The grant provides NBCC as much as $1.6 million over the next two years to “expand the behavioral health workforce in order to reduce health disparities and improve health care outcomes for traditionally underserved populations.”

Thanks to a move by Congress, eligibility for the program was expanded to include professional counselors for the first time this year. Thomas Clawson, president and CEO of NBCC, calls this inclusion hugely significant. “Over the past 40 years, SAMHSA has awarded funds to other mental health professions to help bring more minority professionals into positions of practice and education,” he says. “NBCC has sought federal legislative requirements for many years so that counseling would benefit from new dollars set aside specifically for minority doctoral counseling students. It’s a big deal because it immediately brings $600,000 a year to support minority students in Council for Accreditation of Counseling and Related Educational Programs (CACREP) doctoral programs. And we have to assume that this funding will continue for decades, thus helping prepare hundreds of quality doctorate-holding counselors by the decade.”

SAMHSA Administrator Pamela S. Hyde says the Minority Fellowship Program, created in 1973, operates with the mission of addressing and rectifying long-standing disparities in access, availability, quality and outcomes of mental health and substance abuse treatment for minority populations.

As outlined by Hyde, that mission includes three aspects. First, she says, it aims to increase the focus on minority behavioral health issues in professional development through curricula and training opportunities in institutions of higher education. These institutions must focus on the needs and conditions of minority populations; the evidence for culturally adapted engagement, services and interventions; and the compilation of knowledge to strengthen the workforce serving minority communities.

The second aim, Hyde says, is to increase the number of minority behavioral health providers so those in need of professional care will have a diverse range of practitioners to choose from. And third, it aims to increase the number of researchers who focus on the behavioral health issues of minority communities and generate evidence-supported approaches to improve services to those populations.

“The MFP (Minority Fellowship Program) is a signature workforce development program that has created a significant cadre of behavioral health professionals in each of these disciplines focusing on services and research for minority communities,” Hyde says. “Graduates who have received MFP fellowships have gone on to become leading researchers, policymakers and practitioners committed to reducing the disparities and the excessive burden of mental health and substance abuse care for diverse racial and ethnic populations.”

An ‘ecosystem’ to serve diverse clients

NBCC plans to award as many as 24 doctoral fellowships per year in professional counseling, with a focus on culturally competent mental health and substance abuse counseling, Clawson says. Through the Minority Fellowship Program grant, he says, NBCC will be able to help strengthen the infrastructure that engages diverse individuals in the counseling profession and increase the number of professional counselors skilled in providing effective services to underserved populations.
“The NBCC Minority Fellowship Program will strategically promote and provide fellowships to doctoral students in the counseling profession,” Clawson says. “The fellows will obtain training in mental health and substance abuse, with specialty training in culturally competent service delivery. Fellows will provide leadership to the profession through education, research and practice benefiting vulnerable underserved consumers. The fellowship program will increase system capacity by increasing the number of culturally competent professional counselors available to underserved populations through engaging 24 doctoral fellows per year, by promoting national standards in culturally competent care and by providing online and conference-based training to practicing professional counselors. We like to project this yearly number over a decade to imagine more than 200 doctoral-level counselors and counselor educators being added to our ranks.”

NBCC is well-positioned to implement the Minority Fellowship Program, Clawson says, because it has already established the infrastructure needed to award NBCC Foundation scholarships to counseling master’s students who make commitments to serve underrepresented populations.

Individuals chosen for the Minority Fellowship Program will receive training in multicultural issues and will have access to experts in the counseling profession for consultation and development, Clawson says. Fellows will increase access to mental health and substance abuse services for ethnic minorities by taking on leadership roles in counseling practice education and research, he adds.

“NBCC will also reach out to counselor educators, counseling programs, minority organizations and consumer groups to find qualified counselors, obtain guidance and feedback to develop the program, and achieve the program objectives,” Clawson says. “The MFP will share new and innovative research and evidence-based treatments relating to ethnic minorities in an effort to improve the behavioral health delivery system. Fellows will serve as emissaries and leaders at conferences and public events where information and resources identified by the MFP can be shared. The MFP community will serve as an ecosystem where information is jointly shared and developed to facilitate better behavioral health care for ethnically diverse populations.”

**Meeting a longtime need**

Historically, Hyde says, the mental health and substance abuse treatment needs of racial and ethnic minority communities in the United States have been underserved, in part due to a lack of practitioners properly trained to work with these communities. “This has led to a disproportionate burden of care for these communities,” Hyde says. “In 2003, the president’s New Freedom Commission on Mental Health released its report, ‘Achieving the Promise: Transforming Mental Health Care in America.’ In its recommendations, the report highlighted the need for eliminating disparities in mental health services, including the provision of culturally competent, recovery-based care and the need to address workforce shortages. In particular, the commission noted that “… many providers are inadequately prepared to serve culturally diverse populations, and investigators are not trained in research on minority populations.’ In 2011, the
secretary of the Department of Health and Human Services released the ‘Strategic Action Plan to Reduce Racial and Ethnic Health Disparities,’ which similarly called for an increased focus on workforce development to better serve minority communities. And in the coming months, it is anticipated that the department will propose a plan for improved language access in health care delivery. The MFP addresses each of these key national plans.”

Clawson echoes the need for the Minority Fellowship Program. “In spite of the significant role of counselors in providing care to U.S. populations, only 12 percent of national certified counselors (NCC) identify as members of an ethnic minority,” he says. “There is a significant discrepancy between minority representation in the overall U.S. population and among NCCs.” Too few minority students are being drawn to counseling. Clawson says, so he believes targeted outreach needs to occur and that fellowships and scholarships need to be offered. He is hopeful that the Minority Fellowship Program grant is a big step in the right direction.

Attracting more minority counselors to the profession is one piece of the puzzle. Another, Clawson says, is training all mental health providers, regardless of race or ethnicity, to better serve minority populations. “The surgeon general’s 2001 report on culture, race and ethnicity found that cultural misunderstandings and communication problems may prevent ethnic and racial minorities from using mental health services,” he says. “Training professional counselors to provide culturally appropriate care will decrease misunderstandings and increase demand, accelerating the need for more culturally competent providers.”

The Minority Fellowship Program implements objectives from SAMHSA’s eight strategic initiatives and the Affordable Care Act, Clawson says. “The need for more culturally competent mental health counselors is consistent with SAMHSA’s strategic initiative to address workforce shortages and provide recovery-based services,” he says. “As the Affordable Care Act expands health care insurance to ethnic minorities and lesbian/gay/bisexual/transgender/queer [clients], and as counseling services become more affordable, it becomes increasingly important that available counselors are culturally competent and trained in the best evidence-based, culturally sensitive practices. Further, addressing this need for increased numbers of culturally competent providers of mental health care directly corresponds to SAMHSA’s mission to reduce the impact of substance abuse and mental illness on communities.”

Finding the right candidates

The primary barrier to successful implementation of the program, Clawson says, is an insufficient pool of qualified doctoral candidates. “Underserved minority populations targeted for this project are underrepresented in master’s degree counseling programs and in current national counseling organizations,” he says. “This is a systems issue that the Minority Fellowship Program is designed to address.” Clawson says NBCC is planning a vigorous outreach program to ensure that all qualified candidates are aware of this fellowship opportunity.

Making sure that counselors funded through the grant go on to serve ethnically diverse populations after graduation will be a top priority, Clawson says. “The eligibility criteria will require a demonstrated history or commitment to serving the identified populations. [We] will prioritize candidates who come from underserved categories and demonstrate a desire to give back to their communities,” he says. “Moreover, the program will be designed to foster cultural competency and delivery of services to these populations. Fellows will be required to prepare a dissertation with a focus on the mental health and substance abuse needs of ethnic minorities. Internships and clinical practicum will require service to underserved populations in the public sector. The program will highlight the opportunities and benefits of providing services in the public sector and in federally recognized underserved areas, including, but not limited to, loan forgiveness programs.”

Although minority counselors will be given preference for the fellowships, individuals do not necessarily have to be minority counselors to be eligible. All individuals receiving a fellowship must be committed to serving a minority population, however.

Only six types of mental health and substance abuse organizations are eligible to receive the Minority Fellowship Program grant. When the program began four decades ago, the first set of eligible organizations included the American Nurses Association, the American Psychiatric Association, the American Psychological Association and the Council on Social Work Education. “In 2007, Congress expanded eligibility to the American Association of Marriage and Family Therapy, and in Fiscal Year 2012, to professional counselors,” Hyde says. “These organizations recruit and support doctoral-level students who are trained to teach, administer, conduct services research and provide direct mental health/substance abuse services for underserved minority populations in the public sector, consistent with congressional intent.”

For more information on the Minority Fellowship Program, visit nbcc.org or samhsa.gov. Fellowship availability is scheduled to be posted by the end of November.

NBCC would like to thank the following organizations for the support they provided as NBCC pursued the Minority Fellowship Program grant:

- Council for Accreditation of Counseling and Related Educational Programs
- American Counseling Association
- Association for Counselor Education and Supervision
- Chi Sigma Iota
- American Mental Health Counselors Association
- National Association of Alcoholism and Drug Abuse Counselors

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

Letters to the editor: ct@counseling.org
Preparing you for a career in Counseling

Find yourself at BARRY UNIVERSITY • Excel as a clinician, educator, and researcher in multicultural environments • Take your place as a leader in Counseling •

www.barry.edu/CounselingToday

PhD in Counseling with a specialization in Marital, Couple, and Family Counseling/Therapy*

MS or EdS in Counseling with Specializations in:
- Marital, Couple, Family Counseling/Therapy*^
- Mental Health Counseling*^
- Rehabilitation Counseling
- School Counseling*
- Dual Specialization in Marital, Couple, Family Counseling/Therapy & Mental Health Counseling
- Dual Specialization in Mental Health Counseling & Rehabilitation Counseling

*Accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP).
^Meets all academic requirements for Florida licensure.

BARRY UNIVERSITY

ADRIAN DOMINICAN SCHOOL OF EDUCATION
MS, EdS, and PhD in Counseling
11300 NE Second Avenue, Miami Shores, FL 33161
305-899-3719 • 800-756-6000, ext. 3719
education@mail.barry.edu

November 2012 | Counseling Today | 47
Putting her money where her heart is

ACA award winner Brandé Flamez hopes to inspire others by donating her prize money to a special needs school in Tanzania

By Heather Rudow

Each year, the Gilbert and Kathleen Wrenn Award for a Humanitarian and Caring Person is presented to a member of the American Counseling Association who goes out of his or her way to help others without fanfare or any thought of receiving recognition. But Brandé Flamez, who earlier this year was named the 2012 Wrenn Award recipient, has arguably taken the definition of a charitable spirit to another level, choosing to donate all of her award money to a primary school for students with disabilities in Tanzania.

Flamez, a resident of Corpus Christi, Texas, is a professor at Walden University and a counselor at the Antonio E. Garcia Center, where she supervises the Life Enhancement and Academic Direction program, which provides services and behavioral interventions to at-risk students. She is a past president of the Gulf Coast Counseling Association and currently serves on the ACA Governing Council as the representative for the International Association of Marriage and Family Counselors. She is also a member of the American College Counseling Association, the Association for Multicultural Counseling and Development, the Association for Assessment in Counseling and Education, the Association for Spiritual, Ethical and Religious Values in Counseling, the Association for Counselor Education and Supervision, Counselors for Social Justice, the Association for Creativity in Counseling and the Association for Humanistic Counseling, all of which are divisions of ACA.

Flamez spent six months raising funds for hospitals, orphanages and schools in Moshi, Tanzania, where this past summer she co-presented a mental health training program to teachers and priests. During the fundraising effort, Flamez reached out to the Corpus Christi community as well as to past students and teaching assistants from Texas A&M University and Walden University. She also received contributions through her website and private donations. In addition, rather than giving Flamez a gift when her term as president was over, the Gulf Coast Counseling Association made a monetary donation to the cause.

Flamez ended up raising a total of $9,000, which went to Rainbow Orphanage (an orphanage for children from birth to age 5), Upendo Orphanage Center (which houses older orphans), two schools, Kibosho Hospital and the Psychiatric Wing of Mawenzi Hospital, both in the Moshi area. In addition, she donated her $1,000 monetary prize from the Wrenn Award to St. Francis, a primary school for students with special needs.

“St. Francis is close to my heart,” Flamez says in explaining why she donated her award money to the school. “This is the only special needs school in the area, [and] it serves as more than a school. I had no idea the way children with disabilities were sometimes treated [in Tanzania]. I had no idea the need to build schools not only to advance their education, but also to give them a safe place to live.”

The students St. Francis serves — children who are blind, hearing impaired, cognitively impaired or albino — do not have their educational needs met in government or religious schools. Moreover, these children are generally looked down on by much of the Tanzanian community, Flamez says, and
are sometimes the objects of hostility. In fact, the location of St. Francis is purposely hidden to provide protection for its students.

Unfortunately, not every child escapes harm before coming to the school. While at St. Francis, Flamez met one young girl who was missing both of her arms. “A man from her village came in [the middle of the night] and chopped them off simply because she was albino,” Flamez says.

Flamez is currently working to help add a secondary school onto St. Francis, which would allow these special needs students to continue their education there after graduating from the primary school.

During her month in Tanzania, which began in late June, Flamez, along with another Walden professor, Judy Green, and the Rev. Matthew Munishi, a local priest who earned his master’s degree in mental health counseling in the United States, provided Mental Health Facilitator training to teachers and priests in the area. The training was done in conjunction with the National Board for Certified Counselors International. The community warmly welcomed and appreciated their presentations, Flamez says.

“Several priests and teachers contacted us to return to Tanzania to present again,” she says, “because they often find themselves in counseling roles, yet there is not a higher degree offered in counseling in their country.”

Flamez has seen firsthand how important counseling skills are to the helping professionals in Tanzania, a country with no government-supported social services whatsoever. “The people of Tanzania are facing struggles that we in this country cannot even conceive of,”

Brandé Flamez has a special place in her heart for the children of Tanzania, including those who attend St. Francis (preceding page).

she says. “Tanzania is one of the world’s poorest nations, where the average person lives on less than $1 per day. Most families have no running water or electricity. They walk up to 10 miles a day to sell their vegetables or fruit at local markets. Day-to-day living is a challenge on every front. The nuns running the orphanages are dealing with children who do not have enough food or clothing, in addition to [having] abandonment issues.” She reports that “the AIDS epidemic [in Tanzania] is very high, so it is not uncommon for men and women to reach out to a priest or a teacher for support.”

Next year, Flamez and Green plan to return to Tanzania and offer the Mental Health Facilitator training to another group of teachers and priests, as well as to nurses.

Flamez credits her mother, Rosemary, for sparking her interest in service, social justice and advocacy as a child, as well as inspiring her empathy for others. “As a single mom, she took me to Mexico City on mission trips,” Flamez says. “We also delivered meals to AIDS patients [and] worked in soup kitchens when I was very young. The thing that stood out for me by watching her do this was that she always did everything with love and respect. She took the time to show me what it means to be compassionate, to take time to listen to one’s story.”

These defining experiences stayed with Flamez and played an important role in her college application process. “When I was looking at a college, it was important that I find one that not only had a strong academic program, but one that was committed to service and would help foster and allow me to grow in my commitment to service,” she says.

Flamez’s desire to help the less fortunate in other countries grew further during her undergraduate studies at the University of Notre Dame, which placed an emphasis on community service. Additionally, she was inspired by her professors, both inside and outside of the classroom.

“Just seeing how they tied their experiences with Third World countries to [their lessons] made me realize no matter what profession you are in, you can always extend a hand to the underprivileged,” Flamez says.

Flamez traveled to the Democratic Republic of Congo as an undergrad and donated medical supplies to the country’s hospitals. And during a two-year stint with AmeriCorps after her time at Notre Dame, she helped to build the first all-girls school in Rwanda.

**ACA National Awards nominations due Nov. 16**

The 2013 American Counseling Association National Awards, including the Gilbert and Kathleen Wrenn Award for a Humanitarian and Caring Person, will be presented at the ACA 2013 Conference & Expo in Cincinnati in March.

The ACA Awards Committee encourages ACA members to nominate one or more fellow members who have made noteworthy contributions to the counseling profession. The ACA National Awards recognize excellence in advocacy, research, professional development, professional service, best practices, government relations, multicultural excellence, mentoring, social interest, graduate studies, human rights, emerging leadership, visionary leadership and other categories.

ACA divisions, organizational affiliates, branches, chapters, regions and committees can also submit nominations. All nominations must be postmarked by Nov. 16.

Complete information is available on the ACA website at counseling.org under the “Resources” tab, or you may request a 2013 National Awards Packet by calling ACA Leadership Services at 800.347.6647 ext. 212. Nominations should be submitted electronically to bcubb@counseling.org.
Performing service work in Tanzania earlier this year “was kind of a journey of keeping my ties to Africa,” Flamez says. “[And] as far as counseling goes, there weren’t a lot of counseling organizations going over there.”

Flamez hopes her story will encourage future recipients of the Gilbert and Kathleen Wrenn Award for a Humanitarian and Caring Person to donate their prize money to a charity or to a cause abroad for which they feel passionate. She also emphasizes the importance of all ACA members nurturing a holistic worldview and doing what they can to perpetuate change on an international level.

“Part of our role as counselors is to promote social change through a commitment to improve the human and social condition by creating and applying ideas, strategies and actions to promote the worth, dignity and development of society,” Flamez says. “There is a wonderful quote by John Donne that captures why I think service and social justice is important anywhere in the world: ‘No man is an island, entire of itself; every man is a piece of the continent, a part of the main.’ To me, social change, advocacy and service are not only evolutionary, but also reciprocal. We know from history that education is the foundation for peaceful and just societies. As global citizens, I believe we have a responsibility to not only work within our communities, but to extend our services to Third World countries.”

For more information or to donate to Flamez’s current Tanzania project, visit brandeflamez.com.

Heather Rudow is a staff writer for Counseling Today. Contact her at hrudow@counseling.org.

Letters to the editor:
ct@counseling.org
End of Life Care: Know More

For those who have participated in the Excelsior College End of Life Care Certificate program, whether to earn a certificate or simply take courses—it has been an eye-opening and life-altering experience.

Knowing more about end of life care can make an important difference in anyone’s life—be it your own or your clients’. Delivered entirely online, courses of interest may be taken at any time without a commitment to completing the entire 12-credit program. Topics include therapeutic communication, self-care strategies, the bereavement process, symptom and case management, life transitions, and ethics to name a few.

No matter where you are in your life or your location…

Our Campus is Wherever You Are—Virtually Everywhere.

To learn more about the End of Life Care Certificate program at Excelsior College, email admissions@excelsior.edu or go to excelsior.edu/endoflife.

everywhere.excelsior.edu
It’s not all guns and PTSD: Counseling with a cultural lens

When one counsels military service members and their families, the existence and impact of military culture on the client and the therapeutic process is an important consideration. Many in our profession are ready and willing to help address the social and psychological challenges that many service members face. These challenges can include marital discord, sleep disturbances, military downsizing, residual effects of combat exposure and mild traumatic brain injury.

On the basis of their years of therapeutic experience, treatment expertise, vast knowledge and the purest of intentions, counselors working with troops have much to offer. What might be missing from some counselors’ practice, however, is cultural competence. When the military culture is not clearly understood or not properly accounted for during provision of services, even the best counselor can inadvertently damage client rapport, limit the quality of care or even misdiagnose.

The idea of the military representing its own distinct culture may not cross the mind of every counselor. After all, the U.S. military is composed of people of many different ethnicities, races, cultures, socioeconomic backgrounds, ages and even countries of origin. It may seem odd to regard a client who is a military veteran as being from another culture when he or she shares commonalities with the counselor such as race, ethnicity or geographical area. However, as defined in the social sciences, members of the military clearly meet the criteria for possessing their own culture.

The term culture is often mistaken as referencing only ethnicity or race. But take the “American” culture, which is unquestionably composed of people from many different races and of many different ethnicities. When an American visits another country, however, others may quickly identify him or her as being “American.” This is because people outside of the American culture notice subtle and not-so-subtle factors that distinguish our culture from their own.

In its glossary of terms, the ACA Code of Ethics defines culture as “membership in a socially constructed way of living, which incorporates collective values, beliefs, norms, boundaries and lifestyles.” Although specific definitions of culture vary depending on the source, cultural components consistently include language, cuisine, music, dress, government, gestures, grooming and technology.

On the basis of those criteria, it is easy to see the influence of military culture on a male Army soldier, for instance. His language includes words and phrases (Charlie Foxtrot, Class Six, jacked up, civvies, rack, FUBAR, Hooah and roger, for example) that differ from those used by other Americans. His dress is the ACU (Army combat uniform). Music on his iPod may include “The Army Song” or even his favorite running cadence. His cuisine for the day may consist of two MREs (meals ready to eat) or something from the “gut wagon” or “chow hall.” His “government” (although still the U.S. government) includes his commanding officer and a court-martial if he is accused of a crime. His grooming is clearly defined by his extremely short, barely there haircut (a mandatory style for which he can face discipline if not adhered to).

The American Counseling Association is not the only professional organization to emphasize culturally appropriate practice. The American Psychological Association also encourages professionals to use a “cultural lens” and to place cultural competence at the forefront of their professional encounters on all levels. It is vital for counselors to keep in mind that cultural factors can have a very real influence not only on the client’s behaviors but on the counselor’s behaviors as well. The counselor who views the client and the therapeutic process through the appropriate cultural lens begins by acknowledging the influences of culture and then approaches work with the military client with increased respect and competence.

In fact, all professional counselors are ethically compelled to obtain and exhibit multicultural competence when working with their clients. The ACA Code of Ethics defines multicultural/diversity competence as the “capacity whereby counselors possess cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge is applied effectively in practice with clients and client groups.”

When the choice is made to view the military client through the appropriate cultural lens, professionals increase their odds of avoiding many pitfalls in therapy.

Wasting valuable time on content rather than process

A common mistake counselors make when working with military service members is not taking the time to learn basic information such as rank structure and the differences between military branches. For example, the Navy rank of captain is much higher than the Army rank of captain. Another common misconception is that everyone in the military is a “soldier,” when in fact, this term only describes those in the Army. There are also Marines, airmen, sailors and others. The military client will not expect a nonmilitary counselor to know...
everything about the military lifestyle, but it can quickly become a distraction and an annoyance if the client regularly has to stop to answer a counselor's questions about the military, clarify a word or phrase, or address the confusion written across the counselor's face.

These interruptions can, in fact, hinder the therapeutic process for both counselor and client. Consider the following: Military clients become aware that the counselor hasn't taken the time to get to know basic military information and doesn't understand their lifestyle. When their focus shifts to explaining basic terminology or having to "dummy down" the conversion for the counselor, they are not able to give themselves over fully to the therapeutic process.

The counselor's focus is diverted away from the therapeutic process due to the distraction of the content as well. When the counselor's focus shifts to content in a struggle to understand what the client is saying, the counselor is not able to give himself or herself over fully to the process either, thus not giving the client the level of service he or she deserves.

**Stereotypes and bias**

Counselors who have never served in the military themselves (and even those who have) should be aware of the potential to stereotype. The media tend to focus on theatrical drama, so extreme cases are often showcased rather than the norm, which is the more resilient, "typical" returning veteran. Exposure to these negative and inaccurate portrayals of veterans in movies and other forms of media is inevitable and can create bias. Self-awareness and consistent self-monitoring on the part of the counselor are vital.

When counselors notice they are quickly jumping to conclusions or patterns of thought, this should be addressed internally. For instance, not all veterans returning from a combat zone have seen combat; not all Marines have killed; not all military wives are stay-at-home mothers; not all enlisted troops are without a college degree; not all clients with nightmares have posttraumatic stress disorder (PTSD); not all troops have been deployed overseas; and, most important, not all counselors are smarter, wealthier, classier, more educated or better adjusted than their military clients.

There can be a fine line between informed multicultural consideration and stereotyping, so it is important to remain clear regarding the differences between the two. It is a good idea to periodically refresh one's memory of what was learned during that graduate-level multicultural counseling course. It only takes a moment to search an online bookstore to download a book onto an e-reader or to read an article online. At the very least, one can set aside time to conduct a quick Internet search on stereotypes versus bias versus cultural considerations in therapy.

Although much of the difference is defined by intent and accuracy, a counselor can still accidentally possess or exhibit bias toward a military client despite having good intentions and accurate information. Of course, harboring or exhibiting bias — regardless of intent — goes deeper than just being unprofessional and disrespectful.

The counselor's role in the diagnosis of mental disorders is addressed under Standard E.5. of the ACA Code of Ethics. Standard E.5.c. speaks to the more specific dangers that lingering bias and stereotyping may have in our profession, making it vital for counselors to be culturally competent: "Counselors recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups and the role of mental health professionals in perpetuating these prejudices through diagnosis and treatment." This is a hefty ethical principle — one that probably should be read several times and taken to heart to emphasize how important our role as counselors can be in someone's life and in society.

**Misinterpreted affect or expression**

At times, the military client may exhibit a lack of expression that appears robotic or cold to the point of seemingly justifying the descriptive "blunted affect." At other times, the client's tone, rate of speech, emotion or expression might seem off or inappropriate. But is this truly "off," or does the client's expression differ from the "norm" because of cultural factors?

In the military culture, displaying emotion or lack of control is commonly viewed as weakness, while composure is regarded as strength. For example, a Marine would most likely be shunned or even disciplined for being visibly confused or breaking down and crying in front of others. So, what the counselor perceives might just be the client attempting to appear composed according to the norms of the military culture.

It may also appear to the counselor that the military client is disconnected or otherwise acting inappropriately if the client comes across as unremorseful or emotionless when describing a situation in which the client killed another individual. But before passing judgment or reaching a conclusion, the counselor must also consider the situation in which the killing occurred and how this might affect the client's reaction. Although it might be a difficult concept to grasp, the context of death in military culture can differ, thus potentially influencing reactions and expressions of emotion.

Should killing in war automatically elicit guilt? What about in cases of self-defense? What about to ensure survival? What about if the act was committed to save a child's life or to stop a rape? When should a counselor be concerned about the military client displaying (or not displaying) a certain emotion? When should a client's reaction be questioned and brought to his or her attention?

The counselor must understand military culture and, more important, must know the client very well to correctly interpret what is going on and what is appropriate or inappropriate. This is part of what makes the practice of counseling necessary, albeit challenging. It requires not only knowledge, experience and skill, but also the ability to connect with another individual in a way that is unique to his or her profession and interaction style.

**Misdiagnosis and inaccurate assessments**

Clearly, not all veterans who have nightmares have PTSD, although many professionals jump to this conclusion, neglecting the rest of the criteria in the Diagnostic and Statistical Manual of
In this compelling and heart-wrenching DVD, Mitchell Young, a licensed psychotherapist and combat veteran who has counseled Vietnam veterans for more than 15 years, discusses PTSD and the lasting effects of combat and severe trauma. Drawing from his own experiences in Vietnam as a member of the Marine Corps, he examines the emotional scars that occur after a traumatic event, night terrors, chronic isolation, emotional numbness and complex and secondary PTSD.

Produced by R-Squared Productions, LLC • 2010 | 50 minutes | DVD Order #78241

List Price and ACA Member Price: $59.95

This inspiring film captures the experience of eight artists of varying ages who have been in therapy. It demonstrates the growth and freedom made possible by facing the pain that both psychoanalysis and creativity can bring to awareness. The artists in Breakthrough—a sculptor, a writer, a musician, three painters, and two visual artists—had found themselves held back in their lives and work because of traumatic events and unresolved emotional issues from the past. Through moving scenes that examine their individual therapeutic issues and healing process, the DVD shows how the combination of therapy and creative work liberated them professionally, emotionally, and spiritually.

Sponsored by the Lucy Daniels Foundation. Produced by Expressive Media, Inc. • 2011 | 50 minutes | DVD Order #78242

List Price and ACA Member Price: $59.95

This DVD offers caregivers, counselors, and educators effective strategies to improve the lives of older people. Horton-Parker and Fawcett discuss the characteristics of older adults, followed by typical situations encountered by caregivers. Engaging vignettes and presenter commentary illustrate the underlying needs and mistaken goals of attention seeking, power, revenge, and assumed inadequacy that often cause perplexing behavior in older people. The presenters’ simple techniques create win-win situations between caregivers and aging loved ones that improve the quality of life.

• 2010 | 120 minutes | DVD Order #78238

List Price: $119.95 | ACA Member Price $99.95

In this DVD, Jenny Mosley presents her classroom behavior management model Quality Circle Time, which encompasses a whole-school approach to enhancing self-esteem and building positive relationships. Through exercises with a group of students, she teaches the skills, crucial steps, and key ground rules essential to effective circle time. The group session is followed by a teacher question-and-answer session. Includes a PDF of Mosley’s book *Important Issues Relating to the Promotion of Positive Behavior and Self-Esteem in the Schools*, as well as lesson plans and discussion points. Produced by Loggerhead Films 2010 | 60 minutes | DVD Order #78240

List Price and ACA Member Price: $129.00

Ken Rigby, an international expert on peer victimization, gives clear, practical guidance on how to prevent and respond to bullying in high schools. Using actors and role play, the DVD features a typical bullying scenario and then demonstrates how the following six methods can be applied to the situation: the Disciplinary Approach, Restorative Practice, Strengthening the Victim, Student Mediation, the Support Group Method, and the Method of Shared Concern. By showing the advantages and weaknesses of each method, the counselor or teacher can see how each possible solution might work. Includes a PDF with a summary of important information and discussion guidelines.

Produced by Loggerhead Films • 2009 | 35 minutes | DVD Order #78239

List Price and ACA Member Price: $129.00

Please include $8.75 for shipping of the first DVD and $1.00 for each additional DVD.

Order by phone: 800-422-2648 x222 M–F, 8 a.m.–6 p.m., ET

Order online: counseling.org/publications
Mental Disorders that must be met to justify the assignment of this disorder. Although it may become standard practice to automatically screen every service member for PTSD, it is irresponsible to assume the majority of military clients will have the disorder. Another mistake is to put too much faith in assessment tools that were standardized on nonmilitary populations. For example, many responses provided by someone in a combat zone to questions on the Minnesota Multiphasic Personality Inventory would surely indicate abnormal personality traits, but in fact, the responses would be quite normal given the person's environment and culture.

A prevalent issue with service members is sleep disturbance and nightmares. Counselors could jump to the conclusion that sleep disturbance results from exposure to combat or other potentially traumatic events when, in fact, different factors might be the culprits. For example, if the client is an airman, he might live near an airfield where jets are repaired at night, making it difficult to sleep. Or the client's work schedule may have flipped from the day shift to the night shift recently. Another common experience on deployments or while living on military installations is shared living spaces, where sleep is disturbed by roommates making noise or coming and going at all hours of the night.

It might be simpler to highlight “post-combat nightmares” and even recommend pharmaceutical treatment, but to do so without thoroughly exploring the many other possible contributing factors is shortsighted and may result in poor quality of service to the client. It is important that counselors take their role in diagnosis seriously and consider the impact on the client. An overwhelming percentage of military clients walking through the door should not have the same one or two mental health disorders.

Especially in certain work environments such as military installations or Veterans Affairs hospitals, what is written in a service member's records will, unfortunately, be provided to many people. Privacy is not as much of a luxury in the military as it is in the civilian world. It is a sad reality that a service member's supervisor or leadership may see mental health care service (especially diagnosis) as a weakness or even use this information against the service member.

As more professionals in our field begin working with the military, cultural competence must be emphasized and given appropriate consideration. Thanks largely to the efforts of ACA and counseling professionals passionate about offering services to military members and their families, jobs are slowly opening up that used to be offered exclusively to social workers and psychologists. Although there are rarely prerequisites (such as graduate program requirements) to one's first job working with military veterans, counselors must continue seeking ways to broaden their knowledge and deepen their perceptions of the military culture. Seeing things through the cultural lens will help to ensure a stronger foundation for therapeutic relationships and quality service between professional counselors and their military clients.

“Knowledge Share” articles are based on sessions presented at ACA Conferences.

Natosha K. Monroe has been an Army behavioral health specialist for more than a decade. Her work has included assignments to Afghanistan, Guantanamo Bay, Haiti and the Pentagon. She advocates for increased hiring of professional counselors to work with veterans and for obtaining recognition of the counseling profession in all military branches. She currently works as a contracted researcher/analyst on a project for the FBI and lives in Northern Virginia. Contact her at Natoshakm11@gmail.com.

Letters to the editor: ct@counseling.org
2016 CACREP Standards Revision Committee at Turn One …

Just two years after the Council for Accreditation of Counseling and Related Educational Programs’ 2009 standards were implemented, the 2016 CACREP Standards Revision Committee (SRC) was formed and charged with the task of writing the next set of standards. Following the intentions of the 2009 SRC, the 2016 SRC intends to, among other goals, continue to promote the development of a unified professional counselor identity and ensure that programs collect evidence that students have acquired knowledge and skill competencies. The SRC hopes to ensure that the standards are relevant through 2024, with efforts to clarify the language of the current standards, simplify wording and the relationship among core and program area standards, and unify the multifaceted aspects of counselor training.

Feedback received from annual reports by CACREP-accredited programs, from attendees at the Association for Counselor Education and Supervision (ACES) conference in 2011 and from CACREP-accredited doctoral programs through an online survey was beneficial in helping the SRC complete the first draft of the 2016 CACREP Standards. This draft was made available electronically through the CACREP website (cacrep.org) at the end of August. Following the motto “Clarify, Simplify and Unify,” the SRC took the following approach in creating the first draft.

Clarify

The SRC reviewed the current CACREP Standards in an attempt to clarify terms, standards or sections of the standards document. The language was revised in many cases to make the standards more concrete and specific. For example, it was determined that clarity was needed in describing what constitutes counselor education “core faculty.” In this effort, the SRC detailed professional degree requirements, refined credential and professional experience requirements, and defined professional involvement in counselor education. In addition, the SRC created a stand-alone “Evaluation” section (Section IV) to clarify requisite standards and the process of evaluation in counselor education programs. The SRC hopes creation of this new section will abridge and refine the topic of evaluation in the standards.

Simplify

The SRC also attempted to simplify the standards. To begin, it reworded many of the standards and eliminated the stems embedded in individual standards. Further, the SRC incorporated the institutional requirements for doctoral programs into Section I: Learning Environment, alongside those for entry-level programs, whereas the 2009 standards included Learning Environment sections in both entry-level and doctoral-level program portions of the document. The goal for this revision was to eliminate redundancy and confusion. In addition, Section II: Core Curriculum was revised to include any similarly worded standards that appeared separately in each program area. Through this revision, the SRC was able to decrease the number of individual standards in each program area.

Unify

The commonalities in entry-level program areas kindled the SRC’s mission to pursue unity among the standards. Specifically, the SRC attempted to unify program areas by expanding the core standards to include those that are important to all entry-level counselors in understanding the multifaceted nature of mental health, wellness, diversity and professional identity. To facilitate this unification process, the team reviewed each program area standard and determined which standards should be required for all counselors, regardless of program area.

Similarly, a core set of doctoral-level content standards was created to include the multidimensional aspects of doctoral-level training. The SRC created a doctoral core curriculum that includes standards addressing 1) counseling, 2) teaching, 3) supervision, 4) research and scholarship and 5) leadership and advocacy. The SRC developed a survey to determine the degree to which CACREP-accredited doctoral programs believe these five foci represent a core curriculum for doctoral programs across various types of institutions. On the basis of the feedback received, the team proceeded to introduce the foci as the doctoral core curriculum.

Additionally, the SRC sought to unify the doctoral-level internship by requiring that students complete 600 hours of supervised experience across three of the five core areas. It is hoped that even while creating more unity across programs, there will be flexibility for programs to assist students in developing individualized training experiences.

Finally, the unification efforts are further highlighted by a requirement that each entry-level program consists of an equivalent of 60 semester credit hours by July 2020. Doctoral programs would consist of a minimum of 48 semester or 72 quarter hour credits beyond the required entry-level credits.

Moving forward

The SRC seeks feedback concerning the revised standards and our efforts to clarify, simplify and unify counselor education program standards. Please provide feedback online at cacrep.org/template/page.cfm?id=141. The survey feedback link will be open for comments until Jan. 15. SRC members will also solicit feedback during the fall regional ACES meetings. The SRC plans to begin writing the second draft in 2013 and to solicit feedback concerning the revision process at the ACA 2013 Conference & Expo in Cincinnati as well as at other annual meetings of professional organizations.

Derick J. Williams of the University of Virginia, Amy Milsom of Clemson University, Sylvia Nassar-McMillen of North Carolina State University and Verl T. Pope of Northern Kentucky University are members of the 2016 CACREP Standards Revision Committee.

Letters to the editor: ct@counseling.org
Plan NOW to take advantage of powerful learning opportunities before the conference.

Pre-conference Learning Institutes (LIs)* • March 20-21, 2013

Timely. Relevant.
Unlimited possibilities for today’s counseling professional.

invention cloud-sharing
private practice ethical issues
social media behavioral Adlerian
play therapy life design counseling Bipolar I Disorder
Existential reality therapy Interpersonal
blogs neurological integration
military subcultures publish empirical findings
role-play narrative therapy suicide assessment
Child-Centered reintegration effects of medication

CINCINNATI ACA2013
Conference & Expo
March 21–24
Pre-Conference Learning Institutes — March 20-21*

*Separate registration rates apply (see box on next page)
Wednesday | Daytime Sessions
9:00 a.m.–4:30 p.m.

13001 Advanced
Career Construction and Life Design
Mark Savickas, PhD

13002 Introductory
The Tornado Within: Exploring the Connections Between Children’s Anger, Unresolved Grief and Escalating Violence
Darcie D. Sims, PhD

13003 Introductory
Doing Solution-Focused Brief Counseling With Youth
Gerald Sklare, EdD

13004 Advanced
Beyond the Basics: Advanced Reality Therapy for Understanding and Empowering Diverse Clients in Difficult Situations
Robert E. Wubbolding, EdD

13005 Advanced
Counseling Challenging Teenagers
John Sommers-Flanagan, PhD

13006 Introductory
Male Counselors and Male Clients: Sharing Counseling Experiences
David Capuzzi, PhD, Mark David Stauffer, PhD, Courtland Lee, PhD, Samuel T. Gladding, PhD

13007 Advanced
Essentials of Disaster Mental Health and Crisis Counseling
Jane M. Webber, PhD, J. Barry Mascari, EdD, Gerard Lawson, PhD, Karin Jordin, PhD, Michael Dubi, EdD

13008 Advanced
Walk a Mile in My Combat Boots: Honoring Grief and Integrating Loss for Military Veterans Throughout the Life Span
Laurel I. Burnett, MA, Pam Lowe, MS

13009 Advanced
Indigenous Counseling Epistemology, Research, and Practice
Lisa Grayshield, PhD

13010 Advanced
Grant Writing for Counselors: Securing Funding for Evidence-Based Counseling Services in School and Community Settings
Elizabeth Mellin, PhD

Wednesday | Evening Sessions
5:30 p.m.–8:45 p.m.

13011 Introductory
Essential Skills and Methodology of Child-Centered Play Therapy
Phyllis Post, PhD, Peggy L. Ceballos, PhD, Angela Sheely-Moore, PhD, Hanne Duindam, EdS

13012 Advanced
Clinical Supervision: Advanced Practices Across Multiple Models of Supervision
Richard P. Long, PhD, Michael Baltimore, PhD

13013 Advanced
Post-Divorce Counseling and Forensic Family Interventions: The Professional Counselor Working With High-Conflict Divorce
Michelle Mitcham, PhD

13014 Introductory
Trauma-Informed Expressive Arts Therapy 101: A Primer for Counselors
Cathy Malchiodi, PhD, Elizabeth Sanders Martin, MA

13015 Advanced
Sharpening Your Skills As a Clinical Mental Health Counselor: Transitioning From the DSM-IVTR to the DSM-5
Carlos P. Zalaquett, PhD, SeriaShia Chatters, PhD

13016 Introductory
All Uniforms Are Not Alike: A Multicultural Approach To Meeting the Challenges of Counseling the Military Client
William J. Davis, PhD

13017 Introductory
Are YOU Prepared? Plan NOW for Closing a Practice Due to Retirement, Voluntary Life Choice, Sudden Death or Disability
Nancy Wheeler, JD, Daniel B. Roe, CFP

13018 Introductory
The Flow of Counseling Research: From Research Question to Presentation and Publication
Robert Eric Heidel, PhD, Blair Sumner Mynatt, MS

13019 Introductory
Putting Art Back Into the Schools: Expressive Techniques for School Counselors
Suzanne Degges-White, PhD, Bonnie R. Colon, MS

13020 Introductory
The Dynamics of Domestic Violence: Assessment and Counseling Strategies
Christine Murray, PhD, Allison C. Marsh, EdS, Eettee Horton, MEd, Lori Notestine, PhD, Bethany Garr, MEd

Thursday | Daytime Sessions
9:00 a.m.–4:30 p.m.

13021 Advanced
Culturally-Responsive Play Therapy With Young Traumatized Children
Sue C. Bratton, PhD
13022 Introductory
Counseling Theory in Practice
Gerald Corey, EdD, Jamie Bludworth, PhD

13023 Advanced
Neuroscience, Constructivism, and Creative Arts: Exploring Movement, Music, and the Imagination in Counseling
Leslie Armeniox, PhD, Andy Abbott, PhD

13024 Introductory
Bipolar I Disorder Across the Lifespan: What Counselors Should Know
Elliott Ingersoll, PhD

13025 Advanced
The Art of Engagement: Twenty Ways to Get Group Members More Involved
Ed E. Jacobs, PhD, Chris Schimmel, EdD

13026 Advanced
Ethical Counseling Leadership: Strategies To Promote Organizational Ethics and Effectiveness
Richard Ponton, PhD, Patricia Henderson, EdD, Alan Catuiola, PhD, Suzanne D. Mudge, PhD, Elias Zambrano, PhD

13027 Advanced
The Spiritual, Religious, and Faith Dimensions of the Major Counseling Theories and Their Application to Clinical Work
Sharon Cheston, EdD, Joseph Stewart-Sicking, EdD

13028 Introductory
Retooling Your Counseling Technology Toolbox
Marty Jencius, PhD, Debra London, MEd

13029 Introductory
Exploring the Mind-Body Connection: Therapeutic Practices and Techniques
J.W. Wayne Wagner, PhD, Jan C. Lemon, PhD

13030 Advanced
Skype? Email? 7 Legal and Ethical Considerations for Best Practice Online
Donna Ford, MS, Marlene M. Maheu, PhD

Thursday | Evening Sessions
5:30 p.m.–8:45 p.m.

13031 Introductory
Becoming More Creative As a Counselor and Using the Creative Arts in Counseling
Samuel T. Gladding, PhD

13032 Advanced
The Power of Sand Tray Therapy: Creative Techniques for Therapeutic Disclosure, Trauma, and Healing
J. Barry Mascari, EdD, Jane Webber, PhD

13033 Introductory
Advancing Your Suicide Prevention, Assessment, and Intervention Skills: Practical Information for Counselors
Darcy Haag Granello, PhD, Paul F. Granello, PhD

13034 Introductory
Conversations in Ethics: An Interactive Skill-Building Experience for Counselors
Jake Morris, PhD, Terry A. Casey, PhD

13035 Introductory
Resiliency in Military Couples: Shifting From Uncertainty and Fear to a “New Normal” of Healthy Communication
Judith J. Mathewson, MEd

13036 Introductory
Thriving in Private Practice 2013: Starting and Growing a Counseling Business
Anthony J. Centore, PhD, Fred Milacci, DEd

13037 Introductory
Neurology and Psychopharmacology: Current Medications, How They Work, and the Counselor’s Supportive Role
Elisabeth Bennett, PhD, Ashley Sylvester, William L. Bennett, MD, Holly Perry, Jessica Lunker

13038 Introductory
Grant Writing for the Counseling Professional: Strategies for Success
Megan Delaney, MA, Leslie Kooyman, PhD

13039 Advanced
Interviewing K–12 Students for School Solutions: Advanced Techniques in Solution-Focused Interviewing
John J. Murphy, PhD

13040 Advanced
Getting Through to Teenagers and Young Adults and Nurturing Genuine Connections in the Age of Social Media
Craig Windham, PhD, Lindsey Mitchell, MA

Follow us on Facebook and Twitter for conference updates, education resources, and Cincinnati info.

Earn 6 CE hours per daytime session; 3 per evening session
19 Advanced level; 21 Introductory level, selected by peer review
Register by Dec. 15 for Super Saver rates.
counseling.org/conference

Online: counseling.org/conference • Phone: 800-347-6647 x222 (M-F, 8 a.m.–6 p.m., ET)
Q&A with ACA president-elect candidates

The two candidates vying to become the American Counseling Association’s next president-elect were asked to provide answers to several questions about issues relevant to the association and to the counseling profession. This month, their answers to the final two questions appear. Answers to the previous questions were published in the October issue of Counseling Today.

Additional information for each candidate, including biographical information and reasons for seeking office, will appear in the December issue. The December issue will also feature biographical information for those individuals running for office at the division and region levels.

Editor’s note: The following answers are printed as they were submitted by the candidates. They have not been edited in any way.

For six decades, the American Counseling Association has worked toward promoting the importance of multiculturalism in the practice of professional counseling. Please share your background, experience and opinion regarding multiculturalism in counseling. Additionally, what specific goals would you have as president to continue to promote increased diversity in leadership positions and a diverse membership base?

Robert L. Smith: I believe and teach that multiculturalism within the practice of professional counseling is a fundamental principle of which we should adhere. This includes the endorsement of the multicultural competencies developed by AMCD. Besides demonstrating multicultural competencies, counselors can best serve others if their personal philosophy is from an open multicultural perspective advocating for individuals representing differences in ethnicity, gender, and sexual orientation, particularly with those experiencing fewer opportunities because of differences.

In the academic setting I have a record of practicing what I believe including

- establishing committees to develop strategies to increase student diversity
- hiring diverse faculty and subsequently increasing student diversity.
- working in a Hispanic serving institution, graduating over thirty first generation Hispanic doctoral students working as professors across the country
- hiring minority candidates in five of the last six faculty positions with one tenured and all moving toward tenure
- mentoring and teaching diverse groups of students across the globe.

As ACA President Goals of diversity include:

- diversity representation on all committees and task forces
- diversity representation on governance
- diverse leadership representation in Divisions, Regions, and Branches
- emerging leadership opportunities for diverse populations
- mentorship of educators, counselors, and students in promoting multiculturalism.

Kelly Duncan: No matter what your work setting, multiculturalism is a core issue. ACA has been a leader in promoting the importance of multiculturalism, but I feel much work still needs to be done in this area. My research and work focus have revolved around first-generation, low income students and American Indian populations. I’ve seen firsthand the difficulties marginalized populations face yet also seen the rewards gained through education and awareness. The voices of those from underrepresented groups need to be heard. They provide important perspectives. To continue ACA’s movement toward the goal of increased diversity in leadership, I would provide encouragement and mentoring to emerging leaders. I would continue the policies in place to ensure that we have underrepresented groups represented in leadership positions.
The 20/20: A Vision for the Future of Counseling initiative is currently focusing on issues of licensure portability, which includes title, scope of practice and academic requirements. How will you, as president of the American Counseling Association, work with sister organizations to have one voice now and in the future promoting these initiatives?

Robert L. Smith: As a leader I have the following experiences:
- Past President - two Divisions
- Past President - Branch Division
- Member - Southern Region
- Past Member - Midwest Region
- Past Member - Rocky Mt. ACES
- Governing Council Member
- CACREP Board Member
- Parliamentarian - ACA Governing Council
- Member of organizations outside of ACA

These experiences have taught me the importance of collaboration and setting common goals.

Licensure portability is challenging with States regulating the scope of practice or protecting the use of title “Licensed Professional Counselor.” Having served as a charter member of the Licensed Professional Counseling Board in Texas I am familiar with licensure issues and irregularities across States. I support collaboration with the American Association of State Counseling Boards in developing a model that can be expanded across states.

As ACA President I will collaborate in an intentional manner with State Licensure Boards, AASCB, Accreditation Boards (CACREP), Legislators, Counselor Preparation Programs, NBCC, and other entities with the goal of licensure portability. I will advocate for Licensed Professional Counselors who have moved from a State where they were licensed to a State questioning their license. This issue borders on “right to work” practices needing the attention of state and national legislators.

Kelly Duncan: License reciprocity is complicated by the fact that licensure titles, scopes of practice, and sets of education requirements vary greatly from state to state. Licensure is most definitely a public protection issue and it is going to take cooperation of those in various roles (state licensure boards, professional organizations, and etc.) to solve this problem. Standardizing counselor licensure requirements across states is the best way to assure those in need of services can be assured, regardless of the state in which they currently live, that they are accessing service from a qualified provider. The 20/20 initiative has brought together over 30 organizations that identify themselves as focused in some way on the profession of counseling. The group has been able to build consensus on an endorsed definition of counseling. They are now working to come to an agreed consensus on title, scope of practice, and educational requirements.

If I am elected ACA President, I would work to continue to support this process by encouraging the work to continue, doing what I can to address concerns, and insuring that all feel they have voice in the process.
Opinion

Counselors who coach

According to the International Coach Federation (ICF), “Coaching is an ongoing relationship which focuses on clients taking action toward the realization of their vision, goals or desires. Coaching uses a process of inquiry and personal discovery to build the client’s level of awareness and responsibility and provides the client with structure, support and feedback. The coaching process helps clients both define and achieve professional and personal goals faster and with more ease than would be possible otherwise.”

Does this sound pretty close to the professional service you are already providing to your clients as a counselor? Well, the National Board for Certified Counselors (NBCC) and its affiliate, the Center for Credentialing and Education (CCE), would agree that the professional education and preparation of counselors closely aligns with that of coaching.

In comparison with all other professionals, licensed counselors who are trained and qualified in coaching are some of the best prepared to meet the burgeoning need for life coaching services. Our goal in this article is to bring to light how coaching fits into the counseling profession and what counselors need in terms of training and understanding of core competencies, ethics and practice standards to successfully add coaching to the services they already provide.

Coaching fits into counseling

From a counselor’s perspective, coaching may be considered a counseling specialization that, like other areas of specialization, requires specific and focused training to ensure the application of globally accepted best practices.

According to the introduction to Section A (“The Counseling Relationship”) of the ACA Code of Ethics, “Counselors encourage client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships.” The manner in which a counselor goes about encouraging client growth and development varies based on the needs of the client. This may range from psychological first aid and assistance coping with grief and loss at one end of the spectrum to planning career goals at the other end of the spectrum. The former calls for support of a client in emotional distress, while the latter presumes the client is free enough from acute psychological distress to apply the necessary cognitive processes to engage in career planning.

Coaching is a specialized approach for assisting clients who are relatively free from acute psychological distress and who appear able, in the eyes of the counselor, to apply their resources to the pursuit of the goals, actions and outcomes they have identified. If we were to think of the running condition of one’s car as analogous to one’s psychological condition, then the spectrum of counseling ranges from assisting drivers who are stopped alongside the road looking under their hoods as they try to get their cars running again to, at the other end of the spectrum, assisting drivers as they navigate down the road and scan the horizon for where they want to go next. Coaching presumes the car is in good running order and the driver is ready and able to decide where to go next.

Training for counselors who coach

In 2010, CCE conducted a gap analysis study in close collaboration with master certified coach and psychologist Pat Williams (one of the co-authors of this article) to identify the differences in core competencies between a coach trained through an ICF-accredited training program and a professional completing a master’s degree in counseling. The gap analysis revealed that the counselor’s professional preparation already covers many of the core coaching competencies. The results of the analysis were used to identify the 30 additional coach-specific training hours a master’s-level counselor would need to complete to augment his or her counseling skills with the core competencies of coaching and qualify for the CCE’s board certified coach (BCC) certification. In comparison, professionals without the foundational, human development theory and helping relationship principles that master’s-level counselors already possess are required to complete as many as 120 hours of training focused on the core competencies of coaching. Therefore, the CCE determined that professionals with a master’s in counseling are best prepared to acquire coaching competencies and provide coaching services.

Coach training for counselors includes the following:

- Fundamental coaching skills
- Coaching ethics and practice standards
- Screening and orientation of coaching clients
- Coaching for individuals
- Coaching for businesses
- Explaining coaching processes to clients
- Providing coaching via distance technologies
- Facilitating client development of decision-making skills
- Assisting clients in role transitions
- Facilitating clients’ use of coaching resources
- Applying coaching practice standards
- Promoting awareness of coaching
- Peer coaching

The CCE verifies successful comprehension of core coaching competencies by requiring applicants to complete a national standardized Board Certified Coaching Exam (BCCE).

Similar to the manner in which the Commission on Rehabilitation Counselor Certification requires counselors providing rehabilitation services to successfully complete a certification...
exam and adhere to the CRC (Certified Rehabilitation Counselor) Code of Ethics, the CCE requires successful completion of the BCCE and adherence to the BCC Code of Ethics to ensure that all counselors who coach apply the same understanding and coaching practice standards.

In addition to a master’s degree and coach-specific training requirements, the counselor also needs to accumulate at least 30 hours of post-degree coaching experience working with individuals, groups or organizations, and submit professional verification and endorsement forms acknowledging that the applicant has coached and is competent in the use of fundamental coaching skills.

While the National Counselor Examination for Licensure and Certification and the ACA Code of Ethics serve to define the full spectrum of theoretical constructs, standards and ethics guiding the counseling profession, the BCCE and the BCC Code of Ethics equip and guide the counselor’s delivery of coaching services.

Ethical considerations for counselors who coach

Aspects of the BCC Code of Ethics distinguish it from the ACA Code of Ethics. For example, “sponsor” refers to the individuals or employees who hire a coach to provide services to employees or other individuals.

In addition, BCC certificants shall:
- Recognize the limitations of coaching practice and qualifications, and provide services only when qualified
- Avoid coaching techniques that are harmful or have been shown to be ineffective
- Obtain a written coaching agreement before initiating a coaching relationship
- Ensure that clients, sponsors and colleagues understand that coaching services are not counseling, therapy or psychotherapy, and avoid providing counseling, therapy and psychotherapy (this standard makes reference to “counseling” in the context of therapeutic services; it also cautions those who are not professional counselors to refrain from presenting coaching as counseling or psychotherapy)

Practice considerations for counselors who coach

Counselors who coach need to adhere to the following practice considerations:
- Clearly state in the informed consent that you are providing coaching services.
- Explain that coaching services are designed to assist clients in identifying and achieving goals and/or designing a life consistent with their values, vision and objectives.
- Explain that coaching is not a substitute for counseling.
- Use appropriate assessments as needed to ensure that your client is not in need of clinical or therapeutic services.
- Do not provide coaching services to clients who are in acute psychological distress.
- Do not provide coaching and therapeutic services to the same client at the same time.
- Refer the client to another counselor or therapist for therapeutic services as needed.
- Explain to clients that they will do the work of identifying and pursuing what is important to them and that your job is to help them clarify, hold them accountable to and uphold what they have identified as important and valuable objectives.
- Remember that coaching services presume the client is healthy, whole and fully resourced to achieve his or her own goals and objectives.
- Refrain from positioning yourself as the expert who is uncovering, assessing or diagnosing the nature of a problem.
- Position yourself in a co-active role with the client wherein you support the client’s effort to discover what is most important and to achieve his or her goals, dreams and objectives.

Following are examples of clients who would benefit from coaching services:
- A 20-year-old single college student who has completed two years of junior college and is contemplating starting his own software company
- A 48-year-old married female who is contemplating going back to school for her nursing degree after raising three children
A 54-year-old business owner who is married and wants to achieve more work-life balance

A small business owner who wants to focus on “working smarter, not harder”

There are also clients who would not benefit from coaching services. For example:

A 20-year-old single college student who has completed two years of junior college, has been diagnosed with bipolar disorder, has not been taking prescribed medications and has not slept for several days but is contemplating starting his own software company

A widowed 48-year-old female who is despondent over the unexpected loss of her husband six weeks ago and is now contemplating returning to school full time to finish her nursing degree

A 54-year-old business owner who wants to achieve more work-life balance because his wife threatened that she would file for divorce unless he quits his job

A 25-year-old graduate student who has just been released from the psychiatric center after a suicide attempt

**Getting started as a counselor who coaches**

As outlined in Standard C.2.b. of the ACA Code of Ethics, “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.” Standard C.2.f. further states, “Counselors recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity.”

The CCE has made a clear and efficient way for counselors to obtain and document attainment of appropriate education training and supervision in coaching. In addition to defining training requirements and approved coach training schools, the CCE also requires BCC applicants to demonstrate completion of 30 hours of coaching experience and to provide professional endorsements. BCC certificants must also maintain 100 hours of continuing education credits over a five-year period.

More than 50,000 counselors on the NBCC mailing list are regularly receiving e-news messages that include invitations to complete BCC training and credentialing. Numerous coach training organizations have become qualified by CCE to provide BCC training for counselors interested in coaching. Whatever your experience with coaching has been up until now, there is accumulating evidence that the coaching specialization is becoming interwoven into the fabric of our counseling profession.

Thousands of counselors have already obtained their BCC credential and are actively developing their coaching services. Many are learning the nuances of building a coaching practice and discovering that although there will always be clients who need therapeutic counseling because of the life circumstances they are facing, many additional clients are eager to receive coaching to help them explore, define and pursue their dreams, visions and goals.

Don’t go out and lease more office space just yet, however. Counselors who coach are finding that acquiring new clients isn’t as easy as hanging a sign on the door or putting an ad in the paper. This is where it pays to understand a thing or two about social media and how those looking for a counselor who coaches go about finding help.

We live in an increasingly consumer-centric world, and health care industry experts are quick to point out that consumers are making decisions regarding their health and well-being by accessing online information and resources. Although a place remains for more traditional practice-building efforts such as informational sessions and professional networking, counselors who coach in today’s culture also need to engage prospective clients through the medium most familiar to these individuals — for example, informational e-newsletters or even just email messages that includes an invitation to take a simple, anonymous well-being assessment. Individuals who take the assessment are provided with feedback and then asked if they would like to share their results with a coach (you) at no charge and receive some (no-cost) professional feedback. (You will want to ensure you are using secure and encrypted online applications and messaging here.) Upon receiving the request for your review of their well-being assessment results, you have an opportunity to make contact with a prospective coaching client, demonstrate your ability to offer a valuable service, assess the individual’s interest and readiness to receive coaching services, and then proceed.

Once the client expresses an interest in engaging your service and you have verified his or her ability to benefit from coaching, be sure to carefully review and execute an informed consent and coaching agreement with the client before proceeding.

In 1951, Carl Rogers’ book, *Client-Centered Therapy*, defined counseling and therapy as relationships in which the client is assumed to have the ability to change and grow through the clinician creating a therapeutic alliance. This alliance evolved from a safe, confidential space, granting the client or patient what Rogers called “unconditional positive regard.” This shift in perspective — to the client as whole and full of the potential to grow — was a significant precursor to coaching. It is no surprise that today, counselors, in comparison with all other helping relationship professionals, are exceptionally well-positioned to deliver coaching services.

To learn more about BCC training and credentialing, visit cce-global.org/BCC.

Lyle Labardee is a licensed professional counselor and board certified coach who has been a member of NBCC and ACA for many years. He most recently served as CEO of the Institute for Life Coach Training and has more than 25 years of experience as a professional counselor. Contact him at lyle@lylelabardee.com.

Pat Williams founded the Institute for Life Coach Training and continues to serve as its director of training. He co-authored the book *Therapist as Life Coach.*

Shannon Hodges is associate professor of counseling at Niagara University. He is the author of 101 Careers in Counseling, City of Shadows and other books, and is a longtime member of ACA and several affiliate counseling organizations.

Letters to the editor:

ct@counseling.org
Exciting news: The Graduate Student Task Force appointed by the American Counseling Association recently became a standing ACA committee. As the 2012-2013 co-chairs of this committee, we would like to share our plans with you and invite you to get involved and support ACA graduate students.

Mentoring program
To directly address graduate students’ mentoring needs, the prior year’s pilot mentoring program has been updated and redesigned, and we are currently accepting applications. The program is designed to provide an opportunity for counseling graduate students and newer counseling professionals who have graduated within the past year to pair with more-seasoned professional colleagues who share similar interests, experiences and goals.

The program is especially in need of mentors. To serve as a mentor, you must have a degree in counseling and at least two years of counseling experience. Participation in the program can involve as much or as little time as both parties are interested in committing. Please email mentoring@counseling.org to receive an electronic link to the online application form. It takes only a few minutes to complete the application, but please have your ACA member number handy because you will need to enter this information.

ACA 2013 Conference & Expo
The ACA Graduate Student Committee plans to support graduate students by providing and promoting networking, educational and social opportunities at the ACA 2013 Conference & Expo in Cincinnati. We will be supporting the ACA Graduate Student and New Professional Center, which will provide information for new professionals, mentoring program applications, socializing opportunities and a place to relax during breaks from the hectic conference schedule. Fliers about upcoming workshops and events, brochures about counseling programs and information about conference programs and receptions are examples of materials that will be provided in the Graduate Student and New Professional Center. Anyone who wishes to have materials included in the lounge should contact ACA Director of Conference and Meeting Services Robin Hayes at rhayes@counseling.org.

Another exciting opportunity is our ACA Conference presentation that will focus on providing graduate students and new professionals with information about ACA resources that can support their needs. In addition to a review of ACA resources, participants will have the opportunity to network with one another in small-group discussions. Information about the most relevant conference presentations, meetings and networking receptions for graduate students and new professionals will also be provided through a “must-do” list in the conference Program Guide.

Promoting resources
In line with our mission to support graduate students, we will be exploring avenues to educate students about ACA resources. It is important for students and new professionals to understand how ACA resources can help serve their needs. It is also important that they understand how ACA supports counselors’ interests at the macro level in terms of lobbying efforts and counselor advocacy.

Members of the Graduate Student Committee recently conducted a presentation on ACA resources for students at the Fourth Annual Virtual Counseling Conference, which was hosted in the online virtual world Second Life. During this presentation, benefits of membership in ACA and ways for students to connect both personally and professionally with other professional counselors were discussed.

Recovery from Grief Is Possible. Learn How to Help.

The Grief Recovery Method® Certification Training 2012-2013

<table>
<thead>
<tr>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NOVEMBER</strong></td>
<td><strong>JANUARY</strong></td>
</tr>
<tr>
<td>9–12 Winnipeg, MB</td>
<td>18–21 Phoenix, AZ</td>
</tr>
<tr>
<td>9–12 Denver, CO</td>
<td>18–21 Columbus, OH</td>
</tr>
<tr>
<td>9–12 San Francisco, CA</td>
<td>25–28 Atlanta, GA</td>
</tr>
<tr>
<td>30–3 Nashville, TN</td>
<td>25–28 Sherman Oaks, CA</td>
</tr>
<tr>
<td>30–3 Sherman Oaks, CA</td>
<td>25–28 Vancouver, BC</td>
</tr>
<tr>
<td><strong>DECEMBER</strong></td>
<td><strong>FEBRUARY</strong></td>
</tr>
<tr>
<td>7–10 Toronto, ON</td>
<td>8–11 Seattle, WA</td>
</tr>
<tr>
<td>8–11 Dallas, TX</td>
<td>22–25 Arlington, VA</td>
</tr>
<tr>
<td>22–25 San Diego, CA</td>
<td>22–25 Edmonton, AB</td>
</tr>
<tr>
<td>22–25 Sherman Oaks, CA</td>
<td></td>
</tr>
</tbody>
</table>

4-Day Training • 30 Contact Hours • Maximum 15 Participants
Tuition $1995 (Early Registration Discount $200)
For more information or to register
Call 800-334-7606
www.griefrecoverymethod.com

Graduate Student Committee: Supporting ACA graduate students’ needs

By Nicole A. Adamson & Victoria E. Kress

November 2012 | Counseling Today | 65
Graduate students and new professionals from the United States, the United Kingdom, Belgium, Greece and Australia took part in this presentation.

The ACA Graduate Student Committee will also have a presence on the COUNSGRADS electronic mailing list and will send a monthly resource email on topics of interest to students (for example, licensure and certification). Members of this email platform can connect with one another about professional and personal experiences and find support as they navigate the process of becoming professional counselors. Counselor educator Darcy Haag Granello and her graduate students developed COUNSGRADS in 1997, and it has been serving this important population for 15 years.

To subscribe to the COUNSGRADS electronic mailing list, email listproc@lists.acs.ohio-state.edu with “Subscribe COUNSGRADS (first name) (last name)” in the body of the message.

There are also multiple tools for conveying information about ACA graduate student resources that you may find useful. An official informational video for students is available on YouTube (enter American Counseling Association into the search bar). A PowerPoint presentation that professors can use to educate students about ACA is available on the association’s website at counseling.org. Just select the “Students” tab and scroll down to “ACA Is Where You Belong — Discover ACA Student Membership.”

Get involved

In summary, the ACA Graduate Student Committee will be very busy during the 2012-2013 school year. We are working on the following projects and encourage you to get involved.

**Graduate Student/New Professional Mentoring Program**
- We need mentors (and mentees)
- Sign up by emailing mentoring@counseling.org

**Graduate Student/New Professional Center at ACA Conference & Expo**
- Students, professors and universities are encouraged to provide informational resources (contact Robin Hayes at rhayes@counseling.org)
- Students and new professionals can socialize and relax in this space

**ACA Conference presentation**
- All members of ACA should attend for an overview of ACA’s resources and information about optimizing the mentoring relationship and the Mentoring Program

**COUNSGRADS electronic mailing list**
- Join for social connection and professional information/opportunities
- Email listproc@lists.acs.ohio-state.edu with “Subscribe COUNSGRADS (first name) (last name)” in the body of the message

Please email Nicole Adamson at naadamson@gmail.com or Victoria Kress at victoriaekress@gmail.com with any questions or if you have an interest in volunteering to support the mission of the ACA Graduate Student Committee.

Nicole A. Adamson is a doctoral student at the University of North Carolina at Greensboro. Victoria E. Kress is a clinic director, professor and the coordinator of the clinical mental health, addictions and college counseling programs at Youngstown State University. Together, they serve as co-chairs of the ACA Graduate Student Committee.

Letters to the editor: ct@counseling.org
Validating the necessity of international counseling

I was thrilled to read “The promise of counsel(ing)’s globalization” (in the “Through a Glass Darkly” column) by Courtland C. Lee in the September issue of Counseling Today. I appreciate his encouraging and kind words applauding the American Counseling Association’s efforts to expand its role in promoting counseling internationally. These efforts include the recent establishment of the ACA International Counseling Interest Network. A statement of strong support validating the necessity of international counseling means a lot to me personally, especially when that statement comes from the president of the International Association for Counselling (IAC) and a past president of ACA.

I applaud the great efforts of IAC and the several initiatives it has launched, many under the pioneering and superb leadership of the late Hans Z. Hoexter. Without a doubt, IAC has had a significant impact globally through holding numerous annual congresses around the world and starting several new national divisions. I strongly believe, however, that the practical applications of IAC’s efforts and the counseling needs of recent immigrants to the United States from various parts of the world remain unfulfilled. Moreover, I believe that a true understanding of counseling is incomplete without considering international perspectives related to counseling theories, testing, concepts and worldviews.

I hope that in the near future, an international counseling association developed within ACA will stand shoulder to shoulder with IAC. I believe these organizations would complement and supplement, not supplant, each other.

Daya Singh Sandhu
Co-chair, ACA International Committee
dayasandhu29@yahoo.com

An open letter about counselor parity

Our country is currently facing a mental health crisis. Many groups of professionals are included under the umbrella of helping professionals, but counselors are underrepresented and underutilized in many areas of employment and with many client populations. Regardless of the reason why the counseling profession has not gotten further, we have the responsibility to find the solution. To remain viable, we must be fearless in making the changes that will sustain us as a profession and move us forward.

The current climate and constant push-pull has produced an “us versus them” mentality among counselors, not only against the psychology and social work professions but also, sadly, among ourselves. As time moves forward and our representatives are called into action to defend our profession and our very livelihood, it is clear we need a new direction.

1) One title: There are more than 15 title designations in 50 states. The term counselor is confusing, as is therapist, because it is not synonymous with what we do. Encouraging letters behind our names not only devalues the profession but also confuses the public.
2) One curriculum: One curriculum would ensure that all counselors are universally prepared and therefore should be able to practice in any state.
3) One test: Having one test would ensure that professionals meet a national standard.
4) Portability: Professionals who have taken a nationally standardized test should be able to practice in any state.
5) Joining forces: All helping professionals are necessary in both traditional and nontraditional roles. Professionals should be compensated based on level of education, experience and role, not professional track.
6) Public education: Intensive re-education of the public needs to occur.

7) Action: What losses could be expected in both the public and private sectors if the counseling profession ceased to exist? What needs do we serve and what roles do we play in public and private mental health?

I believe that our patients and our profession are worthwhile. With many of us facing unemployment, underemployment and being told that we are “unqualified,” we cannot simply accept that our representatives are doing the best that they can and that the current course of action is the best one. We must be strong and we must be ruthless in moving the profession and ourselves forward.

Rayne Turner, LPC
turner@cognitive-solutions.us

Editorial policy

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

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

Email your letters to ct@counseling.org or write to Counseling Today, Letters to the Editor, 5999 Stevenson Ave., Alexandria, VA 22304.

Continued from page 9

Letters

meeting client needs comes first, even if it is less comfortable for me. Although there are safety and ethical concerns, these issues are not insurmountable, and Friedman’s article makes that clear.

It has frustrated me that the counseling profession has in recent years focused a great deal of attention on multicultural issues in counseling and yet overlookted this one huge adjustment we could make to help meet the needs of our multicultural clients more effectively.

Gregory K. Moffatt, Ph.D.
Professor of Counseling and Human Services
Point University
Greg.Moffatt@point.edu

November 2012 | Counseling Today | 67
ASGW seeks nominations for three awards
Submitted by Lorraine Guth
lguth@iup.edu

The Association for Specialists in Group Work Awards Committee is seeking nominations for the Group Work Practice Award. The purpose of this award is to recognize an outstanding practitioner in group work. Recognition may be for any area of group work covered by the ASGW Professional Standards, and nominees must be members of ASGW.

A nomination letter and two supporting letters should address the following points:

1) Scope of practice of nominee to include: type of group work, client population served and practice setting
2) Innovations in group work practice by the nominee
3) How nominee has disseminated group work skills through workshops, conference presentations, supervision and/or training
4) Evidence of nominee’s significant contribution to group work practice

The ASGW Awards Committee is also seeking nominations for the Eminent Career Award and for the Professional Advancement Award. Nominations in either category should address the nominee’s outstanding activities and contributions to the field of group work. Additional letters speaking to the nominee are required. Letters should identify which award is being sought.

- Eminent Career Award: This highest award is intended to recognize major contributions made to the field of group work by an ASGW/American Counseling Association member. Credentials and letters of recommendation for the nominee should convey the national and/or international influence the individual has had on group work over a period of time.
- Professional Advancement Award: This award is intended to recognize the outstanding activities of an individual who has helped advance the field of group work through any one of the following: research, development of a new technique or theory, public relations, legislative activities or group work practice.

Electronic submissions for all awards are preferred and may be submitted via email attachment to lguth@iup.edu. Submissions via regular mail should be sent to Lorraine J. Guth, Indiana University of Pennsylvania, Department of Counseling, 206 Stouffer Hall, Indiana, PA 15705. Applications (nomination letter and supporting letters) must be received by Jan. 31. The award recipient will be announced at the ASGW Luncheon at the ACA 2013 Conference & Expo in Cincinnati.

AMCD invites applicants for 2013 mentoring program
Submitted by Kimberly Frazier
kimberly.frazier@tamucc.edu

The Association for Multicultural Counseling and Development is accepting applications for its 2013 Mentoring Program. Graduate counseling students at the master’s or doctoral level are encouraged to apply. Selected applicants will receive free registration for the upcoming ACA Conference & Expo in Cincinnati and a ticket to the AMCD Luncheon. Graduate students will serve as volunteers for the various AMCD-sponsored events at the upcoming ACA Conference.

For consideration, applicants must become AMCD members by January, forward a letter of support from a current AMCD member and submit a research proposal (two-page limit) regarding an issue that mirrors the multicultural mission and goals of AMCD. Selected research proposals will be presented in a poster presentation at the Mentoring Program Research Symposium held at the annual mentoring program meeting during the conference. Applications must include a cover sheet that includes full name, institutional affiliation and applicant status (master’s level or doctoral level). Graduate students must also submit a letter from their adviser verifying graduate student status. Application materials must be received by midnight (Central Time) on Jan. 18 by the chair of the AMCD mentoring program, Kimberly N. Frazier, via email at kimberly.frazier@tamucc.edu or via ground mail at Texas A&M University-Corpus Christi, Counseling & Educational Psychology, College of Education, ECDC148, 6300 Ocean Drive, Unit 5834, Corpus Christi, TX 78412.

ASERVIC continues teaching module project
Submitted by Shannon Ray
shannray@nova.edu

In response to member support, the Association for Spiritual, Religious and Ethical Issues in Counseling will continue its teaching module project to assist counselor educators with the integration of spiritual and religious issues in the Council for Accreditation of Counseling and Related Educational Programs (CACREP) core classes. Currently, there are nine teaching modules that have been uploaded to the ASERVIC website. Think of submitting some of your ideas, because it is a great way to infuse ASERVIC and spiritual, religious and ethical issues into the classroom.

Original materials will be peer reviewed for an online publication on the ASERVIC website. If you are interested in submitting a module, please submit the following:

1) Title page to include title, author(s), affiliation and contact information
2) An abstract in Word format (only) with a maximum of 750 words, providing an overview of your module, a clear identification of the CACREP core content area and appropriate objectives for the proposed module
3) A PowerPoint presentation to include a maximum of 15 black-and-white (only) PowerPoint slides in Word format (only), Times Roman, 18 point. The PowerPoint must also include an activity, experiential exercise and/or case study for discussion. On the first slide, please list title, author(s), affiliation and contact information.
All submissions should be sent electronically to ljackson@marymount.edu. The deadline for proposals is Feb. 15. See aceservic.org for additional information.

NCDA plays host to themed webinar
Submitted by Alicia Kirkpatrick
akirkpatrick@ncda.org

The National Career Development Association will be hosting a webinar, “Veterans Career and Employment Issues: The Role of Career Development in Military to Civilian Transitions,” on Nov. 14 from 1-2 p.m. (ET). Carmen T. Stein and NCDA Veterans Task Force Chair Robert A. Miles are the co-presenters. Stein is a co-author of the upcoming NCDA monograph, Career Resources and Strategies for Achieving Success in Military to Civilian Transitions. Miles retired from Gateway Community College, where he counseled veterans and was a Veterans Affairs certifying official for 10 years. Both Miles and Stein are veterans.

During the webinar, Stein and Miles will describe the need for a comprehensive approach to the career-related transitions facing returning veterans in settings that include the military’s Transition Assistance Programs, Labor Department One-Stop offices and colleges. They will summarize resources and information available to career development professionals interested in assisting veterans. The webinar will introduce issues that will be developed further in presentations at the 2013 NCDA Conference in Boston.

Register online at ncda.org or mail a check to NCDA, 305 N. Beech Circle, Broken Arrow, OK 74012. Your webinar invitation/access code will be emailed to you along with your receipt. For questions, contact Debbie Gann at dgann@ncda.org or 918.663.7060.

ACCA invites Emerging Leader Grant applications
Submitted by Taffey Cunnien
tcunnien@scad.edu

The American College Counseling Association announces its annual invitation for graduate students and new professionals to apply for an Emerging Leader Grant to attend the ACA 2013 Conference & Expo in Cincinnati. The ACCA Graduate Student Committee oversees the selection process for graduate students and new professionals to encourage attendance and participation in the ACA Conference and in ACCA activities. Multiple graduate students and/or new professionals will receive grants to cover the cost of the Super Saver conference registration fee. Grant recipients will be asked to assist in professional development activities such as the following:

- Helping with conference activities such as staffing the ACCA booth and helping with special ACCA programming
- Writing an article for the Visions newsletter for publication in the Graduate Student Column
- Serving as a member on one of the ACCA committees for at least one year
- Attending the ACCA social and graduate student/new professional events to network with others in college counseling

For more information or to request an application packet, contact ACCA Graduate Student Member-at-Large Hannah Bayne at hannah.b.bayne@gmail.com. Applications require submission of a curriculum vitae, personal statement and statement of financial need. Applications are due electronically by Dec. 14.

ACCA offers two research grants
Submitted by Victoria Kress
victoriaekress@gmail.com

The time has come again for Association for Creativity in Counseling members to seek research assistance through the ACC Research Grant Committee. Each year, ACC provides one professional and one student member with a $250 research grant. Practitioners are encouraged to apply.

The purpose of these grants is to support research that increases understanding of the use of creativity in counseling. Previous grants were awarded to promote research on adventure-based counseling, creative approaches in counseling supervision and the therapeutic efficacy of digital storytelling.

The submission deadline is Jan. 15. Contact co-chairs Victoria Kress (victoriaekress@gmail.com) and Laura Bruneau (ibruneu@adami.edu) for more information.

AHC gives feedback on proposed DSM changes
Submitted by Donna Sheperis
donna.sheperis@waldeanu.edu

The Association for Humanistic Counseling Current Affairs Committee recently submitted a response to the American Psychiatric Association (APA) requesting the inclusion of humanistic considerations into the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). We indicated that the views of counselors associated with humanistic counseling are grounded in a value system that places priority on the uniqueness, welfare, worth, personhood and dignity of every client. Humanistic counselors contend that the development and revision of DSM diagnoses should be consistent with this set of values.

Specifically, humanistic counselors are concerned that a number of proposed changes currently being discussed appear to be inconsistent with the humanistic philosophical approach to counseling. For example, the proposed change to the definition of “mental disorder” suggests that all mental disorders can be reduced to biology. If mental disorders are primarily the result of neurobiology, it becomes unnecessary to consider meaning, purpose, morality and culture — the very qualities that define our humanity. Such a change can produce an undesired effect and could work against efforts “to improve the condition of individuals, organizations and society” (APA). A misinterpretation could undermine the client’s efforts to self-advocate and advocate on behalf of others. Humanistic counselors ask that APA exercise caution as it works to establish a definition of mental disorder that is empowering to clients.

Humanistic counselors have a concern regarding the proposal to lower diagnostic thresholds. The planned removal of major depressive disorder’s bereavement exclusion and the reduction in the number of criteria needed for the diagnosis of attention deficit disorder and generalized anxiety disorder may pathologize expected natural human responses to typical life occurrences.

Humanistic counselors are concerned about the proposal to add paraphilic coercive disorder. If one medicalizes
criminal activity, it increases the likelihood that persons who deliberately and continually commit malicious and harmful acts will be able to avoid taking responsibility for such acts. This proposed change could have negative unintended social consequences if it makes it more socially acceptable to perpetrate violence against others.

Overall, humanistic counselors have deep misgivings about a number of proposed revisions to the DSM and find that the proposed changes are inconsistent with the core values of humanistic counseling.

AACE plans conference events, seeks journal editor
Submitted by Amy McLeod
almcleod@argosy.edu

Please join the Association for Assessment in Counseling and Education for the following AACE-sponsored events at the ACA 2013 Conference & Expo in Cincinnati:

- Friday, March 22, from 6-8 p.m. — AACE, Association for Adult Development and Aging, Association for Spiritual, Ethical and Religious Values in Counseling, Association for Humanistic Counseling and International Association of Addictions and Offender Counselors Joint Reception
- Saturday, March 23, from 8-9 a.m. — Business and Awards Meeting

In other news, AACE is seeking applications for the position of editor of the journal Counseling Outcomes Research and Evaluation (CORE). CORE is a national, peer-reviewed journal with a readership composed of counselors, educators and other professionals interested in providing leadership, training and research in outcomes research, evidence-based practice and program evaluation. Its mission is to promote and recognize scholarship, professionalism, leadership and excellence in these areas. The appointment of editor is a three-year term beginning July 1, 2013.

Appointment is conditional upon the following qualifications:

1) Experience as an editorial board member of a professional publication or similar experience (associate editor or editor of another publication)

2) A record of scholarly publications in refereed journals

3) Demonstrated expertise in assessment and research methods (for example, quantitative, qualitative, SSRD)

4) An understanding of and commitment to the mission of AACE, including AACE membership and involvement if selected

5) Preference for those with a history of involvement with AACE/ACA-affiliated organizations

Interested individuals should submit formal application materials containing the following by Dec. 1:

1) A current curriculum vitae

2) A complete list of publications and reprints of no more than five of the applicant’s most significant publications

3) A statement of vision for the editorial direction for CORE

4) A statement from the applicant (cover letter) indicating that the institution or organization will support the appointment (allow the applicant time to serve as editor)

Reviews of the candidates will begin Dec. 1 and continue until filled. The appointment will be announced as soon as possible, with the editor-elect expected to begin working with the current editor approximately Jan. 1 so as to facilitate the official transition on July 1, 2013.

A verification of receipt will be sent within 48 hours. Materials should be submitted electronically (Word or PDF) to Dale Pietrzak, AACE member-at-large for publications, at dale@drpietrzak.com.

MACD revives newsletter, announces upcoming events
Submitted by Marybeth Heather
marybethabheather@gmail.com

The Maryland Association of Counseling and Development is happy to report that we are revitalizing our newsletter, *Compass Points*, which was last published in 2008. The current issue of the newsletter, published in September, can be found at mdcounseling.org. Articles presented in this issue include “Spirituality and Counseling,” written by Lee Richmond, president of the Maryland Association of Spiritual, Ethical and Religious Values in Counseling, and “Essential Top 10 Ways to Counsel Youth,” written by Elizabeth Kuttler, MACD program coordinator chair.

MACD will be offering several exciting events this year. President Marsha Riggio will be welcoming ACA President-Elect Cirecie A. West-Olatunji to Johns Hopkins University (Columbia campus) on Nov. 9 for the MACD Annual Conference. This year’s theme is the “Impact of Modern Life on Mental Health.” Visit our website for updates on other upcoming events, including our Multicultural Workshop on Saturday, Feb. 23, and our Spirituality Workshop on Friday, May 3.

Submit your news and upcoming events

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

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

December issue: Oct. 26 at 5 pm ET
January issue: Nov. 30 at 5 pm ET
February issue: Dec. 27 at 5 pm ET
March issue: Jan. 24 at 5 pm ET
April issue: Feb. 21 at 5 pm ET
May issue: April 1 at 5 pm ET
June 2013 issue: April 25 at 5 pm ET
July 2013 issue: May 30 at 5 pm ET
August 2013 issue: June 27 at 5 pm ET
September 2013 issue: July 25 at 5 pm ET
October 2013 issue: Aug. 28 at 5 pm ET
November 2013 issue: Sept. 26 at 5 pm ET
December 2013 issue: Oct. 24 at 5 pm ET
COMING EVENTS

ORCA Fall Conference
Nov. 1-3
Portland, Ore.

Please join us at the Oregon Counseling Association’s annual fall conference for continuing education and networking with your fellow professionals. The theme of this year’s event is “Appreciating the Diverse Experience.” Visit or-counseling.org to register and to learn about the featured topics and speakers.

EB-ACA Annual Conference
Nov. 1-4
Heidelberg-Wiesloch, Germany

The European Branch of ACA’s 53rd Annual Conference will be held at the Best Western Plus-Palatin Kongress Hotel, located 12 kilometers south of historic Heidelberg in the center of Wiesloch. Local attractions include the historic cities of Heidelberg and Speyer, the wine and asparagus region, “Kraichgau,” the world’s leading Formula One motor speedway in Hockenheim, attractive golf courses, and the car and technology museum in Sinsheim with the Concorde plane F-BVFB. The annual conference is a great opportunity to connect with counselors from around the world who share the common goal of best practice and the use of innovative, interdisciplinary counseling techniques. CEUs and college credit for select sessions will be available. For registration and travel information, contact EB-ACA President-Elect Elizabeth Pardo at pardeb@hotmail.com.

CCA Regional Conference
Nov. 2
Rocky Hill, Conn.

The Connecticut Counseling Association announces its upcoming regional conference, “Current Developments in Counseling: Trauma, Suicide and the DSM-V — A Day of Learning for Counselors, Counselor Educators and Supervisors.” The day will focus on the continuing education needs of counselors in the tri-state area, with a special emphasis on trauma-informed therapy, suicide assessment and prevention, and a review of the DSM-V revisions. An expert panel will address national and local legislative concerns. ACA member rates and hotel discounts are available. For more information, visit c camino.org. CEUs are also available. The conference is co-sponsored by the Connecticut Mental Health Counselors Association and the Connecticut Association for Counselor Education & Supervision, with additional sponsorship from ACA.

Expressive Therapies Summit
Nov. 8-11
New York City

A faculty of more than 150 creative arts therapists and other mental health professionals from eight countries will offer a program of more than 100 papers, workshops, daylong master classes and two-day training intensives emphasizing hands-on participation and cross-disciplinary collaboration. Art, drama/psychodrama, music, dance/movement, photography/video, poetry/narrative and play therapy/sand play are featured approaches to working with clients throughout the life cycle. Topics include trauma/abuse, autism spectrum, hospice/grief, dual diagnosis, dementia, relationships/family, mindfulness/yoga, integrative therapy, equine therapy, cultural/international issues, assessment, LGBTQ issues and more. There will be a special symposium at the New School on Nov. 9: “Neuroscience and the Therapeutic Power of the Arts.” CEUs are available. Attend one day or more. For registration or more information, visit summit.expressivemedia.org.

MACD Annual Conference
Nov. 9
Columbia, Md.

The Maryland Association for Counseling and Development will host its annual conference, themed “Impact of Modern Life on Mental Health,” at Johns Hopkins University (Columbia campus). The keynote speaker will be ACA President-Elect Cirecie West-Olatunji. For more information, visit mdcounseling.org or email MACD President Marsha Riggio at marsha@riggioconsulting.com.

ArCA Conference
Nov. 14-16
Hot Springs, Ark.

The Arkansas Counseling Association 2012 Conference, themed “Back to the Future: Treasuring the Past, Transforming the Future,” will be held at the convention center. Last year, more than 700 attended; we are looking forward to an even bigger turnout this year. The many interactive presentations will be challenging and informative for counselors in mental health settings, schools, agencies and colleges, as well as for counseling students. International researcher and author Sheri Bauman will give a keynote on “Cyberbullying: What Counselors Need to Know.” ACA President Bradley Erford will give a keynote on “Counselor’s Self-Care,” and he will also help us “transform into the future” at the closing session. Register at arcounseling.org. Questions? Contact Conference Chair Cheryl Edwards at 479.420.5343 or preferredcounsel@sbeglobal.net.

TCA Professional Growth Conference
Nov. 14-17
Galveston, Texas

The Professional Growth Conference is the Texas Counseling Association’s largest annual conference, held each year in November. Join us this year at the Galveston Island Convention Center. The four-day conference opens Nov. 14 with preconference workshops and runs through Nov. 17, when post-conference sessions are offered. This year’s conference will feature more than 150 sessions with topics covering mental health, school and college counseling; counselor education and supervision; addiction and offender counseling; marital, couple and family counseling; career development and employment counseling; and diversity, multicultural and social justice issues. Onsite registration is available. For more information, visit tca.org/Galveston.

TCA Conference
Nov. 17-20
Nashville, Tenn.

The Tennessee Counseling Association Conference will be held at the Sheraton Nashville Downtown. “Counseling as Music: Facilitating Harmony for Mind, Body and Spirit” will be the conference theme. The keynote speaker will be author and motivational speaker Dave Weber. Contact Mike Bundy, president-elect and conference chair, at mbundy@cn.edu with any questions, and visit tn counselors.org for more information.

CALL FOR PROPOSALS

The National Board of Forensic Evaluators is seeking proposal submissions for its first one-day Forensic Mental Health workshop, to be held via webinar, on March 1. The submission deadline for proposals is Dec. 15. For more information, contact Valerie Watt at drval@nbfe.net or visit nbfe.net.
Classified advertising categories include: Calendar; Merchandise & Services; Consulting; Office Space Available; Business Opportunities; Educational Programs; Call for Programs/Papers. Other categories can be added at no charge.

Rates: Standard in-column format: $10 per line based on 30 characters per line, $60 minimum. $8 per line for advertisers preparing for six months. No cancellations or refunds. Classified ads can be placed online only at a rate of $8 per line, based on 30 characters per line; 30-day posting.

Employment ads are listed under international or national by state.

Rates: $10 per line based on 30 characters per line, $150 minimum. $8 per line for advertisers preparing for three months. No cancellations or refunds. Employment ads can be placed online only at a rate of $8 per line, based on 30 characters per line; 30-day posting.

Display ads in the employment classified section are available and can be designed by ACA's graphics department. Call for details.

Classified and employment ads are not commissioned and are billed at net rate only.

ACA Members: If you are seeking a position you may place a 45-word ad for $10. This is a one-time insertion only.

Deadlines: Vary per issue. Contact Kathy Maguire at 607.662.4451 or kmaguire@counseling.org for further details.

Direct all copy or inquiries to Kathy Maguire via email at kmaguire@counseling.org.

Phone: 607.662.4451
Fax: 607.662.4415

Ads are subject to Counseling Today approval; however, Counseling Today cannot screen or evaluate all products or services advertised in the classified section and does not guarantee their value or authenticity. The publication of an advertisement in Counseling Today is in no way an endorsement by ACA of the advertiser or the products or services advertised. Advertisers may not incorporate in subsequent advertising or promotion the fact that a product or service has been advertised in any ACA publication. ACA endorses equal opportunity practices and will not knowingly accept ads that discriminate on the basis of race, sex, religion, national origin, sexual orientation, disability or age.

Counseling Today reserves the right to edit all copy, request additional documentation where indicated and to refuse ads that are not in consonance with these practices. ACA is not responsible for any claims made in advertisements nor for the specific position title or working of any particular position listed in employment classified ads.

### MERCHANDISE/SERVICES

**UPON MY WORD**

Upon My Word offers English language services such as writing, editing, and proofreading, including help with APA style. Please see our website at www.UponMyWord.biz today!

**LICENSED EXAM REVIEW**

NCE & NCMHCE Exam Prep Review. Multiple choice questions, mnemonics. Exam Tips, online and interactive Check out our FREE SAMPLER! hutchib@usa.net www.CounselingExam.com

**DISSERTATION COMPLETION CONSULTING**

Individualized program assists with all aspects of dissertation and thesis writing. By phone, by FAX, by e-mail, or in person. Call “toll free” 1-(888) 463-6999 or wgwargo@academicinfocenter.com

**CONTINUING EDUCATION**

CRUISE & EARN 20 CEUs

Earn Your CEUs on an Amazing Cruise! Fresh topics, top notch trainers and exciting ports of call for a very reasonable price. Check out our sailings and seminars at www.LandOrSeaCEUs.com or 877-901-4335.

### TRAINING

**HEAL YOUR LIFE® WORKSHOP LEADER TRAINING**

Become a licensed workshop leader in the philosophy of Louise Hay. All manuals and materials provided to lead up to 14 different workshops. Our training is licensed by Hay House, Inc., and approved by Louise Hay. www.healyourlifetraining.com

### HOME/OFFICE FOR SALE

**CONNECTICUT**

Professional Home and Office: Quintessential 1836 Colonial 1500 sq. ft. on six acres with an attached 800 sq. ft., two room office in Western CT. Separate entrance, stone fireplace, bathroom, sound proofing, cathedral ceilings. $349,900. Contact: Kathryn Clair kathryn.clair@sothebysreality.com 860.868.6926.

### EMPLOYMENT

**GEORGIA STATE UNIVERSITY**

Tenure-Track, Assistant Professor, Mental Health Counseling

The Department of Counseling and Psychological Services at Georgia State University is searching for a tenure-track, assistant professor in the Mental Health Counseling Program to begin fall, 2013. This candidate is also expected to join the department’s Counselor Education and Practice doctoral program.

Qualifications: The individual chosen for this position must meet the following minimum criteria: have an earned doctorate from a CACREP-accredited Counselor Education program; must show evidence of and/or potential for a focused line of research; have experience in and/or show potential for teaching core and specialized courses within the Mental Health Counseling curriculum; license-eligible in Georgia.

Responsibilities: Applicants will be primarily responsible for teaching clinical mental health core courses and specialty counseling courses in the masters level Mental Health Counseling Program. Additional responsibilities include but are not exclusive to maintaining an active scholarship program; participating in
curriculum assessment and development; student advising; providing service to the community, university and professional organizations. Preference will be given to candidates who have a well-defined research program that has the potential for external funding. Preference will also be given to individuals who have expertise in counseling with children and/or who can teach basic and advanced counseling skills, introductory mental health counseling classes, and supervise practicum and internship courses.

The Mental Health Counseling Program, Department of Counseling and Psychological Services, and Georgia State University have a strong commitment to diversity. Candidates from underrepresented racial and ethnic minority groups, women, and persons with disabilities are especially encouraged to apply. Atlanta is an exceptionally diverse and vibrant metropolitan area that provides numerous opportunities for cultural events as well as professional collaborations within GSU and the broader metro-Atlanta area.

Applications/Nominations: Applicants should send a letter of application, curriculum vita, official transcript of highest degree earned, writing sample, and three letters of recommendation to Dr. Dennis Gilbride, Search Committee Chair, Department of Counseling and Psychological Services, P.O. Box 3980, Georgia State University, Atlanta, Georgia 30302-3980.

Preference will be given to applications and supporting documents received by October 15, 2012, but the position will remain open until a suitable candidate is selected. Please be advised that should you be recommended for a position, the University System of Georgia Board of Regents policy requires the completion of a background check as a prior condition of employment.

Georgia State University is an equal opportunity educational institution and an equal opportunity affirmative action employer.

**GEORGIA STATE UNIVERSITY**

**School Counseling, Clinical Assistant Professor**

The Department of Counseling and Psychological Services at Georgia State University in Atlanta, GA is searching for a clinical, assistant professor in the school counseling program. The individual chosen for this position must have an earned doctorate in counselor education from a CACREP accredited program, paid experience as a school counselor, and membership in regional and national professional organizations. The individual must be prepared to teach courses in the school counseling program, including supervision of school counseling practica and internships, as well as courses in the master’s core. The individual must be eligible for licensure as a Professional Counselor in Georgia.

Major areas of responsibility for this individual are teaching and service to the department, College of Education and University. Preference will be given to individuals who have expertise working with elementary aged students and their families. This individual will also be expected to develop and foster working relationships with school internship sites.

The School Counseling Program, Department of Counseling and Psychological Services, and Georgia State University have a strong commitment to diversity. Candidates from underrepresented racial and ethnic minority groups, women, and persons with disabilities are especially encouraged to apply. Atlanta is an exceptionally diverse and vibrant metropolitan area that provides numerous opportunities for cultural events as well as professional collaborations within GSU and the broader metro-Atlanta area.

Preference will be given to applications and supporting documents received by October 30, 2012, but the position will remain open until a suitable candidate is selected. Applicants should send a letter of application, curriculum vita, official transcript of highest degree earned and three letters of recommendation to the CPS Department Assistant, Dr. Andrea Dixon, Counseling and Psychological Services, P.O. Box 3980, Georgia State University, Atlanta, Georgia 30302-3980.

Inquiries should be sent to Dr. Dixon at dixon@gsu.edu. Please be advised that should you be recommended for a position, the University System of Georgia Board of Regents policy requires the completion of a background check as a prior condition of employment.

Georgia State University is an equal opportunity educational institution and an equal opportunity affirmative action employer.

---

**LOYOLA UNIVERSITY NEW ORLEANS**

**Department of Counseling, Assistant Professor**

Loyola University New Orleans Department of Counseling is pleased to announce an assistant professor tenure-track position beginning in the fall of 2013. Responsibilities include teaching courses in the Clinical Mental Health Counseling Program (a 3-3 load), conducting research/writing for publication, advising students, and engaging in service activities for the university and profession. Potential courses may include core counseling courses (e.g. Counseling Theory, Vocational Counseling, Measurement and Assessment, Group Counseling, Developmental) and marriage and family courses (e.g. Family Systems, Marriage and Couples, Intro to Family Counseling). Summer teaching is also possible.

Required qualifications include a doctorate in Counselor Education from a CACREP-accredited program; a clear research agenda with publications; license eligible as a LPC in Louisiana.

---

**MARIST**

**ASSISTANT PROFESSOR FOR PSYCHOLOGY**

Marist College, an independent and comprehensive liberal arts institution located in New York's historic Hudson River Valley, invites applications for two tenure-track Assistant Professor positions with an emphasis on School Psychology and/or Mental Health Counseling for the School of Social and Behavioral Sciences.

Candidates will be expected to teach courses in the area of research methods and there is flexibility in teaching undergraduate and/or graduate courses in the following areas: counseling skills, assessment of disabilities, academic and behavioral interventions, consultation in schools, group psychotherapy, and measurement & evaluation. For the Mental Health Counseling position, a doctorate in Counselor Education from a CACREP-accredited program or a doctorate in Counseling Psychology from an APA-accredited program is required. For the School Psychology position, a doctorate in School Psychology, preferably from an APA-accredited program is required.

To learn more or to apply, please visit http://jobs.marist.edu. Only online applications are accepted.

AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER
The Department of Counseling and College Student Personnel seeks applicants to fill two tenure-track, Assistant or Associate Professor faculty positions (Student Affairs/College Student Personnel and College Counseling/generalist) beginning August 2013. Preference will go to applicants with an earned doctorate in Counseling or a related field from an accredited institution; ABD status will also be considered. Send letter of interest specific to which position applying for, curriculum vita, copies of undergraduate and graduate transcripts, and the names and contact information for three references to Dr. Todd Whitman, Search Committee Chairperson, Department of Counseling and College Student Personnel, Shippensburg University, Shippensburg, PA 17257. Shippensburg University is an Equal Opportunity Employer committed to fostering a diverse and inclusive community and strongly encourages all qualified individuals to apply. For more information on these positions, their qualifications, and additional application instructions, please visit our website at http://www.ship.edu/HR.

Preferred qualifications include training and experience in either Clinical Mental Health or Marriage and Family Counseling, experience mentoring students with research projects (e.g. presentations and building data sets), a strong desire to conduct research, publish/present at state/national conferences, at least three years full-time teaching experience in a counseling program, and experience working with a diverse faculty and student body.

Applicants should send the following documents as email attachments to Dr. Christine Ebrahim, Search Committee Chair, at cebrahim@loyno.edu: Letter of Interest that addresses the required and preferred qualifications; Curriculum Vita; Statement of Teaching Philosophy and Theoretical Orientation and Research Agenda.

In addition, applicants should send their official graduate transcripts, three letters of reference, and a video demonstration of their teaching by mail to Dr. Christine Ebrahim, Search Committee Chair, at Loyola University New Orleans, 6363 St. Charles Ave Campus Box 66, New Orleans, LA. 70118. We will be accepting applications until December 15, 2012. Minorities and women are strongly encouraged to apply. Offered salary is competitive.

Loyola University New Orleans, a Jesuit and Catholic institution of higher education, welcomes students of diverse backgrounds and prepares them to lead meaningful lives with and for others; to pursue truth, wisdom, and virtue; and to work for a more just world. Inspired by Ignatius of Loyola’s vision of finding God in all things, the university is grounded in the liberal arts and sciences, while also offering opportunities for professional studies in undergraduate and selected graduate programs. Through teaching, research, creative activities, and service, the faculty, in cooperation with the staff, strives to educate the whole student and to benefit the larger community.
A counselor sued for slander triumphs in court.

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

Read the details of this case study involving a malpractice lawsuit against a counselor insured through HPSO at www.hpso.com/ct1.
ENSURE EXAM SUCCESS  
~ RELY ON AATBS ~

NCE  
NCMHCE  
CA LPCC  
CPCE

EXPERT CONSULTANT  
Janis Frankel, Ph.D.  
Also known as “Dr. J,” Dr. Frankel has been preparing candidates for licensing exams for 25 years. After completing her undergraduate degree at the University of California, Berkeley, she earned her Ph.D. in Clinical Psychology. Dr. J has many years of experience as a private practitioner, making her full-time consulting work for AATBS as an Educational Consultant a benefit to participants in our programs.

"Dr. Frankel, I received my NCE results last night - 142/160. Your encouragement and the excellent study program made a significant and positive difference in preparing for this comprehensive test. Thank You!"  
Heather Hamilton  
Atlanta, GA

SAVE 20% 
ON NCE, NCMHCE, CA LPCC or CPCE Study Materials or Packages 
USE CODE: CTJAS | EXPIRES: 11.30.12

Scan Code to visit mobile site

Association for Advanced Training in the Behavioral Sciences  
800.472.1931 | www.aatbs.com