Confronting Katrina's aftermath

ACA partners with Red Cross to help hurricane victims; counselors provide tremendous volunteer response

BY ANGELA KENNEDY

As a member of the American Red Cross Partners for Effective Emergency Response, the American Counseling Association jumped into action to recruit professional counselors to help with the emotional aftermath caused by Hurricane Katrina. Due to the overwhelming response from ACA members who volunteered to help, at press time the American Red Cross had placed a hold on new applications until it could process the hundreds of applications already received. ACA members are asked to continue checking for updates on the need for disaster mental health volunteers by visiting www.counseling.org/hurricane.

On Sept. 5, the American Red Cross made the unprecedented decision to remove various requirements for disaster mental health volunteers. Due to the extreme need for mental health services caused by the hurricane, the American Red Cross began recruiting any professional counselor who:
- Held an LPC (or equivalent) license or
- Was a National Certified Counselor or
- Was a certified/licensed school counselor and
- Was able to travel to the Gulf Coast region for a minimum of 14 days

The American Red Cross estimated that at least 15,000 mental health volunteers would be needed over the next several months. At press time, more than 1,000 counselors had deployed to the affected areas along the Gulf Coast and to evacuate shelters across the country. Several hundred volunteers will also be needed to replace those individuals after the initial two-week assignment is completed, with additional mental health professionals needed for months to come.

Continued on page 20

Highlights of the ACA Code of Ethics

Emphasis on multiculturalism, diversity issues among major changes

BY MICHAEL M. KOCET

Earlier this year, the American Counseling Association Governing Council approved the adoption of the 2005 ACA Code of Ethics. The code is revised approximately every 10 years and provides an opportunity for the counseling profession to examine current practices and issues faced by professionals in a variety of settings. A central focus of our professional code of ethics is to help guide professional practice with clients, students, supervisees, colleagues and research participants. A code of ethics is designed to protect the well-being of those served by counselors, as well as to advance the work of the profession. The purpose of this article is to highlight some of the main changes in the 2005 ACA Code of Ethics. Readers are encouraged to log onto the ACA website at www.counseling.org/ethics to access the revised code. The new code is also being published in this issue of Counseling Today beginning on page 25.

The 2005 ACA Code of Ethics consists of eight main sections broken down into the following areas: The Counseling Relationship; Confidentiality, Privileged Communication and Privacy; Professional Responsibility; Relationships With Other Professionals; Evaluation, Assessment and Interpretation; Supervision, Training and Teaching; Research and Publication; and Resolving Ethical Issues. A new glossary is also provided to help readers understand key counseling terms and how they are defined in the document.

Another feature is a section that outlines the five main purposes of the ACA Code of Ethics.

Continued on page 16
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NEWS BRIEFS

THIS ISSUE'S FEATURE ARTICLE SHORTS AND STATISTICAL OF THE MONTH

ACA helps counselors deal with disaster

In the wake of Hurricane Katrina, the American Counseling Association has received numerous e-mails and phone calls asking what the association has done or plans to do to provide counselors with information about responding to either natural or manmade disasters. ACA understands the importance of counselor involvement in disaster mental health work and had previously launched several initiatives to help counselors prepare for such circumstances. Among those initiatives:

- ACA partners with the American Red Cross to offer free certification in disaster mental health at each annual convention. The certification includes training in how to recognize and buffer themselves against secondary trauma. ACA members interested in joining the Traumatology Interest Network can contact facilitator Karin Jordan at kjordan@georgefox.edu, or e-mail Mary Jancsy at ACA headquarters (mjancsy@counseling.org) to join the group's listserv.
- The ACA Foundation has published Terrorism, Trauma and Tragedies: A Counselor's Guide to Preparing and Responding. In its second edition, this popular book provides many practical strategies for dealing with the aftermaths of a wide range of traumatic events. To order, call 800.422.2648 ext. 222 or visit the ACA Online Bookstore at www.counseling.org.
- The ACA Foundation has sponsored the trauma symposium at Argosy University in Florida for the last two years. The symposium gives ACA members an opportunity to participate in a conference focusing on all aspects of disaster mental health and to gain current and cutting-edge knowledge and skills in this area. (Note: The Winter Counseling Symposium: Responding to Tragedy, Trauma and Crisis has been postponed because its Planning Committee voted to channel all its resources into helping the victims of Hurricane Katrina. See the related article on Page 52.)

The Last Word

"Although counseling are the benefits of counseling for others, they are often reluctant to seek help for themselves."
—Both authors, members of ACA task forces on counselor wellness and impairment (see "A campaign for counselor wellness" on page 22)

By the Numbers: Counselor Impairment

Based on a 2004 survey of a random sample of ACA members; A. 63.5% of counselors have known another counselor they considered impaired; B. 77.8% — Cases in which the impaired counselor did not receive disciplinary action; C. 73.7% — Cases in which the impaired counselor did not receive therapeutic intervention; D. 75.7% of counselors believe impaired counselors present a significant risk to the profession; E. 82.7% of counselors did not know if there was a program for impaired counselors in their state. For more information, visit www.counseling.org/taskforce/index.htm.

ACA IN ACTION

ACA membership extended for counselors impacted by hurricane on the Gulf Coast

In the aftermath of Hurricane Katrina, a number of American Counseling Association members were directly impacted not in terms of providing additional services, but as people whose homes and livelihoods were thrown into chaos. ACA Executive Director Richard Yep has announced that all ACA members in the following ZIP codes have had their memberships extended for 12 months, regardless of their existing expiration date. The ZIP code areas are:

- 39009 39041 39163 39350 39530
- 39028 39042 39154 39352 39553
- 39061 39044 39156 39354 39556
- 39062 39046 39159 39358 39558
- 39060 39051 39160 39360 39561
- 39063 39054 39161 39361 39554
- 39044 39056 39162 39362 39567
- 39050 39057 39163 39363 39571
- 39066 39059 39165 39365 39572
- 39067 39062 39166 39366 39573
- 39068 39063 39167 39367 39574
- 39069 39066 39169 39364 39576
- 39070 39067 39168 39361 39577
- 39011 39069 39160 39362 39501
- 39012 39071 39170 39423 39629
- 39013 39073 39174 39426 39630
- 39014 39074 39175 39427 39631
- 39015 39077 39176 39429 39633
- 39016 39078 39180 39430 39635
- 39017 39079 39189 39436 39638
- 39018 39050 39190 39431 39641
- 39033 39083 39191 39440 39643
- 39040 39086 39192 39451 39645
- 39052 39088 39194 39452 39647
- 39060 39090 39205 39458 39648
- 39063 39092 39206 39456 39652
- 39067 39094 39207 39457 39654
- 39071 39095 39208 39459 39656
- 39085 39096 39226 39461 39657
- 39089 39098 39233 39462 39661
- 39091 39108 39234 39463 39662
- 39093 39109 39235 39464 39663
- 39095 39111 39236 39465 39664
- 39097 39114 39237 39466 39666
- 39099 39116 39238 39470 39667
- 39107 39117 39330 39474 39668
- 39106 39119 39332 39475 39669
- 39112 39140 39335 39476 39701
- 39115 39140 39337 39477 39735
- 39119 39144 39338 39478 39736
- 39211 39145 39339 39479 39772
- 39221 39146 39341 39480 700+
- 39222 39147 39342 39481 701+
- 39771 39149 39345 39482 702+
- 39038 39150 39346 39483 703+
- 39039 39151 39347 39503 704+
- 39040 39152 39348 39520

"The ACA leadership wanted to make sure that all of our members in the affected area knew that we were thinking of them during this difficult period," Yep said. "We knew it will take these members some time to get back on their feet, but we didn't want their membership in ACA to lapse either, so extending their membership for one full year seemed like the right thing to do."
Opinions run the gamut on resolution to support same-sex families

I was pleased to read in Counseling Today that the American Counseling Association Governing Council passed a resolution "opposing any discrimination based on sexual orientation in marriage relating to creating and maintaining families, including adoption, child custody etc., and encouraging counselors to "actively participate in the elimination of all discrimination based on sexual orientation in the above matters" (see "Governing Council adopts resolution on families, reviews ethics code changes," July 2005). I applaud ACA for its passage.

However, I can't for the life of me understand why support of marriage for same-sex couples was not included in this resolution. In October, my partner and I will celebrate 30 years in a loving and committed relationship. As I read this article, I waited for the statement that would support my family, which consists of my partner and me. Imagine my surprise, hurt and then anger when it never came. If ACA is truly in support of families and against discrimination based on sexual orientation, it is difficult for me to understand why supporting a same-sex couple's right to marry, regardless of whether they have children, is not part of this resolution.

In addition, many marriage laws have to do with protecting children in areas that this resolution addresses: adoption, child custody, etc. While it is certainly important that children have a legal tie to their parents, it would seem that we will be equally important for the well-being of children and in "creating and maintaining families" that their parents have a legal tie to each other. The best way to protect and provide for the needs of the children of same-sex couples and to eliminate discrimination is to allow their parents to marry. The omission in support of marriage for same-sex couples in this resolution seems to send the message that it is not OK to discriminate against the children who have same-sex parents, but it is OK to discriminate against their parents (I wonder how the children will internalize that) and to discriminate against same-sex couples who do not have children.

Also in the July issue of Counseling Today, many articles supported the notion that a counselor's role includes advocacy and social justice concerns. Yet, at the end of the article on the Governing Council resolution, an editor's note referred to an upcoming article detailing how the ACA should support a resolution for "gay" marriage (see "Classroom Debate," September 2005). How could ACA not support a resolution for marriage for same-sex couples and continue to say it is "actively participating in the elimination of all discrimination based on sexual orientation"? The many forms of discrimination that my partner and I have experienced because we are not allowed to marry are too numerous to mention here. It seems that the only thing that should be no need for debate on this issue. Not allowing same-sex couples to marry is discriminatory, and if ACA truly opposes discrimination based on sexual orientation, supporting the right for same-sex couples to marry is only being true to ACA's mission.

It is important to note that the American Psychiatric Association, the American Psychoneurological Association, the American Psychological Association and the National Organization for Social Work have all come out with resolutions or statements in favor of the legal recognition of civil marriage for same-sex couples. It is also important to note that these associations support civil marriage, not separate and unequal legal unions such as civil unions or domestic partnerships that do not provide the same legal benefits and social recognition or carry the same universal meaning as marriage. As a member of ACA, its silence on this issue is disappointing and embarrassing. It is time for ACA to join the other major mental health organizations and be true to its nondiscrimination policy with a resolution in full support of civil marriage for same-sex couples. James P. King, Ph.D.

Colchester, Conn.

jfpkc@cs.com

I am outraged and saddened by both the article "Parenting Pride in the August 2005 issue of Counseling Today and ACA's decision to be added to a "growing list of national organizations that publicly oppose any discrimination based on sexual orientation in matters related to creating and maintaining families." As counselors and supporters of mental health, we are obligated to look at the basic components of a BioPsychoSocialSpiritual Hx (physical, mental, emotional and spiritual well-being). All — yes, I repeat, all — of those sectors pose multiple problems for individuals either involved in a direct relationship or a family thereof. This cannot be denied. Supporting a decision such as this is equivalent to taking a stand and saying, "It is OK for men and women to be in same-sex relationships but not our children." It is not OK and should not be supported.

Subjecting children to these issues that will most definitely arise again because a couple "in love" wants all the freedom and benefits of a straight family. Who is looking out for the children here? Obviously not the parents, and definitely not ACA. I will not be renewing my membership.

Mary Beth Rost

Detroit

I have great concerns about the recent resolution passed by the ACA Governing Council supporting gay and lesbians families and wonder where our organization stands on the legal recognition of the lives of gay and lesbian couples. As advocates, we fully believe in the statements submitted by the Association for Gay, Lesbian and Bisexual Issues in Counseling in its motion to observe the rights of children of gay and lesbian families. I also believe that all humans have an inalienable right to choose their own life partner and establish a family that supports the emotional, physical and spiritual needs of each member. Yet I question why a special resolution was initiated. Closely, the gay and lesbian community is at odds with a well-organized conservative movement that wants to restrict the lives of gay and lesbian families, as well as other civil rights enjoyed by Americans for hundreds of years (at least if you are the right shade and hue of humanity). What I find most disconcerting is the specificity of whom ACA chooses to recognize as a group needing special resolutions. It is my belief that counselors already understand these beliefs manifested in our ethical code. I have yet to see any resolutions addressing the rights of Muslims Americans or other cultural groups experiencing violence, intimidation and discrimination in the United States.

I respectfully question the whole concept of having a resolution to support the rights of individuals with special needs in every issue. We can support them in every way short of an endorsement of a political agenda. I look forward to seeing if our next resolution will be a model of support and not a political statement.

James E. Wellman, Ph.D.

Continued on page 13
Families first: Putting ‘things’ into perspective

The importance of families has been highlighted for us as we witness the aftereffects of Hurricane Katrina. Story after story reports on the dislocation among families, relocation to different sites across the country, pleas to find loved ones, families huddled together in the armory here in Phoenix; a tearful couple, natives of New Orleans, whose home and business have been destroyed; and rescuers, separated from their own families, working 24-hour shifts—all these images are compelling. In these images and through these voices, I see and hear the spirit of sadness, but not defeat. My personal experience with a family at the Phoenix armory is one I would like to briefly relate.

Like many of you, I have been glued to the television when time allows, e-mailing with staff who are preparing the American Counseling Association’s response to the hurricane survivors and otherwise increasingly anxious to get on the front lines. When I learned that families were going to arrive at the Phoenix armory on a Sunday, I knew I had to volunteer. This was a remarkable learning experience for me.

James and Victor

I met 15-year-old James and 12-year-old Victor (who is also James’ uncle) through another mental health practitioner. They became my responsibility when she had to leave because James’ grandmother and great-grandmother had been hospitalized earlier that day. Grandmother Carolyn suffers from diabetes and ulcers, and Great-grandmother June had recently experienced a stroke. James was clearly looking out for his Uncle Victor, his mother’s youngest brother. After eating a “southern”-type meal of red beans and potato salad, James began sharing a little about the family’s ordeal.

The day Hurricane Katrina hit—Aug. 29—James was visiting his grandmother. The swiftness of the storm and the strong winds and rain made it impossible for him to return home. As water began rising, the family sought shelter on higher ground. They waded through high water (up to Victor’s neck) until they got to a local elementary school. James smiled as he related this, admitting sheepishly that none of them knew how to swim. During the ordeal, Grandmother Carolyn lost her glasses when she slipped, so when I met her Sunday night, she indicated that she couldn’t see very well. Altogether, 60 people stayed in the school until they were rescued on Sunday, Sept. 4. During this time, they had no communication with the outside world.

That same day, James and his extended family, including uncles, aunts and cousins, were bused to the Superdome in New Orleans. There, they were put on another bus headed for the airport. It was there that James learned that his mother and siblings, aunts and cousins, were bused to the Superdome in New Orleans. There, they were put on another bus headed for the airport. It was there that James learned that his mother and siblings were bused to the Superdome and then flown to Dallas. Sadly, his uncles and cousins ended up in Memphis, on the first plane that left New Orleans, while he, Victor, Grandmother Carolyn and Great-grandmother June ended up in Phoenix. I could sense his disappointment—more family members were scattered.

I also learned about James the person. He is a high school junior, in honors English, does well in math (though he doesn’t care for it) and plays tight end on his high school football team. In fact, he travels 90 minutes each day to attend the high school that offers him the best opportunities—both academically and athletically. His dream is to play football for Louisiana State University. Ironically, LSU played my team, Arizona State University, in Tempe because it was impossible to do so in Baton Rouge.

James and Victor are “kids,” young people caught up with their elders and parents in a human drama. I saw how important...
As the horrific aftermath of Hurricane Katrina started to unfold last month in Louisiana, Mississippi, and Alabama, it took professional counselors only a few hours to begin mobilizing to help those impacted by this terrible disaster. Since those first few hours—and ever since—the community of counselors I have come to know and love has been more generous than ever.

Here at American Counseling Association headquarters, staff and leadership had to think quickly and creatively. As did many other people outside of the impacted area, we watched the many news shows that continually bemoaned pictures and descriptions of what could only be termed a "living hell." While we cheered each time a man, woman, child or pet was rescued, we also knew that many others would not be as fortunate. Like many of you, our hearts went out to those whose lives have been turned into total chaos. I want to personally thank all of you who took the time to contact ACA to see how you could help, and I am deeply appreciative of those of you willing to help your fellow human beings who were devastated by this disaster.

Quite frankly, ACA staff and leadership had to think quickly and creatively. As did many other people outside of the impacted area, we watched the many news shows that continually bemoaned pictures and descriptions of what could only be termed a "living hell." While we cheered each time a man, woman, child or pet was rescued, we also knew that many others would not be as fortunate. Like many of you, our hearts went out to those whose lives have been turned into total chaos. I want to personally thank all of you who took the time to contact ACA to see how you could help, and I am deeply appreciative of those of you willing to help your fellow human beings who were devastated by this disaster.

In addition, I want to openly acknowledge the role of ACA President Patricia Arredondo. Despite the many other projects and tasks that ACA was working on, she did not hesitate to allow us to deploy whatever of our resources were necessary so that our association could take on the responsibility inherent in being part of a caring community. I also want to thank our association's volunteer leadership and staff, who once again demonstrated their ability to work together and do the right thing for those who were impacted by the hurricane.

While our response is ongoing, here is what ACA was able to do in regard to responding to the aftermath of Hurricane Katrina in the first few weeks:

Within 48 hours, began providing resources and information on working with those who were impacted through the ACA website.

Activated our disaster mental health relief partnership with the American Red Cross, which was projecting a need for 15,000 mental health care providers.

Successfully requested that the American Red Cross waive some of the requirements previously mandated for those participating in the disaster mental health relief program. Given the need, any Licensed Professional Counselor, National Certified Counselor or state certified school counselor (regardless of whether they had attended the mandatory training course) was allowed to serve.

Begun working with the Association for Counselor Education and Supervision to connect graduate students and faculty in the affected area with colleges and universities around the country willing to enroll them on a

Continued on page 66

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About the presenter

Dr. Katz, a licensed professional counselor, licensed psychologist, and R.N., has more than 20 years of experience in grief and loss counseling.
Life events lead the way to personal, professional change

The phone ringing at 8 on a Friday morning cannot be a good thing. "I'm sorry. Your biopsy was cancer. I can see you this afternoon at 2."

In just seconds, my life was turned totally upside down, barely a month before I started my doctoral internship in counselor education and supervision. Before that, my excitement and anticipation levels were high, and I was enjoying getting organized for the experience. There were opportunities to teach my own class, supervise master's practicum students and see clients at the university counseling center. I even hoped to be far enough along in my dissertation to consider proposing a defense. I even hoped to be far enough along to begin my internship when, right after Labor Day, a yearly mammogram showed a "suspicious" shadow. The surgeon ordered a biopsy, and the scary results were back quickly. Just as I was making decisions about treatment options, a mammogram of my other breast indicated a different kind of cancer. I was faced with the knowledge of cancer in both breasts. I simply couldn't believe it.

External changes

Counseling was a midlife career change after practicing in several areas of nursing. The need to leave the high technological pace of nursing for the more personal field of counseling was in me for a long time. Graduate studies began when our youngest was a senior in high school, and that master's degree led to private practice and my decision to start a doctoral program.

I thrived in the academic environment, where the stimulation of advanced knowledge and the depth of inquiry was just what I was seeking. This would be my niche, and while looking forward to being out of school one day, I was definitely trying to fully enjoy the process while it lasted.

Our cohort had been studying madly and making final preparations for comps during the spring of my third year. The normally arduous process took on an even more personal and emotionally complex turn for me when, 10 days prior to the exams, my daughter had an emergency cesarean delivery of her first child. Even with eventual good outcomes for both mother and baby, it was no easy task as a new grandmother to refocus on reviewing for comps.

Another unexpected challenge came the third day of testing when my mother had an emergency cardiac catheterization during which the doctor perforated an artery, nearly causing her to bleed to death. Completing exams with these other things going on felt like a major accomplishment in itself, but there was no way of knowing how I had done, since my mind had been in so many places at once. When the news came that I had passed, the relief was enormous.

Mother stabilized enough by fall to leave the hospital and move to an assisted living facility. It finally seemed like time to take a break, relax and climb out of the crisis-responding mode I had been living in for months. I was at last ready to begin my internship when, surprisingly, the following week, a yearly mammogram showed cancer in two places. The normally arduous process while it lasted.

I could continue after surgery. The surgeon offered a biopsy, and the scary results were back quickly. Just as I was making decisions about treatment options, a mammogram of my other breast indicated a different kind of cancer. I was faced with the knowledge of cancer in both breasts. I simply couldn't believe it.

Internal changes

At first I was able to reorganize my internship schedule so I could continue after surgery and recovery. The initial results were not favorable, however, and bilateral mastectomies seemed the best choice. This decision also required a lengthy recovery period that prohibited a quick return to any kind of activity. It demanded self-care as my top priority and taking leave of many activities. The costs of not caring for myself and not taking time to adjust to a life-threatening diagnosis were too high to consider. Early in this emotional journey I found myself looking for reasons why the cancer would develop in me. There was no family history of breast cancer, so could I have caused it by lifestyle choices such as diet or hormone therapy? Could the stress of the doctoral program, compounded by family crises, be the cause, or was I just being singled out as a random aberration in biology?

It soon became obvious that looking for reasons was getting me nowhere, so I started working toward an internalization, and acceptance of the illness. This search inside myself as I faced my own mortality would create a different person, both spiritually and existentially.

Continued on page 37

Hers was a lifelong goal—a doctoral degree.

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—ANITA PHILLIPS, M.A., STUDENT, DOCTORAL PROGRAM IN COUNSELOR EDUCATION & SUPERVISION

Anita was a busy young mother and active with her husband in a thriving inner-city ministry. She wanted to pursue her Ph.D. in Counselor Education & Supervision at a university whose values reflected her own. But, how could she manage it? Turns out, beautifully. Regent University School of Psychology & Counseling's highly regarded e-learning program gave Anita the freedom to work from her home in Baltimore while helping her establish relationships that made her feel connected to her professors and fellow students. Is this the freedom you've been looking for? Contact us to find out more about our fully accredited graduate degree programs in psychology and counseling.

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Empathic invalidations

The use of empathy is one of the most noted qualities of effective counseling. In fact, numerous studies have shown that the best predictor of a successful counseling outcome, after variables pertaining to clients themselves, is the client-counselor relationship, of which counselor empathy is a critical factor. As a counselor educator, one of my favorite topics to discuss with students is their perception of effective counseling. I find it fascinating to discover what beginning counselors, as well as non-counselors, think counseling should be and what they believe makes an effective counselor. Often times, despite education and training, new counselors cling to a layperson's view of what counseling is, simply because certain phrases and expectations are so deeply rooted in society's perceptions of “good counseling” (e.g., counseling is effective when the counselor gives really good advice). It is also quite common for beginning counselors to make empathic errors by failing to validate the client's experience. These errors occur despite the counselor's best intentions for the client and the counseling process. When I ask how clients would know if their counseling is proceeding well, students will often say, quite accurately, “The client's goals are being met”; “The client's symptoms will have decreased”; or “The client will be better able to problem-solve.” Yet many students will also make the comment that “The client will feel better.”

When I ask how clients would know if their counseling is proceeding well, students will often say, quite accurately, “The client’s goals are being met”; “The client’s symptoms will have decreased”; or “The client will be better able to problem-solve.” Yet many students will also make the comment that “The client will feel better.” We certainly do want our clients to feel better. With the exception of a few self-hating individuals out there, who don’t want to feel better? However, a client’s state of happiness is not a reliable indicator of how effective the counseling has been because it is often transitory and may not have much to do with what the counselor has done in session. For enduring change to occur, most clients will engage in a significant degree of self-examination and begin to take incremental steps toward meeting their goals, typically feeling worse as they institute lifestyle changes before they feel better. Though most counselors are well aware of this progression and duly educate clients about such patterns of growth when providing informed consent, oftentimes the desire to cheer up a fellow human is so ingrained in our social order that mistakes of invalidation are made.

For example, one of my practicum students whose first field placement was at an elementary school presented her case of an 11-year-old boy referred for fighting with peers and being defiant with his teacher.

My student described how her client had been working hard for several weeks to control his anger. He and his parents were quite proud of his gradual progress. A strong working alliance had been established between the boy and the counselor in training. As such, my student was experiencing strong feelings of empathy and care for this boy, plus a sense of satisfaction about a seemingly early success as a novice counselor.

Then one week, about an hour before one of their regular counseling sessions was to occur, the boy lost his temper while being teased about his appearance and punched the child who was ridiculing him. This incident resulted in...

Continued on page 19
How the ethics code came to be revised

'Many hands, minds and hearts' involved in creating updated ACA Code of Ethics

BY ANGELA KENNEDY

The American Counseling Association Ethics Committee is charged with periodically reviewing and recommending changes to the ACA Code of Ethics. It is the practice of the Ethics Committee to review the ethics code every seven years and to establish a Code Revision Task Force to ensure that the code is contemporary, effective and continues to promote the growth and development of the profession.

"It's taken more than two years to write, review, revise, discuss, re-revise and, finally, approve and implement the ACA Code of Ethics," said Code Revision Task Force Chair Michael Kocet. "It truly was a journey shared by a host of professionals committed to ethical excellence and creating a higher standard of counseling practice that respects the important work that takes place in the counseling relationship."

Kocet, an associate professor of counselor education at Bridgewater State College in Bridgewater, Mass., has led the task force since 2002. Task force members, appointed by ACA then-president David Kaplan, included John Bloom, Tammy Bringaze, Rocco Cottone, Harriet Glotoff, Barbara Herlihy, Courtland Lee, Judy Miranti, Christine Moll and Villa Tarydas. Two graduate students, Anna Harpster and Michael Hartley, served as note-takers throughout the process. The selection of members was based on their professional areas of expertise, scholarly activities and service to ACA. In addition, several members were either current or past members of the ACA Ethics Committee.

Initially, the Code Revision Task Force teleconferenced once a month and held a face-to-face meeting during the annual ACA Convention, but members also communicated regularly via e-mail and a listserv. "Eight smaller working groups of two were created, each of which was responsible for reviewing and creating recommendations for one of the eight main sections of the code," Kocet said. "The entire group then reviewed the recommendations of each working group and discussed new additions, changes and deletions for each section." He noted that the revision process wasn't a typical 9-to-5 job. Task force members frequently gave up weekends to work on the project, especially as they worked through the final details of the revision with the ACA Governing Council. Throughout the arduous task, Kocet said, the task force members were always available and glad to help. "This group of folks was so incredibly supportive," he said. "They gave years of service to the association and to the profession."

One of the task force's primary charges was to examine the existing code and create a draft code of ethics reflecting changes that had taken place in the counseling profession and society in general since 1995. Multiculturalism and diversity issues had a particularly strong impact on the field during that time span. Additions were also made to address new issues related to technology and cybercounseling. The group found it challenging to create a document that included specific and current issues in counseling. Kocet said, while remaining general enough to be viable and relevant in years to come. The task force strove to find the balance between the aspirational aspects of ethical practice and the professional mandates expected of all counselors.

"It is impossible to create a code of ethics that addresses every potential ethical dilemma that a counselor might encounter," Kocet said. "Therefore, a code of ethics must be, in a sense, a living document that respects the important work that takes place in the counseling relationship, and that the casebook would also require revisions. Two committees appointed to work simultaneously: one to review the standards and another to collect illustrative incidents."

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From the President Continued from page 8

rant it was to James when I con-

nected with hospital personnel

about his grandmother. He was

relieved when the hospital called back to tell me she would be released, and when she returned, the smile on his face touched my heart. I could tell how close he is to Grandmoth-

er Carolyn. He couldn’t wait to

tell her out of the car, to find

her a wheelchair and to follow

my instructions that we first go

to the pharmacy in the armory.

Even as I write this, I am

aware of how dependent the

three of them were. Grandmoth-

er Carolyn was exhausted from

her ordeal and still needed her

diabetes medication and new

glasses. Victor seemed restless

and lost.

My impressions

The rest of the evacuees in

Phoenix seemed to be going

through the motions. In coun-

selling terms, their affect was

"flat," perhaps a sign of numb-

ness, shock, disorientation or

just plain fatigue. I tried to put

myself in their shoes but had a

hard time doing so. How would

I feel if I lost everything that I

knew so personally? How

would I feel if I were sleeping

in an armory with 600 other

people, most of whom were

strangers but for the shared

experience of "survivorship"?

When would it sink in that I

might never return to my

home?

James and Victor had never

been on a plane before. Yes,

they had visited family in

Arkansas and Georgia, but

New Orleans was home to

them. I don’t have answers to

my own questions.

My impression is that the
days ahead will be full of emo-
tional and physical distress.

We are familiar with the stages

of loss and grief that indicate

that people go through a range

of emotions including shock,

denial, sadness, anger, guilt

and, finally, acceptance. How

and when might these emo-
tions emerge? Will counselors

or other helpers be around to

help the survivors cope?

Again, I have more questions

than answers.

It appears that rebuilding

New Orleans will be a long-
term process, meaning that most

people may never return. I also

learned in my Federal Emer-
gency Management Agency

training that homeowners recov-

er only $26,000 even if their

home is totally destroyed.

Where do you buy a $26,000

home today?

The lives of uncertainty

being led by James and Victor,
as well as other hurricane sur-

vivors, will be a collective

responsibility for our country

for the foreseeable future. ACA

and counselors in general can-

not provide a cure-all for the

families. However, we have

established a Counselors Care

Fund to do our part with some

financial resources. Many with-

in the ACA family have been

affected and we hope that

through the fund, the ACA

Foundation can help out in

some small way.

Meanwhile, let’s put “things”

into perspective. Think of fami-

ly and friends and give them a

call or send them an e-mail.

And please maintain your dig-

itly and respect for our broth-

ers and sisters.
I thoroughly enjoyed the article “Parenting Pride” about gay counselors and parenthood. It was informative and heart-warming. What I appreciated most about the August issue, however, was that I did not see ads from the military or schools that support Reserve Officer Training Corps, both of which discriminate against gays and lesbians. Frederic Tate Williamsburg, Va.

Cruise not alone in issuing ‘irresponsible’ remarks

It is one thing when an entertainer such as Tom Cruise makes “irresponsible” comments regarding mental health and medication. It is quite another when the National Alliance for the Mentally Ill, the National Mental Health Association and the American Psychiatric Association release a joint response claiming, “Fact: ... As in other areas of medicine, medications are a safe and effective way to improve the quality of life for millions of Americans who have mental health concerns” (see “In Brief,” August 2005).

All one need do is peruse the list of FDA-approved medications that were subsequently pulled from the market or read the warnings and potential side effects of any prescription drug to understand that such a blanket statement regarding the safety of medications is misleading at best. Drugs help millions of people, but to imply that they are risk-free is irresponsible.

I am pleased that the American Counseling Association did not join the above associations in publishing such a response.

Kevin Crosby
Trinidad, Colo.
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MEMBER AMERICAN COUNSELING ASSOCIATION
A multicultural-social justice perspective of Hurricane Katrina

Like most of you, we have been listening closely to the reports coming from Alabama, Louisiana and Mississippi in the aftermath of Hurricane Katrina. We have done so with compassionate eyes and ears directed to the television reports, trying to think about how counselors might help those in need. We are proud of the work the leaders in the American Counseling Association are doing to coordinate relief and crisis counseling efforts in response to this natural disaster. Thousands of ACA members have contributed in a host of ways by sending clothes, food and money to various groups and organizations that are distributing these vital resources as quickly as possible to help people meet their immediate and basic needs for survival.

Thus, in addition to applauding the efforts of ACA and the thousands of counselors who have responded with compassion and love by contributing time, energy, food, clothing and money to the millions of people physically dislocated from their home communities and psychologically traumatized by Hurricane Katrina, this month’s column directs attention to some of the cultural, gender and economic class factors that contribute to the ongoing suffering. In doing so, we call attention to the first multicultural counseling competency formally endorsed by ACA. It emphasizes becoming more aware and respectful of the unique cultural differences that characterize people in diverse groups.

Understanding the ‘invisibility syndrome’

Among the most obvious cultural aspects in the aftermath of the hurricane was the disproportionate number of women, children and elderly persons of African descent who constantly came into view in the TV reports from the devastated areas. The vast majority of these individuals were portrayed as poor people who lacked the resources to evacuate their homes and communities before the hurricane hit. As one counselor educator recently stated, “I never knew so many Black people lived in the New Orleans area. When I watched the TV reports, I didn’t see many White people at all who went to the Superdome in New Orleans for shelter.”

These comments reflect a viewpoint held by many people in the dominant cultural-racial group in the United States and offer an example of the “invisibility syndrome” at work. Culturally competent counselors are aware that people of African descent often suffer the brunt of the invisibility syndrome. A.J. Franklin of Rutgers University and other Black psychology theorists have written extensively about the various ways in which poor African-American males remain invisible in our contemporary society. Feminist author bell hooks writes in poignant terms about the ways in which the invisibility syndrome is particularly widespread among poor women of color in this country. These respected theorists and cultural critics have described in great detail how the invisibility syndrome undermines the dignity, strengths and needs of people of color in general and poor women from White backgrounds in particular.

In our own interactions with colleagues in the field, we noted how the invisibility syndrome was both perpetuated and unveiled by some of the statements made about the hurricane victims. One colleague stated, “I think it is good that America sees how many poor Black people there are living in those areas. Maybe we will wake up to what Michael Harrington said more than 40 years ago in his book called The Other America.”

Another mental health professional pointed out that the ways in which “poor people were affected by Hurricane Katrina could be a wake-up call about the problem of economic class injustice in this nation. I guess I would have to admit that I may underestimate the problem of class differences as it affects our people.”

Both these comments reflect the ways in which TV coverage from the hurricane-ravaged areas shed more light on the invisibility of poor people in general and the plight of poor people of African descent in particular.

Another colleague said, “Most of the people I saw on the television reports that were taken in the Superdome were Black males.” We found this observation very interesting because upon carefully viewing the same reports, we were personally struck by the number of Black women and children who were interviewed and filmed in the Superdome’s confines. Our observations matched the impressions of at least one other colleague who expressed a genuine sense of concern and sadness, over the “unbelievable number of women and kids that were caught in the aftermath of the storm in New Orleans.” This individual went on to point out, “I am really upset over the conditions that so many Black women and children are subjected to in the Superdome.” These comments represent how the invisibility syndrome continues to be perpetuated as well as unveiled in people’s reactions to the media coverage of this national crisis.

People’s perceptions of the
degree to which racial, gender and class differences were reflected on the media's coverage of Hurricane Katrina may differ and be the source of debate. What is not debatable, however, are the actual demographics related to the people in New Orleans and Louisiana. Culturally competent counselors are knowledgeable of the cultural-racial demographics of the areas in which they work. Armed with this knowledge, counselors are better positioned to think about the unique strengths and needs of the people in the diverse client populations they are expected to serve.

Assessing your understanding of the demographics

The following questions are designed to help you assess your own level of multicultural competence as it relates to your knowledge of some of the key racial, gender and economic class characteristics concerning the people of Louisiana and New Orleans.

Did you know that 67 percent of the residents of New Orleans are people of African descent?

Did you know that more than 32 percent of all the residents of Louisiana are African-Americans?

Did you know that the majority of people living in both New Orleans and Louisiana are females (53 percent and 52 percent, respectively)?

Did you know that 28 percent of the residents of New Orleans (more than 138,000 people) fall below the federal guidelines for poverty?

Did you know that 20 percent of the residents of Louisiana (more than 892,000 people) fall below the federal guidelines for poverty?

The impact of racism, sexism and poverty

Culturally competent counselors are knowledgeable of sociopolitical influences that impinge upon the lives of racial and ethnic minorities. This important cultural competency has several crucial implications regarding our efforts to accurately analyze and effectively address the problems associated with Hurricane Katrina from a multicultural-social justice counseling perspective.

Keeping this in mind, we want to list several questions and comments e-mailed to us recently from ACA members who have raised important issues directly related to the above-mentioned multicultural counseling competence. These questions and comments may also provide another means to assess your own level of multicultural competence in this area. Simply reflect on your reactions to the following questions and comments sent in response to the devastation that has occurred from Hurricane Katrina:

- "Do you think that the pervading racism in New Orleans as 'refugees' is so clearly racist. Do White counselors understand how this term reflects the ways in which White superiority continues to be deeply ingrained into the soul of our nation? People who are not 'refugees'; they are our brothers and our sisters."
- "I am looking at my television and crying as I see so many women and young children struggling to survive. I wonder if my colleagues in the counseling profession will now see how sexism and classism is being perpetuated in this country. How can we continue to allow such injustice against women and children to persist? Where is the empathy that counselors so often talk about?"

In search of some long-term solutions

Although it may be helpful to use the questions and comments presented above to assess your own level of multicultural competence and empathy, the pressing challenge we face as citizens and mental health professionals is to effectively address the complex problems associated with the aftermath of Hurricane Katrina. Clearly, we need to work in earnest to address the immediate problems of feeding the hungry, housing the homeless and reestablishing hope among those who feel hopeless as a result of the hurricane.

However, it is equally important to implement a multicultural-social justice perspective in analyzing the ways in which culture, gender and class factors contribute to much of the misery and suffering that have become visible as a result of the media coverage of this national crisis. As professionals who are committed to working effectively and ethically, we must also move to develop interventions that address the cultural-racial-gender-class factors briefly discussed in this month's column. We will do what we can to address these challenges by continuing the discussion in future columns.

As always, you are invited to submit your own thoughts and suggestions about the issues discussed in this column or any other topic you feel is important to address. We also invite you to submit an article, which we will review for possible publication in this forum. Working together, we can and will continue to strengthen our collective ability to promote human dignity and development through open sharing of diverse views and perspectives.

Judy Daniels (j Daniels@hawaii.edu) and Michael D'Andrea (michael@hawaii.edu) are faculty members in the Department of Counseling Education at the University of Hawaii.

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Multiculturalism and diversity issues

An important component threaded through the 2005 ACA Code of Ethics is the emphasis on multicultural and diversity issues facing counseling professionals. A new subsection, "A.1.d. Support Network Involvement," is just one example. It states that "Counselors recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding and involvement of others (e.g., religious/spiritual/community leaders, family members, friends) as positive resources, when appropriate, with client consent." This section represents a variance from the 1995 code of ethics, which only addressed the role of family involvement. The 2005 code broadens this section to include any person from the perspective of the client who plays a central role in that client's life.

Another culturally relevant example contained in the 2005 code is "A.1.o.e. Receiving Gifts," which states, "Counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and showing gratitude. When determining whether or not to accept a gift from clients, counselors take into account the therapeutic relationship, the monetary value of the gift, a client's motivation for giving the gift and the counselor's motivation for wanting or declining the gift. A final example of cultural issues affecting the counseling relationship is in the section on diagnosis of mental disorders. "E.5.b. Cultural Sensitivity" states that "Counselors recognize that culture affects the manner in which clients' problems are defined. Clients' socioeconomic and cultural experiences are considered when diagnosing mental disorders."

Dual/multiple relationships

A paradigm shift is currently taking place within the counseling profession and within other mental health organizations when it comes to traditional views on dual or multiple relationships. Recently, ethics scholars have called attention to the fact that not all dual or multiple relationships should be avoided or viewed as harmful. In fact, some argue that dual/multiple relationships within a counseling context can actually be growth enhancing. To speak to this change, the revised code of ethics contains "A.5.d. Potentially Beneficial Interactions." It states in part, "When a counselor-client nonprofessional interaction with a client or former client is potentially beneficial to the client or former client, the counselor must document in case records (when feasible) the rationale for such an interaction, the potential benefit and anticipated consequences.

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the client or former client and other individuals significantly involved with the client or former client.” Counselors should consult the 2005 ACA Code of Ethics for a detailed explanation of this section of the document.

End-of-life care
A new addition to the 2005 ethics code is Section A.9, which discusses end-of-life care for terminally ill clients. ACA is one of the few national mental health-related organizations to specifically address end-of-life care in its ethics code. While this section does not endorse or prescribe one single way of approaching this sensitive issue, it does stress the importance of the counselor being competent to work with clients facing end-of-life issues.

Counselors handling end-of-life issues with clients should seek supervision and consultation to help clients receive competent care from a wide range of professionals. Counselors should also work toward supporting the client’s ability to make informed judgments on end-of-life decisions that foster the client’s ability for self-determination.

Use of technology
Section A.12, “Technology-Assisted Services,” integrates ACA’s 1999 Ethical Standards for Internet Online Counseling and broadens ethical use of technology in research, record-keeping and provision of services to consumers.

Counselor impairment and transfer of clients
More detailed language was added to the section on counselor impairment (Section C.2.g), and a new section was added that addresses the importance for all counseling professionals, regardless of setting, to create a plan for the transfer of clients and records to an appropriate colleague in the event of a counselor’s incapacitation, death or termination of practice (Section C.2.h).

Supervision, training and teaching
A number of changes were also made to Section F, which deals with supervision, training and teaching. Counselor educators, those who supervise counseling trainees and counseling students are encouraged to pay particularly close attention to this section devoted to the training and competence of new counseling professionals. Section F deals with such areas as supervisory relationships, potentially beneficial relationships between supervisors and supervisees, endorsement, counselor educators, student welfare and orientation, self-growth experiences, impairment of counseling students and ethical evaluation of students’ performances within their academic preparation.

Miscellaneous changes
Other noteworthy items found in the 2005 ACA Code of Ethics are related to changes in terminology that have evolved since the last revision of the code. These changes include (but are not limited to) a shift from the 1995 code’s use of the word “tests” in Section E to the use of the term “assessment” in 2005. It was determined that “assessment” has a broader, more holistic meaning. In addition, use of the term “research participants” is intended to be more inclusive and less clinically detached than the previous term in use, “research subjects.” Section B also helps counselors address the appropriate handling of records during the research process and the confidentiality of people involved in research projects. The final section of the code of ethics, Section H, helps practitioners address ethical dilemmas and outlines the appropriate ethical behavior counselors are expected to uphold.

While this article provides a brief and general overview of a few revisions to the ACA Code of Ethics, it is important to take the time to carefully review the entire document and understand both the specific and the broad changes that have evolved between the 1995 and 2005 documents. In the coming months, books and scholarly articles addressing specific sections of the 2005 ACA Code of Ethics will be available. It’s important at all stages of professional development to have an ethics library at your disposal and to consult with the ethics literature. ACA members are strongly encouraged to consult with ethics experts in the field on the impact that the 2005 ACA Code of Ethics will have on counselors’ daily work.

The 2006 ACA/Canadian Counselling Association Convention in Montreal will have a presidential program addressing the new code, and all are encouraged to attend the various training and continuing education opportunities that will be available.

It is critical to examine the professional code of ethics from a cultural and contextual perspective rather than seeing it simply as a list of dos and don’ts. No code of ethics can prescribe what actions counselors are to take in every situation. Through supervision, consultation and careful personal reflection, the ACA Code of Ethics can be one of many tools at a counselor’s disposal when faced with a difficult ethical decision.

Continued on page 83

"One of the penalties for refusing to participate in politics is that you end up being governed by your inferiors."—Plato

The counseling profession needs a new generation of counselor advocates to achieve our profession’s legislative goals at the federal, state, and local levels. Once again, ACA is hosting a legislative institute to "keep putting oil in the lamp." The 2006 ACA Legislative Institute will be held February 26-28, in Alexandria, VA. The institute is open only to ACA members, and a $299.00 registration fee is required. The Advance Registration Fee is only $199, and is available through November 15th. Attendees will be trained in participating in and leading state-level advocacy work, and in the federal policymaking process, and will receive 10.5 continuing education credits. The Institute will culminate in lobbying visits to Congressional offices on Capitol Hill.

For more information, visit the ACA Web site at www.counseling.org/public or contact Christine Lin, with the ACA Office of Public Policy and Legislation, at 800 347-6647 x234, or send an e-mail to legisstitute@counseling.org.

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American Counseling Association

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Keynotes personify spirit of ACA/CCA Convention theme

Stephen Lewis, Tipper Gore to place focus on humanitarian concerns

BY ANGELA KENNEDY

Stephen Lewis, one of Canada's most influential speakers on social issues and human rights, and Tipper Gore, former presidential mental health policy adviser, have been named keynote speakers for the 2006 American Counseling Association/Canadian Counselling Association Convention in Montreal, April 1-3, 2006.

Lewis will kick off the convention at the opening session on Saturday, April 1, while Gore is scheduled to be the keynote on Sunday, April 2. Both are prominent commentators on children's rights and humanitarian concerns, and their passionate views complement the convention's theme of "Culture-Centered and Diversity Counseling Empowers All Families."

Lewis served as the deputy executive director of the United Nations International Children's Emergency Fund (UNICEF) from 1995-99 and had the opportunity to advocate for the rights and needs of children, especially in developing areas. He was also instrumental in the investigation of the genocide in Rwanda. In the mid-eighties, Lewis served as the Canadian ambassador to the United Nations, where he chaired the committee that drafted the Five-Year U.N. Program on the African Economic Recovery. Although serving as a Canadian politician, broadcaster and diplomat, Lewis is best known for personally spearheading a desperate battle against HIV/AIDS in Africa. He created the Stephen Lewis Foundation to help ease the burden of those impacted by the deadly plight. The foundation supports orphaned children and the caretakers of those living with HIV/AIDS.

Last year, Lewis received the Pearson Peace Medal, which celebrates outstanding achievement in the field of international service and understanding, from the United Nations Association in Canada. He was also awarded the Companion of the Order, Canada's highest honor for lifetime achievement. "I saw Mr. Lewis speak at a conference at Arizona State University last fall. He is a compelling humanitarian, and his work ties into my family theme," ACA President-elect Diana Arredondo said. "He is leading groups to work with families that have been severely destroyed by AIDS. I expect his message to the attendees to indicate that the health crisis faced by families affected by HIV/AIDS in Africa may be seemingly miles away, but it is also occurring in the U.S. I want attendees to hear about the importance of family-centered and culture-centered approaches to counseling, and the need for interdisciplinary teams for intervening." Barbara MacCallum, executive director of the Canadian Counselling Association, concurred that Lewis will make a dynamic impact at the 2006 convention. "Stephen Lewis is one of Canada's most respected commentators on social affairs, international development and human rights," she said. "He was chosen by TIME as one of the 100 most influential people in the world, and he is a well-known, well-respected speaker. He has been a race-relations arbitrator and has worked extensively in the area of HIV/AIDS. These are two themes that have been woven into the education sessions of the conference, and he is very well-qualified to speak on issues of diversity."

Mary Elizabeth "Tipper" Gore is the wife of former vice president Al Gore, but she has made a name for herself apart from her famous husband by serving as an outspoken and dedicated advocate for the well-being of American families. As the former mental health policy adviser to President Bill Clinton, she was committed to eradicating the stigma associated with mental illness. Today she continues to educate the public on the need for quality, affordable mental health care.

"Tipper Gore really has advocated for not only mental health issues, but also children and families," Arredondo pointed out. "I think that connection of mental health and families resonates with the theme of the convention. It makes her an ideal person to speak to our members about her ongoing work. She's also an advocate for women, which I appreciate very much. Her attention to human issues and the human condition is what I think will be compelling for our conference and our association."

In 1990, Gore founded Tennessee Voices for Children, a coalition of agencies, individuals and organizations that promotes development of services for children and youth with serious behavioral, emotional, substance abuse or other mental health problems. In the late seventies, she chaired the Congressional Wives Task Force, a political group opposed to children being exposed to violence in the media. That position ultimately led to her role in mandating that consumer-warning labels be placed on violent or sexually explicit entertainment marketed to children. Still used today, the labels have served as a model for other parental control tools.

To register for the 2006 ACA/CCA Convention in Montreal, go to www.counseling.org/convention or call 800.357.6647, ext. 222. Summer rates for the convention have been extended to Nov. 15.

Angela Kennedy is a senior writer at Counseling Today. Send comments about this article to skennedy@counseling.org.
ed in a two-day suspension from school, but the boy was permitted to have his counseling session before being sent home. In that session, the boy presented as remorseful about his actions and repeatedly said he was a failure to himself and his parents. My student described feeling extremely sad for her client because she could see the progress he had made and viewed his loss of control that day as an isolated incident. Her heart went out to her client, and she really wanted him to feel better.

So finally, in response to one of his repeated comments about feeling like a failure, my student replied, "Of course you're not a failure. You just couldn't take it anymore and lost control. Think of the bright side. At least you didn't really hurt the kid."

My student-counselor's remark was offered with the best of intentions. It was the type of response sometimes given by counselors in training until they either gain enough clinical skill or are told by a supervisor that more appropriate responses permit deeper exploration of clients' feelings instead of lessening their immediate sense of despair. In this example, the counselor was appropriately joining with the client through her empathy, allowing her to vicariously experience the client's distress. Yet by feeling compelled to cheer her client up, she in effect invalidated her experience and damaged the empathic attunement in that moment.

Failures to validate a client's experience through the encouragement process can take many forms. A personal favorite from my upbringing is the phrase of "at least." Rarely, if ever, does "at least" effectively cause a person to feel better about a situation, which is usually the motive in the first place ("At least you've still got your health!"; "At least one of your children still talks to you!"; "At least you're not dead"). Even less likely is the chance that "at least" will allow a client to feel accurately heard. It precludes the moment-to-moment understanding of a client's experience that is necessary for effective empathy to occur.

Behaving in an overly optimistic manner, though supportive in some ways, can also serve to invalidate. Some clients may not reveal the most melancholy or disconsolate aspects of themselves if they are skeptical of the counselor's ability to understand such vulnerable states. An example of this is an incongruous emphasis on a relatively small positive in the client's life when the overarching concerns are so distressing. Consider the following statement: "How wonderful. You have some time now to do the things you want." Said to a client who has lost an adoringly bad job yet is still extremely worried about making ends meet, this statement serves not to focus on the positive but rather invalidates the person's actual experience.

Likewise, offering reassurance to clients that everything will turn out better may simply seem like kind words of encouragement from the counselor. But such optimistic expressions can prove to be an empathic failing if the situation does not improve and the client receives reassurance rather than an authentic exploration of presenting concerns. If a counselor has a positive and realistic attitude, it is likely that his or her capacity for empathy will be better for a client than if overarching optimism were presented. That said, it is obviously beneficial for counselors to expect their clients to achieve desired changes. To instill positive expectations and hope for an improved situation is an essential aspect of the therapeutic process. The counselor's creation of hope and the expectation that counseling will be effective are demonstrated factors in successful treatment. But provided sincerely, such factors are meaningfully different than simply offering blind reassurance.

Other common empathic invalidations include statements such as "I know how you feel," "You must be so strong," and "That must have been really hard for you." In Learning From Mistakes in Clinical Practice, Carolyn Dillon refers to such counselor comments as "mind reading" because they imply that the counselor has a de facto understanding of the client's experience. Like in the previous case example, mind-reading comments are usually made when the counselor could more deeply explore the client's feelings in the moment as opposed to closing off the communication with an invalidating response.

All counselors err from time to time regardless of experience level, but the best counselors are those who are aware and can admit their mistakes, especially when it pertains to a mistep in a client's counseling. For those of us who teach, mentor or supervise beginning counselors, it is also important to demonstrate how we can recover from clinical errors with a client or from missteps we might make in a supervisory role. Admitting to our errors demonstrates our human fallibility, honesty and genuineness, all of which are essential qualities for receiving our client's experiences and conveying empathy. Likewise, it is important for all counselors to be aware of the meaning and effects of what we say and how we behave toward our clients in order to validate their experiences and provide the most accurate degree of empathic understanding. Such empathic validations, said with genuineness and care, might make us all feel much better. ■

Adrienne Mennis is a licensed psychologist and assistant professor of counselor education at California State University-Dominguez Hills and can be contacted at amennis@csu.edu.
ing and why efforts were so disjointed. Hearings have already been scheduled.

The hurricane and the abysmal federal response have postponed indefinitely postponing cuts in Washington, D.C. RSA's stated goal in closing the regional offices is to improve its "efficiency and effectiveness." Reductions in RSA's administrative budget were included in President George W. Bush's Fiscal Year 2006 budget proposal. No such cuts have been adopted by either the House or the Senate, however, and both chambers have included language as part of their respective appropriations bills for FY 2006 expressing concern regarding the closure of RSA's regional offices. The House-passed language directs RSA to "develop ... and discuss such a plan with state vocational Rehabilitation agencies and stakeholders in advance of further staffing reductions." Unfortunately, RSA did not put a plan forward for discussion at the August meeting.

Another recent issue of concern with RSA is its enforcement of current-law "CSPD" requirements. All state vocational rehabilitation agencies are required to have a Comprehensive System of Personnel Development in place, delineating the steps the agency will take to satisfy the goal of having all vocational rehabilitation counselors meet the highest standards for education and training. Studies have repeatedly shown that vocational rehabilitation counselors who have a master's degree in rehabilitation counseling achieve significantly better outcomes for clients (including those with more severe disabilities) than counselors without such training. A recent RSA letter consenting to the hiring of a social worker for a vocational rehabilitation counseling position in Utah raises serious questions regarding the federal agency's interest in enforcing CSPD requirements. Congress enacted the CSPD requirements for state vocational rehabilitation agencies in 1998 as part of the Workforce Investment Act.

On the morning following the August conference, representatives of rehabilitation counselor organizations — including ACA, the American Rehabilitation Counseling Association, the Commission on Rehabilitation Counselor Certification, the National Council on Rehabilitation Education and the National Rehabilitation Counseling Association — met with RSA staff member David Esquith to express concerns regarding both the monitoring redesign initiative and the agency's enforcement of CSPD. ACA Public Policy and Legislation Committee Chair Caroline Wilde organized the meeting. Esquith indicated that other staff at RSA handle CSPD-related issues. A follow-up meeting with RSA is being scheduled.

For more information on these issues, contact Scott Baustow with ACA at 800.347.6647 ext. 234 or via e-mail at sbaustow@counseling.org.
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"Confronting Katrina's Aftermath"
1. The American Red Cross decided to downgrade its criteria for disaster mental health volunteers.
   a. True
   b. False

2. The ACA Foundation will match every contribution dollar-for-dollar up to $25,000.
   a. $10,000
   b. $25,000
   c. $50,000
   d. $100,000

"A Campaign for Counselor Wellness"
3. The ACA task force's survey results showed that approximately __ percent of counselors are therapeutically impaired at any given time.
   a. 5
   b. 10
   c. 15
   d. none of the above

4. Lawson said, "As a group, counselors seem to be self-care."
   a. resistant to
   b. ambivalent about
   c. hypocritical regarding
   d. surprisingly neglectful with

"How the Ethics Code Came to Be Revised"
5. Kocet describes __ egos and/or clashes among the members of the task force.
   a. difficult
   b. irresistible
   c. minimal
   d. no

6. Kocet said counselors should use all of the following (in conjunction with the code) to solve ethical situations EXCEPT:
   o. a. education
   o. b. consultation
   o. c. supervision
   o. d. research

7. According to Freeman, the most frequent and complex ethical inquiries concern:
   o. confidentiality
   o. b. counseling relationships
   o. c. both a and b
   o. d. none of the above

"Washington Update"
8. Which chamber(s) proposed bill(s) with language expressing concern regarding the closure of the Rehabilitation Services Administration's regional offices?
   o. House
   o. b. Senate
   o. both a and b
   o. none of the above

9. A strong, independent mother will likely have an independent daughter. This phenomenon is an example of:
   o. a. imitation
   o. b. identification
   o. c. reaction
   o. d. all of the above

10. To heal their daughters' self-image, mothers must:
    o. a. deeply examine how they feel about themselves
    o. b. focus on their inner essence
    o. c. value and love themselves first
    o. d. all of the above

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A campaign for counselor wellness

ACA task force promotes strategies to help those in the 'helping professions' combat stress, burnout and impairment

BY JONATHAN ROLLINS

There is a saying that those most ready to offer help to others are often the most resistant to accepting it themselves. Does the wisdom of that proverb also apply to the helping professions in general and to counselors in particular? According to the American Counseling Association Task Force on Exemplary Practices for Promoting Wellness for Counselors, the answer is an emphatic "Yes!"

"Although counselors see the benefits of counseling for others, they are often reluctant to seek help for themselves," said task force member Beth Venant, a Licensed Professional Counselor with a private practice in Flourtown, Pa. "They may believe that their training and knowledge make them immune to the stress and distress experienced by those they counsel. They may feel that, since they are skilled at helping others, they should be equally skilled at helping themselves. They may fear judgment by supervisors or peers if they discuss their concerns and/or seek counseling. Or they may not even recognize that they have a problem."

Counselors' resistance to seeking help, coupled with a general neglect (or lack of awareness) of their wellness needs, led the ACA Governing Council to establish the task force in spring 2003, said Task Force Chair Gerard Lawson, an assistant professor of counselor education at Virginia Tech. Based on a survey completed over the summer, the task force found that approximately 10 percent of counselors are impaired at any given time. "What that means in ACA terms," Lawson said, "is that 5,000 (member) counselors are impaired at any given time."

The task force developed the following definition of counselor impairment to guide its work:

"Therapeutic impairment occurs when there is a significant negative impact on a counselor's professional functioning which compromises client care or poses the potential for harm to the client. Impairment may be due to:
- Substance abuse or chemical dependency
- Mental illness
- Personal crisis (traumatic events or vicarious trauma, burnout, life crisis)
- Physical illness or debilitation

"Impairment in and of itself does not imply unethical behavior. Such behavior may occur as a symptom of impairment or may occur in counselors who are not impaired. "Counselors who are impaired are distinguished from stressed or distressed counselors who are experiencing significant stressors but whose work is not significantly impacted. Similarly, it is assumed that an impaired counselor has at some point had a sufficient level of clinical competence, which has become diminished as described above."

ACA first created a task force to examine the issue of counselor impairment in 1991. While impairment remains a matter of concern to the Task Force on Exemplary Practices for Promoting Wellness for Counselors, its eight members (four counselor educators, three practitioners/supervisors and one doctoral student) are concentrating their efforts on wellness education for all counselors.

"We felt we could have a greater impact if we focused on the 90 percent (of counselors who aren't impaired) and on their wellness in hopes of lessening the percentage of impaired counselors in the future," Lawson said. "Counselors who are more well are going to help their clients be more well because well counselors are going to do better work."

"Counselor wellness is an issue that has universal relevance. All counselors are somewhere on the spectrum from well to stressed to distressed to impaired. ... When those with whom we work experience higher levels of stress and distress and when expectations mount to do more with less resources and support, counselors' exposure to stress and trauma and their vulnerability to impairment increases as well. Learning to maintain balance and good self-care in the midst of ever-increasing demands is a challenge for individual counselors. As a profession, it is important that we focus on raising awareness about the necessity of counselor wellness and advocating on behalf of counselors for improved workplace practices, quality, supervision and wellness-focused education."

A vulnerable profession

One of the task force's missions is to examine the nature of the work that counselors do and to identify those elements that cause practitioners more or less stress, Lawson said. "A lot of times the work we do is dismissed as 'just counseling' and not recognized for the impact it has on us," he said. In the aftermath of traumatic events such as Hurricane Katrina or the 9/11 terrorist attacks, the general public can likely appreciate how counselors might be impacted while trying to help the survivors. But otherwise, Lawson said, counselors and the general public have a tougher time comprehending how counseling a victim of bullying, child abuse or domestic violence, for example, might affect a counselor's wellness. "As a profession," he added, "we've been slow to come around to the fact that the work we do impacts us as well. We're all doing trauma work — we just don't call it that."

Lawson continued, "As a profession, the task force has taken is that there is a cost to the work we do. To be good at it, we have to be empathetic and compassionate and engage with the client in a very intimate way. In doing that, we take on some of..."
job-related risk factors that can 
cited the following:

er wellness, Lawson said.

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counselors, who have caseloads 
with an inordinate number of self-injurious or suicidal clients 
or who work regularly with 
groups that have experienced large or small traumas can find 
their wellness particularly at risk.

Prevention and 
renewal strategies

"As counselors, we need to 
make our own wellness a per-
sonal and professional priori-
ty," Venart said. "We need to be 
mindful of what we model to 
those we counsel, supervise, 
teach and lead. We do ourselves 
— and those we teach and counsel — a disservice when 
we neglect attending to our 
health and life balance or allow 
work-related stressors to domi-
nate our thinking and actions."

The old invocation to become 
wellness, she said. "Supervi-
sion and peer consultation seem 
to be resistant 
their clients to follow these pre-
ventions."

Poor, inconsistent, ineffec-
tive or absent supervision.

A history of trauma that 
remains unacknowledged or 
unresolved.

A professional isolation. This 
could portray to counselors 
in rural settings or private 
practitioners, agency employees 
in administrative or supervi-
sory positions and school 
counselors in facilities 
where they are the sole 
provider of counseling ser-

ces.

A personal value for sto-
iceism or a tendency to keep 
thoughts, feelings and con-
tems to oneself rather than 
expressing them.

A tendency to overuse 
numerical strategies and 
escapism (for example, 
shopping, playing video 
games, drinking or watching 
television) to cope with 
stressors.

A work setting that meets 
any of the following criteria: 
fails to acknowledge the 
stress inherent in providing 
counseling; provides insuffi-
cient vacation time; pushes 
counselors to extend them-

celves beyond reasonable 
limits (for example, working 
long hours, maintaining large 
caseloads or double-booking 
session times); discourages 
counselors from sharing con-
tems with one another or 
with management; or does 
not include counselors' input 
in decision-making.

A personal inability to say 
no, set boundaries or assert 
oneself.

In addition, Lawson 
said, counselors who have caseloads 
with an inordinate number of 
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groups that have experienced large or small traumas can find 
their wellness particularly at risk.
Kocet said, the task force often consulted with other experts, including those outside the association who specialized in certain areas. "Oftentimes," he said, "members provided specific recommended language to incorporate into the document. While the members of the task force were the primary authors of the 2005 Code of Ethics, there were many hands, minds and hearts that contributed to its creation."

**Membership has its privileges**

The ACA Code of Ethics is meant to help guide practice, not dictate practice. Because every situation is different, counselors should use it as a framework. Professional counselors should use consultation, supervision and research in conjunction with the code to solve ethical situations, Kocet said. In addition to those resources, ACA members can also contact Larry Freeman, the Ethics and Professional Standards manager at ACA headquarters. Freeman also serves as the staff liaison to the Ethics Committee. "Larry is the responsible expert on ethics here at ACA," said ACA Chief Professional Officer David Kaplan. "One of the services we provide is that any member can call him when they have any kind of ethical question or dilemma. He will respond directly to the inquiry. That helps prevent problems before they occur."

In past surveys, the services provided by the Ethics Department have been listed as among those most valued by ACA members. During an average week, Freeman receives 40-60 telephone or e-mail inquiries. The most frequent and complex ethical inquiries concern confidentiality and counseling relationships, Freeman said. "ACA is responsible for providing an ethical instrument that defines and measures the practice and accountability of professional counseling," Freeman said. "The ACA Code of Ethics strives to be that tool by educating members regarding sound ethical responsibility and, subsequently, informing clients of our professional responsibilities with cutting-edge information." Members who have questions concerning professional ethics should contact the ACA Ethics Department at 800.347.6647 ext. 314 or e-mail inquiries to lfreeman@counseling.org. Most inquiries should receive a response within approximately 24 business hours. However, April and went into effect July 1, 1996: Fifth edition of the casebook published.

2002: ACA Code Revision Task Force appointed by President David Kaplan to again revise and update the ethics code.

2004: First draft of the proposed revised ethical standards published for the membership in Counseling Today and online. Members encouraged to submit feedback to task force.

2005: Final draft of the ACA Code of Ethics presented to the Governing Council in the spring. In turn, a number of minor changes were proposed and considered. As a result, the action was referred to the ACA Executive Committee in May. The last edits were made and the final document published online in August.

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Angela Kennedy is a senior writer at Counseling Today. E-mail comments about this article to akennedy@counseling.org.

**The Challenge of Counseling Teens: Techniques for Engaging and Connecting With Reluctant Youth**

presented by John Sommers-Flanagan with Rita Sommers-Flanagan

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As approved by the ACA Governing Council, 2005

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

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

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

ACA Code of Ethics Purpose
The ACA Code of Ethics serves five main purposes:
1. The Code enables the association to clarify to current and future members, and to those served by members, the nature of the ethical responsibilities held in common by its members.
2. The Code helps support the mission of the association.
3. The Code establishes principles that define ethical behavior and best practices of association members.
4. The Code serves as an ethical guide designed to assist members in constructing a professional course of action that best serves those utilizing counseling services and best promotes the values of the counseling profession.
5. The Code serves as the basis for processing of ethical complaints and inquiries initiated against members of the association.

The ACA Code of Ethics contains eight main sections that address the following areas:

Section A: The Counseling Relationship

A.1. Welfare of Those Served by Counselors
A.1.a. Primary Responsibility
Counselors encourage client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process.

Counselors are encouraged to contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (pro bono publico).

A.1.b. Records
Counselors maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institution procedures. Counselors include sufficient and timely documentation in their client records to facilitate the delivery and continuity of needed services. Counselors take reasonable steps to ensure that documentation in records accurately reflects client progress and services provided. If errors are made in client records, counselors take steps to properly note the correction of such errors according to agency or institutional policies. (See A.12.g., B.6., B.6g., G.2.)

A.1.c. Counseling Plans
Counselors and their clients work jointly in devising integrated counseling plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Counselors and clients regularly review counseling plans to assess their continued viability and effectiveness, respecting the freedom of choice of clients. (See A.2.a., A.2.d., A.12.g.)

A.1.d. Support Network Involvement
Counselors recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community leaders, family members, friends) as positive resources, when appropriate, with client consent.

A.1.e. Employment Needs
Counselors work with their clients considering employment in jobs that are consistent with the overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs of clients. When appropriate, counselors appropriately trained in career development will assist in the placement of clients in positions that are consistent with the interest, culture, and the welfare of clients, employers, and/or the public.

A.2. Employment Needs
Counselors are expected to engage in a carefully considered ethical decision-making process. Reasonable differences of opinion can and do exist among counselors with respect to the ways in which values, ethical principles, and ethical standards would be applied when they conflict. While there is no specific ethical decision-making model that is more effective, counselors are expected to be familiar with a credible model of decision making that can be used in practical situations.

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

Section B: Confidentiality, Privileged Communication, and Privacy

B.1. Privacy
Counselors recognize that in addition to clients, employers, and/or the public, friends will have access to clients' records as part of the counseling process. Counselors should take reasonable steps to ensure that information in clients' records is protected from unauthorized access.

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

Section C: Professional Responsibility

C.1. Responsibility
Counselors are expected to be familiar with a credible model of decision making that can be used in practical situations.

Section D: Relationships With Other Professionals

D.1. Professional Relationships
Counselors are expected to be familiar with a credible model of decision making that can be used in practical situations.

Section E: Evaluation, Assessment, and Interpretation

E.1. Ethical Standards
Counselors are expected to be familiar with a credible model of decision making that can be used in practical situations.

Section F: Supervision, Training, and Teaching

F.1. Ethical Standards
Counselors are expected to be familiar with a credible model of decision making that can be used in practical situations.

Section G: Research and Publication

G.1. Ethical Standards
Counselors are expected to be familiar with a credible model of decision making that can be used in practical situations.

Section H: Resolving Ethical Issues

H.1. Ethical Standards
Counselors are expected to be familiar with a credible model of decision making that can be used in practical situations.
vices; the counselor's qualifications, credentials, and relevant experience; continuation of therapy upon the termination or death of a counselor; and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to confidentiality and to be provided with an explanation of its limitations (including how supervisors and/or treatment team members may be required to obtain clear information about their records to participate in the ongoing counseling plans; and to refuse any services or modality change and to be advised of the consequences of such refusal.

A.2. Developmental and Cultural Sensitivity

Counselors communicate information in ways that are both developmentally and culturally appropriate. Counselors use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language used by counselors, they provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. In collaboration with clients, counselors consider cultural implications of informed consent procedures and, where possible, counselors adjust their practices accordingly.

A.2.d. Liability to Give Consent

When counseling minors or persons unable to give voluntary consent, counselors seek the assent of clients to services, and include them in decision making as appropriate. Counselors recognize the need to balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive services, and potential or familial legal rights and responsibilities to protect these clients and make decisions on their behalf.

A.3. Clients Served by Others

When counselors learn that their clients are in a professional relationship with another mental health professional, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships.

A.4. Avoiding Harm and Imposing Values

A.4.d. Potentially Beneficial Interactions

When a counselor-client nonprofessional interaction with a client or former client may be potentially beneficial to the client or former client, the counselor must document in case records, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. Such interactions should be initiated with appropriate client consent. Where unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client during the nonprofessional interaction, the counselor must show evidence of an attempt to remedy such harm. Examples of potentially beneficial interactions include, but are not limited to, attending a formal ceremony (e.g., a wedding commitment ceremony or graduation); purchasing a service or product provided by a client or former client (excepting unrestricted bartering); hospital visits to an ill family member; mutual membership in a professional association, organization, or community. (See A.5.c.)

A.5. Roles and Relationships With Clients

A.5.e. Role Changes in the Professional Relationship

When a counselor changes a role from the original or most recent contractual relationship, (demonstrate forethought and document in written form) whether the interactions or relationships can be viewed as exploitive in some way and/or whether there is still potential to harm the former client; in cases of potential exploitation and/or harm, the counselor avoids entering such an interaction or relationship. (See A.5.d.)

A.5.f. Former Clients

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

A.6. Roles and Relationships at Individual, Group, Institutional, and Societal Levels

A.6.a. Advocacy

When appropriate, counselors advocate for individual, group, institutional, and societal levels to examine potential barriers that inhibit access and/or the growth and development of clients.

A.6.b. Confidentiality and Advocacy

Counselors use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language used by counselors, they provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. In collaboration with clients, counselors consider cultural implications of informed consent procedures and, where possible, counselors adjust their practices accordingly.

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A.7. Multiple Clients

When a counselor agrees to provide counseling services to two or more persons who have a relationship, the counselor clarifies at the outset which person or persons are clients and the nature of the relationships during counseling the counselor will have with each involved person. If it becomes apparent that the counselor may be called upon to perform potentially conflictive roles, the counselor will clarify, adjust, or withdraw from roles appropriately.

A.8. Group Work

A.8.a. Screening

Counselors screen prospective group participants. To the extent possible, counselors select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will be supported by the group experience.

A.8.b. Protecting Clients

In a group setting, counselors take reasonable precautions to protect clients from physical, emotional, or psychological trauma.

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

When a counselor-client nonprofessional relationship with clients, former clients, their romantic partners, or their family members should be avoided, except when the interaction is potentially beneficial to the client. (See A.5.d.)

1. to obtain high quality end-of-life care for their physical, emotional, social, and spiritual needs;
2. to exercise the highest degree of self-determination possible;
3. to be given every opportunity possible to engage in informed decision making regarding their end-of-life care; and
4. to receive complete and adequate assessment regarding their ability to make competent, rational decisions on their own behalf from a mental health professional who is experienced in end-of-life care practice.

A.10. Fees and Bartering

A.10.a. Accepting Fees From Agency Clients

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

A.10.b. Establishing Fees

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

A.10.c. Nonpayment of Fees
If counselors intend to use collection agencies or take legal measures to collect fees from clients who do not pay for services as agreed upon, they first inform clients of intended actions and offer clients the opportunity to make payment.

A.10.d. Bartering
Counselors may barter only if the relationship is not exploitive or harmful and does not place the counselor in an unfair advantage, if the client requests it, and if such arrangements are an accepted practice among professionals in the community. Counselors consider the cultural implications of bartering and discuss relevant concerns with clients and document such agreements in a clear written contract.

A.10.e. Receiving Gifts
Counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and showing gratitude. When determining whether or not to accept a gift from clients, counselors take into account the therapeutic relationship, the monetary value of the gift, a client's motivation for giving the gift, and the counselor's motivation for wanting or declining the gift.

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

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

A.11.e. Appropriate Termination
Counselors terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs the counselor's assistance, that the client is not likely to benefit, or that being harmed by continued counseling. Counselors may terminate counseling when in jeopardy of harm by the client, or another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. Counselors provide pretermination counseling and recommend other service providers when necessary.

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

A.12. Technology Applications
A.12.a. Benefits and Limitations
Counselors inform clients of the benefits and limitations of using information technology applications in the counseling process and in business/billing procedures. Such technologies include but are not limited to computer hardware and software, telephones, the World Wide Web, the Internet, online assessment instruments and other communications devices.

A.12.b. Technology-Assisted Services
When providing technology-assisted distance counseling services, counselors determine that clients are intellectually, emotionally, and physically capable of using the application and that the application is appropriate for the needs of clients.

A.12.c. Inappropriate Services
When technology-assisted distance counseling services are deemed inappropriate by the counselor or client, counselors consider delivering services face to face.

A.12.d. Access
Counselors provide reasonable access to computer applications when providing technology-assisted distance counseling services.

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

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

A.12.g. Technology and Informed Consent
As part of the process of establishing informed consent, counselors do the following:

1. Address issues related to the difficulty of maintaining the confidentiality of electronically transmitted communications.
2. Inform clients of all colleagues, supervisors, and employees, such as Information Technology (IT) administrators, who might have authorized or unauthorized access to electronic transmissions.
3. Uge clients to be aware of all authorized or unauthorized uses including family members and fellow employees who have access to any technology clients may use in the counseling process.
4. Inform clients of pertinent legal rights and limitations governing possession of a profession over state lines or international boundaries.
5. Use encrypted Web sites and e-mail communications to help ensure confidentiality when possible.
6. When the use of encryption is not possible, counselors notify clients of this fact and limit electronic communications to general communications that are not client specific.
7. Inform clients if and for how long archival storage of transaction records are maintained.
8. Discuss the possibility of technology failure and alternate methods of service delivery.
9. Inform clients of emergency procedures, such as calling 911 or a local crisis hotline, when the counselor is not available.
10. Discuss time zone differences, local customs, and cultural or language differences that might impact service delivery.

B.1. Respecting Client Rights
B.1.a. Multicultural/Diversity Considerations
Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counselors respect differing views toward disclosure of information. Counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

B.1.b. Respect for Privacy
Counselors respect client rights to privacy. Counselors solicit private information from clients only when it is beneficial to the counseling process.

B.1.c. Reports for Confidentiality
Counselors do not share confidential information without client consent or without sound legal or ethical justification.

B.1.d. Explanation of Limitations
As initiation and throughout the counseling process, counselors inform clients of the limitations of confidentiality and seek to identify foreseeable situations in which confidentiality must be breached. (See A.2.b.)

B.2. Exceptions
B.2.a. Danger and Legal Requirements
The general requirement that counselors keep information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception. Additional considerations apply when addressing end-of-life issues. (See A.5.c.)

B.2.b. Contingencies
Counselors recognize that trust is a cornerstone of the counseling relationship. Counselors aspire to earn the trust of clients by creating an ongoing partnership, establishing and upholding appropriate boundaries, and maintaining confidentiality. Counselors communicate the parameters of confidentiality in a culturally competent manner.

Section B Confidentiality, Privileged Communication, and Privacy

Introduction
Counselors recognize that trust is a cornerstone of the counseling relationship. Counselors aspire to earn the trust of clients by creating an ongoing partnership, establishing and upholding appropriate boundaries, and maintaining confidentiality. Counselors communicate the parameters of confidentiality in a culturally competent manner.
in any behaviors that may be harmful to an identifiable third party.

B.2.c. Court-Ordered Disclosure
When subpoenaed to release confidential or privileged information without a client's permission, counselors obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible due to potential harm to the client or counseling relationship.

B.2.d. Minimal Disclosure
To the extent possible, clients are informed before confidentiality is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed.

B.3. Information Shared With Others
B.3.a. Subordinates
Counselors make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates, including employees, supervisees, students, clerical assistants, and volunteers. (See F1.c.)

B.3.b. Treatment Teams
When client treatment involves a continued review or participation by a treatment team, the client will be informed of the team's existence and composition, information being shared, and the purposes of sharing such information.

B.3.c. Confidential Settings
Counselors discuss confidential information only in settings in which they can reasonably ensure client privacy.

B.3.d. Third-Party Payors
Counselors disclose information to third-party payors only when clients have authorized such disclosure.

B.3.e. Transmitting Confidential Information
Counselors take precautions to ensure the confidentiality of information transmitted through the use of computers, electronic mail, facsimile machines, telephones, voice-mail, answering machines, and other electronic or computer technology. (See A.1.2.g.)

B.3.f. Deceased Clients
Counselors protect the confidentiality of deceased clients, consistent with legal requirements and agency or setting policies.

B.4. Groups and Families
B.4.a. Group Work
In group work, counselors clearly explain the importance and parameters of confidentiality for the specific group being entered.

B.4.b. Couples and Family Counseling
In couples and family counseling, counselors clearly define who is considered "the client" and discuss expectations and limitations of confidentiality. Counselors seek agreement and document in writing such agreement among all involved parties having capacity to give consent concerning such individual's right to confidentiality and any obligation to preserve the confidentiality of information known.

B.5. Clients Lacking Capacity to Give Informed Consent
B.5.a. Responsibility to Clients
When counseling minor clients or adult clients who lack the capacity to give voluntary informed consent, counselors protect the confidentiality of information received in the counseling relationship as specified by federal and state laws, written policies, and applicable ethical standards.

B.5.b. Responsibility to Parents and Legal Guardians
Counselors inform parents and legal guardians about the role of counselors and the confidential nature of the counseling relationship. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians over the welfare of their children/charges according to law. Counselors work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

B.5.c. Release of Confidential Information
When counseling minor clients or adult clients who lack the capacity to give voluntary consent to release confidential information, counselors seek permission from an appropriate third party to disclose information. In such instances, counselors inform clients consistent with their level of understanding and take culturally appropriate measures to safeguard client confidentiality.

B.6. Records
B.6.a. Confidentiality of Records
Counselors ensure that records are kept in a secure location and that only authorized persons have access to records.

B.6.b. Permission to Record
Counselors obtain permission from clients prior to recording sessions through electronic or other means.

B.6.c. Permission to Observe
Counselors obtain permission from clients prior to observing counseling sessions, reviewing session transcripts, or viewing recordings of sessions with supervisors, faculty, peers, or others in the training environment.

B.6.d. Client Access
Counselors provide reasonable access to records and copies of records when requested by competent clients. Counselors limit the access of clients to their records, or portions of their records, only when there is compelling evidence that such access would cause harm to the client. Counselors document the request of clients and the rationale for withholding some or all of the record in the files of clients. In situations involving multiple clients, counselors provide individual clients with only those parts of records that related directly to them and do not include confidential information related to any other client.

B.6.e. Assistance With Records
When clients request access to their records, counselors provide assistance and consultation in interpreting counseling records.

B.6.f. Disclosure or Transfer
- Unless exceptions to confidentiality exist, counselors obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature. (See A.3, E.4.)

B.6.g. Storage and Disposal After Termination
Counselors store records following termination of services to ensure reasonable future access, maintain records in accordance with state and federal statutes governing records, and dispose of client records and other sensitive materials in a manner that protects client confidentiality. When records are of an artistic nature, counselors obtain client (or guardian) consent with regards to handling of such records or documents. (See A.1.b.)

B.6.h. Reasonable Precautions
Counselors take reasonable precautions to protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death. (See G.2.b.)

B.7. Research and Training
B.7.a. Institutional Approval
When institutional approval is required, counselors provide accurate information about their research proposals and obtain approval prior to conducting their research. They conduct research in accordance with the approved research protocol.

B.7.b. Adherence to Guidelines
Counselors are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices.

B.7.c. Confidentiality of Information Obtained in Research
When counseling clients for purposes of research, counselors are responsible for protecting the confidentiality of information obtained in research involving human participants. Investigators maintain all research records in a secure manner. They explain to participants the risks of violations of privacy and confidentiality and disclose to participants any limits of confidentiality that reasonably can be expected. Regardless of the degree to which confidentiality will be maintained, investigators must disclose to participants any limits of confidentiality that reasonably can be expected. (See G.2.a.)

B.7.d. Disclosure of Research Information
Counselors do not disclose confidential information that reasonably could lead to the identification of a client or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided. They disclose information only to the extent necessary to achieve the purposes of the consultation. (See D.2.d.)

Section C Professional Responsibility

Introduction
Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals. They practice in a non-discriminatory manner within the boundaries of professional and personal competence and have a responsibility to abide by the ACA Code of Ethics. Counselors actively participate in local, national, and international organizations.
state, and national associations that foster the development and improvement of counseling. Counselors advocate to promote change at the individual, group, institutional, and societal levels that improve the quality of life for individuals and groups and remove potential barriers to the provision or access to appropriate services they are offering. Counselors have a responsibility to the public to engage in counseling practices that are based on rigorous research methodologies. In addition, counselors engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to better meet their professional responsibilities.

C.1 Knowledge of Standards

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

C.2 Professional Competence

C.2.a Boundaries of Competence

Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. (See A.9.k, C.6.e, E.2, F.11.k)

C.2.b New Specialty Areas of Practice

Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm. (See B.6.F)

C.2.c Qualified for Employment

Counselors accept employment only for positions for which they are qualified. Counselors undertake education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors hire for professional counseling positions only individuals who are qualified and competent for those positions.

C.3 Advertising and Soliciting Clients

C.3.a Accurate Advertising

When advertising or otherwise representing their services to the public, counselors identify their credentials in an accurate manner that is not, misleading, deceptive, or fraudulent.

C.3.b Testimonials

Counselors who use testimonials do not solicit from current clients nor former clients nor any other persons who may be vulnerable to undue influence.

C.3.c Statements by Others

Counselors make reasonable efforts to ensure that statements made by others about them or the profession of counseling are accurate.

C.3.d Recruiting Through Employment

Counselors do not use their places of employment or institutional affiliation to recruit or gain clients, supervisees, or colleagues for their private practices.

C.3.e Products and Training Advertisements

Counselors who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices. (See C.6.d)

C.3.f Promoting to Those Served

Counselors do not use counseling, teaching, training, or supervisory relationships to promote their own professional qualifications and experience. Counselors maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in their specialties, are open to new procedures, and keep current with the diverse populations and specific populations with whom they work.

C.3.g Impairment

Counselors are alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They seek assistance for problems that reach the level of professional impairment and, if necessary, they limit, suspend, or terminate their professional responsibilities until such time it is determined that they may safely resume their work. Counselors assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and who may be vulnerable. However, counselor educators may adopt textbooks they have authored for instructional purposes.

C.4 Professional Qualifications

C.4.a Academic Representation

Counselors claim or imply only professional qualifications actually completed and correct any known misrepresentations of their qualifications by others. Counselors truthfully represent the qualifications of their professional colleagues. Counselors clearly distinguish between paid and volunteer work experience and accurately describe their continuing education and specialized training. (See C.2.a.)

C.4.b Credentials

Counselors clearly differentiate between earned and honorary degrees.

C.4.d Implying Doctoral-Level Competence

Counselors who use doctoral-level language only for positions for counselors in private practice take reasonable steps to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice.

C.4.e Program Accreditation Status

Counselors clearly state the accreditation status of their degree programs at the time the degree was earned.

C.4.f Professional Membership

Counselors clearly differentiate between current, active memberships and former memberships in associations. Members of the American Counseling Association must clearly differentiate between professional membership, which implies the possession of at least a master's degree in counseling, and regular membership, which is open to individuals whose interests and affiliations are consistent with those of ACA but are not qualified for professional membership.

C.5 Nondiscrimination

Counselors do not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status, partnership, language proficiency, socioeconomic status, or any basis proscribed by law. Counselors do not discriminate against clients, students, employees, supervisors, or research participants in a manner that is deprecative or would exert undue influence on individuals who may be vulnerable. However, counselor educators may adopt textbooks they have authored for instructional purposes.

C.6 Public Responsibility

C.6.a Sexual Harassment

Counselors do not engage in or condone sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either:

1. is unwelcome, is offensive, or creates a hostile or intimidating learning environment, and counselors know or are told this or
2. is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context in which the behavior occurred.

Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts.

C.6.b Reports to Third Parties

Counselors are accurate, honest, and objective in reporting their professional activities and judgments to appropriate third parties, including courts, health insurance companies, those who are the recipients of evaluation reports, and others. (See B.3, E.4)

C.6.c Media Presentations

When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, technology-based applications, printed articles, mailed material, or other media, they take reasonable precautions to ensure that:

1. the statements are based on appropriate professional counseling literature and practice,
2. the statements are otherwise consistent with the ACA Code of Ethics, and
3. the recipients of the information are not encouraged to infer that a professional counseling relationship has been established.

C.6.d Exploitation of Others

Counselors do not exploit others in their professional relationships. (See C.4.f)

C.6.e Scientific Bases for Treatment Modalities

Counselors use technical, procedural, or materials that are grounded in theory and/or have an empirical or scientific foundation. Counselors who do not define the techniques/procedures as "unproven" or "developing" and explain the potential risks and ethical con-
C.7. Responsibility to Other Professionals

C.7.a. Personal Public Statements
When making personal statements in a public context, counselors clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all counselors or the profession.

Section D

Relationships With Other Professionals

Introduction
Professional counselors recognize that the quality of their interactions with colleagues can influence the quality of services provided to clients. They work to become knowledgeable about colleagues within and outside the field of counseling. Counselors develop positive working relationships and systems of communication with colleagues to enhance services to clients.

D.1. Relationships With Colleagues, Employers, and Employees

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

D.1.b. Forming Relationships
Counselors work to develop and strengthen interdisciplinary relations with colleagues from other disciplines to better serve clients.

D.1.c. Interdisciplinary Teamwork
Counselors who are members of interdisciplinary teams delivering multifaceted services to clients, keep the focus on how to best serve the clients. They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the counseling profession and those of colleagues from other disciplines. (See A.1.a.)

D.1.d. Confidentiality
When counselors are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they clarify role expectations and the parameters of confidentiality with their colleagues. (See B.1.c., B.1.d., B.2.c., B.2.d., B.3.a.)

D.1.e. Establishing Professional and Ethical Obligations
Counselors who are members of interdisciplinary teams clarify professional and ethical obligations of the team as a whole and of its individual members. When a team decision raises ethical concerns, counselors first attempt to resolve the concern within the team. If they cannot reach resolution among team members, counselors pursue other avenues to address their concerns consistent with client well-being.

D.1.f. Personnel Selection and Assignment
Counselors select competent staff and assign responsibilities compatible with their skills and experiences.

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

D.1.h. Negative Conditions
Counselors alert their employers of inappropriate policies and practices. They attempt to effect changes in such policies or procedures through constructive action within the organization. When such policies are potentially disruptive or damaging to clients or may limit the effectiveness of services provided and change cannot be effected, counselors take appropriate further action. Such action may include referral to appropriate correction, accreditation, or state licensure organizations, or voluntary termination of employment.

D.1.i. Protection From Destructive Action
Counselors take care not to harass or dismiss an employee who has acted in a responsible and ethical manner to expose inappropriate employer policies or practices.

D.2. Consultation

D.2.a. Consultant Competency
Counselors take reasonable steps to ensure that they have the appropriate resources and competencies when providing consultation services. Counselors provide appropriate referral resources when requested or needed. (See C.2.a.)

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

D.2.c. Consultant Goals
The consulational relationship is one in which consultants adapt ability and growth toward self-direction are consistently encouraged and cultivated.

D.2.d. Informed Consent in Consultation
When providing consultation, counselors have an obligation to review, in writing and verbally, the rights and responsibilities of both counselors and consultants. Counselors use clear and understandable language to inform all parties involved about the purpose of the services to be provided, relevant costs, potential risks and benefits, and the limits of confidentiality. Working in conjunction with the consultant, counselors attempt to develop a clear definition of the problem, goals for change, and predict consequences of interventions that are culturally responsive and appropriate to the needs of clients. (See A.2.a., A.2.b.)

Section E

Evaluation, Assessment, and Interpretation

Introduction
Counselors use assessment instruments as one component of the counseling process, taking into account the client personal and cultural context. Counselors promote the well-being of individual clients or groups of clients by developing and using appropriate educational, psychological, and career assessment instruments.

E.1. General

E.1.a. Assessment
The primary purpose of educational, psychological, and career assessment is to provide measurements that are valid and reliable in either comparative or absolute terms. These include, but are not limited to, measurements of ability, personality, interests, intelligence, achievement, and behavior. Counselors recognize the need to interpret the statements in this section as applying to both quantitative and qualitative assessments.

E.1.b. Client Welfare
Counselors do not misuse assessment results and interpretations, and they take reasonable steps to prevent others from misusing the information these techniques provide. They respect the client's right to know the results, the interpretations made, and the bases for counselors' conclusions and recommendations.

E.2. Competence to Use and Interpret Assessment Instruments

E.2.a. Limits of Competence
Counselors utilize only those testing and assessment services for which they have been trained and are competent. Counselors using technology assisted test interpretations are trained in the test being measured and the specific instrument being used prior to using its technology based application. Counselors take reasonable measures to ensure the proper use of psychological and career assessment techniques by persons under their supervision. (See A.12.)

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

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

E.3. Informed Consent in Assessment

E.3.a. Explanation to Clients
Prior to assessment, counselors explain the nature and purposes of assessment and the specific use of results by potential recipients. The explanation will be given in the language of the client (or other legally authorized person on behalf of the client), unless an explicit exception has been agreed upon in advance. Counselors consider the client's personal or cultural context, the level of the client's understanding of the results, and the impact of the results on the client. (See A.2., A.12.g., E.1.e.)

E.3.b. Recipients of Results
Counselors consider the examinee's welfare, explicit understandings, and prior agreements when determining who receives the assessment results. Counselors include accurate and appropriate interpretations with any release of individual or group assessment results. (See B.2.c., B.5.)

E.4. Release of Data to Qualified Professionals
Counselors release assessment data in which the client is identified only with the consent of the client or the client's legal representative. Such data are released only to persons recognized by counselors as qualified to interpret the data. (See B.1., B.3., B.6.b.)

E.5. Diagnosis of Mental Disorders

E.5.a. Proper Diagnosis
Counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interviews) used to determine the nature of the client's problem are shared with the client and communicated to the client's legal representative. The explanation of the nature and specific use of results will be shared with the client and/or the client's legal representative. (See A.2., A.12.g.)

E.5.b. Cultural Sensitivity
Counselors recognize that culture affects the manner in which clients' problems are described. Clients' socioeconomic and cultural experiences are considered when diagnosing mental disorders. (See A.2.c.)

E.5.c. Historical and Social Prejudices in the Diagnosis of Psychopathology
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.
E.7.a. Administration

Counselors may refrain from making and/or reporting a diagnosis if they believe it would cause harm to the client or others.

E.6. Instrument Selection

E.6.a. Appropriateness of Instruments

Counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments.

E.6.b. Referral Information

If a client is referred to a third party for assessment, the counselor provides specific referral questions and sufficient objective data about the client to ensure that appropriate assessment instruments are utilized. (See A.9.b., B.3.)

E.6.c. Culturally Diverse Populations

Counselors are cautious when selecting assessments for culturally diverse populations to avoid the use of instruments that lack appropriate psychometric properties for the client population. (See A.2.c., E.5.b.)

E.7. Conditions of Assessment Administration

E.7.a. Administration Conditions

Counselors administer assessments under the same conditions that were established in their standardization. When assessments are not administered under standard conditions, as may be necessary to accommodate clients with disabilities, or when unusual behavior or irregularities occur during the administration, those conditions are noted in interpretation, and the results may be designated as invalid or of questionable validity.

E.7.b. Technological Administration

Counselors ensure that administration programs function properly and provide clients with accurate results when technological or other electronic methods are used for assessment administration.

E.7.c. Unsupervised Assessments

Unless the assessment instrument is designed, intended, and validated for self-administration and/or scoring, counselors do not permit inadequately supervised use.

E.7.d. Disclosure of Favorable Conditions

Prior to administration of assessments, conditions that produce most favorable assessment results are made known to the examinee.

E.8. Multicultural Issues/Diversity in Assessment

Counselors use with caution assessment techniques that were normed on populations other than that of the client. Counselors recognize the effects of age, color, culture, disability, ethnic group, gender, race, language preference, religion, spirituality, sexual orientation, and socioeconomic status on test administration and interpretation of place test results in proper perspective with other relevant factors. (See A.2.c., E.5.b.)

E.9. Scoring and Interpretation of Assessments

E.9.a. Reporting

In reporting assessment results, counselors indicate reservations that exist regarding validity or reliability due to circumstances of the assessment or the inappropriateness of the norms for the person tested.

E.9.b. Risks to Test Takers

Counselors exercise caution when interpreting the results of research instruments not having sufficient technical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly on the examinee.

E.9.c. Assessment Services

Counselors who provide assessment scoring and interpretation services to support the assessment process confirm the validity of such interpretations. They accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use. The public offering of an automated test interpretation service is considered a professional-to-professional consultation. The formal responsibility of the consultant is to the consultee, but the ultimate and overriding responsibility is to the client. (See D.2.)

E.10. Assessment Security

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

E.11. Obsolete Assessments and Outdated Results

Counselors do not use data or results from assessments that are obsolete or outdated for the current purpose. Counselors make every effort to prevent the misuse of obsolete measures and assessment data by others.

E.12. Assessment Construction

Counselors use established scientific procedures, relevant standards, and current professional knowledge for assessment design in the development, publication, and utilization of educational and psychological assessment techniques.


E.13.a. Primary Obligations

When providing forensic evaluations, the primary obligation of counselors is to produce objective findings that can be substantiated based on information and techniques appropriate to the evaluation, which may include examination of the individual and/or review of records. Counselors are entitled to form professional opinions based on their professional knowledge and expertise that can be supported by the data gathered in evaluations. Counselors will define the limits of their reports or testimony, especially when an examination of the individual has not been conducted.

E.13.b. Consent for Evaluation

Individuals being evaluated are informed in writing that the relationship is for the purpose of an evaluation and is not counseling in nature, and entities or individuals will receive the evaluation report are identified. Written consent to be evaluated is obtained from those being evaluated. A court orders evaluation is to be conducted without the written consent of individuals being evaluated. When children or vulnerable adults are being evaluated, informed written consent is obtained from a parent or guardian.

E.13.c. Client Evaluation Prohibited

Counselors do not evaluate individuals for forensic purposes who they currently counsel or individuals they have counseled in the past. Counselors do not accept as counseling clients individuals they are evaluating or individuals they have evaluated in the past for forensic purposes.

E.13.d. Avoid Potentially Harmful Relationships

Counselors who provide forensic evaluations avoid potentially harmful professional or personal relationships with family members, romantic partners, and close friends of individuals they are evaluating or have evaluated in the past.

Section F

Supervision, Training, and Teaching

Introduction

Counselors aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisors and students. Counselors have theoretical and pedagogical foundations for their work and aim to be fair, accurate, and honest in their assessments of counselors-in-training.

F.1. Counselor Supervision and Client Welfare

F.1.a. Client Welfare

A primary obligation of counseling supervisors is to monitor the services provided by other counselors or counselors-in-training. Counseling supervisors monitor client welfare and supervise clinical performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review case notes, samples of clinical work, or live observations. Supervisors have a responsibility to understand and follow the ACA Code of Ethics.

F.1.b. Counselor Credentials

Counseling supervisors work to ensure that clients are aware of the qualifications of the supervisors who render services to the clients. (See A.2.b.)

F.1.c. Informal Counsel and Client Rights

Supervisors make supervisees aware of client rights including the protection of client privacy and confidentiality in the counseling relationship. Supervisors provide clients with professional disclosure information and inform them of how the supervision pertains to the limits of confidentiality. Supervisees make clients aware of who will have access to records of the counseling relationship and how these records will be used. (See A.2.b., B.1.d.)

F.2. Counselor Supervision Competence

F.2.a. Supervisor Preparation

Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills. (See C.2.a., C.2.f.)

F.2.b. Multicultural and Diversity in Supervision

Counseling supervisors are aware of and address the role of multicultural/diversity in the supervisee relationship.

F.3. Supervisory Relationships

F.3.a. Relationship Boundaries With Supervisees

Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Counseling supervisors specifically identify and maintain relationships with current supervisees. If supervisees assume other professional roles (e.g., clinical and administrative supervisor, instructor) with supervisees, they work to minimize potential conflicts and explain to supervisees the expectations and responsibilities associated with each role. They do not engage in any form of nonprofessional interaction that may compromise the supervisee relationship.

F.3.b. Sexual Relationships

Sexual or romantic interactions or relationships with current supervisees are prohibited.

F.3.c. Sexual Harassment

Counseling supervisors do not condone or subject supervisees to sexual harassment. (See C.6.a.)


**F.3.c. Close Relatives and Friends**

Counseling supervisors avoid accepting close relatives, romantic partners, or friends as supervisees.

**F.3.e. Potentially Beneficial Relationships**

Counseling supervisors are aware of the power differential in their relationships with supervisees. If they believe non-professional relationships with a supervisee may be potentially beneficial to the supervisee, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include attending a formal ceremony, hospital visits, providing support during a stressful event; or assuming a role in a professional association, organization, or community. Counseling supervisors engage in open discussions with supervisees when they consider entering into relationships with them outside of their roles as client and/or administrative supervisor. Before engaging in non-professional relationships, supervisors discuss with supervisees and document the rationale for such interactions, potential benefits or drawbacks, and anticipated consequences for the supervisee. Supervisors clarify the specific nature and limitations of the additional role(s) they will have with the supervisee.

**F.4. Supervisor Responsibilities**

**F.4.a. Initiated Consent for Supervision**

Supervisors are responsible for incorporating into their supervision the principles of informed consent and participation. Supervisors inform supervisees of the policies and procedures to which they are to adhere and the mechanisms for the process appeal of individual supervisory actions.

**F.4.b. Emergency and Absences**

Supervisors establish and communicate to supervisees procedures for contacting them or, in their absence, alternative on-call supervisors to assist in critical crises.

**F.4.c. Standards for Supervisors**

Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities. Supervisors of postgraduate counselors encourage these counselors to adhere to professional standards of practice. (See C.I.)

**F.4.d. Termination of the Supervisor/Supervisee Relationship**

Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for withdrawal are provided to the other party. When cultural, clinical, or professional issues are crucial to the viability of the supervisory relationship, both parties make efforts to resolve differences. When termination is mandatory, supervisors make appropriate referrals to possible alternative supervisors.

**F.5. Counseling Supervisory Evaluation, Remediation, and Endorsement**

**F.5.a. Evaluation**

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

**F.5.b. Limitations**

Though ongoing evaluation and appraisal, supervisors are aware of the limitations of supervisees that might impede performance. Supervisors assist supervisees in choosing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, or state or voluntary professional credentialing processes when those supervisees are unable to provide competent professional services. Supervisors seek consultation and document their decisions to dismiss or refer supervisees for assistance. They ensure that supervisees are aware of options available to them to address such decisions. (See C.2.g.)

**F.5.c. Counseling for Supervisors**

If supervisees request counseling, supervisors provide them with acceptable referrals. Counselors do not provide counseling services to supervisees. Supervisors address interpersonal competencies in terms of the impact of these issues on clients, the supervisory relationship, and professional functioning. (See F.5.a.)

**F.5.d. Endorsements**

Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe supervisees are qualified for the endorsement. Regardless of qualifications, supervisees do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.

**F.6. Responsibilities of Counselor Educators**

**F.6.a. Counselor Educators**

Counselor educators who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the legal and regulatory aspects of the profession, are skilled in applying that knowledge, and make supervisees and students aware of their responsibilities. Counselor educators conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior. (See C.I., C.2.a., C.2.c.)

**F.6.b. Influencing Multicultural Issues/Diversity**

Counselor educators influence material related to multicultural/diversity into all courses and workshops for the development of professional counselors.

**F.6.c. Integration of Study and Practice**

Counselor educators establish an education program that integrates academic study and supervised practice.

**F.6.d. Teaching Ethics**

Counselor educators make students and supervisees aware of the ethical responsibilities and standards of the profession and the ethical responsibilities of students to the profession. Counselor educators influence ethical considerations throughout the curriculum. (See C.1.)

**F.6.e. Peer Relationships**

Counselor educators make supervisees and students aware of the ethical responsibilities and standards of the profession and the ethical responsibilities of students to the profession. Counselor educators influence ethical considerations throughout the curriculum.

**F.7. Student Welfare**

**F.7.a. Orientation**

Counselor educators recognize that orientation is a developmental process that continues throughout the educational and clinical training of students. Counseling faculty provide prospective students with information about the counselor education program's expectations:

1. the type and level of skill and knowledge acquisition required for successful completion of the training;
2. program training goals, objectives, and mission, and subject matter to be covered;
3. bases for evaluation;
4. training components that encourage self-growth or self-definition as part of the training process;
5. the type of supervision settings and requirements of the sites for required clinical field experiences;
6. student and supervisee evaluation, dismissal, and discipline policies and procedures; and
7. up-to-date employment prospects for graduates.

**F.7.b. Self-Growth Experience**

Counselor education programs delineate requirements for self-disclosure or self-growth experiences in their admission and program materials. Counselor educators use professional judgment when designing training experiences that conduct that require student and supervisee self-growth or self-definition. Students and supervisees are made aware of the ramifications their self-disclosure may have when counselors whose primary role as teacher, trainer, or supervisor requires seeking on ethical obligations to the profession. Ethical components of experiential training experiences explicitly delineate predetermined academic standards that are separate and do not depend on the student's level of self-disclosure. Counselor educators may require trainees to seek professional help to address any personal concerns that may be affecting their competency.

**F.8. Student Responsibilities**

**F.8.a. Standards for Students**

Counselors-in-training have a responsibility to understand and follow the ACA Code of Ethics and adhere to applicable laws, regulatory policies, and rules and policies governing professional staff behavior at the agency or placement setting. Students have the same obligation to clients as those required of professional counselors. (See C.1., H.1.)
fessional services for themselves to remediate the problems that are caused by the power differential. (See A.1., C.2.d., C.2.g.)

E9. Evaluation and Remediation of Students

E9.a. Evaluation

Counselor educators are careful to ensure that students, prior to and throughout the training program, have counseling experiences that are consistent with the level of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Counselor educators provide students with ongoing performance appraisal and evaluation feedback throughout the training program.

E9.b. Limitations

Counselor educators, throughout ongoing evaluation and appraisal, are aware of and address the inability of some students to achieve counseling competencies that might impede performance. Counselor educators

1. assist students in securing remedial assistance when needed,
2. seek professional consultation and document their decision to dismiss or refer students for assistance, and
3. ensure that students have recourse in a timely manner to address decisions to require them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures. (See C.2.g.)

E9.c. Counseling for Students

If students request counseling or if counseling services are required as part of a remediation process, counselor educators provide acceptable referrals.

F. 10. Roles and Relationships Between Counselor Educators and Students

F10.a. Sexual or Romantic Relationships

Sexual or romantic interactions or relationships with current students are prohibited.

F10.b. Sexual Harassment

Counselor educators do not condone or subject students to sexual harassment. (See C.6.a.)

F10.c. Relationships With Former Students

Counselor educators are aware of the power differential in the relationship between faculty and students. Faculty members foster open discussion with former students when considering engaging in a social, sexual, or other intimate relationship. Faculty members discuss with the former student how their former relationship may affect the change in relationship.

F10.d. Nonprofessional Relationships

Counselor educators avoid nonprofessional or ongoing professional relationships with students in which there is a risk of potential harm to the student or that may compromise the training experience or grade assigned. In addition, counselor educators do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisee placement.

F10.e. Counseling Services

Counselor educators do not serve as counselors to current students unless this is a brief role associated with a training experience.

F10.f. Potentially Beneficial Relationships

Counselor educators are aware of the power differential in the relationship between faculty and students. If they believe a nonprofessional relationship with a student may be potentially beneficial to the student, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony, hospital visits, or providing support during a stressful event; or mutual membership in a professional association, organization, or community. Counselor educators engage in open discussions with students when they consider entering into relationships with students outside of their roles as teachers and supervisors. They discuss with students the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role(s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relationships with students should be time-limited and initiated with student consent.

E11. Multicultural/Diversity Competence in Counselor Education and Training Programs

E11.a. Faculty Diversity

Counselor educators are committed to recruiting and retaining a diverse faculty.

E11.b. Student Diversity

Counselor educators actively attempt to recruit and retain a diverse student body. Counselor educators demonstrate commitment to multicultural/diversity competency by recognizing and valuing diverse cultures and types of abilities students bring to the training experience. Counselor educators provide appropriate accommodations that enhance and support diverse student wellness and academic performance.

E11.c. Multicultural/Diversity Training

Counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. They develop skills to gain awareness, knowledge, and skills in the competencies of multicultural practice. Counselor educators include case examples, role-plays, discussion questions, and other classroom activities that promote and represent various cultural perspectives.

Section G

Research and Publication

Introduction

Counselors who conduct research are encouraged to contribute to the knowledge base of the profession and promote a clearer understanding of the conditions that lead to a healthy and just society. Counselors support efforts of researchers by participating fully and willingly whenever possible. Counselors minimize bias and respect diversity in designing and implementing research programs.

G.1. Research Responsibilities

G1.a. Use of Human Research Participants

Counselors plan, design, conduct, and report research in a manner that is consistent with pertinent ethical principles, federal and state laws, institutional regulations, and scientific standards governing research with human research participants.

G1.b. Deviation From Standard Practice

Counselors seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard or acceptable practices.

G1.c. Independent Researchers

When independent researchers do not have access to an Institutional Review Board (IRB), they should consult with researchers who are familiar with IRB procedures to provide appropriate safeguards.

G1.d. Precautions to Avoid Injury

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

G1.e. Principal Researcher Responsibility

The ultimate responsibility for ethical research practice lies with the principal researcher. All researchers involved in the research activities share ethical obligations and responsibility for their own actions.

G1.f. Minimal Interference

Counselors take reasonable precautions to avoid causing disruptions in the lives of research participants that could be caused by their involvement in research.

G1.g. Multicultural/Diversity Considerations in Research

When appropriate to research goals, counselors are sensitive to incorporating research procedures that take into account cultural considerations. They seek consultation when appropriate.

G.2. Rights of Research Participants

(See A.2., A.7.)

G2.a. Informed Consent in Research

Individuals have the right to consent to become research participants. In seeking consent, counselors use language that accurately explains the purpose and procedures to be followed.

G2.b. Identifying Procedures

Identifies any procedures that are experimental or relatively untried.

G2.c. Describe any attendant discomforts and risks.

G2.d. Disclose Appropriate Alternative Procedures

Discloses alternative procedures that would be advantageous for participants.

G2.e. Offers to Answer Any Inquiries Concerning the Procedure

G2.f. Describes Any Limitations on Confidentiality

G2.g. Describes the Format and Potential Target Audiences for the Dissemination of Research Findings

G2.h. Instructs Participants That They are Free to Withdraw Their Consent and to Discontinue Participation in the Project at Any Time Without Penalty.

G2.i. Deception

Counselors do not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. If such deception has the potential to cause physical or emotional harm to research participants, the research is not conducted, regardless of prospective value. When the methodologies and requirements of a study necessitate concealment or deception, the investigator explains the reasons for this action as soon as possible during the debriefing.

G2.j. Student/Supervisor Participation

Researchers who involve students or supervisors in research make clear to them that the decision regarding whether or not to participate in research activities does not affect their academic standing or supervisory relationship. Students or supervisors who choose not to participate in educational research are provided with an appropriate alternative to fulfill their academic or clinical requirements.
Participate in research activities. Counselors take necessary precautions to protect clients from adverse consequences of declining or withdrawing from participation.

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

G.2.d. Persons Not Capable of Giving Informed Consent
When a person is not capable of giving informed consent, counselors provide an appropriate explanation to obtain agreement for participation from, and obtain the appropriate consent of a legally authorized person.

G.2.g. Commitments to Participants
Counselors take reasonable measures to honor all commitments to research participants. (See A.2.e.)

G.2.h. Explanation After Data Collection
After data are collected, counselors provide participants with a full clarification of the nature of the study to remove any misconceptions participants might have regarding the research. When scientific or human values justify delaying or withholding information, counselors take reasonable measures to avoid causing harm.

G.2.i. Informing Sponsors
Counselors inform sponsors, institutions, and publication channels regarding research procedures and outcomes. Counselors ensure that appropriate bodies and authorities are given pertinent information and acknowledgement.

G.2.j. Disposal of Research Documents and Records
Within a reasonable period of time following the completion of a research project or study, counselors take steps to destroy records or documents (audio, video, digital, and written) containing confidential data or information that identifies research participants. When records are of an artistic nature, researchers obtain participant consent with regard to handling of such records or documents. (See B.4.a., B.4.g.)

G.3. Relationships With Research Participants (When Research Involves Intensive or Extended Interactions)

G.3.a. Nonprofessional Relationships
Nonprofessional relationships with research participants should be avoided.

G.3.b. Relationships With Research Participants
Sexual or romantic counseling-research participant interactions or relationships with current research participants are prohibited.

G.3.d. Potentially Beneficial Intercourse
When a nonprofessional interaction between the researcher and the research participant may be potentially beneficial, the researcher must document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the research participant. Such interactions should be initiated with appropriate consent of the research participant. Where unintentional harm occurs to the research participant due to the nonprofessional interaction, the researcher must show evidence of an attempt to remedy such harm.

G.4. Reporting Results

G.4.a. Accurate Results
Counselors plan, conduct, and report research accurately. They provide thorough discussions of the limitations of their data and alternative hypotheses. Counselors do not engage in misleading or fraudulent research, distort data, misrepresent data, or deliberately bias their results. They explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data. They describe the extent to which results are applicable for diverse populations.

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

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

G.4.d. Identity of Participants
Counselors who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective participants in the absence of specific authorization from the participants to do otherwise. In situations where participants self-identify their involvement in research studies, researchers take active steps to ensure that data is adapted/ disguised to protect the identity and welfare of all parties and that discussion of results does not cause harm to participants.

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

G.4.f. Publication

G.4.f.a. Recognizing Contributions
When conducting and reporting research, counselors are familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due.

G.4.f.b. Plagiarism
Counselors do not plagiarize, that is, they do not present another person's work as their own work.

G.4.f.c. Revised or Republished Data or Ideas
Counselors fully acknowledge and make editorial reviewers aware of prior publication of ideas or data where such ideas or data are submitted for review or publication.

G.4.f.d. Contributions
Counselors give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor is listed first and minor technical or professional contributions are acknowledged in notes or introductory statements.

G.4.f.e. Agreement of Contributors
Counselors who conduct joint research with colleagues or students/supervisees establish agreements in advance regarding allocation of tasks, publication credit, and types of acknowledgement that will be received.

G.4.f.g. Student Research
For articles that are substantially based on student course papers, projects, dissertations or theses, and on which students have been the primary contributors, they are listed as principal authors.

G.4.f.h. Duplicate Submission
Counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in part in another journal or published work are not submitted for publication without acknowledgement and permission from the previous publication.

G.4.f.i. Professional Review
Counselors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it. Counselors use care to make publication decisions based on valid and defensible standards. Counselors review article submissions in a timely manner and based on their scope and competency in research methodologies. Counselors who serve as reviewers at the request of editors or publishers make every effort to only review materials that are within their scope of competency and use care to avoid personal biases.

Section H
Resolving Ethical Issues

H.1. Standards and the Law
(See F.9.a.)

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

H.1.b. Conflict Between Ethics and Law
If ethical responsibilities conflict with law, regulations, or other governing legal authority, counselors make known their commitment to the ACA Code of Ethics and take steps to resolve the conflict. If the conflict cannot be resolved by such means, counselors may adhere to the requirements of law, regulations, or other governing legal authority.

H.2. Suspected Violations

H.2.a. Ethical Behavior
Expected
Counselors expect colleagues to adhere to the ACA Code of Ethics. When counselors possess knowledge that raises doubt as to whether another counselor is acting in an ethical manner, they take appropriate action. (See H.2.b., H.2.c.)

H.2.b. Informal Resolution
When counselors have reason to believe that another counselor is violating or has violated an ethical standard, they attempt first to resolve the issue informally with the other counselor if feasible, provided such action does not violate confidentiality rights that may be involved.
H.2.c. Reporting Ethical Violations

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

H.2.d. Consultation

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

H.2.e. Organizational Conflicts

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

H.2.f. Unwarranted Complaints

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

H.2.g. Unfair Discrimination Against Complainants and Respondents

Counselors do not deny persons employment, advancement, admission to academic or other programs, tenure, or promotion based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

H.3. Cooperation With Ethics Committees

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

Glossary of Terms

Advocacy — promotion of the well-being of individuals and groups, and the counseling profession within systems and organizations. Advocacy seeks to remove barriers and obstacles that inhibit access, growth, and development.

Assent — to demonstrate agreement, when a person is otherwise not capable or competent to give formal consent (e.g., informed consent) to a counseling service or plan.

Client — an individual seeking or referred to the professional services of a counselor for help with problem resolution or decision making.

Counselor — a professional (or a student who is a counselor-in-training) engaged in a counseling practice or other counseling-related services. Counselors fulfill many roles and responsibilities such as counselor educators, researchers, supervisors, practitioners, and consultants.

Counselor Educator — a professional counselor engaged primarily in developing, implementing, and supervising the educational preparation of counselors-in-training.

Counselor Supervisor — a professional counselor who engages in a formal relationship with a practicing counselor or counselor-in-training for the purpose of overseeing that individual’s counseling work or clinical skill development.

Culture — membership in a socially constructed way of living, which incorporates collective values, beliefs, norms, boundaries, and lifestyles that are cocreated with others who share similar worldviews comprising biological, psychosocial, historical, psychological, and other factors.

Diversity — the similarities and differences that occur within and across cultures, and the intersection of cultural and social identities.

Documents — any written, digital, audio, visual, or artistic recording of the work within the counseling relationship between counselor and client.

Examinee — a recipient of any professional counseling service that includes educational, psychological, and career appraisal utilizing qualitative or quantitative techniques.

Forensic Evaluation — any formal assessment conducted for court or other legal proceedings.

Multicultural/Diversity Competence — a 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.

Multicultural/Diversity Counseling — counseling that recognizes diversity and embraces approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts.

Student — an individual engaged in formal educational preparation as a counselor-in-training.

Supervisor — a professional counselor or counselor-in-training whose counseling work or clinical skill development is being overseen in a formal supervisory relationship by a qualified, trained professional.

Teaching — all activities engaged in as part of a formal educational program designed to lead to a graduate degree in counseling.

Training — the instruction and practice of skills related to the counseling profession. Training contributes to the ongoing proficiency of students and professional counselors.
Before the criteria change, only ACA members who had completed American Red Cross disaster mental health training could volunteer. Only LPCs or NCCs were eligible, school counselors were excluded from volunteering. Because of the sheer number of evacuees, many of them school-age children, ACA played a critical role in advocating for the inclusion of school counselors as preconvention workshops will be available at no charge. Training for future responses to natural disasters is critical to those who were impacted by Hurricane Katrina. Yep said. The goal of the Counselors Care Campaign is to make immediate funding available to those who cannot otherwise find resources to cover certain expenses due to the hurricane. State and local counseling organizations will also be eligible to apply for funds. "The ACA Foundation has announced that it will match every contribution dollar-for-dollar up to $50,000 for this critical fund," Yep said. "The goal is to demonstrate how ACA and the ACA Foundation want to "help our own" during this terrible time." For more information about the Counselors Care Campaign, please visit www.counseling.org/foundation.

In addition to raising money and soliciting volunteers, ACA has been steadily updating an online Hurricane Katrina information page (www.counseling.org/hurricane) with:

- The latest news on what the association is doing in response to the emergency
- Free trauma resources, tools and publications
- Information on how members, as well as the general public, can help

"We are hoping to turn the website into a clearinghouse of information," Yep said, "with resources for counselors and the general public." Articles on the website include the "Crisis Fact Sheet: 10 Ways to Recognize Post-Traumatic Stress Disorder," "Five Ways to Cope After a Crisis Situation" and "Helping Children Cope With Tragedy." Several chapters from ACA journals are available as free Adobe PDF downloads, including (from the Journal of Counseling & Development) "Crisis Intervention With Survivors of Natural Disasters" and "Best Practices for Counselors Who Treat Posttraumatic Stress Disorder." In addition, selected chapters from the ACA publication Terrorism, Trauma and Traeger: A Counselor's Guide to Preparing for Natural Disasters are available on the website. Counselors are encouraged to download and print these resources for their peers, colleagues and clients and for public use.

ACA has also created a new message board system accessible through the Hurricane Katrina information webpage. The message board will enable ACA members and the general public to post hurricane-related response information and personal commentary. It will not be moderated.

The staff at ACA headquarters also joined in to help the victims of Katrina. From the staff budget, Yep authorized ACA to match employee contributions to charities providing relief services for those impacted by the hurricane.

ACA's leadership also contacted its branches in Louisiana, Mississippi and Alabama to see how the association could help. "We have initiated the Texas Counseling Association to see what resources we might be able to provide given the influx of evacuees that their state is accepting," Yep said. "My sense is that we can provide materials to the local Houston school system in regard to what teachers, counselors and administrators might need in working with students impacted by the hurricane. We are also negotiating other possible partnerships with national organizations that might be appropriate at this point. This is a true, true nightmare. We need to look at every aspect to try to come up with ways to help."

Members are welcome to contact Yep via e-mail at yep@acauna.org with additional suggestions for how the association can aid the relief and recovery process. Yep also urged ACA members to continue their contributions and donations. "People are going to start forgetting," he said, "and we can't do that!"

Student services

The Council for Accreditation of Counseling and Related Educational Programs, the National Board for Certified Counselors and the Association for Counselor Education and Supervision have collaborated to create a list of counselor education programs around the country that are willing to take in graduate students disbursed by Hurricane Katrina. The complete list is available at www.acacesonline.net, and additional questions can be e-mailed to aces@counseling.org.

Two universities in Canada have also stepped forward to help displaced students. Often referred to as the "Harvard of Canada," McGill University is located in Montreal, the host city of the 2006 American Counseling Association/Canadian Counseling Association Convention. McGill has already accepted several undergraduate freshmen from Tulane University in New Orleans.

Acadia University, another of Canada's premier undergraduate institutions, has also opened its doors to students affected by Hurricane Katrina. The university will provide full tuition and free residence accommodations to five students. In addition, Acadia will make 100 seats available to U.S. students at a discounted cost. The university is developing a strategy to assist with travel costs, including airfare, and will work with the Canadian government to expedite the processing of student visas. Undergraduate students affected by the hurricane and interested in attending Acadia should contact the Dean of Students Office at hurricane.relief@acadiau.ca.

Other ways to help

Understanding, not every counselor can give up two weeks to help in the American Red Cross volunteer program, but sometimes writing a check just doesn't seem enough. A number of ACA members have come up with unique ways to contribute to the relief effort. Several school counselors have organized schoolyard sales, face-painting booths at football games and cookie bakes, with the proceeds going to various relief organizations. Others have asked parents and students to donate school supplies, uniforms, backpacks and gift cards for children and their parents in evacuee shelters. Counselors in Central Louisiana have volunteered at private shelters. serving food and distributing clothes and bottled water.

To those who have lost everything, no donation is too small. Additional contribution ideas and resources:

- Operation Share Your Home offers a national toll-free number (888.827.2525) for individuals who want to open their homes to Katrina victims. Visit www.shareyouhome.org for more details.
- The Hasbro Inc. Tonka Truck Tour is a national try drive for those living in evacuation shelters. See www.tonkatrucktour.com for a complete list of donation locations and dates.
- America's Second Harvest is a national hunger-relief organization that distributes food to millions of hungry people through a network of food banks and food-rescue organizations. Visit www.secondharvest.org.
- Habitat for Humanity was not sending volunteers to the affected areas at press time. However, the organization is seeking those who want to volunteer after the immediate relief phase is completed. Go to www.habitat.org to sign up.
- I Am Foundation, a national charity promoting literacy, announced that for every dollar donated, a book would be given to a child at the Houston Astrodome and other relief camps. Visit www.lamfoundation.org to donate.
- The Humane Society of the United States has rescued more than 3,000 animals in the Gulf Coast region since Hurricane Katrina. To donate, go to www.hhsus.org or call 1.800.HUMANE1.
- With a possible health crisis looming, the American Red Cross is also encouraging people to donate blood.
Change of priorities

The process of discovering how I might change began with a goal to find effective coping strategies. It became clear there were important things I needed to acquire or develop to work through this. I needed information about the disease and treatment options. The search for answers within the complexities of the medical system would take time and new skills. Fortunately, my medical team was forthright in discussing treatment and outcome possibilities, while proceeding with a sense of urgency to schedule a mastectomy and reconstructive surgery. I also needed to consider the potential for continuing my internship by reducing the weekly time commitment. The internship site was extremely supportive, helping me find substitute lecturers for the remainder of the semester, while another intern took over my supervision sessions. I was able to terminate and refer clients and also to personally inform students of my absence. The supervisor additionally, and graciously, accepted my request to return for an additional semester to fulfill CACREP (Council for Accreditation of Counseling and Related Educational Programs) requirements.

These changes couldn’t be accomplished alone, so I began mustering a strong support system that included family and also friends I had lost contact with during the intense days of graduate school. One of the hardest things was learning how to accept help and to ask for what I needed. My daughter updated people via e-mail, and my husband screened all phone calls. I am blessed with a couple of “take charge” friends who organized meals and transportation to and from chemo treatments. I took notes, listened to music, read mystery books and began a journal of the ongoing experience. I tried to find something to laugh about with each step and gave myself permission to grieve at the same time.

Dealing with grief and loss issues became essential because the life I had once lived with energy and enthusiasm to spare was gone. The tremendous restructuring of my body image from such major surgery and the hair loss from chemotherapy, and the alteration of my self-concept from active graduate student to cancer patient, made it enormously difficult to identify myself as the person I had known. Having waited so long to begin pursuit of a doctorate, I struggled mightily with anger and sadness at the thought of possibly not finishing. The fear that I would not see my new granddaughter grow up would not allow me to procrastinate, and my personal quest became to make meaning of the experience, to be a survivor rather than a victim and, ultimately, to use the experience and my life to benefit others.

Unexpected moments of insight or epiphany can bring transformation as well as altered priorities and behavior. It has become apparent to me how important it is to keep balance in my life, particularly by spending time with family and friends to enjoy the gift of relationships. Living life in the present moment seems so much more critical than always being driven to plan for future goals. My desire is to be more than do. I feel an urgency to live and enjoy life in ways that were previously only messages for my clients. If I encourage them in it, can I do any less in my own life?

I would never have chosen this journey, and yet I trust that the experience can be used for good. Much of our work as counselors involves educating and advocating for clients, so it seemed right to make public this personal and professional experience. Perhaps it will serve to heighten the awareness of counselors in training and practicing professionals to the forms of support needed by individuals and families experiencing a life-threatening diagnosis. Additionally, I hope the message about the importance of early detection might save the life of someone who wouldn’t otherwise seek a regular screening.
From the front lines
Numerous counselors and counselor educators reported in to ACA on how they had been affected by the hurricane and what they were doing to help others. In next month's issue, Counseling Today will take a closer look at some of the stories of heroism and heartache that continue to unfold in the aftermath of Hurricane Katrina.

In the meantime, these brief reports offer a snapshot of what counselors were experiencing mere days after Hurricane Katrina devastated the Gulf Coast region:

"I am deploying tonight for the Red Cross out of Fairbanks as a Disaster Mental Health counselor."
- George Karcher, Alaska Counseling Association member

"Our city, Arkadelphia, of just under 10,000 people, is helping 500 refugees and we're expecting 500 more. I have volunteered to help in response to their plea for licensed counselors"  
- R. Blair Olson, Arkansas Counseling Association Executive Secretary

"Many of us have been at the Kelly Air Force Base site, which is the largest Hurricane Relief Center in San Antonio. So many people have worked so hard, but there is much need. Children are missing their parents, mothers are missing their toddlers, and some grandmothers are caring for their grandchildren because their daughters died in the hurricane and fathers are missing. So many of the elderly just lean against a wall in their makeshift wheelchairs, with a look in their eyes that would be hard to describe. There has been tremendous response from the mental health community, though, and that has been a good thing. I am very proud that ACA has been so supportive of these efforts."  
- Thelma Duffey, President of the Association for Creativity in Counseling

"I live in the northern part of Louisiana, so our city was not hit by Katrina. However, our campus is being used as a shelter for evacuees. All of my staff is helping with these efforts. We are offering daily counseling sessions and groups for the new 'residents' as well as our enrolled students who were directly affected. Things are pretty hectic here. We've just made arrangements for the Tulane University football team to reside at Louisiana Tech, attend classes and use our facilities."  
- Linda D. Griffin, Louisiana Counseling Association President-Elect and Director of Counseling Services at Louisiana Tech University

"Although I am an experienced Disaster Mental Health Volunteer with the American Red Cross, I have not completed a two-week stint since I became department chair nine years ago. Katrina, however, has changed all that for me. I am inviting up to five of our MA and Ph.D. students to travel with me under the auspices of ARC. We will be sent out for up to two weeks; where is as yet uncertain. It is a win-win situation: We get to DO something, our students get valuable training experience and ARC gets some very needed help."  
- Sharon L. Bowman, ACA member and Chair of the Department of Counseling Psychology and Guidance Services at Ball State University in Muncie, Ind.

"We get to do something, our students get valuable training experience and ARC gets some very needed help."  
- Sharon L. Bowman, ACA member and Chair of the Department of Counseling Psychology and Guidance Services at Ball State University in Muncie, Ind.

"Angela Kennedy is a senior writer at Counseling Today. E-mail comments about this article to akennedy@counseling.org."  

Improved technology aids customer service for professional liability insurance participants

BY PAUL L. NELSON

Need proof of insurance fast? Want to know what professional liability insurance will cost you? It is common for an applicant of professional liability insurance to need proof of insurance to fulfill a requirement of a contract, for a new job or for students beginning practicum experience. The cost of insurance is sometimes the first question raised by a counselor or student. The American Counseling Association Insurance Trust is available to help you, but frequently the certificate of insurance is needed immediately or the request for a quote comes after normal business hours or on a weekend. Now, due to rapidly advancing technology, these questions can be handled quickly online with a minimum of effort.

Information on the professional liability insurance program sponsored by ACA is available at www.hpsco.com. To get a quote, click on "quick quote" and answer a couple of questions to see the premium for your specialty and state. Then, when you are ready, you can proceed to apply and pay online with a credit card at this secure site. Or if you prefer, you can continue the process by fax or mail. Students may also apply online using the same process or by clicking the "student" button.

If you need proof of insurance quickly, return to www.hpsco.com 24 hours after completing an application (or any time after you have obtained the insurance.) Right next to the Healthcare Providers Service Organization logo on the home page, you will see a block that says "Welcome to the Virtual Customer Service Representative (VCSR)." If you are a "new visitor," follow the directions to establish a password and gain access to your policy information. If you are a "return visitor," simply log in.

Using the VCSR, you can pay your premium, verify your payment, change your address or request proof of coverage. The VCSR is the most efficient way for you to manage your account. However, if you aren't comfortable using this service, feel free to call HPSO using the toll-free number dedicated to ACA members at 866.269.4793. HPSO's hours of operation are 8 a.m. to 6 p.m. Eastern time.

As always, the staff at the ACA Insurance Trust is available to assist you with insurance questions at 800.347.6647 ext. 284. ACA Trust offers a variety of insurance products at competitive rates. The programs are very carefully chosen to meet the needs of the counseling profession.
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Like mother, like daughter

How mothers affect their daughters' self-image

BY JAQUELINE LAPA SUSSMAN

Have you ever wondered the extent to which mothers influence their daughters' body image? The answer may startle you, for a mother is the most powerful role model a daughter has. A mother’s feelings about her own body are absorbed by her daughter in both overt and subtle ways, shaping her daughter’s self-image for the rest of her life. Fortunately, mothers also provide a daughter's strongest safeguard against the pressure imposed by society to be thin and beautiful in order to feel valued.

To understand the subtle signals that a mother unconsciously transmits to her daughter, take a moment to guide a mother in your practice through this imagery exercise. Her feelings of self-acceptance or rejection will reveal her personal sense of her body image.

Imagery exercise: Stand in front of a mirror

1. Relax for a moment, close your eyes and focus inwardly.
2. See an image of yourself standing in front of a mirror naked. What do you see?
3. Do you like your face and body? How do you feel seeing them? Let all your feelings, both positive and negative, emerge as you look.
4. How do you wish them to be different? What do you like?
5. Do you basically feel positive, negative or mixed about what you see?

To understand how a mother may be influencing her daughter, it is first important to recognize how she feels about her own self, because the inner self-criticisms she carries emanate to her daughter in their daily interactions. Such simple comments as “I am too fat” or “Look at the lines around my eyes” send an implicit message to her daughter that failure to measure up to an outer standard of beauty causes suffering. Thus, a mother can unknowingly validate the constant onslaught of social pressure that girls face from the media and their peers.

It is not just what a mother preaches but also who she is in her entirety (including her views, thoughts and innermost feelings about herself) that is deeply absorbed by her daughter and informs her sense of self. A mother who truly accepts herself transmits a signal of self-worth through her actions and attitudes regardless of her physical appearance.

A beautiful young woman of 19 commented on her experiences with the social pressure she feels and with the impact of her own mother’s judgments: “You compare yourself with others all the time. Skinny is the only way to be. The thinner you are, the more attractive you are. Guys only want you if you are pretty and skinny like all the stars. I always feel that I need to lose weight no matter what I weigh at the moment. I feel that I have to be as beautiful as the stars and models in magazines. I am never satisfied because there is always someone prettier or skinner. Struggling with all this lowers my self-esteem. If I could tell mothers what I truly feel, I would tell them that if they see that their daughter is feeling fat or insecure, she is extremely sensitive to her mother’s comments. Those mean the most. It is so bad or so good when it comes from your mom. A mother’s comments about you can be really harsh or make you feel relief.”

Parental influence

Akther Ahsen, the leading theoretical of Eidetic Image psychology, has researched the formation of children’s personalities in the context of their complex relationships with their parents. Studying the psychological process called “Parallel Projection,” he observed that a person living in the presence of another for a sustained period of time unites with that person in some way and becomes one with their experience.

For example, when a person witnesses another person suffer, the pain flows from the sufferer and enters the one who is watching. Similarly, when a person watches someone who is happy, the joy flows into the person watching and makes her elated. Thus, a child becomes depressed around a depressed mother, withdrawn around a withdrawn mother and joyful with a joyous mother. In other words, as a child grows up, he or she adopts the feelings and attitudes of the parent.

Even adult women recognize that their sense of self is affected by friends and acquaintances. A woman interviewed for this article told me how her self-perceptions change subtly depending on her companions: “I have always noticed how being around different friends can actually make me feel beautiful or unattractive. For example, I have friends that are very preoccupied with being thin and looking young. They are always on diets or rigorous exercise programs and have had some plastic surgery. Although this in itself is not bad, it is the energy that surrounds them that affects me when I am with them. It is subtle, but somehow, when I spend time with them, I begin to feel bad about myself. I start to think that I, too, need to have my eyes done and that I must get more toned. There is a straining, straining sense that comes over me, and I start to criticize myself. When I spend time with my other friends, however, who do not focus on their appearance and are more self-accepting, I suddenly feel beautiful. I begin to like the crinkles that have formed around my eyes. I don’t feel that I have to compete with the 20-year-olds who are out there. Diet and exercise are important for health, but I have noticed that it is the consciousness that my friends have about their appearance that affects me one way or another. It is a subtle change, but I feel very different around a friend who is striving for perfection and one who accepts who she is.”

If grown women are so affected by the attitudes of their peers, how much worse is the problem for our adolescent daughters who are at an espe-
Ahsen disreacting to the right or wrong influential stage of forming their identity. A young girl I worked with once informed me that her mother said it best: “It’s not what you’re wearing or what you look like; it’s the person — it’s what’s inside — that matters.”

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Licensed Professional Counselor and American Counseling Association member Jacqueline Lapa Sussman is one of the foremost practitioners of Eidetic imagery in the world. She is director of projects for the International Imagery Association and author of images of: Esalen: Finding Your Natural Sexual Self in Today’s Pounded Society and Freedom From Failure. Visit her website at www.jacquelinepasman.com or e-mail her at Jackleisus@aol.com.

Letters to the editor: ct@counseling.org
While also broadening their areas of expertise.

While effective supervision is a cornerstone of counselor wellness, Lawson said, it should be used hand-in-hand with other strategies, including the basic wellness concepts mentioned earlier (healthy diet, sleep, exercise, etc.). He offered the following tips to counselors for reducing their stress and maintaining a healthy life balance:

- Understand your personal strengths and preferences and then structure your caseload accordingly. Ask yourself when you have the most energy or feel most on top of your game. For example, if you're at your sharpest in the afternoon, avoid scheduling your most challenging client first thing in the morning.
- Eat lunch away from your desk. "It's also smart to have a 'no shop talk' rule at lunch," Lawson said.
- Set limits and boundaries. "Sometimes, one of the things we're not terribly good at is saying 'No' to other people," Lawson said.
- Attend professional trainings that you enjoy, and don't allow yourself to get pigeonholed into any one particular area as a counselor. "When we learn new things," Lawson said, "it needs to give us new energy."
- Engage your brain in activities not related to counseling. Read a book simply for pleasure. Get outside and be active. Go to the movies. Develop (or rediscover) a hobby.
- Keep a journal of your counseling successes. All too often, Lawson said, professional accomplishments are quickly forgotten, while counselors tend to remember (and sometimes focus on) their failures. Counselors should keep a journal, Venart added, "to remind themselves of the positive changes they have witnessed and to sustain their hope during difficult times."
- Maintain valuable reciprocal friendships in which there is a legitimate give-and-take. "As counselors, we have to be careful not to just hang out with people who 'need us,'" Lawson said.

By raising ACA members' awareness about counselor wellness, Lawson said the task force hopes to lessen what he calls the "counselor heal thyself" mentality prevalent in the profession. "We're (the task force) big advocates of counselors going to counseling themselves before they need it," he said. "(We counselors) tend to wait until the bottom drops fully out before we get help for ourselves. That's not a strategy that we would ever recommend to our clients."

Resources available
As part of its awareness campaign, the task force created a website and recently migrated it onto the ACA website at www.counseling.org/taskforce/index.htm. The site includes a history of impairment, risk factors for counselors, wellness strategies, assessment tools, and counseling programs. Counselors can download resources that can help improve their wellness. Information is also available on the website about comprehensive state impairment programs for counselors. In addition, a resources page offers relevant links to other sites as well as reference lists of books, articles and research.

Site users can also download a special issue of the Journal of Humanistic Counseling, Education and Development. Published in 1996 by the Counseling Association for Humanistic Education and Development, a division of ACA, the issue is devoted exclusively to counselor impairment and renewal.

Venart pointed out that C-AHEAD has demonstrated a longtime commitment to the issues of counselor wellness and impairment. "C-AHEAD has been bringing a full day of wellness programming — the C-AHEAD Wellness Center — to the ACA Convention for over five years now," she said. "These programs offer counselors experiential workshops to enhance wellness by fostering self-awareness, relaxation and personal growth. They provide counselors with an opportunity to reflect and concentrate on themselves instead of focusing solely on information-gathering and skill-building to help others."

C-AHEAD Wellness Center will once again provide programming through the day on April 2, 2006, at the ACA/Canadian Counseling Association Convention in Montreal.

As the task force continues its campaign for counselor wellness, it is asking for help from ACA members. "The task force would like to hear from members about effective and innovative strategies they have used to maintain wellness, programs they have attended that enhanced their ability to reduce stress and improve self-care practices, and professional support networks currently in place that welcome new members," Venart said. "We plan to make this information available to all counselors through the website so that members can share ideas and access relevant resources in their geographical area."

E-mail wellness activities and program descriptions to Venart at beth.venart@mcm.com.
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Pre-convention Learning Institutes
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Education Sessions
April 1 – 3
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March 31 – April 2

[Theme]
Culture-Centered and Diversity Counseling Empowers All Families
Le counseling axé sur la culture et la diversité facilite le pouvoir d’agir de toute famille
La consejería centrada en la cultura y en la diversidad fortalece a todas las familias

Keynote Speakers

Tipper Gore, wife of former Vice President Al Gore, has been one of the United States’ strongest advocates for mental health services.

Stephen Lewis is one of Canada’s most influential commentators on social affairs, international development and human rights. Mr. Lewis’ work with the UN has shaped the past two decades of his career.

Check frequently for convention updates
www.counseling.org/convention

Housing Information: www.counseling.org/housing
Silent Cry

Since coming to the United States from Japan two years ago, I have felt like a kid on a seesaw insomuch as my life has been filled with many ups and downs. Sometimes I feel a bright future lies ahead of me in this country, while at other times I think I am wasting my time, mainly because I cannot communicate with people very well and feel rejected to a degree. For example, in group activities I often feel invisible. I am wasting my time, cannot come from? I wish my brother striking his head sharply against a refrigerator, followed by moans of anguish. My brother, who stood more than 6 feet tall, was sobbing alone in the dark. I froze, then turned and stole away silently, choosing to detach myself from his obvious pain and deep pain. To be honest, at that moment I wished my brother would just up and die as opposed to me reaching out to him. I could not tolerate his pain. As both a Japanese woman and his sister, I felt ill-equipped to respond to such emotional anguish. In my culture we learn inner discipline and emotional self-restraint, so we are not accustomed to dealing with others’ intense emotions. I was overwhelmed and did not know how to deal with the situation. Thus, I chose to become numb to his plight — and to my own pain as well.

The kitchen episode took place more than a decade ago, and since then my life has undergone a complete turn-around. I met an American psychologist in Tokyo who instilled in me many insights and also sparked a dream to formally study in the field. Then I met my future husband, also an American, and we started to communicate with people here and often feel love. It was not until I began wrestling with this communication gap that I started to appreciate my brother’s peculiar situation. Although he is better now, or at least less overtly angry, he has withdrawn from the world totally.

I wonder how many people worldwide are struggling to find their voice in the midst of a self-imposed silence. Let me

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tell you about one Vietnamese girl I met in an English class at a local community college just after I came to the United States. She was clumsy and looked like she could not afford to spend any money beyond tuition. She was totally reserved in class even though an instructor directly asked her to articulate one simple English sentence. She always looked down as though to avoid attracting notice. On one occasion I saw her on the way to a bus stop, so I got up to her and spoke. Whenever I asked something, she seemed to react, but her voice was too faint to be heard.

About the time I started to lose interest in continuing this one-way conversation, she suddenly looked my way and said, "I know you are from America. I have never been to America at all. I am afraid of taking on the kind of responsibility that goes with statements or recognition, acceptance and sympathy. Not long after that, I was brought to the emergency room of a local hospital in tremendous physical pain. While the nurses gave me several injections, they did not say anything, but tried valiantly to hide my helpless situation. I could not tell this to..." Tears appeared in her eyes, then she ran away. I returned home without the job and feeling deeply depressed. While listening to his censure, I was telling him silently, "As I worked in the company for more than 20 years, I knew that I would not be the executive assistant to the CEO of a major multinational company, I know how to work to fulfill my responsibilities. I would not ever let an employer down." However, I could not tell him directly because it sounded arrogant to me in Japan, what I really thought and felt had to be partially hidden, acknowledged instead through subtleties of speech and gestures. The other day I was involved in a group discussion. After everyone had his or her say, we talked freely. As is often the case, I got lost in the shuffle as everyone else enjoyed talking for quite a while. Sitting there quietly, I felt all alone but tried valiantly to hide my helplessness. Then a fellow student quietly put his hand on my shoulder and smiled. He did not say anything, but I clearly perceived his message — that of recognizing both my situation and my dilemma. You cannot imagine how much I appreciated his gesture. I could not say "thank you" to him, because if I had tried, I would have burst out crying. But I will never forget the power of his compassionate touch and the unspoken words it communicated.

When I left Japan, my brother told me I was blessed because I had been given the opportunity to change. He, like many others in Japan, feels stuck in life, immobilized and without choices, often due to a sense of duty to family and perhaps also owing to a fear of change. I know people in this country feel that way as well. However, I can say from experience that if we have someone who understands and acknowledges our needs and subtle fears and gently pushes us forward, we can find the strength to progress in life. I often find myself thinking that had my brother had a counselor, or even a good friend, his life would have been profoundly different and much better off. We all need someone who puts a gentle hand on our back or cries with us and, in so doing, commiserates over the fact that they are in the same shoes; who in so doing inspires us to hope that everything is not so bleak and will work our OK; someone who will continue to tell us that we are capable and can "do it."

To a large extent my depression comes from the guilt of having abandoned my family as well as the grief of having let go of my old ways. Or perhaps my depression comes from the realization that life often is unfair; even so, I must go on. Then, too, it may come from repressed guilt over having refused to empathize with others’ pain, or feelings that are too scary to acknowledge, or even from a deep-seated desire to be acknowledged. Perhaps my depression springs from the remorse that I did not do what I could have — including allowing myself to remain powerless in the face of others’ anguish. No matter the exact cause, everyone on this planet must have depression, if not sadness, spawned in similar ways and thus a need for someone to listen to them. In this vein, my depression has meaning in that it makes me think about and appreciate the suffering of others.

While I make my way to the point where I truly have a voice among my peers in this country, I will continue to listen to others in a very unobtrusive and quiet fashion at times. And as I do so, I will continue to tell myself that I will be OK. As a new counselor, I strive diligently to recognize other people’s silent voices, which is to say their unspoken cries for attention, kind assistance and, sometimes, consolation.

Sachi Paye is a graduate student at California State University-Fullerton.

Jeffrey A. Rotter, professor and chair of the Department of Counseling at California State University-Fullerton, is the column coordinator for Finding Your Way. Submit columns for consideration to jrotter@fullerton.edu.

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Who will be your next ACA president-elect?

Get to know the contenders for the Fiscal Year 2007-08 presidency.

In an effort to bring American Counseling Association members the most complete information possible about ACA presidential candidates, Counseling Today is pleased to introduce the seven individuals running for the association's top leadership position.

Each candidate was asked to provide information for these questions. This month, the second of those questions is covered. One additional question will appear in the November issue.

Complete information for ACA candidates, including their biographies and goal statements, as well as for those participating in elections for divisions and regions, will be featured in the December issue of Counseling Today.

What are the top five programs that you would like to pursue as ACA president?

Describe them and tell why they are important.

Lynn E. Linde

As ACA president I would focus on increasing and retaining members, increasing responsiveness to members, developing a signature product, focusing the efforts of the association and impacting public policy and legislation at the local, state and national level.

The health of an association depends on its membership. We need to continue to gather feedback from our members to ensure that we are focusing more on what services and resources members want and help them understand what ACA offers. We need to ensure that members can access timely and relevant information about professions and association issues.

I would like to see ACA develop a signature product, similar to the American Psychological Association's publication manual, which would be of interest to a larger public. This product could generate significant revenue for ACA and give ACA tremendous visibility.

Fourth, I believe that at ACA we need to focus more on what we do well and determining what we should do. We should not duplicate things that other groups can do more effectively. And last, I have spent most of my professional career working with public policy and legislative issues. I would work with members to strengthen our efforts in this area through training, information and support.

Janet A. Seaborn

1) Leadership training — Development of a comprehensive training program for potential and elected leaders. This program would emphasize synergism (working together) to accomplish the mission and/or the strategic plan. This is important, because to be effective leaders, it cannot be assumed that leadership skills are inherent.

2) Concurrence — Collaboration and coordination between ACA entities are vital. Concurrence (coexistence-synchronicity) is vital in order to form a whole creating the opportunity to be a unified profession in all aspects.

3) Multidiscoucheness — Because ACA and the counseling profession as a whole is complex in structure, function and needs, representing and offering varied services to members working in diverse settings with diverse populations are crucial.

4) Public awareness — It is vital that members of the counseling profession are seen as providers of a valuable service to the public. The more positive the "hype," the less negative is the reaction to those who pursue counseling services.

5) Continued pursuit of mental health parity and more universal third-party payment — Many mental conditions are as ongoing as diabetes or heart disease, yet mental illness treatment is considered by insurers to be "time limited." If insurance providers do not provide mental health coverage or severely limit coverage, those in need may not get the help they require.

Brian S. Canfield

Lobby the federal government to recognize counseling as a core mental health discipline on par with social work and psychology. Work with the Department of Defense to employ counselors as recognized mental health providers within the armed services.

Establish greater coordination and mutually beneficial relationships among ACA and its divisions, branches and affiliates. This would include developing more attractive joint membership options and the coordination of annual conferences between ACA and its divisions.

Provide greater membership value to ACA members. Work with professional staff to ensure that ACA membership provides attractive and tangible benefits, specifically in the area of job opportunities and expansion of the scope of counseling practice.

Work with the ACA Governing Council to review and revise fiscal and administrative policies that would allow ACA to operate as a more efficient and cost-effective organization.

Build more effective collaborative relationships with fellow mental health associations (e.g., AAMFT, APA, NASW). Host, an annual "summit meeting" to ameliorate areas of disagreement and promote issues of common interest.

Colleen R. Logan

The top five programs that I will pursue as ACA president are:

Develop and implement a major marketing campaign designed to educate potential clients, lawmakers and laypeople about what professional counseling is and what professional counselors do.

Develop and implement a "Healing of the Healers" campaign, a broad-based effort designed to encourage healers to heal themselves. Issues may include work/family balance, stress and burnout, dealing with oppression, chemical dependence, compassion fatigue and various other mental health issues.

Focus on the globalization of professional counseling. Work closely with and learn from our counterparts in Canada, Latin America, Australia, Africa and Great Britain.

Engage graduate students and new members in every aspect of every level of the organization. To do this, we must reach to our oldest and most trusted skill — listening. To that end, host a number of town hall meetings and invite graduate students and new members to attend.

Plan and implement a mental health summit with certain and specifically chosen sister organizations. The purpose of the summit will be to continue the dialogue about our shared visions and resources as well as to identify ways that each entity can uniquely meet the needs of all individuals seeking mental health services.

Michael C. Lazarchick

When I read our publications, I see a healthy association, rich with resources and ideas. We are fat with programs. The president is the primary spokesperson charged with taking our collective message further out into the universe, solidifying the will of the association. I believe our reason for existence is to help each of us function better. ACA and her partners have more than enough tools. I want to focus on crafting solutions to meet the needs of our customers. Whether our customer is an individual member, a division, a region or a professional partner, ACA needs to listen to understand just what resources each might need. As a professional employment counselor, I see things in terms of the four Universal Business Needs, and we are all in business. People are concerned with profitability (income), reduced liability, improved productivity and ease of use. We are competing in a global economy, with an aging, increasingly diverse workforce in a technology-driven society with a serious skills gap.

I am a community-based practicing employment counselor. I forge partnerships to maximize the use of resources. I help people and organizations perform more efficiently and effectively in quest of their ideal.

Editor's note: The following information is printed as it was submitted from the candidates. Counseling Today has edited only for spelling and style errors. The candidates are listed in random order.

Continued on page 48
Continued from page 47

A. Michael Hutchins

1. Develop collaborative training and research integrating the newly revised ACA Code of Ethics, Advocacy Competencies, and diversity competencies and principles developed by our entities. This training program can become ACA's signature product, providing enhanced counselor professional identity with relevant training for practitioners and students, strengthening divisional and regional alliances, increasing our visibility in the community, addressing social justice issues and helping membership retention.

2. Support counselor licensure in all states and build coalitions with credentialing bodies to ensure the prominence of licensure and the inclusion of counselors as service providers.

3. Develop ongoing relationships with the professional associations of those who employ counselors, providing training and greater understanding of the role of counseling, while building stronger professional ties to enhance visibility and job security for counselors.

4. Build on the public policy and legislative agenda by providing training for counselors on the local, branch and regional levels. Include "media training" for counselors and emerging leaders to increase visibility and effectiveness in the community.

5. Build coalitions with national and international mental health, human rights and other organizations to address social justice/human rights/counseling concerns. Pay particular attention to the growth of technology and its impact on our profession and world community.

Wyatt D. Kirk

Professional: Advocacy for the counseling profession is important. One definition for advocacy may include access to certification and licensure across states; client protection legislation, including parity for reimbursement to counselors for mental health services; and counseling professionals' access to and use of testing instruments.

Membership: ACA is a member-driven association. I intend to establish a committee consisting of representation across ACA membership and leadership to examine joining and renewal procedures and to recommend ways to build membership.

Finance: Pursuing funding initiatives is critically necessary, and defining new and innovative ways of generating much-needed income for ACA is necessary. I plan to work with ACA leadership to increase organizational income both from current and other sources.

Image: It is imperative that we improve our public image both within the mental health community and among the general public. Accordingly, I would seek greater counseling visibility through a cogent, consistent and compelling multimedia message, and I would assist divisions and state organizations in these same efforts.

Obtaining a passport before heading to the ACA/CCA Convention

With approximately six months left before the 2006 American Counseling Association/Canadian Counselling Association Convention in Montreal, it's time to start thinking about obtaining your passport. U.S.-Canada border crossings now require a passport, and it is best to apply early to avoid rush fees and delays.

The U.S. Passport Services Office (http://travel.state.gov/passport/passport_1738.html) provides information and services to American citizens who want to obtain, replace or change a passport. A passport is an internationally recognized travel document that verifies the identity and nationality of the bearer. A valid U.S. passport is required to enter and leave most foreign countries. Only the U.S. Department of State has the authority to grant, issue or verify U.S. passports.

Applying in person

To obtain a passport for the first time, you need to go in person to one of 7,000 passport acceptance facilities located in the United States. Take two photographs of yourself, proof of U.S. citizenship and a valid form of photo identification such as a driver's license or military ID. You also need to apply in person if your expired U.S. passport is not in your possession, if your previous U.S. passport has expired and was issued more than 15 years ago, if your previous U.S. passport was issued when you were younger than 16 or if your currently valid U.S. passport has been lost or stolen.

Acceptance facilities include many federal, state and probate courts, post offices, some public libraries and a number of county and municipal offices. There are also 13 regional passport agencies that serve customers who are traveling within two weeks (14 days) or who need foreign visas for travel. Appointments are required in such cases, and higher fees may apply.

Passport fees

Age 16 and older: The passport fee is $55. The security surcharge is $32. The execution fee is $30. The total is $97. Under age 16: The passport fee is $40. The security surcharge is $12. The execution fee is $30. The total is $82.

Passport renewal by mail

You can apply for a passport renewal by mail if you meet these conditions:
- You already have a passport that is not damaged
- You received it within the past 15 years
- You were at least 16 when it was issued
- You still have the same name as in the passport or can legally document your name change

If you meet the above conditions, you will need to complete the "Application for Passport by Mail" (Form DS-82), which can be downloaded from the U.S. Passport Services Office website listed above. You must complete and sign the form and attach your most recent passport, two identical passport photographs and a $67 fee payable to the U.S. Department of State. Your previous passport will be returned to you with your new passport.

You can also visit the "Convention" page of the ACA website (www.counseling.org/convention) for links to the Passport Services Office. Once you have your passport in hand, you are ready to travel to one of the most exciting cities in the world and meet your colleagues from the Canadian Counselling Association. We'll see you in Montreal!

Editor's note: The "Spotlight on Montreal" column will appear regularly in Counseling Today to inform ACA/CCA 2006 Convention attendees about the exciting events taking place in Montreal from March 30-April 3, 2005. For more information or to register, visit www.counseling.org/convention.
How to help in Katrina's aftermath

Some years ago, someone coined the phrase "doing well by doing good." The premise was that pursuing volunteer opportunities related to your career was good for your career. We all define "doing well" according to our own values. I would venture to say that for most of us in the helping professions, how we are "doing good" helps us to determine (using our own definition) whether we are "doing well." By now, you are well aware of the enormous need for mental health counselor volunteers to help victims of Hurricane Katrina. Not long after Katrina crushed advice and carried away entire communities, spitting them out in her wake, the American Counseling Association had already begun working with the American Red Cross to identify Licensed Professional Counselors, National Certified Counselors and state certified school counselors who could be available for a minimum of 14 days. There was a projected need for more than 15,000 mental health professional volunteers on site in the Gulf States to staff relocation facilities through the end of November. Thanks to the tremendous response from ACA members volunteering to help, the American Red Cross had placed a hold on new volunteer applications at press time.

But realistically, devastation of this magnitude is not going to be repaired in the short term. So even if you are an ACA member who is not an LPC, NCC or Licensed School Counselor, or if you are unable to leave your family or work responsibilities for two weeks, there is still much you can do to help.

- You can ease the workload of another counselor, enabling her or him to provide direct service in the Gulf States.
- If you were unable to volunteer for the national effort, volunteer locally. A local chapter of the American Red Cross is a good place to start, but nearly every nonprofit organization, house of worship and corporate entity has established some sort of program to support recovery efforts. Evacuees have spread across the country, probably even in your community. Help them where they are.
- Are you a career counselor? A lot of the people displaced by the hurricane will need jobs. Go to www.service locator.gov, find your local One Stop Career Center and see if they need additional help.
- Provide support to emergency workers as they return from affected areas. Many emergency workers have temporarily left behind their own families. Contact a National Guard Family Readiness Support Group to see if you can offer coping advice through a workshop or a newsletter distributed to families of deployed service personal.
- School counselors will become key responders as displaced children relocate to new school districts across the country. Network with your school counselor colleagues; they may need your help in assisting families that have relocated.
- Stay positive and maintain perspective. Every second spent finger-pointing and criticizing is a second wasted. This is the largest and most far-reaching natural disaster ever to hit the United States. Help make miracles happen.

In Brief

Black Issues magazine becomes DIVERSE

After 21 years, Black Issues in Higher Education magazine has changed its name and enhanced its focus. Now, DIVERSE: Issues in Higher Education, the award-winning magazine will address the needs of all people of color who are undererved and underrepresented in American higher education.

Bill Cox, a long-standing American Counseling Association leader and member, and president of Cox, Matthews & Associates Inc., has guided the company through this transition. ACA members who would like to sample the new magazine can acquire a complimentary preview copy by e-mailing subscriptions@cna publishing.com.

HHS releases tools for deployment of mental health professionals

The Department of Health and Human Services has established a website (www.volunteer.hhs.gov) and toll-free number (866.KAT.MED) to help identify mental health care professionals to assist in Hurricane Katrina relief efforts. "The desire of America's mental health care professionals to use their skills to help Hurricane Katrina's victims has been inspiring," said HHS Secretary Mike Leavitt. "This website and toll-free number are important tools to become part of this network of goodness that is taking place."

Multidisciplinary health care professionals with expertise in the following areas are encouraged to visit the website and register to volunteer for appointment by HHS:

- Chaplains/social workers
- Psychologists
- Social workers
- Medical clerks
- Mental health workers

Be advised that individuals must be healthy enough to function under field conditions. This may include all or some of the following:
- 12-hour shifts
- Austere conditions (possibly no showers, housing in tents)
- No air conditioning
- Long periods of standing
- Sleep accommodations on bunks
- Military ready-to-eat meals

These workers will be unpaid temporary federal employees and will be eligible for coverage under the Federal Tort Claims Act for liability compensation and Workman's Compensation when functioning as HHS employees. Although workers will not be given a salary, travel and per diem will be paid.

Individuals without a health care background can find information on volunteering at www.USAFreedomCorps.gov or by calling 877.U.SA.CORPS.

New protocol provides 'psychological first aid'

The National Child Traumatic Stress Network recently released a new treatment protocol for providing "psychological first aid" to children and families affected by traumatic events such as Hurricane Katrina. The protocol, years in the making, is based on sound research as well as practice in the field. The protocol can be used to help children and families after a wide range of traumatic events, including natural disasters, catastrophic school violence and terrorism. It is being rushed to the field so that mental health professionals respond to Hurricane Katrina.

"Psychological first aid is based on the same principles as physical first aid," said NCTSN Associate Director Alan Steinberg. "Helping children come to terms with the aftermath of traumatic events, psychological first aid can reduce initial distress and foster healthy adaptive functioning."

NCTSN works to improve the quality, effectiveness and availability of services for traumatized youth. It is funded through the Substance Abuse and Mental Health Services Administration.

Crisis hotline available for hurricane victims

The Department of Health and Human Services announced the availability of a toll-free hotline for people in crisis in the aftermath of Hurricane Katrina. By dialing 800.273.TALK (800.273.8255), callers will be connected to a network of local centers across the country that are committed to crisis counseling. Callers to the hotline will receive counseling from trained staff at the closest certified crisis center in the network.

"We have all been touch by this tragedy, and profound sadness, grief and anger are normal reactions that many people may experience," HHS Secretary Mike Leavitt said. "We want people to know that we have a nationwide team of crisis counseling experts available to help people through their grief and loss."

The network is run by HHS' Substance Abuse and Mental Health Services Administration and includes more than 110 certified mental health professionals across the country. People who are suicidal or in emotional distress can call at any time from anywhere in the nation to talk to a trained worker who will listen to and assist callers in getting the mental health help they need. Callers will be provided with immediate access to local resources, referrals and expertise.
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Gail A. Lee, LPC
Owner / President – Executive Assisted Counseling, Inc
Founder – Counseling Center For Women

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The American Association of Spinal Cord Injury Psychologists and Social Workers has announced that per its bylaw changes, the association is offering active membership for Licensed Professional Counselors and Certified Rehabilitation Counselors who work with persons with spinal cord injuries. AASCIPSW promotes excellence in meeting the behavioral, emotional and psychosocial needs of individuals with spinal cord injury. Incorporated in 1986, the association operates exclusively for scientific, charitable and educational purposes. It is the only national organization devoted solely to enhancing the psychosocial needs of individuals with spinal cord injury.

In addition, AASCIPSW provides members with opportunities to develop and refine leadership skills through positions on association committees, task forces and the Board of Directors, and as liaisons to external organizations. AASCIPSW provides a unique opportunity to network with accessible and highly knowledgeable colleagues whose clinical and/or research interests parallel their own. AASCIPSW's mission is multifaceted. It is organized and operated to:

- Advance, foster, encourage, promote and improve psychosocial care of persons with spinal cord injury.
- Develop, promote, advance and improve education and research related to the psychosocial needs of persons with spinal cord injury.
- Recognize psychologists, social workers and counselors as health care professionals devoted to treating the problems of spinal cord injury.
- Promote the exchange of ideas regarding all aspects of the psychosocial needs of persons with spinal cord injury.
- The goals of the association include:
  - Establishing standards of care for psychologists and social workers working in the spinal cord injury field.
  - Promoting research in the area of psychosocial rehabilitation.
  - Publishing educational materials for professionals working in the field, legislators, policy-makers and persons with a spinal cord injury.
- Publishing a quarterly journal, the SCI Psychosocial Process.
- Recognizing professionals and consumers who have demonstrated outstanding accomplishments in the spinal cord injury field.
- Convening an annual conference.
- Maintaining and increasing membership in AASCIPSW.

There are many benefits to establishing and maintaining an AASCIPSW membership. The association hopes that Licensed Professional Counselors and Certified Rehabilitation Counselors will take advantage of these benefits and utilize them as part of their professional practice. AASCIPSW members receive the following benefits:

- Subscription to the SCI Psychosocial Process and Journal of Spinal Cord Medicine
- Access to a members-only ListServ and web boards
- Access to members-only membership directory
- Relevant educational materials as they are developed, including clinical practice guidelines and suggested reading lists
- The opportunity to network with other spinal cord injury professionals
- The opportunity to qualify for a conference grant covering hotel and travel accommodations, plus conference registration fee.

For more information, contact Stephen Sofer, program manager, at ssofer@unitedspinal.org or call 718.803.3782 ext. 322.
Trauma symposium postponed to support Katrina volunteers

The Winter Counseling Symposium: Responding to Tragedy, Trauma and Crisis has been postponed. The Planning Committee voted unanimously to channel all human and material resources into helping the victims of Hurricane Katrina. Jane Webber, a co-founder of the symposium, explained, "We could not morally and professionally continue to work on the symposium while more than a million people are displaced. Our symposium mission is to promote networking, practice and research in responding to large-scale disasters and trauma. Thus, our priority is to volunteer in the Gulf States and at home in any way we can!"

Webber and Barry Mascari are disaster mental health volunteers at the American Red Cross Metropolitan Chapter in northern New Jersey. Webber has been working with victims who have migrated to the metropolitan area to stay with relatives. "This is not prepared to deal with their losses because they are doing what they need to for survival—finding relatives, processing forms, getting checks and trying to adjust to overwhelming change. When they come down, they will need our help to process their trauma," he said. Eric Gentry agreed with Mascari. A certified traumatologist, Gentry has conducted hundreds of disaster and critical incident experiences. "It is really too early for mental health trauma intervention," he said.

Plans for trauma counseling association

Plans continue for the development of the International Association of Trauma Counseling and its e-journal, Journal of Trauma Counseling International. Steering Committee members Mike Dubi, Webber, Mascari, and Gentry joined with Trauma Interest Network Chair Karin Jordan this summer to explore the feasibility of becoming an organizational affiliate with the American Counseling Association. Mascari said, "We need to enhance our knowledge and practice in trauma and disaster counseling and also provide resources and training models in the many work settings for counselors such as universities, schools, communities and agencies. Katrina's impact suggests that even the best laid plans may not be enough."

Gentry, who will serve as the new association's training coordinator, encourages counselors to acquire traumatology skills. "Now is the time to get training or brush up on training," he said. "Direct service fieldwork requires a separate set of skills. Without training in the field of traumatology, the clinicians sit themselves and clients up for potential harm!" Thus, Gentry sees a role for the new association to offer traumatology training at division and branch conferences as well as regional and state agencies. Gentry is the co-author (with Michael Rank) of the traumatology curriculum, Critical Incident Behavioral Health. He can be contacted at compassionatelimit.com or 941.720.0143.

Dubi, editor of the new Journal of Trauma Counseling International, hopes to expedite the first issue to focus on strategies and resources to help counselors responding to Hurricane Katrina. Webber commented, "The devastation and effects of Katrina on families is so extraordinary that once again, like September 11, we are writing and adapting traditional techniques on the job. Our traditional models continue to be challenged by the demographic and psychological enormity of this tragedy."

Dubi explained why an online format was chosen: "It takes as long as one to two years for a journal issue to be published and distributed," he said. "With crises like September 11, the Florida hurricanes, Beslan and now Katrina, the e-journal format can get research and practice into the hands of counselors quickly."

Webber is providing copies of Terrorism, Trauma and Trajectories: A Counselor's Guide to Preparing and Responding to Trauma and counselors and volunteers. The ACA Foundation first published the book after the events of 9/11. The second expanded edition was released last year. Webber hopes to give the book to school counselors in the Gulf States as schools reopen in alternate sites.

"The second edition broadened its perspective from September 11 to address the training needs for large-scale disasters such as the Florida hurricanes, violence in cities, online resources about trauma and violence, mental health needs of police and first responders and their families, military, deployment counseling and models for treating trauma counselors. Janice Baggerly's two chapters on trauma interventions and play therapy models for children after hurricanes and disasters and Maureen Underwood's trauma metaphors for children are invaluable." For more information about the International Association of Trauma Counseling, e-mail mdubi@argosyu.edu or jwebber@monmouth.edu.

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Executive Director's Message  Continued from page 6

- Authorized the waiver of ACA dues for one year for current members in a defined geographic area that sustained the greatest damage.
- Began working with a number of other mental health and civil rights organizations to partner in providing services to those who were impacted.
- Obtained approval from the ACA Foundation to launch the Counselors Care fund, which will provide small, immediate grants to professional counselors and counselor education students who are members of ACA. The ACA Foundation has agreed to match each contribution dollar-for-dollar until the donations reach $50,000. In the first two hours of this discussion, $6,000 was raised for the fund.
- Agreed to match all donations that ACA employees make to hurricane relief charities.
- Alerted all ACA leadership networks via our Listserv system as to how to volunteer to serve in the affected area.
- Confirmed with federal agencies, including the Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, the Federal Emergency Management Agency, the Center for Mental Health Services and the Department of Labor, about how best to help.
- Extended the early-bird deadline for the joint ACA-Canadian Counselling Association Convention by an additional month so that those who wanted to make cash donations to a charity such as the American Red Cross last month could do so.
- Created and distributed a public service announcement encouraging people to seek professional counseling. This represents only a partial list of the activities ACA undertook in the wake of Hurricane Katrina. As we all know, the impact of this disaster will be with us for a very long time. While houses, businesses and physical infrastructures can be rebuilt in weeks and months, the effects of this disaster will impact the human condition for many years.
- Once again, thank you so much for caring. As always, I hope you will pass along any comments, questions or suggestions that you have. Please contact me via e-mail at ryep@counseling.org or by phone at 800.347.6647 ext. 231.

Thanks and be well.

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

Department of Defense Recognition of Licensed Professional Counselors

The number of soldiers returning from Iraq with post-traumatic stress disorder and other mental and emotional health problems is staggering. Yet the federal law still requires that Licensed Professional Counselors practice under physician referral and supervision under TRICARE, the military health care system, and in Department of Defense facilities. LPCs are the only mental health professionals not allowed to practice independently.

Fortunately, a study by the RAND Corporation on the effects of a demonstration project allowing independent practice authority for LPCs found that this resulted in better access to care, no increase in costs and no adverse effect on TRICARE beneficiaries. The House has passed language, as part of the Fiscal Year 2006 bill authorizing defense spending to establish independent practice authority for counselors.

At press time, the Senate had yet to approve this provision. Congress is aiming to finish considering the FY 2006 National Defense Authorization Act as soon as possible, so it is vital that counselors contact their senators to urge adoption of the House-passed provision for independent reimbursement of counselors.

Who to Contact

Your Senators
Capitol Switchboard
202.224.3121
www.senate.gov

Who to Contact

Your Representatives
Capitol Switchboard
202.224.3121
www.house.gov

Who to Contact

Your Senators and Representatives
Capitol Switchboard
202.224.3121

Who to Contact

Your Representatives
Capitol Switchboard
202.224.3121
www.house.gov

 Appropriations for the Elementary and Secondary School Counseling Program

For the fourth year in a row, President George W. Bush has proposed a budget that would eliminate funding for the Elementary and Secondary School Counseling Program. ESSCP is the only federal program focused solely on supporting counseling programs in our nation’s schools, and its elimination would mark the end of counseling and mental health services to thousands of students in the 99 school districts in 32 states and the District of Columbia currently receiving funds. While in years past Congress has continued to fund ESSCP despite the president’s lack of interest, the Fiscal Year 2006 battle to fund the program may be our hardest yet, given the unprecedented spending cuts in domestic non-defense programs being considered. Therefore, it is imperative that concerned counselors take action now. Call or write your members of Congress to express your concern about President Bush’s proposal to eliminate funding for ESSCP in his FY 2006 budget.

Who to Contact

Your Senators
Capitol Switchboard
202.224.3121
www.senate.gov

Message

"I’d like the Senator/Representative to reject President Bush’s proposal to eliminate funding for the Elementary and Secondary School Counseling Program in Fiscal Year 2006. In addition, I strongly urge the senator/representative to support sufficient funding to allow middle and high schools, as well as elementary schools, to benefit from this program. ESSCP is the only federal program devoted to supporting counseling programs in our nation’s schools. The school counseling program is important to me and to hundreds of thousands of students across the country."

Who to Contact

Your Senators and Representatives
Capitol Switchboard
202.224.3121
www.house.gov

Message

"I’m calling to ask the Representative to sponsor and support legislation to establish Medicare coverage of mental health services provided by Licensed Professional Counselors. Legislation accomplishing this — the Seniors Mental Health Access Improvement Act — was passed by the Senate in 2003 and has been reintroduced this year by Sen. Craig Thomas as S. 784. There is not yet a House bill to establish coverage of Licensed Professional Counselors, and I urge you to consider sponsoring such a bill. Licensed Professional Counselors meet the same level of education and training standards as other mental health professionals long covered by Medicare, and covering counselors is a cost-effective way to address the devastating problem of mental illness among the elderly, which contributes to older Americans being the demographic group most at risk of committing suicide."

Media Reimbursement of Licensed Professional Counselors

Although it is unclear if or when the 109th Congress will consider Medicare legislation, we need to build momentum and interest within the House of Representatives now for establishing coverage of state-licensed professional counselors. Although the Senate passed counselor coverage legislation in 2003, the House has not. We need Representatives to know that Medicare beneficiaries need better access to mental health services and that Licensed Professional Counselors stand ready to help them. Seniors deserve the same choice of provider under Medicare as is enjoyed by private-sector beneficiaries. In many communities, LPCs are the only accessible mental health providers. Sadly, older Americans remain the demographic group most at risk of committing suicide.

Who to Contact

Your Representatives
Capitol Switchboard
202.224.3121
www.house.gov

Message

"I’m calling to ask the Representative to sponsor and support legislation to establish Medicare coverage of mental health services provided by Licensed Professional Counselors. Legislation accomplishing this — the Seniors Mental Health Access Improvement Act — was passed by the Senate in 2003 and has been reintroduced this year by Sen. Craig Thomas as S. 784. There is not yet a House bill to establish coverage of Licensed Professional Counselors, and I urge you to consider sponsoring such a bill. Licensed Professional Counselors meet the same level of education and training standards as other mental health professionals long covered by Medicare, and covering counselors is a cost-effective way to address the devastating problem of mental illness among the elderly, which contributes to older Americans being the demographic group most at risk of committing suicide."

Who to Contact

Your Senators
Capitol Switchboard
202.224.3121
www.senate.gov

Message

"As a constituent, I’m calling to ask you to support Senate passage of a no-cost, House-passed provision in the defense authorization bill to give soldiers and their families easier access to mental health services by allowing Licensed Mental Health Counselors to practice independently within the TRICARE program. Increasing access to services is especially important considering that as many as one in three soldiers will return from Iraq with symptoms of post-traumatic stress disorder. The RAND Corporation conducted a study on the effects of a demonstration project allowing counselors to practice independently and found that it resulted in better access to care, no adverse effect on beneficiaries and no increase in costs. I’d like to hear back on what the Senator will do on this issue. Can I give you my contact information?"

Who to Contact

Your Senators
Capitol Switchboard
202.224.3121
www.senate.gov

Message

"I’m calling to ask the Senator/Representative to reject President Bush’s proposal to eliminate funding for the Elementary and Secondary School Counseling Program. Licensed Mental Health Counselors practice independently within the TRICARE program. Increasing access to services is especially important considering that as many as one in three soldiers will return from Iraq with symptoms of post-traumatic stress disorder. The RAND Corporation conducted a study on the effects of a demonstration project allowing counselors to practice independently and found that it resulted in better access to care, no adverse effect on beneficiaries and no increase in costs. I’d like to hear back on what the Senator will do on this issue. Can I give you my contact information?"
While the college years are often considered "the best years of life," the phrase has taken on an ironic undertone for many, as these years can also be (as the book title suggests) quite overwhelming. As has been noted by other writers, today's undergraduates experience a curious mixture of hope and fear. They grow up with unsurpassed opportunities but also unprecedented hurdles (terrorism, natural disasters, etc.).

While the college years are often considered "the best years of life," the phrase has taken on an ironic undertone for many, as these years can also be (as the book title suggests) quite overwhelming. As has been noted by other writers, today's undergraduates experience a curious mixture of hope and fear. They grow up with unsurpassed opportunities but also unprecedented hurdles (terrorism, natural disasters, etc.).

College of the Overwhelmed is a beacon of clarity, hope and informed common sense that effectively addresses the mental health concerns of college students. Since Hurricane Katrina just dislocated and threatened more than 50,000 college students, this book is a most timely resource for those in positions to assist young adults.

Journeys to Professional Excellence: Lessons from Leading Counselor Educators and Practitioners

Journey is a unique collection of metaphors about the counseling life, fills a void in what is known about the motivation of 15 notable contributors and leaders in the counseling field. Until this publication, there has been little opportunity for these renowned scholars to share stories of their own growth, development and, ultimately, how he or she came to be a contributing counseling professional.

Co-editors Robert Conyne and Fred Bemak provide an insightful account of their idea to solicit guided journal entries from prominent individuals, including Sam Gladding, George Gazda, Mark Pope, Patricia Arendondo, Jane Goodman, David Ng and Allen Ivey. In his or her own words, each shares relevant personal life experiences, career paths and the significance of influential people and events. Reminiscent of childhood days, memories, most fulfilling moments, scariest moments, burdens and sources of strength are included.

Each chapter is a personal perception of the author's accomplishments that provides background for the reader to understand how the works, ideas and theories originated and evolved. Chapters examine the issues and challenges of finding a balance between work and personal life. Incidents that have guided a passage in the profession of counseling are integrated.

Soliciting the best thinking of leaders would not be complete without soliciting advice for counselors. Responses range from those who report that they do not give advice to those who discuss the value they have gained from serving as leaders of the profession and the professional organizations.

And on the topic of the future — "How is it perceived?" — the advice to younger professionals serves as a stand-alone study. Journeys provides an insightful perspective as each scholar reflects on the past, integrates this into the work he or she does and then uses these reflections as a basis to predict the future.

We are interested to note what motivates these leaders to tell their stories. According to one author, writing this account...
Association for Assessment in Counseling and Education (AACE)
Brian Glaser, President
AACE has a long and strong tradition in promoting research, measurement and evaluation. Our publication, Measurement and Evaluation in Counseling and Development, is a top-ranked journal. Members of our division are consistently recognized by ACA for their contributions to our field. For example, Bryan Kim and his colleagues were awarded the 2005 ACA Research Award for their manuscript that appeared in MBEC. AACE held its second annual "Family Alliance" conference last year at the Citidel in South Carolina. It was a service and financial success. This year's conference was held in Athens, Ga., on Sept. 22-23. We hope to continue to nurture this nascent annual event.

One of our major obstacles to overcome is the perception that AACE is for "stat geeks." As I like to say, AACE is not just for nerds anymore. Our membership represents every aspect of counseling and ACA. If you know nothing about measurement and evaluation, then this division is for you. The goal in this area is to enhance our communication and engagement with the counseling community so that our mission and services are understood. That is, we see ourselves as a service division that is ready and willing to:

- Collaborate with other divisions on research and evaluation initiatives.
- Mentor graduate students and early career academics and researchers.
- Enhance the creation and dissemination of good practices, standards and guidelines in the area of assessment and evaluation in counseling and education.

The Executive Council is presently in discussion regarding streamlining and updating the organizational structure. In Atlanta we discussed five broad areas: leadership, enlightenment, recognition and collaboration. It is our goal to continue this discussion in 2005-06.

Association for Adult Development and Aging (AADAA)
Vonda Long, President
"Coming into a New Age of Aging and a New Year" It's a new age. There's global warming, global shrinking and instant messaging. It's an age of baby boomers bulging the ranks of the older generation and bringing with them new and unique perspectives on aging. We have the ability to define who we are. What reality do we want to create? Ernest Holmes once described a cartoon where a man was having a nightmare. A figure at the end of the man's bed looked like it was about to grab him. The man said to the monster, "What are you going to do with me?" The monster replied, "I don't know, what are you going to do with me? It's your dream you know."

AADAA's goals for 2005-06 include:
- Fostering and creating a "culture of community" and connection, both individually and as an organization, and collaborating with groups of similar interests.
- Respecting the individual, families and diversity across the life span.
- Helping to foster a rich quality of life at all ages.
- Reviewing and updating our long-range strategic plan in consideration of the "New Age of Aging," goals and implementation.
- Fostering and developing partnerships and liaisons via:
  - a task force to explore connecting with organizations with similar goals;
  - supporting development of state branch organizations; and
  - sponsoring state and regional workshops.
- Promoting increased organizational communication and connection via board and committee contact, newsletters, Counseling Today columns, and branch and regional meetings.

Welcome to our new year and new age!

Association for Creativity in Counseling (ACC)
Thecla Duffey, President
ACC celebrated its first year as an educational division in September. We could not have done this without the supportive efforts and investments of our members and the ACA staff. A primary goal in forming this association was to create a forum in which to explore creative, unique and diverse approaches to counseling. Our goals for ACC's first year have been to lay the logistical groundwork for our work together. Our goals for the coming year include:

- Fostering connections: To provide current, reliable ACC membership news, Heather Trepal serves as our contact person.
- Communication with members: Shane Haberstroh will lead our efforts at expanding our website with the most up-to-date ACC activities and information.
- Conference planning: The Dr. Lesley Jones Creativity in Psychotherapy Conference will be held in San Antonio in October 2006.

As ACES, our purpose is to foster leadership in the college counseling division. We will plan for funded research related to college counseling and student retention.

American College Counseling Association (ACCA)
June Williams, President
The ACCA Executive Council met in late July to set our agenda for the upcoming year. Our goal and vision for ACCA is focused on providing quality services, professional development and advocacy for our members.

Some of the highlights for the year include our focus on the following:

- Website redesign. In the upcoming months we will be undergoing a complete revision to our website to make it a dynamic resource for our members.
- Increased opportunities for online continuing education. Last year we launched two online courses, and we are committed to expanding our offerings.
- Development of a community college counselor task force. Community college counselors have unique and diverse needs, and the goal of the task force is to research these needs and determine how ACCA can best provide for these needs.
- Implementation of an ACCA emerging leader training. To foster leadership development among our members, we will begin providing this training at the ACA Convention.
- Continued commitment to a research agenda related to college counseling. We plan to award $5,000 for funded research related to college counseling and student retention.
- Commitment to increasing visibility of public policy and advocacy efforts. For years, ACCA has been committed to public policy and advocacy, and we are committed to expanding these efforts and increasing networking at the grass roots.
- Ongoing assistance to state college counseling divisions. We are committed to providing continued assistance to help develop state counseling divisions and also help those already established by providing professional development opportunities such as regional drive-in workshops.
- Continued commitment to quality professional development opportunities. Our primary effort in this regard is our biennial conference, which will be held Oct. 3-6, 2006, in Reno, Nev.

Association for Counselor Education and Supervision (ACES)
James M. Berashoff, President
As the ACA division "home" for counselor educators and supervisors, ACES has significant responsibilities and great opportunities to move our profession forward. These include:
- Modeling thoughtful, reasonable, action-oriented approaches to dealing with difficult issues and concerns in counselor training, supervision and practice, promoting a vision of commitment to diversity in its many forms; and advocating for multiculturalism in ways that can powerfully influence our profession and the clients with whom our students and supervisees work. As one of the founding divisions of ACA, ACES aspires to "rise above" divisive political tendencies to be a "strong voice for professional unity, compromise and a shared community that values and incorporates diverse perspectives and ideas."

As ACES president, one of my major goals is to carry on a tradition of diversifying ACES membership and encouraging attention to multicultural issues throughout the work of ACES and its regional branches. To remain a vital organization, we also need to continue to ensure that members experience real benefit and value for their ACES membership. For our organization to remain vibrant, ACES must provide a variety of opportunities to involve and develop new leaders for our profession and to support the critical work of regional ACES organizations.

During Donna Henderson's presidency last year, ACES created a new website to enhance connection and communication with ACES membership. This year, we plan to further develop the website to incorporate more interactive features that can help us approach the goal of a "virtually" ACES community online. Finally, the 2005 ACES Conference in Pittsburgh this fall will provide opportunities for members to reconnect with ACES and with each other, as well as offer a variety of networking and opportunities for professional development and professional involvement.
Association for Gay, Lesbian and Bisexual Issues in Counseling (AGLBIC)
Joy S. Whitman, President
I am honored to serve as president of AGLBIC. In this capacity, my primary goal is to further the mission of AGLBIC, which is “to promote greater awareness and understanding of gay, lesbian, bisexual and transgender (GLBT) issues among members of the counseling profession and related helping occupations.” This will be accomplished by again offering a Day of Learning at the ACA 2006 National Convention. Also at the conference, AGLBIC will take the lead in offering a presidential program on the AGLBIC competencies in conjunction with other divisions’ competencies. This cross-sectional presentation fulfills one of my goals of working with other ACA divisions to enhance relationships and to integrate GLBT issues within the counseling field.

Working with the AGLBIC Board, I want to revamp and enhance the Graduate Student Committee, and plans are underway to do so. Of importance as well is membership — not only increasing it but also enhancing participation of members within AGLBIC. To accomplish this, my goal is to bring more members into leadership. This goal is already being achieved. Members are volunteering to chair the media and expertise on the Media Committee, the Branch Chapter Committee and the Membership Committee. For example, the Media Committee will work to include newsletter articles about GLBT issues in other division newsletters as well as solicit newsletter articles from other divisions for the AGLBIC newsletter.

Finally, a goal this year is to work with the AGLBIC Board in drafting a resolution supporting same-sex marriage. This under the resolution presented this year by ACA supporting same-sex parenting and families. If achieved, we can celebrate in Montreal next year through a mass civil ceremony AGLBIC is organizing, and we hope to unite GLBT individuals with straight allies in the attainment of our civil rights.

Association for Multicultural Counseling and Development (AMCD)
Lawrence E. Johnson, President
It is a distinct honor to have been selected to serve as the president of AMCD for 2005-2006. My main goal is to provide strong, effective leadership, which will facilitate direct and meaningful conversations throughout the year. Furthermore, I am committed to providing professional leadership that will draw on the wealth of multicultural expertise that exists in AMCD and ACA to enhance the professional growth of the AMCD division.

In anticipation of steering AMCD toward increasing enrollment, growth and development within the counseling community, I have outlined several key objectives. First and foremost, I will seek to engage our Executive Board, program chairs and future AMCD leadership members in meaningful dialogue about the future direction of AMCD. This dialogue was initiated at our Leadership Conference in Las Vegas in August.

In collaboration with our Multicultural Task Force on multicultural competencies, I intend to continue efforts to develop a national competency test for multicultural certification, an effort begun under Wyatt Kirk’s administration. The Multicultural Counseling Competency Certification Task Force works to define, develop and establish a rigorous process by which professional counselors may be certified as multi-cultural competent. This certification would be credentialed as a National Certified Multicultural Counselor.

AMCD has already begun collaborating with the other ACA divisions regarding their specific competencies. My desire is to work closely together for the good of ACA.

New strategies will also be implemented to increase and retain our membership. Because we are primarily dependent on membership dues for financial support, it is imperative that we achieve this most important goal.

In working to build cohesive ness at the national level, I am committed to actively participating in at least two national meetings and state conferences with state chapters. I look forward to involving the vice presidents and regional representatives in this challenging but exciting endeavor.

American Mental Health Counselors Association (AMHCA)
Carol Staben-Burroughs, President
Now in its 29th year as an organization, AMHCA is the only organization working exclusively for mental health counselors. AMHCA is the group that makes sure our rights as counselors remain strong and that our ability to practice is maintained.

The ongoing mission of AMHCA is to enhance the profession of mental health counseling through licensing, advocacy, education and professional development. The association’s mission and vision are put into play by our active, motivated Board of Directors and committed members, who are committed to answering such questions as: “Where shall we go from here?”; “What can we do for our state chapters that will enhance their success?” and “What can we do to members to give them yet more ‘bang for their buck?’”

Specific goals for 2005-2006 include:

- Monitoring the inclusion of licensed professional counselors on managed-health and insurance-com company panels.
- Increasing graduate student involvement.
- Promoting mental health awareness, in part through AMHCA’s petition drive in support of a new U.S. commemorative postage stamp, and also through proclamations signed by mayors and governors supporting mental health awareness.
- Increasing membership.
- Increasing communication among AMHCA’s many state chapters, its four regions and AMHCA.
- Updating the strategic plan.
- Working for passage of legislation that specifies inclusion of mental health counselors in Medicare coverage.
- Working for passage of legislation that provides parity in federal insurance contracts for licensed clinical professional counselors with other mental health providers.
- Working with other professional associations on issues pertaining to mental health.

For more information about AMHCA, check out www.amhca.org, or call 703.548.6002 or 800.326.2642.

American Rehabilitation Counseling Association (ARCA)
Jan Le Forge, President
Of primary importance to rehabilitation counseling is the continued improvement of rehabilitation counseling through the achievement of state licensure in addition to national certification. This crucial issue is a major focus of ARCA as well as other rehabilitation counseling professional associations (members of the Rehabilitation Counseling Consortium). We face crucial tests in the near future in this political environment of concerted efforts to radically restructure the Rehabilitation Services Administration, possibly leading to significant funding cuts and shutting down significant rehabilitation services. We must see what we can do to promote our organizational efforts through education and promoting rehabilitation-favorable legislation. We also need to form strong state or regional associations to have rehabilitation counseling recognized and included at the state level for licensure.

Core equally, ARCA must continue its work of public education, supporting legislative activities recognizing and promoting rehabilitation counseling. In contributing to public society, rehabilitation counseling efforts need to focus on eliminating environmental and attitudinal barriers, particularly in the areas of education, employment and community activities for people with disabilities.

Membership is also a key issue. As resources dwindle and membership declines, we need to determine why many rehabilitation counselors no longer choose to belong to a professional association. Perhaps this phenomenon is related to the political arena. We need to ask ourselves: What can we do to promote our profession? ARCA members themselves need to work to increase public awareness of the profession of rehabilitation counseling. Furthermore, we need to find out what services ARCA must provide to maintain the very critical allegiance of its rehabilitation counselor members. In summary, we must encourage, educate and help members to carry out ARCA’s mission construed as maximizing the public good.

American School Counselor Association (ASCA)
Barbara Blackburn, President
ASCA continues to work on the cutting edge of its mission, which it has already established under its strategic work plan. For 2005-2006, the association will focus on:

- Promoting the effectiveness of school counseling in academic achievement.
- Identifying, collecting and disseminating research about school counseling.
- Creating a better understanding of school counseling among administrators, parents, teachers and students.
- Advocating for state and federal legislation that helps students achieve and that recognizes the role of school counselors in student success.

The association has had much success in these areas and will continue to focus efforts in these areas. As ASCA’s membership continues to grow and our shared voice will become even stronger, we expect continued success in the above areas.

Association for Spiritual, Ethical and Religious Values in Counseling (ASERVIC)
Cheri Smith, President
Mentorship opportunity has come my way again, and I am grateful. The opportunity has presented itself because, at this time, Pat Hudson is unable to serve as president. Dr. Hudson’s service to ASERVIC is well known. Following a solid foundation (laid under the wonderful leadership of Tracey Robert) it has made a challenging transition almost seamless. I appreciate the opportunity to serve in a leadership role again.

The following individuals will be carrying out goals this year that reflect professionals “who believe spiritual, ethical and religious values are essential to the overall development of the person and are committed to integrating these values into the counseling process” (ASERVIC Mission Statement).

- Our state presidents
- Our regional leaders
- Our commission chairs
- Our council leaders
- Our membership leaders

For more information about ASERVIC, check out www.aservic.org.
2005/2006 Division / Region Goals

- Our board members: Ken Kepp, Michele Briggs, Fame Cooley, Mary Harding, Susan Moseley, Faith Okerson, Carol Fournier, Chris Faiver, R. Elliott Ingersoll and Darlene Daneker
- The Executive Committee members: Eleo Roffman, Thelma Robert, Lisa Jackson-Cherry and B. Grant Hayes
- Our Governing Council representatives and CACREP representatives: Scott Young and Craig Cashwell
- Our newsletter and journal editors: Suzanne Hamilton and Chris Sink
- Our State Divisions chair and Strategic Planning chair: Gordon Spice and Judy Mirabel
- Our Ethical Values Committee chair: Leila Roach
- Our Spiritual and Religious Values Committee co-chairs: Michael Young and Bryce Hagedorn
- Our webmaster and listserv coordinator: Darlene Danokker and Craig Cashwell
- Our Awards Committee chair: Ann Puncick and Pam E. Blatsher
- Our graduate student representative: Mark Parrish
- Our Membership chair and Media chair: Michelle Briggs and Faith Okerson
- Our Convention chair and archivist: Amanda Baden and Jane Chauvin

Person to person, they are supporting the role of spiritual, ethical and religious values in the counseling profession. One of my main goals is to support them. If you would like to help, please contact me at aservec@ gmail.com.

Association for Specialists in Group Work (ASGW)
M. Carolyn Thomas, President

Major goals for the ASGW leadership team are to provide quality publications, online resources and services that are economical and challenging times, increase resources available to group counselors, strengthen the voices of all divisions within ACA, create a state/branch members about ethics and best practices in group work, and advocate legislative benefits to group work. We want to build a community of members characterized by diversity, integrity, creativity and positive group process.

In keeping with our goals, the theme for our 2005 ASGW Conference is "A Gathering of Group Workers: Connecting and Creating Community." The conference will be held on Jan. 11-13, 2006, at the Grand Marriott Resort in Point Clear, Ala. (Note: Due to damage from Hurricane Katrina, the location may be changed to the Riverivew Plaza Hotel in Mobile, Ala., which will remain the same.) We invite all counselors and professionals related from fields to join us in a successful gathering of group counselors who will grow and learn from each other. Registration information can be obtained from www.asgw.org.

Additional goals are to start new national and international ASGW branches and communicate more personally with members. We will be the first to offer conference presentations in Spanish, and we are reaching out to our Canadian neighbors, European members, South American members and friends in Israel, Taiwan, Japan and other countries. We are re-presenting valuable printed and media resources and creating new tapes and publications about current issues in group work.

ASGW is an association for all counselors, social workers, psychologists and mental health workers. We invite the participation in our community of all group workers who may choose to join us because of the way we treat each other and grow from working together.

Counseling Association for Humanistic Education and Development (C-AHEAD)
Linda Leech, President

C-AHEAD is embarking on a two-year venture to revitalize and build the organization. The goals for the year include a series of new activities, a continuation of the many successful ventures of the organization and an emphasis on developing more consistent and timely communications with both members and potential members.

A special edition of the organization's journal will be funded for the first time in several years. This special edition will be a highly important special edition on counselor impairment. An organizational website has been added and will continue to be updated and refined to make it a useful tool of service delivery to members as well as a means for communication regarding humanistic counseling and education concerns. The organization's newsletter, info, will be getting a facelift to make it not only a vehicle for sharing the firsthand experiences of humanistic counselors but also a mechanism for keeping members updated about activities in the areas of emphasis for the year.

In addition, the C-AHEAD Wellness Center will be expanded to a Counselor Wellness Initiative that will include presentations on the ACA Convention and a number of other activities. These activities will facilitate further discussion and creation of member and other wellness-focused services for professional counselors.

The exciting agenda of the C-AHEAD Board for this year can only be accomplished with the help of committed leadership, active committees and an enthusiastic and involved membership. The board has identified a cadre of 15 individuals who will assume key roles in implementing these activities. It is anticipated that these individuals and others will be ready to assume key leadership roles on the board within the next two years. All the stops are out, and we are off at a lively sprint for the upcoming year.

Counselors for Social Justice (CSJ)
Vivian J. McCollum, President

The goals for the CSJ are to increase membership, advocate for the disenfranchised, actively support causes that will enrich the lives of others and renew our commitment to the mission of the organization.

To achieve these goals, the CSJ will continue to work with like organizations to promote good works, such as co-sponsoring a social justice conference, co-publishing an e-journal and endorsing programs, activities and other organizations with a similar mission.

As people are likely to work and sustain organizations in which they can actively participate, we will strongly support and recognize state and local chapters of CSJ and assist in recruitment and maintaining membership.

Finally, CSJ will advocate for the counseling profession by encouraging supportive legislation, enhancing our standards of practice and encouraging the diversity within ACA and the profession at large.

International Association of Addiction and Offender Counselors (IAAOC)
Laura J. Veach, President

Our goals guiding IAAOC:
1. Continue opportunities for enhanced communication with our IAAOC members, including our website, newsletter, journal, publications such as Critical Incidents in Addiction: book and annual membership meeting.
2. Advocates for addiction program specialty standards for counselor education programs.
3. Emphasize international aspects of our division.
4. Recognize leaders making contributions to the field of addictions and offender counseling through research, practice, service and teaching.
5. Support and advocate for resources in support of quality care in addiction, offender, forensic and criminal justice settings.
6. Remain ever mindful of all impacted by addiction.

International Association of Marriage and Family Counselors (IAMFC)
Lynn Millers, President

Since 1989, IAMFC has committed itself to being member-service driven. The goals for my presidency continue on this tradition. Many initiatives have already begun. My direction is focused toward empirically validated interventions (using science to discover what works with couples and families). To remain competitive in the marketplace, and to practice ethically, our members need education, training and support for using evidence-based approaches with their families. This demand by consumers is well-documented and highly warranted. Family counselors need to provide proof of efficacy in services to an increasingly educated public. Our training and expertise differentiate us, and we need to continue to exact the highest standards of practice from our membership.

We will host our second annual family and couples counselor conference in February 2006 to help working professionals hone their skills, specifically targeting state-of-the-art family interventions. Les Greenberg, developer of evidence-based emotionally focused therapy, will be the IAMFC distinguished speaker at the 2006 Montreal conference. IAMFC also offers specific service to graduate students and new professionals — training, networking and opportunities for professional discussion. I believe the more we advocate for highly trained, rigorous, efficient and effective family counselors, the more our fellow professionals will value family work. A small change in one part of the system can brilliantly affect the rest.

Midwest Region
Anita Walker, Chair

Goal 1: Teach professional counselors that communication is essential in understanding that states share similar problems and solutions. ACA's Midwest Region plays a significant role in providing branches with resources and knowledge for the improvement of their members. The first time I went to a Midwest Region gathering, I learned about the problems other states were facing and the solutions that were working for them. I returned with more insight into the counseling field and learned how to be a stronger leader by communicating what was happening in other states.

Goal 2: Support counselors in reaching their primary goal of being effective counselors. The Midwest Region's role is to increase support for the branches through educational opportunities, leadership development, advocacy, and the dissemination of issues, and professional support from other regions. Branches can then help members meet their ultimate goal.

Goal 3: Encourage membership at the state, regional and national level. It's important for counselors to understand that being part of an organization such as ACA, state branches and regional branches is to be more emotionally balanced because a connection can be made at different levels.

Goal 4: Encourage counselors to give back, advancing the counseling profession. We should be proud of our profession, and if change is needed, the responsibility belongs to each of us. Regions work with branches in meeting goals and supporting changes. Many leaders give back to the profession by volunteering in counseling organizations to advance our field. While no two counselors
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Concerning NCBA’s goals for 2005/2006, we are working diligently to identify the gaps in our needs for improved services. We also need increased board member involvement as we plan for NCBA’s first Workforce Development Conference, to be held in spring 2006 as a collaborative effort with George Mason University and the United Planning Organization, a Washington, D.C., community action agency. Finally, look forward to seeing you at our Professional Development Institute workshops March 30-31 in Montreal. We've had a great response from our counterparts in Montreal. You don’t want to miss this one!

North Atlantic Region
Laurine Browder, Chair

As chair of the North Atlantic Region, my goals for 2005-06 are:
1. To develop a conference with leadership development as a focus.
2. To identify and to provide financial support for “emerging leaders” in the region.
3. To provide professional development opportunities for North Atlantic Region members.
4. To assist struggling branches with membership development.
5. To increase communications among branches and divisions in the region.
6. To build and strengthen leadership within the region.
7. To provide advocacy training to promote the development of emerging leaders to ensure a continuity of leadership within our branches, divisions, and regions.
8. To provide advocacy training to equip our branch, regional, or national counseling organizations.
9. To encourage the development and leadership skills of emerging leaders to ensure a continuity of leadership within our branches, divisions, and regions.
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Southern Region
Karen Cook, Chair

I am delighted to serve as Southern Region Chair for ACA. I have had the privilege of participating in Southern Region leadership conferences for the past nine years as a representative of the Kentucky Counseling Association. My introduction to Southern Region was in Reston, Va., where I participated in the Emerging Leader Training Program under the direction of Marlene Jones. For those of us who shared this awe-inspiring experience, her premature demise came as a shock and brought a deep sense of loss. Perhaps her way of challenging us to realize our potential has provided the impetus for me and others to “spread our wings” and expand our leadership roles.

My goals for the year are as follows:
1. Plan and coordinate an effective fall leadership conference to empower the leaders of the branches in ACA Southern Region.
2. Continue the time-honored tradition of combining hard work and relationship building that has made ACA Southern Region such a strong organization.
3. Continue efforts to increase participation from all branches.
4. Promote collaboration and team building with divisions and branches, which will help us to further strengthen regional and national counseling organizations.
5. Explore ways to increase our multicultural and diversity competencies to more effectively meet challenges for individual clients and families through our counseling programs.
6. Encourage the development of leadership skills and opportunities to showcase emerging leaders. To ensure a continuity of leadership within our branches, divisions, and regions.
7. Promote the development and leadership skills of emerging leaders to ensure a continuity of leadership within our branches, divisions, and regions.
8. Develop advocacy training to equip our branch, regional, and national counseling organizations.
9. Encourage the development and leadership skills of emerging leaders to ensure a continuity of leadership within our branches, divisions, and regions.
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Western Region
Rosemarie Woodruff, Chair

As a member of the Western Region, I have had the pleasure of serving as the Chair of the Western Region for ACA. I have had the privilege of participating in Western Region leadership conferences for the past nine years as a representative of the Western Region. My introduction to the Western Region was in Reston, Va., where I participated in the...
AADA focus: "Transitions across the life span"  
Submitted by Vonda Long  
VOLong@aol.com  
The Executive Council and committee chairs of the Association for Adult Development and Aging met in a two-day board meeting Sept. 1-2 outside of Santa Fe, N.M. The primary focus of the meeting was to revisit vision and direction of the association and long-range strategic planning. It was decided to shift the focus of the organization to emphasize “transitions across the life span” and to develop corresponding counseling standards/competencies. Current policies and procedures were reviewed and revised by the board for consistency with our goals.

Plans were also formulated for AADA’s 20th anniversary, which will be celebrated in Montreal at the American Counseling Association/Canadian Counseling Association Convention in April 2006. Plans include recognizing past presidents at our Annual Meeting and Branch; examining past, present and future directions in AADA; presenting educational programs; and holding a silent auction. AADA is sponsoring special educational programs: a panel focused on “The New Age of Aging” and a panel focused on research across the life span.

AADA invites you to join us! We are especially interested in supporting new leadership and will be sponsoring a leadership training session on Monday, April 2, 2006.

ACCA now offering online CEU courses  
Submitted by Melissa Spriggs  
mspriggs@gvru.edu  
Did you know that the American College Counseling Association offers online continuing education courses? ACCA has sponsored two online CEU programs:

- “A Creative and Collaborative Approach to Test Anxiety,” by Joyce K. Thomas, good for three contact hours
- “Ethical and Policy Issues When Dealing With Suicidal Behavior on the College Campus,” by Perry C. Francis and Mary Jeanne Raleigh, good for three contact hours

Each program costs $10 per contact hour for ACCA members, $15 per contact hour for nonmembers. Discounts are available for members of AMHCA, AAMFT and OCA. To register, please visit www.ProfessionalCEU.com. For more information or to make suggestions about future ACCA sponsored online continuing education courses, contact Rhonda Perry at rpery@kennesaw.edu.

ACCA has once again co-sponsored the annual National Survey of Counseling Center Directors. The results of the 2004 survey are available via a link on our website at www.collegecounseling.org. There are a range of areas addressed in the survey, including budget trends, innovative programming, current concerns and a number of other critical, ethical and administrative issues.

Check it out to see how your center compares with the 339 centers that participated nationwide. The survey may serve as a valuable tool to help you advocate for increasing support from your campus administration.

ACCA is also offering Emerging Leader Grants for the ACA Convention. New professionals and/or graduate students interested in pursuing careers in college counseling are encouraged to apply for the grants to attend the convention in April 2006 in Montreal. The deadline to apply is Dec. 10. Preference is given to those applicants who demonstrate a commitment to college counseling scholarship and/or service. Recipients will receive a grant that covers the cost of registration and the ACCA Branch and Business Meeting.

Application materials for these grants are available online at www.collegecounseling.org. Questions? Contact Gretta A. Davis at gdavis@unt.edu or 972.780.3640.

ARCA shares concerns at monitoring conference  
Submitted by Betty Hedgeman  
bhedgegeman@mps.org  
Cazie Wilde and Scott Barstow attended the Rehabilitation Services Administration (RSA) Monitoring Conference and represented the American Rehabilitation Counseling Association (ARCA) and as part of the Rehabilitation Counseling Consortium, they met with David Esquith of RSA to discuss some of the concerns rehabilitation stakeholders have.

The current ARCA newsletter is on the ARCA website at www.arcanews.org. It describes the plans ARCA President Jan Laforge has for the conference in Montreal next year. Any ARCA member interested in joining the ARCA list-serv should contact Virginia Thielesen (vthielesen@ncsu.edu) with the necessary information.

The American Association of Spinal Cord Injury Psychologists and Social Workers last fall ratified a bylaw change at its annual conference to include Certified Rehabilitation Counselors as active members in the association. In the past, the association allowed CRCs to be associate members; however, there was increasing pressure from attending CRCs to be fully included, and this was passed. AASCIP-SW is a group of rehabilitation counselors, social workers and psychologists who work directly with or perform research with persons with spinal cord injuries or other spinal cord dysfunction (for example, multiple sclerosis).

The association is looking for new members and marketing itself to these associations with rehabilitation counselors. For more information, contact Steve Sofer of AASCIP-SW (www.aascipsw.org).

Erin Tagge was the winner of the ARCA raffle held at the ARCA Booth in Atlanta. Her prize is registration for the 2006 conference in Montreal.

ASGW prepares for national conference  
Submitted by Allisa Hornrich  
ahornrich@rollins.edu  
Save the date and join your colleagues for a wonderful “Gathering of Group Workers” from Jan. 10-13, 2006, at the Association for Specialists in Group Work National Conference. The conference promises to be an excellent educational and professional opportunity that will expand your knowledge of group work. There will be many opportunities for continuing education and networking with other professionals who share the same commitment to quality group work for the clientele they serve. The theme is “A Gathering of Group Work: Connecting and Profiling.”

Preconference workshops include Marianne Schneider Corey and Gerald Corey presenting “Challenges Facing Group Leaders,” Michael Hutchins offering group work training on “Male Sexual Abuse: Moving from Shame to Joy” and Pamela Paisley presenting on the topic of “Using Expressive Arts in Groups With Children and Adolescents.” Preconference workshops will be followed by an opening session and reception and two-and-a-half days of contact sessions, workshops and poster sessions.

Many of you have inquired about the hurricane damage to the Marriott Grand in Point Clear, Ala., where we had finalized plans to hold our national conference. The damage is severe; chances are good we will have to change the location to the Riverivue Plaza Hotel in Mobile, Ala. We will definitely have our conference on the same dates, and you can still fly into Mobile. Watch the ASGW website, where we will post the conference location as soon as we have definitive information. Any questions? Contact ARCA Booth in Atlanta. Her number is Dec. 10. Preference is given to those applicants who demonstrate a commitment to college counseling scholarship and/or service. Recipients will receive a grant that covers the cost of registration and the ACCA Branch and Business Meeting.

Application materials for these grants are available online at www.collegecounseling.org. Questions? Contact Gretta A. Davis at gdavis@unt.edu or 972.780.3640.

NCDA collaborating on Learning Institute  
Submitted by Martha Russell  
Mrrussell@ncda.org  
The National Career Development Association is pleased to announce two outstanding programs available to all counseling professionals. One is a collaboration between NCDA and Ordre des Conseillers D’orientation et des Psychocritateurs du Québec in Montreal for a Learning Institute at the 2006 ACA/ACCA Convention, and the other is an opportunity to celebrate the 40th annual NCDA Career Development Poetry and Poster Competition. For more information on either event, contact NCDA at www.ncda.org.

The Learning Institute, “Theory to Practice: Efficacy Elements That Make Career Counseling Work,” will feature three influential authors sharing and demonstrating their research and practical applications. Norm Amundson of the University of British Columbia will focus on “Career Strategies: Using Client and Counselor-Generated Metaphors.” Many people (clients and counselors) are visual learners and, because of this, metaphors represent an important way of understanding career problems. Amundson will demonstrate various ways of working with client and counselor-generated metaphors to expand understanding and develop action planning.

Conrad Lecomte of the University of Montreal will speak on the subject of “Who Are the Effective Counselors?” Several studies show that approximately 30 percent of counselors are effective regularly, whereas the others vary considerably in their effectiveness. Based on the analysis of research, it appears relevant to try to draw up the profile of effective counselors. Implications for the training and professional development of counselors will be explored.

Mark L. Savickas of the Northern Ohio Universities College of Medicine will discuss “Career as Story: Using Life Themes in Counseling.” Some counselors have turned to narrative counseling models and methods because this approach emphasizes life planning rather than occupational choice and value. Looking at resilience as novels being written, the focus is on attention on the themes that activate and characterize individuals in both work and social life domains. From this narrative perspective, vocational interests are solutions to a) how people have experienced and, work is an opportunity to actively master what has been passively suffered. This narrative approach to career counseling enables clients to fit work into their lives rather than fit themselves to jobs. Thus, personal validation replaces occupational congruence as the goal of counseling.

Facilitated by Michel Turcotte, vice president of Ordre des Conseillers D’orientation et des Psychocritateurs du Québec, and Margaret L. Mell, NCDA president, this Learning Institute is sure to add a valuable dimension to your professional work.

The theme of the 40th annual NCDA Career Development Poetry and Poster Contest is “My Career - My Community - My Future.” Adults and adolescents are enrolled in public, private and parochial schools in states that have NCDA divisions are eligible to enter this contest designed to...
Counselor immersion helps methadone addicts find jobs

Methadone-treatment patients have worse employment outcomes than other people who use illegal substances. Yet employment reduces relapse, criminal acts and parole violation, while also building an identity separate from drug abuse.

Vocational services for methadone patients have not worked very well. A new approach was devised and tested in two methadone programs in New York City. Customized Employment Supports (CES) counselors add fieldwork to the usual in-clinic preparation for employment. These counselors walk down streets with the patient looking for posted job openings, go into places to watch people at work, discuss the pros and cons of various jobs, ask for application forms, help prepare the patient for interviews as they have coffee together in a diner and assist in figuring out public transportation to a job site. Such fieldwork changes the role of the counselor in the patient's world — the counselor becomes a partner in the job hunt rather than an authority whose main concern is regulating behavior.

Laura Blankertz, Michael Spinelli, Stephen Magura and 10 colleagues studied CES empirically. Fifty-five patients were randomly assigned to CES or to the usual in-clinic job services. Counselors accompanied patients on fieldwork sessions about three times each. Participants had significantly better employment outcomes than those who did not have CES. CES counselors believe that the altered counselor-patient relationship in doing fieldwork together changes patients' self-perceptions, increasing self-efficacy and their willingness to try job activities. The study appears in the September 2005 issue of Journal of Employment Counseling, pages 113-124.

Is it a five o'clock world when the whistle blows in Finland?

September's Career Development Quarterly is a special issue devoted to global perspectives on vocational guidance. The articles in this issue of CDQ present an overview of discussion groups that met at a joint symposium with the National Career Development Association and the International Association for Educational and Vocational Guidance. This meeting brought together international specialists in career development from 46 countries. CDQ summarizes the conclusions of discussions groups such as Career Theory in an International Perspective, Techniques and Assessment, and The Structure and Organization of Programs of Career Development in Different Nations. Specific papers from the symposium are collected in the International Journal for Educational and Vocational Guidance (Volume 5, Number 2). This international issue of CDQ also introduces its new editor, Mark Pope.

Counselor effectiveness disconnected from cultural temperature

In multicultural lore, Asian-Americans value interdependence and collectivism more than mainstream Americans do. Career counseling traditionally has an independent, individualistic focus. Susana M. Lowe designed a clever study to discover how individualism and collectivism affect career counseling given to Asian-American college students. It is presented in the July 2005 issue of the Journal of Multicultural Counseling and Development (pages 134-145).

Experienced counselors, all White women, were trained to emphasize either individualistic or collectivist orientations during a career exploration session. They were taught to make at least five utterances consistent with their designated orientation (collectivist or individualist) during a standard counseling session. Then 103 Asian-American and Pacific Islander students were invited to receive one session of help on a career/college question they had, plus $5. These participants were divided into two groups according to their scores on an individualism/collectivism scale (with a median split), balanced by sex and then randomly assigned to a counselor portraying either the collectivist or individualist style. After the session, participants rated their counselor's cross-cultural competence (Cross-Cultural Counseling Inventory) and their perceptions, increasing self-confidence (Cross-Cultural Counseling Inventory).
to highlight the importance of lifelong career development and the personal empowerment of all people. Events and activities should be planned to help examine lives, careers, and the alternatives available to increase everyone's personal success and happiness.

A complete list of state divisions and full content details are available on the NCDA website at www.ncda.org.

Southern Region workshop on kids, mood disorders
Submitted by Karen Cook
mkarencook7@aol.com

The ACA Southern Region will host a preconference workshop on Oct. 27 at the Memphis/Marriott Downtown in Memphis, Tenn. Nationally known speaker Connie Callahan will present "Counselors Believing the World: Treating Mood Disorders in Children and Adolescents."

The workshop will address identifying mood disorders, developing treatment plans with goals for any setting, useful techniques and interventions for children and adolescents, and best practice guidelines that ensure quality treatment of clients. Topics will also include how to work with children dealing with death, divorce, loss and other factors that lead to depression.

Mental health counselors, school counselors and other interested professionals are invited to register ($100 for six continuous education unit hours) by contacting Southern Region Secretary/Treasurer Jeffery Freidan at qwerty63@aol.com or Southern Region Chair Karen Cook at mkarencook7@aol.com.

National Employment Counseling Association President Cheryl West, NCECDE Executive Director Nicole Galangue (representing 40 One Stop Career Centers in the Montreal region), Canadian Counseling Association Executive Director Barbara MacCallum and, NEEA Professional Development Coordinator Kay Brawley met in Montreal to plan NCEA's Annual Professional Development Workshop. It will be held at the Montreal Sheraton, March 30-31, 2006, prior to the AACCNA Convention. The program will include keynote speaker Maurice Boisvert, assistant deputy minister of employment services for Quebec. He will address "Challenges of Workforce Issues in the Global Economy." Visit www.employmentcounseling.org or contact Kay Brawley at kbrawley@mindspring.com for more information.

Innovations in Counseling
continued from page 62

effectiveness (Counselor Effectiveness Rating Scale).

Students rated counselors with collectivist roles as higher on cross-cultural competence than counselors with individualistic roles. However, students rated the effectiveness of individualist and collectivist counselors equally high, with means near 6 on a 7-point scale. The individualist or collectivist status of each participant did not affect their ratings of either their counselor's cross-cultural competence or effectiveness. This unexpected pattern of findings suggests that Asian students saw benefits from counseling by either collectivist or individualist professionals. They noticed the explicit efforts of counselors who tried to emphasize collectivist orientations, but their perception did not influence their judgment of the counselor's expertise, attractiveness, trustworthiness and utility (dimensions of the Counselor Effectiveness Rating Scale).

It's still Judy's turn to cry

A mixed qualitative and quantitative study examined gender role identity and relational aggression in teenage girls. Laura M. Crothers, Juliane E. Field and Jered B. Kolbert gave 53 teenage girls the Relational Aggression Scale (RAS) and the Bern Sex Role Inventory (BSR) to investigate the question of whether high-feminine girls tend to perform more acts of relational aggression. The study was reported in the Summer 2005 issue of the Journal of Counseling & Development (pages 349-354).

Relational aggression includes gossiping, spreading rumors, exclusion, threats to withdraw friendship, stealing girls' and boys' friends, and shunning. Whereas boys might yell, damage another's property or be physically aggressive toward each other, girls are more likely to use tactics of relational aggression. The correlation between relational aggression and femininity identity was .31, while the correlation between relational aggression and masculinity identity was .12. (The BSR gives each person both a femininity and a masculinity score.) Non-white participants had higher masculinity scores and lower relational aggression scores than White participants.

Focus groups of 12 participants, ages 15 to 17, discussed a scenario about a 10th-grade victim of relational aggression and related it to how girls handle conflict in their schools. The group concluded that being female restricts conflict management to either use of relational aggression or suppression of wants and feelings. Other forms of conflict (which they felt would risk rejection by adults and loss of female friends.)

Textbook author Susan X Day teaches research methods and advises graduate students in counseling education at the University of Houston. She can be contacted at sxday@houston.edu.
Building a Foundation for Ethical Practice in Counseling

Learn the ethical principles that form the basis for codes of ethics—including the ACA Code of Ethics—in the helping professions.

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**OCTOBER**

International Conference on Panic Attacks
Oct. 15-16
Philadelphia

The Third Annual International Conference on Psychophysiology of Panic Attacks will be hosted in Salons A and B (the 10th floor) of the Hilton Garden Inn, Philadelphia Center City, at 11th and Arch Street. This location is one block away from the Market East Station, providing easy rail service with Philadelphia International Airport (the Rt Airport Line). To attend this conference, complete the registration form at www.psyedu.com/panicregistration3.htm.

CEP 12th National Forum
Oct. 28-29
Atlanta

The Character Education Partnership forum, “Building Cultures of Character,” will be held at the Hilton Atlanta Hotel. This is a conference for educators, youth-serving organizations, policymakers, business and community leaders, and foundation leaders.

The Character Education Partnership is a nonprofit coalition of organizations and individuals dedicated to developing moral character and civic virtue in our nation’s youth as one means of creating a more compassionate and responsible society. Go to www.character.org to register.

**COMING EVENTS**

Seminar for Mental Health Professionals
Oct. 27
Nashville, Tenn.

“Becoming an Embodied Therapist” is an all-day seminar offering mental health professionals the opportunity to learn how to discover and trust their innate ability to “attend” empathically, respond authentically, and translate nonverbal experiences into cognitive insights. Experiential body/mind exercises will be used along with didactic presentations to integrate a more embodied approach into traditional psychotherapy theory and practice. Participants will learn how embodied methods can be used to treat eating disorders and trauma, with special focus on how to:

- Be more fully present and congruent.
- Facilitate a somatic state of readiness.
- Apply nonverbal concepts and techniques that deepen the process of expression and communication.
- Utilize treatment techniques based on mind/body congruity to deal with entrenched body-image problems and other issues underlying treatment of eating disorders and trauma.
- Track the process of therapy so as to not become lost in the experience of attending.

This seminar is being sponsored by the American Dance Therapy Association as part of its 40th Annual Conference, “American Rhythms and International Rhythms: Dance/Movement Therapy Practice and Research.” ADTA is recognized by the National Board of Certified Counselors and will offer six continuing education hours for attendance at this seminar. For more information, contact ADTA at 410.997.4040 or e-mail Gloria@ADTA.org.

Indian University Counseling Department Fall Workshops
Oct. 21 and Nov. 4
Purdue University

The Center for Counselor Training and Services, a part of the Counseling Department at Indiana University, Pennsylvania, is offering two workshops during the fall 2005 academic year.

Kristene Doyle, associate executive director of the Albert Ellis Institute, will deliver a one-day seminar on “The Application of Rational Emotive Behavior Therapy in the Treatment of Adolescents and Adults.” This will be held on the IUP campus on Friday, Oct. 21.

Carolyn Stone, associate professor in the Department of Counselor Education at the University of North Florida and American School Counselor Association president-elect, will offer a one-day seminar on “School Counselors: Ethical and Legal Issues.” This will be held in Monroeville, Pa., (the Pittsburgh area) on Friday, Nov. 4.

A brochure with additional information is available at www.iup.edu/cc More/CCITS.htm. Those interested can register by phone at 800.640.7421.

**ASGW seeking nominations for awards, applicants for Peg Carroll scholarship**

The Association for Specialists in Group Work Awards Committee is seeking nominations for the Group Work Education, Training, and Professional Advancement Award, as well as applicants for the Peg Carroll Scholarship.

The purpose of the Group Work Practice 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.

Nominations for the Eminent Career Award or the Professional Advancement Award should address the nominee’s outstanding activities and contributions to the field of group work. The Eminent Career Award is intended to recognize major contributions made to the field of group work by an ASGW/ACA member.

The Professional Advancement Award recognizes the outstanding activities of individuals who help 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.

Contact Lorraine J. Guth, Ph.D., Indiana University of Pennsylvania, Department of Counseling, 206 Stouffer Hall, Indiana, PA 15705 or via e-mail at lguth@iup.edu for complete details on award nominations. All nominations and supporting letters must be received by Jan. 31, 2006.

The ASGW Awards Committee also invites applicants for the $2,000 scholarship given annually to honor Margarette “Peg” Carroll, a former ASGW president and pioneer in group work. The purpose of the award is to support the study of group work and further the understanding of group dynamics. Any student interested in the field of group work is eligible for consideration.

Applicants must respond in writing to six questions and should solicit letters of recommendation from three professionals in the field who are familiar with the applicant’s work. Please contact Kelly McDonnell at kelly.mcdonell@wmich.edu for complete scholarship application requirements. Applications must be received by Jan. 31, 2006.

The awardee recipients and scholarship winner will be announced at the ASGW Luncheon at the ACA/CACCA Convention in Montreal. Recipients must be (or become) members of ASGW.

**ASERVIC, have sound opinions on what counseling.org recognizes well-rounded high school seniors for their dedication and commitment to academics, athletics and community service activities.**

High school administrators are encouraged to nominate one male and one female senior who maintain good grades, play sports and volunteer in their communities. Judges from ACT Inc. will select 1,020 state finalists and 102 state winners.

The WHSH National Committee will then choose 12 national finalists. Each of the finalists and their families will receive a $1,000 donation to their high school and a trip to New York City for the WHSH awards ceremony. Every high school is encouraged to nominate one male and one female student-athlete for this prestigious award by Oct. 3. For more information or to nominate a student, visit www.wendyshesiman.com.

**Bulletin Board submission guidelines**

Entries for the Bulletin Board must be submitted via e-mail to akennedy@counseling.org with “Bulletin Board” in the subject line. Paragraphs (in complete sentences) should be in a Word document, single-spaced, justified, Times font in black. Please provide a contact person with an e-mail address or number to call for more information. Do not send submissions with tables, tabs, bullet points, logos/letterhead, colors or uncommon fonts. Submissions are subject to editing. The rolling deadline is the 10th of every month by close of business, ET. ■
no Review of applicants will begin until the position is filled. Troy
Applicants should submit a letter of application, current resume, and a cover letter to: Chair, Department of Educational Psychology, Counseling Program, College of Education, University of Arizona, Tucson, AZ 85721. Please forward letters of intent/applications to Sheri Bauman, Director of Recruiting, Bob Drovidlic, Director of Recruiting, Bob Drovidlic, Director of Recruiting, Bob Drovidlic, Director of Recruiting. Materials should be submitted to: John Woolsey, Director of Recruiting, Argosy University/Tampa, 4401 N. Himes Avenue Suite 150, Tampa, FL 33614 (woolsey@edmc.edu). An Equal Opportunity Employer.
FLORIDA ATLANTIC UNIVERSITY
COLLEGE OF EDUCATION
Department Chair: Associate / Full Professor Department of Counselor Education and Counseling Education.
Education at Florida Atlantic University seeks to hire a Chair of the Department at the level of Associate or Full Professor. Salary is competitive and commensurate with academic rank and experience. The preferred starting date for the position is January 2006. A starting date of August 2006 is also possible. Applications will be reviewed until the position is filled. For information contact: Michael Brady, Ph.D., Director of Counseling Education, Florida Atlantic University, Department of Counselor Education, Boca Raton, FL 33431-0991, Florida Atlantic University, Department of Counselor Education, 33431-0991, (561) 735-4885, fax (561) 735-4888, email Michael Brady at mbrady@fau.edu, or Dr. Greg Brigan, Interim Chair, gbrigan@m.fau.edu.

THE UNIVERSITY OF NORTH FLORIDA
Assistant Professor of Counselor Education. The position is a tenure-track, full-time faculty appointment. Summer contracts are separate and offered when available. Florida Atlantic University's Counseling Education Program has tracks in mental health and school counseling. The position is in the school counseling track which is one of six tracks offered under the title "Therapeutic Counseling and Supervision School Counseling" programs in the nation. This innovative program prepares school counseling students in courses specially designed for them. Both the mental health and school counseling tracks are CACREP accredited. The qualifications for the position include a doctorate in counselor education with a specialization in counseling teaching and research skills; a strong research agenda with evidence of scholarly productivity and publications; and, successful teaching experience as a school counselor. Responsibilities include teaching, research, advising, curriculum development, and professional service. The salary range is negotiable, depend-
WASHINGTON WESTERN UNIVERSITY
Tenure Track Assistant Professor
The Department of Psychology at Western University, in Bellingham, WA, is seeking candidates for an Assistant Professor position in Counseling/Clinical Psychology beginning September 16, 2006, subject to funding. A Ph.D. completed by September 2006; evidence of successful teaching; active involvement in counseling/clinical psychology; demonstrated ability to involve students in research, a publication record commensurate with experience; licensable in Washington State as Counseling or Clinical Psychologist; demonstrated ability to teach at the undergraduate and master’s level; and a commitment to excellence in teaching is required. Preference will be given to candidates with a background in one of the following concentrations: Neuropsychology, Family Therapy, or Cultural/Diversity. Ability to teach in the graduate Research Methods and Statistics series is desirable.

Teaching responsibilities will include supervision of counseling practica for master’s level students, Admissions: The psychology program is open to all qualified students. The assistant professor will be expected to teach in the undergraduate and graduate programs. The position requires a Ph.D. in Counseling Psychology or related field and evidence of teaching experience at the undergraduate and graduate levels. The successful candidate will be expected to engage in an active program of research and to contribute to the mission of the University. Applications are encouraged from individuals who have demonstrated an interest in diversity and a commitment to excellence in teaching and mentoring.

For more information on placing an ad, contact Kathy Maguire at 317.873.1800 or kmaguire@counseling.org.
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