Blending Eastern and Western approaches to counseling

Also inside:

- Discussing end-of-life issues
- Autism spectrum disorders
- Rewiring the brain
- ACA keynote speakers
EVERYTHING YOU'VE EVER WANTED IN A WEBSITE AND MORE!

WEBSITES FOR THERAPISTS. MADE SIMPLE.

With TherapySites’ easy-to-use online tools, it is easy to effectively market and run your practice. Build a successful web presence in minutes using the most comprehensive online package available to therapists. Your website becomes much more than a website - it becomes a one-stop business portal to help grow your practice. Get started now!

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

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

See Therapysites.com for details

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

therapysites.com
More than just a website.

STEP 1: Select design
STEP 2: Customize
STEP 3: Preview, Edit
STEP 4: Launch Site
Cover Story

Where East meets West
By Lynne Shallcross

Eastern and Western perspectives on counseling may differ, but professionals say the respective approaches often can be blended to the benefit of clients.

Features

Preparing for the final chapter
By Lynne Shallcross

Whether clients are knowingly approaching the end of life or simply contemplating their mortality, counselors can provide support, both emotional and practical.

ACA keynote speakers view counseling process from different angles
By Heather Rudow

Actress Ashley Judd and counselors Allen Ivey and Mary Bradford Ivey promise to challenge and inspire attendees of the ACA 2013 Conference & Expo in Cincinnati.

Knowledge Share
Addressing challenging behaviors for individuals with autism spectrum disorders
By Chris Mann Sullivan

Behavior therapy is often a small part of counselor training programs, but learning how to apply basic behavioral principles as a community or school counselor can be vitally important to individuals with autism spectrum disorders and their families.

Reader Viewpoint
Simple therapeutic interventions for rewiring the maladaptive brain
By Nicholette Leanza

Understanding the biology of the human brain helps counselors to see how and why people change and gives guidance in setting up conditions to nurture that change.

A life of promise cut short
By Heather Rudow

Friends, family and professors remember emerging counselor and ACA member Alex Teves as a kind of everyday “superhero.”

Extras

Q&A with ACA president-elect candidates
The American Counseling Association is celebrating its 60th anniversary as an organization in 2012. The following items appeared in Guidepost (the predecessor of Counseling Today) between 1989 and 1994:

- The American Association for Counseling and Development (now ACA) Governing Council adopts a position statement on AIDS. The statement says AACD supports protection against discrimination based on HIV status or AIDS-related conditions; targeted education and risk reduction programs; comprehensive counseling programs to accompany HIV testing; training of counselors and human development professionals to treat, educate, counsel and advocate for individuals with AIDS, their families and partners; behavioral and psychosocial research; and AACD member involvement in governmental decisions. (March 2, 1989)

- AACD members offer advice to people across the country regarding the “tween” years as part of a USA Today hotline. The national newspaper decided to host a hotline focusing on tweens because it thought the age group largely had been ignored in favor of issues involving toddlers and teenagers. Callers to the hotline (which included both parents and tweens themselves) asked the counselors questions about issues ranging from dating to sex education to alcohol and drug use. (Oct. 5, 1989)

- In response to the American College Personnel Association’s decision to disaffiliate from AACD to focus more fully on the needs of student affairs and student development in higher education, the AACD Governing Council votes to authorize the creation of a new division that will serve the needs of college counselors who wish to remain affiliated with AACD. The American College Counseling Association is later approved as the first national association established expressly to serve the needs of college counselors. (June and September 1991)

- The AACD Governing Council approves the name change of the association to the American Counseling Association, effective July 1, 1993. Members and leaders who support the change note that the new name will clarify the identity of the association’s members to the public and affirm the counseling profession. (May 1992)

- At a ceremony held at the American National Red Cross Disaster Services headquarters, ACA and the American Red Cross (ARC) agree to work together to provide disaster relief training to counselors. The plan calls for ACA to offer crisis intervention training at association events. “The ultimate goal is that, wherever a disaster occurs, ACA will be in the forefront of providing services to disaster survivors in America,” says Bob Dingman, who helped to spearhead the plan as a member of both ACA and ARC Disaster Services. (June 1994)
Ch-ch-ch-changes: Leading by example

To be sure, it helped immensely that Col. Mullane had the spiffiest multimedia presentation I have ever witnessed — full of humorous, poignant and, yes, tragic video footage and pictures from the NASA archives. But it was his developmental story that fascinated me, how he focused like a laser on his goal and persevered through numerous hardships and challenges to transition and change into an American hero.

As I sat enthralled by this presentation, the indefatigable David Bowie started playing in my head, reminding me that we all experience challenges and hardships as we grow and develop; that we all experience normative and nonnormative transitions and ch-ch-ch-changes (listen at youtube.com/watch?v=OOifMvDXjJ8). But many people do not have supportive adult and peer influences, or they are held to disadvantages because of various inequitable societal “isms.”

Col. Mullane highlighted two main roadblocks to success. Too often, we tolerate the “normalization of deviance.” For example, in the case of the Challenger disaster, the O-rings had failed to perform within tolerable limits on several previous flights, and numerous warnings were issued that these failures could have disastrous consequences. But nothing bad happened on those previous flights, so the deviation became the norm. “If we got away with it once, we can get away with it again” … until a tragic disaster occurred.

We sometimes normalize deviance in our daily lives. We might turn a blind eye to others who are experiencing unfair treatment and are in need of an advocate. As counselors, we see that our clients and students often normalize deviance by habituating to unhealthy thoughts and behaviors. My colleague, Lynn Linde, once overheard a student express this observation quite succinctly: “I am...”
Rooted Sorrows—Emotional Burden to Emotional Health: Veterans With PTSD
presented by Mitchell Young

In this compelling and heart-wrenching DVD, Mitchell Young, a licensed psychotherapist and combat veteran who has counseled Vietnam veterans for more than 15 years, discusses PTSD and the lasting effects of combat and severe trauma. Drawing from his own experiences in Vietnam as a member of the Marine Corps, he examines the emotional scars that occur after a traumatic event, night terrors, chronic isolation, emotional numbness and complex and secondary PTSD. Produced by R-Squared Productions, LLC • 2010 | 50 minutes | DVD Order #78241

List Price and ACA Member Price: $59.95

Breakthrough: Art, Analysis, & the Liberation of the Creative Spirit

This inspiring film captures the experience of eight artists of varying ages who have been in therapy. It demonstrates the growth and freedom made possible by facing the pain that both psychoanalysis and creativity can bring to awareness. The artists in Breakthrough—a sculptor, a writer, a musician, three painters, and two visual artists—had found themselves held back in their lives and work because of traumatic events and unresolved emotional issues from the past. Through moving scenes that examine their individual therapeutic issues and healing process, the DVD shows how the combination of therapy and creative work liberated them professionally, emotionally, and spiritually. Sponsored by the Lucy Daniels Foundation. Produced by Expressive Media, Inc. • 2011 | 50 minutes | DVD Order #78242

List Price and ACA Member Price: $59.95

Practical Strategies for Caring for Older Adults: An Adlerian Approach for Understanding and Assisting Aging Loved Ones
presented by Radha Janis Horton-Parker and R. Charles Fawcett

This DVD offers caregivers, counselors, and educators effective strategies to improve the lives of older people. Horton-Parker and Fawcett discuss the characteristics of older adults, followed by typical situations encountered by caregivers. Engaging vignettes and presenter commentary illustrate the underlying needs and mistaken goals of attention seeking, power, revenge, and assumed inadequacy that often cause perplexing behavior in older people. The presenters’ simple techniques create win-win situations between caregivers and aging loved ones that improve the quality of life. • 2010 | 120 minutes | DVD Order #78238

List Price: $119.95 | ACA Member Price $99.95

Quality Circle Time in the Secondary School
presented by Jenny Mosley

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

List Price and ACA Member Price: $129.00

Bullying in Schools: Six Methods of Intervention
presented by Ken Rigby

Ken Rigby, an international expert on peer victimization, gives clear, practical guidance on how to prevent and respond to bullying in high schools. Using actors and role play, the DVD features a typical bullying scenario and then demonstrates how the following six methods can be applied to the situation: the Disciplinary Approach, Restorative Practice, Strengthening the Victim, Student Mediation, the Support Group Method, and the Method of Shared Concern. By showing the advantages and weaknesses of each method, the counselor or teacher can see how each possible solution might work. Includes a PDF with a summary of important information and discussion guidelines. Produced by Loggerhead Films • 2009 | 35 minutes | DVD Order #78239

List Price and ACA Member Price: $129.00

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

Order by phone: 800-422-2648 x222
M–F, 8 a.m.–6 p.m., ET
Order online: counseling.org/publications
I like October. The weather here in the Washington metropolitan area begins to cool down after what normally has been a warm and humid summer, the leaves turn colors that I never saw growing up in California, and many of our members (as well as staff) begin to move into their academic-year routines and schedules. It is a wonderful time to reflect and think about where we are, what we plan to do and how we imagine our future.

The ACA staff now numbers 61 with the filling of positions in public policy, marketing, information technology, professional learning and our new Center for Counseling Practice, Policy and Research. I have been here for a long time, and I am not exaggerating when I say that this is one of the most professional, highly trained and dedicated staff teams we have had in our history. I am constantly impressed with their commitment to ACA and the profession. In addition, the new ideas and improvements they come up with in terms of serving our members are really quite remarkable.

As noted, I have been here for many years and have seen the good, the bad and the proverbial ugly. ACA is a complex organization, and as we strive to meet the 21st-century needs of our members, we have been compelled to look at our growth and development. In fact, I have challenged the staff this year to continue in their own professional development. We asked each staff member to obtain at least four hours of professional development last year. During the current fiscal year, we are committing 40 hours of professional development for each staff member. Why? Because we can be better in our jobs only when we continue to develop ourselves as association managers and staff.

When I noted my longevity with ACA, I should have been more specific. It was October 1984 when I first entered ACA headquarters as a new employee. In those days, I had more hair (less of it gray) and might even have been called “slim.” Time changes many things. What has not changed is my interest and desire to work with staff to do the best we can for the counseling profession because we know how important your work is to millions of students, families, couples and adults, each and every day.

Looking back at those early days in the mid-1980s, I remember being the new kid and coming up with various “new ideas.” Rather than shooting those ideas down, my boss who hired me, Frank Burtnett, engaged me in discussion and helped me to build our government relations program. I have tried to emulate Frank’s style by supporting a whole new group of young and enthusiastic staff members who bring terrific ideas forward. I guess the process is cyclical, just like the seasons.

Speaking of Frank, he has just completed his “third” phase of being part of the ACA family. He first joined the association in 1964 as a graduate student. He next moved into a staff position in 1971, rising to associate executive director before leaving in 1984. And for the past seven years, he has served as the editor of ACAeNews, building the project from one to five unique electronic publications for our members. Although he just retired from that role, we are looking forward to celebrating his 50th year of ACA membership in the not-too-distant future. My personal gratitude goes to Frank for his support through the years and for his dedication to ACA and the profession.

As always, I look forward to your comments, questions and thoughts. Feel free to contact me at 800.347.6647 ext. 231 or via email at ryep@counseling.org. You can also follow me on Twitter: @RichYep. Be well. ♦
The ‘other’ new frontier for LPCs

Scott Barstow and Art Terrazas’ commentary in the August “Washington Update” raised important issues regarding the Patient Protection and Affordable Care Act’s impact on the extension of insurance benefits for mental health and substance disorders. Like the authors, I applauded the Supreme Court’s ruling and believe it represents a significant opportunity to advocate for the expanded role of licensed professional counselors (LPCs) in the healthcare system.

As a nontraditional student, returning to the counseling field after many years in rural community development in New Hampshire, I am particularly optimistic about the opportunities for LPCs to work in the integrated health care environment in medically underserved communities. Placement of licensed mental health counselors in Community Health Centers and Rural Health Clinics builds greater access to mental health resources, reduces stigma and, in specific disorders such as depression, produces aggregated health data for long-term policy formation and funding.

However, just as the effort to include licensed clinical mental health counselors and marriage and family therapists in Department of Veterans Affairs (VA) facilities requires sustained advocacy by the American Counseling Association membership and its champions, the time is now for a coordinated national effort to prepare counselors to work in integrated primary health care environments. At this moment in which the Affordable Care Act has passed muster with the Supreme Court, we are witnessing an unprecedented opportunity to effect sweeping changes in the delivery of mental health services in the United States. In addition to the continued advocacy on the VA issue, I urge ACA and its members to consider the expansion of mental health services into the primary care environment as the next frontier for mental health care delivery.

Looking ahead, counselor education programs could be preparing future counselors for the culture, ethical challenges and knowledge intrinsic to the primary health care environment. Efforts such as university-based training programs in primary health care counseling and regional cross-discipline rotations such as those funded by the Health Resources and Services Administration’s Office of Rural Health Policy have seeded innovative training programs to meet the health care needs of underserved Americans. In northern New Hampshire, the North Country Health Consortium’s Rural Health Workforce Development Program is addressing the critical health provider shortage while offering students from the mental health, medicine, nursing and physical therapy disciplines opportunities to develop competencies in cross-discipline collaboration and teamwork.

These efforts, at both the national and regional levels, will strengthen employment opportunities for licensed mental health counselors, while building a more streamlined health care environment for all Americans.

Frances M. Belcher
Plymouth, N.H.

Counselor advocacy efforts need to be on-target

Shannon Hodges’ “Through a Glass Darkly” column on adaptation and change in a global economy (August) began well. But then I felt like I was in the middle of D-Day hearing a reporter announcing that surf conditions were a bit unsettled.

Hodges correctly cites changes in the demographic composition of the U.S. workforce as a positive step toward diversity. But he enthuses about an increase in the number of women CEOs of Fortune 500 companies: “These bright, resilient women must have shards of glass throughout their hair.” This comes at a time when those same Fortune 500 companies have been rapidly siphoning upward the wealth of the middle class and poor by the millions, billions and trillions. Meanwhile, the corporate press endorses austerity for the 99 percent of us who can’t afford it. In other words, the wholesale dismantling of public education and health services, among other needs, is attributed to a lack of money, so we must cut and privatize more. Poof, the record profits of the Fortune 500 are invisible!

Every week there are revelations that the banks have looted billions by rigging the system to defraud municipalities, minority homeowners and small investors. These banks and corporations can throw unlimited funds into political advertising to buy election outcomes. Whether the executives are female or male doesn’t alter the global economic recession or loosen the stranglehold on democracy.

I applaud recent gains in overcoming discrimination but wonder why anyone — gay or straight, male or female — got sent into harm’s way for years in Iraq and Afghanistan. In view of the enormous destruction of those interventions and the enduring pain of returning vets with trauma (still unlikely to obtain counseling services), is this where we should seek diversification and acceptance? Similarly, I support affirmative action in education, yet college is increasingly out of reach for most students, and those who attain a degree are saddled with decades of debt and the prospect of joblessness. And measures against workplace harassment are laudable, but more and more people work two jobs to pay the bills, and those jobs often don’t have benefits.

The good/bad news is that this system is unraveling fast. What will take its place depends on whether those who care about human needs prevail over those who serve the imperative of maximizing profits. Counselors should side with policies favorable to our clients and to us. Rather than seeking equal participation in executive positions with Fortune 500 companies, counselors should advocate for alternatives to corporate dominance over our economy and democracy. For example, Medicare needs to be not only defended but expanded to cover everyone. We also need to stand up for our clients and ourselves by strengthening public education and defending against predatory bank practices for students and homeowners.

David Kirsh, LPC, RN
Durham, N.C.
A powerful message for wounded healers

I’m a graduate student, and when my August issue of Counseling Today arrived, as usual, I immediately set aside studying to read it. I thoroughly enjoyed Suze Hirsh’s “Learning Curve” column, which offered her perspective on counseling as a career choice.

Like Suze, I have a strong personal passion to help others because of my past. She shares a powerful message for wounded healers when she says the client “doesn’t need to know I once was where he/she is now. I know. And that makes all the difference.”

Thank you, Suze, for sharing your story.

Debbie Frederiksen
University of Arkansas

Editorial policy

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

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

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

Understanding People in Context: The Ecological Perspective in Counseling

edited by Ellen P. Cook

“Dr. Cook and her colleagues provide elegant applications of ecological theory in practice settings. Understanding the powerful role of human ecology is of critical importance in training the next generation of counselors.”

—Mary J. Heppner, PhD
University of Missouri–Columbia

“After reading this book, counselors will have a better understanding of themselves and how to enhance their effectiveness with clients.”

—Karen O’Brien, PhD
University of Maryland, College Park

This exceptional book emphasizes uniquely designed interventions for individual counseling, group work, and community counseling that consider clients as individuals within the contexts of families, cultural groups, workplaces, and communities. Part I describes the theoretical research base and major tenets of the ecological perspective and its applications to counseling practice. In Part II, experts who have used the ecological perspective in their work discuss its usefulness in various applications, including counseling diverse clients with specific life challenges; assessment, diagnosis, and treatment planning; and in schools, substance abuse programs, faith-based communities, and counselor training programs. 2012 | 335 pgs

List Price: $54.95 | ACA Member Price: $39.95

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

Order Online: counseling.org
By Phone: 800-422-2648 x222
(M-F 8am – 6pm)
ACA participates in school climate, bullying summits

In August, American Counseling Association staff participated in two national meetings, hosted by the Department of Education, that focused on school climate issues.

The third annual Bullying Prevention Summit featured discussions about current research and initiatives to support bullying prevention in the upcoming year. Education Secretary Arne Duncan told participants that anti-bullying policy is not keeping pace with public awareness. He pointed out that state laws on bullying are inconsistent and largely lack enforcement mechanisms. During the two-day conference, ACA and other organizations recommended that federal government initiatives stop siloing bully prevention programs. Research shows that bullies usually act indiscriminately, targeting individuals across a wide range of personal characteristics such as gender, sexual orientation and disability. To watch Duncan's speech at the Bullying Prevention Summit, go to c-spanvideo.org/program/USDepart.

In a second meeting held the same week, the Education Department’s Office of Safe and Healthy Students (OSHS) hosted a two-day national conference, Meeting the Challenge: Building and Sustaining Capacity to Improve Conditions for Learning.

The conference was well attended by counselors, psychologists, administrators, school health center coordinators, national associations, nonprofits and federal agency staff members. The meeting explored five prevailing and emerging issues that influence conditions for learning: school discipline, gender-based violence, behavioral health, bullying and school safety. With each of the five issues, school counselors were regularly mentioned as being key players in the implementation of evidence-based programs.

Much of the discussion at the conference framed conditions for learning as a public health issue, congruent with school counselors’ training in implementing interventions and programs to address the social, emotional and academic needs of students. One speaker reminded the audience of Abraham Maslow’s hierarchy of needs and that basic survival and safety needs must be met before students can succeed in the classroom. Numerous evidence-based programs were suggested to increase appropriate interventions and school safety, including Response to Intervention, Positive Behavioral Interventions and Supports, Providing Alternative Thinking Strategies, Psychological First Aid and Applied Suicide Intervention Skills Training.

“Zero tolerance” was discussed at both conferences as a failing school policy. Such policies fail to account for the impact of mental, emotional and behavioral disorders, thus preventing communities from putting interventions in place to effectively interrupt the school-to-prison pipeline.

If you have comments or questions regarding the conference discussions or other school counseling issues, please contact Jessica Eagle, ACA’s new school counseling issues lobbyist, at 800.347.6647 ext. 202 or jeagle@counseling.org.

TRICARE contractors begin certification of mental health counselors

Nationwide, counselors are beginning the process of becoming certified for independent practice within TRICARE, the military health care system for service members, their dependents and retirees. For decades, licensed professional counselors have been the only mental health professionals required to operate under physician referral and supervision. Following years of work by ACA and other counseling organizations, Congress enacted legislation directing the Department of Defense (DoD) to adopt standards under which counselors can practice independently. DoD issued its proposed set of requirements in late December 2011.

During the next two years, counselors can become certified for independent practice within TRICARE if they have a master’s degree “from a mental health counseling program of education and training” from a regionally accredited program and have passed the National Clinical Mental Health Counseling Examination (NCMHCE). Counselors with degrees from programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) can qualify by passing the National Counselor Examination. In all cases, counselors must have two years of post-master’s degree experience, including at least 3,000 hours of supervised clinical practice and 100 hours of face-to-face supervision. This supervision must be provided by a licensed mental health counselor. Beginning Jan. 1, 2015, TRICARE will certify only counselors who have mental health counseling degrees from programs accredited by CACREP and who have passed the NCMHCE.

DoD could change these requirements, but there is no current indication that it plans to do so. Consequently, we encourage counselors who wish to participate in the TRICARE program as providers to seek certification before the transition period to the Jan. 1, 2015, requirements ends. ACA submitted comments earlier this year urging DoD to remove the CACREP accreditation requirement; to extend the transition period under which degrees from regionally accredited programs would be recognized; to recognize all supervision hours accepted by the counselor’s state licensure board; and to establish alternative routes to certification after the transition period ends for those counselors with degrees from programs that are not accredited by CACREP.

We would like to hear about counselors’ experiences with the TRICARE certification process, particularly because a few issues remain unresolved regarding some of the certification requirements. To share your experiences, ask questions about the certification requirements or process, or learn more about ACA’s work on this issue, contact Scott Barstow at 800.347.6647 ext. 234 or sbarstow@counseling.org.
With the school year in its early stages, the American Counseling Association would like to recognize the dedication and perseverance that our school counselor members demonstrate in their jobs. Day in and day out, school counselors strive to be change agents for the students and families they serve. Yet so much of the work goes unnoticed and so many of the stories remain unheard.

Being a student advocate is a part of being a school counselor. ACA is asking school counselors to share their personal stories of school counseling advocacy work. What do we mean by advocacy work? Examples of advocacy include school counselors fighting systemic oppression, using data-driven programs to serve students better, saving a student from slipping through the cracks, playing a lead role in responding to a school crisis situation, preventing student harassment or keeping a kid engaged in school by addressing what is happening at home.

Now is not the time to be modest! The stories we collect can serve as inspiration, best practices and examples — for members of Congress and other policymakers — of how school counselors are vital to our schools. Your story may be publicly recognized in the following ways:
- An article in Counseling Today
- Posted on the ACA website
- Highlighted in lobbying materials used in discussions with Congress members
- Mentioned in ACAeNews
- Referenced in releases shared with the media

To submit your story, email Jessica Eagle at jeagle@counseling.org. Please include what advocacy work was done and whom the work affected. What obstacles did you encounter? How did you overcome them? If others in your community should be interviewed for the story, please include that information as well.

If your advocacy story is included in Counseling Today, we will share a copy of the article with your school district, your school administrator and members of Congress. For more information and to access a form for submitting a school counseling advocacy story, please go to counseling.org/publicpolicy.

Social change starts with people like you who care a lot. Every time you make a difference in a student's life or a family's situation, or improve your school's way of meeting students' needs, you are making positive change happen. Together, we can help elevate the importance of school counselors at a time when our youth and communities need them more than ever. •

New Counseling Videos for Your Classroom and Practice

Three Approaches to Counseling a Couple: Solution-focused, Emotionally-focused, and Somatic Experiencing

Ed Hamann, EdD and Holly Nikels, PhD, Western Illinois University, Dr. Shawn Parmanand, PhD, Walden University

Three different therapists counsel a bi-racial couple using three different theoretical models: Solution-focused, Emotionally-focused, and Somatic Experiencing. The couple presents with complex issues of work-related stress; the wife struggles with her husband’s busy schedule and worries about its effects on their family life. Witness professionals skillfully demonstrate these theories as they provide counseling to help mitigate these issues. An outstanding video for theoretical or marriage and family courses. 120 min. DVD or three-year streaming video subscription: $169.

Play Therapy Supervision: Techniques and Demonstrations from a Child-centered Theoretical Model

Dee Ray, PhD, Child and Family Resource Clinic, University of North Texas

Dr. Dee Ray outlines the basic principles of supervision in play therapy, then provides five distinct demonstrations of how to effectively supervise graduate students, all of whom are at different stages of experience, worldview, and perception of counseling. In each demonstration, Dr. Ray describes the student’s present stage and demonstrates the most effective supervision approach for that stage using a Child-centered Play Therapy theoretical model. 90 min. DVD or three-year streaming video subscription: $169.

Healing Historical Trauma: Transforming Narratives of Shame and Subjugation

David Anderson Hooker, JD, Fanning Institute, University of Georgia
Vanessa Jackson, LCSW, Private Practice

This film helps explain the mechanisms that produce the multigenerational transmission of trauma patterns and introduces practices that can be used to identify and interrupt the transmission patterns. David Anderson Hooker and Vanessa Jackson share insights gathered from years of working with communities that wrestle with these issues. 60 min. DVD or three-year streaming video subscription: $169.

To order, please call 800.889.5937 or email orders@alexanderstreet.com

http://emicrotraining.com • http://alexanderstreet.com
Looking for work and brimming with potential

Nicole Michaud recently received her master’s degree in mental health counseling. She is in that spot shared by many of our members: new graduate, looking for work and wanting to accumulate hours toward licensure. She is a sponge for knowledge and wisdom; a young, eager, open, warm and wise young professional. She is currently unemployed, but her spirits are high. Here is her story.

Nicole Michaud: I am currently searching for a position as a clinician. I recently graduated and have been trying to find an opportunity for employment that provides supervised hours toward licensure. I am hopeful that the right position and I will find each other as soon as possible.

I have a five-year plan. I hope to work, accumulate hours, take my licensure exam and be in my own practice in five years.

RDB: Perfect answer. Tell me, what initially led you down the path toward a career in counseling?

NM: If I think back, I can recall a clear moment when I knew that I might be meant for this field. I was about 12 years old, and I was away at camp for a couple of weeks. Another camper came up to me and a group of girls to say a friend of ours was crying in their tent. Another girl immediately volunteered to go and talk to her. One of the girls stopped her and said, “Let Nicole go. She knows what to do.” It was the first time I really thought about the idea that I was not only drawn to helping others but might actually be good at it.

RDB: As you look back on practicums and internships, what was your favorite position?

NM: I would say that my main internship was my favorite position. I worked at a community counseling agency. I began to feel confident in my role as a counselor there. I also built up my caseload to a comfortable level. In addition to my work with my clients, I was able to do outreach within the community at two local schools as well as at a Boys & Girls Club.

The experience made me feel for the first time that I was really living my dream of having a successful practice. It allowed me to gain confidence in my abilities as a counselor. I was able to feel the immensely rewarding experience of seeing clients feel that our work had been valuable to them.

RDB: Do you gravitate toward one theoretical orientation more than others? If so, why?

NM: I feel my overall approach is definitely person-centered. I really work to make the session revolve around where the client is at the time. I tend to pull from different frameworks based on the needs of the client. For me, this approach offers the most flexibility and is an effective way to address each client’s unique situation.

RDB: Of all the counselors I have interviewed, Carl Rogers is referenced most often. There is something in person-centered that really resonates with us.

NM: Yes.

RDB: Who in your life saw something special in you early on? Who valued you as a unique individual?

NM: The person who believed in me literally from my first breath was my dad. For much of my childhood, he was the only person who made me feel I was worthwhile. My creativity was nourished by his support. He saw the potential in my writing for something greater than what started as childish gibberish. The honest feedback I received helped me to push myself to do my best and to always stay humble. He lit the fire inside me to always keep going and to never turn my struggles into excuses.

He was an inspiration to me. He came to America from Trinidad in 1916 as a small child and lived an extraordinary life. He was 61 when they had me, and I was his first child! He achieved phenomenal success based solely on his intelligence and unshakable spirit. He was a devoted father and a wonderful human being.

RDB: How fortunate for you and for him.

NM: Yes.

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

NM: It definitely has been. Applying what I have spent years studying and reading about to real-life situations has had a profound effect on me. Seeing the results of working with clients has assured me that this is my calling. It has helped me to gain a deeper sense of humanity in my relationships with others. Counseling has also led me to become more introspective in my own life.

RDB: I know you are early in your career path, but what mistakes, if any, have you made thus far? And more important, what lessons have you learned from those mistakes?

NM: I learned it is OK not to know all the answers and to allow there to be silences in session. In the beginning, I was so stressed over making sure I was not saying the “wrong thing” that I was not allowing myself to be truly authentic. What I realized is that simply being in the moment with the client and being your true self is the best we can do. I am not here to be an expert but to help the client to see and hopefully reach [his or her] potential.

RDB: What saying, book or quote inspires you regarding your work? What do you try to remember when the going gets tough?

NM: My favorite band, Marillion, has a quote that really resonates with me. It says, “I want you to wake up and do something strange. I want you to listen. I want you to feel someone else’s pain.” They are certainly words that speak to the best part in each of us.
When I feel challenged or need a friendly reminder, I think of “The Starfish Story.” It begins with a man walking on the beach. He sees a young boy in the distance reaching down, picking up something and tossing it into the ocean. As he draws closer, he sees hundreds of beached starfish. He calls out to the boy, “What are you doing? You can’t possibly save enough to make a difference.” The boy bends to pick up another starfish and tosses it into the ocean. He turns to smile at the man. “It made a difference to that one.”

This story is one that I hold very dear.

RDB: How do you fill yourself back up after a long day of counseling and learning?

NM: Writing has always been a therapeutic tool for me. Luckily, these days I have a few outlets that keep me writing, both professionally and creatively. I also find making time for yoga to be one of the best things I have ever done for myself. It helps me to feel a sense of calm and get in touch with my inner strength.

From as far back as I can remember, cooking has brought me a sense of joy. I love being able to take on culinary challenges and share the results with those I care for. I have learned the value of taking care of myself in order to truly be there and care for those around me.

RDB: We have more than 50,000 members in the American Counseling Association. Is there anything else you want our members to know about you?

NM: I would like to thank everyone who has helped me to get to this point in my life. I am so grateful to have the support and love of an amazing husband and our two children. They drive me to always push through the challenges and keep working harder. This is just the beginning of my story. I can’t wait to see where the journey will lead me in the future.

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

Letters to the editor: ct@counseling.org
Clinical knowledge and spiritual wisdom: A beacon in the darkness

Imagine a Druid standing in the middle of a stone circle just before sunrise. The air is very cold. Snow is crusted hard under a layer of ice, rendering the stones and trees surrounding the grove with an otherworldly luminescence. Wrapped in pale linen robes, the Druid priestess holds up a silver glass of blessing. Inside the glass is the juice of fruit preserved from the past harvest. Today, her work in this sacred place happens at midwinter, when the North is cold and dark. She faces east and waits.

The Druid priestess is a metaphor of all the riches people seek that provide guidance and light to those in need. In today's modern world, we stand on the threshold of darkness and light, knowledge and inner direction, clinical awareness and spiritual wisdom. How many of us have begun our work as counselors with too much knowledge and not enough wisdom? As Westerners, we hold many profound mystical traditions in addition to science and scholarship. Yet, we gaze through the glass darkly, as if waiting for that first glimmer of the eastern dawn to strike a fire on the surface of the lake. We walk through the darkness of the forest and sit with our clients in their pain and confusion. If we can contain ourselves just long enough, spiritual insight may emerge to light the path.

Clinical knowledge vs. holism

Clinical knowledge is the first step toward maturity in the practice of counseling. After graduate school, long years follow of working to integrate theoretical knowledge with practical experience. Over time we come to certain conclusions that serve as the foundations for further knowledge. We balance this knowledge with an open mind but face pitfalls along the serpentine roads of life. It's easy to become mired in a pattern of thought that leaves us blind to our broader surroundings.

Clinical knowledge can just as easily turn into an obstacle, preventing counselors from working authentically from that unique integration of heart, mind and spirit witnessed in senior masters. As a phrase, “clinical knowledge” tends to command respect in rationalistic, Western society. We may even feel somewhat self-important when using terms from the Diagnostic and Statistical Manual of Mental Disorders, as if quoting from some sacred text.

Ironically, clinical objectivity can become its own form of judgment, narrowing our gaze by reducing individuals to mere diagnoses. Perhaps “therapeutic awareness” is a more precise phrase. By suggesting the therapeutic, we imply a gentle attentiveness to the moment of change — that dynamic movement of the spirit so contained within our struggles, challenges and joys. The sacred circle of therapeutic space contains all these and much, much more.

Likewise, “spiritual” is a highly contentious term at this juncture of postmodern Western history. For more than 30 years, I have made a study of Western spirituality and mysticism. During this time, I came to define spirituality as “how a person makes sense of meaning.” Defined in this broad sense, spirituality is about a self-directed, naturalistic, therapeutic process of moving from initial forms of immediate experiences toward the first stages of self-awareness and then onto a sense of identity.

Counseling and spirituality: The transformational process

Many have asked if my approach is a form of constructivism. My response: No, not really. Constructivism is based on a Western materialistic, empirical, Cartesian mind-body split frame of reference, and human reality is much more holistic. Suffice it to say that determining what that holistic vision of human growth and transformation entails would take several books to clarify (projects I am currently undertaking).

In a similar fashion, mysticism is the experience of the spiritual moment. But how that moment is defined is up to the individual. As a counselor, I stand with allowing people to develop their own sense of meaning. To me, the spiritual is about the energy of change in that moment of personal awareness — because the word spirit or pneuma (“sacred breath” in Greek) conveys a sense of energy, life and vitality that is part of the gestalt of evolution and counseling.

Such thinking conjures up the words of Abraham Maslow, who suggested that psychotherapists are the priests of the modern era. He was right, in as much as priests play the role of spiritual midwives, providing a human therapeutic space for the emergence of human identity, personhood and spiritual power. Although not all of our work does this directly, counselors are charged with an ancient and sacred duty of holding up the chalice of blessing, itself a symbol of the transformational sacredness of therapy. Spirituality then is akin to the counseling process of transformation, weaving its meaning in many ways, sub rosa, through the sacred and profane work of the therapeutic encounter.

Without much if any theological meaning, I have come to accept that even my atheist friends have their own form of spirituality. Indeed, atheism is a profoundly meaningful form of spirituality as defined within the context of crafting meaning from everyday life and personal experience. In this sense, spirituality is not inherently religious, but a natural extension of the holistic nature of human and ecological realities. Once we have clarified the nature of spirituality, we are in fact miles ahead in dealing with the classic Western dualism that works
to separate the spirit from the flesh and the meaning of reality from the concrete, observable world. A holistic approach to therapy helps bridge the Cartesian split between the seen and the unseen world, the Eastern and the Western world. As an agnostic who works both with the metaphors of spirit and divinity, my opus affirms both sides of the coin, engaging the structures of belief and the validity of knowledge.

Likewise, although I personally hold the metaphor of a Creator as quite plausible, seeing thousands of reasons and indications that support the nature of some higher universal intelligence, I have not personally stood and faced a God or Goddess while living in this skin-time. Paradoxically, as an educated man of my era, I stand within the dark circle awaiting sunrise, much like our Druid priestess. I stand holding both faith and doubt concurrently in a delicate balance. Although the paradox is painfully difficult to abide, my obligation in this lifetime demands that I honor both the darkness of clinical questions and the light of spiritual wisdom.

We counselors hold up the Sacred Cup of Transformation both for those seeking more than mundane help and those who know not what they seek. The therapeutic process itself rests somewhere between the shadows of the dark forest and the clear light of dawn. Our clients may not be conscious of our undercurrent of spiritual awareness and, to be truthful, may not need to know our intimate workings. But within us there is a holding of the therapeutic process that is like the Cup of Blessing and a Candle of Hope. We hope for and with our clients when they are not able to carry forth that energy of transformation. Sometimes daybreak arrives, dissipating the dark clouds of despair, and our clients are relieved, even elated. Most of the time, however, clients have their epiphany outside of the therapeutic relationship, and we may never share in that personal movement toward the light of self-awareness.

We are different from the modern Druid priestess in only one way: As counselors, we stand naked awaiting the eastern sunrise. Our existential nakedness is our willingness to abide and address human suffering from the framework of our own vulnerability. We are bound within our sacred circle of professional ethics and altruistic visions of helping people who need our healing energy, presence and empathic understanding, even when they insist on remaining in the darkness of hubristic denial.

Perhaps counselors possess more faith than we would like to admit. Faith is a word not highly regarded in the professional empirical lexicon of the postmodern Western cannon. However, like all other taboo terms, faith is something that requires thoughtful reframing.

Faith is not actually the substance of what cannot be seen, heard or touched. Rather, faith is the thing we do with knowledge that makes it possible to move from simple deductions and inductions to more complex schemas of cognition and awareness. For example, a paradox is at least two complex processes of apparent contradictions cobbled together in some degree of tension. To move into paradox, the human capacity for faith is well-honed. Faith holds knowledge and awareness like therapeutic space holds feeling, thought and relational phenomena. Faith, instead of being blind, is indeed quite plausible, and when well-informed, provides a foundation for advancement in knowledge and wisdom. Perhaps “holistic mindfulness” is a more accurate term because mindfulness suggests a suspension of awareness based on extensive knowledge and experience.

The new covenant: Unification

We live in dynamic times. Perhaps Western culture is moving beyond rigid rationalism to a more evolved form of enlightenment. Rational materialism is one such reactive strategy that has emerged from the times of the Protestant Reformation through to the industrial and technological revolutions. Reactions to the past power of religious authority in the West has determined many modern habits of thought and influenced counseling theory as well as current manifestations of humanistic, materialistic, empirical and philosophical theories. Although there is much knowledge and perhaps even wisdom in these methods, they require a new generation to imagine a world once undivided by dichotomy and polarization.
“…A rich resource for school counselors, school counseling program leaders, and counselor educators alike. I have relied on previous editions to help me organize my own campus program, lead a district program, and educate graduate students. I highly recommend this book!”

—Elias Zambrano, PhD
The University of Texas at San Antonio

The fifth edition of this bestseller expands and extends Gysbers and Henderson’s acclaimed five-phase model of planning, designing, implementing, evaluating, and enhancing Pre-K–12 guidance and counseling programs. This enduring, influential textbook has been fully updated to reflect current theory and practice, including knowledge gained through various state and local adaptations of the model since publication of the last edition.

Exciting additions to this new edition are increased attention to diversity and the range of issues that students present, counselor accountability, and the roles and responsibilities of district- and building-level guidance and counseling leaders in an increasingly complex educational environment. An abundant array of examples, sample forms, job descriptions, evaluation surveys, flyers, letters, and procedures used by various states and school districts clearly illustrate each step of program development. At the end of each chapter, a new feature called “Your Progress Check” functions as a tracking tool for growth at each stage of the change process. 2012 | 544 pgs

Order #72915 ISBN 978-1-55620-312-1
List Price: $69.95 ACA Member Price: $49.95

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

Order Online: counseling.org
By Phone: 800-422-2648 x222 (M-F 8am – 6pm)

Today’s generation catches the vision that we live in a time of reintegration of spirituality and science, culture and therapy, clinical knowledge and spiritual wisdom. While seeking meaning in everyday life, people also seek to unmask the divisions of the past. Many of the road maps to integration can be rediscovered in our heritage. We only need to find them, dust them off and begin navigating …

Paradoxically then, as postmodern counselors, we may find ourselves standing alongside the Druid Priestess awaiting the dawn. But to our surprise, she is no longer center stage. Rather, she stands with her colleagues in a circle around and behind us, supporting our therapeutic work. More surprising, we may discover that we — counselors — are holding up the Cup of Transformation. In this new era, the sacred is contained in the sacred union of the therapeutic encounter. We have only to continue on the path of mindfulness, accepting our role as midwives to the human soul, sacred guides to the client’s journey toward identity and life meaning. ♦

Guest columnist Randolph Bowers has been a counselor for more than 30 years and a professor of counseling for 15 years. He has published nearly 170 works, 70 of which are scholarly contributions to the literature in minority, GLBT and indigenous studies. He founded the first Australian disciplinary research journal, Counselling, Psychotherapy and Health (cphjournal.com) and will soon publish a new book titled On the Threshold: Personal Transformation and Spiritual Awakening. He works in clinical practice and lives in the mountains of New South Wales, Australia. Contact him at kisiku@ymail.com.

Contact column editor Shannon Hodges at shodges@niagara.edu.

Letters to the editor: ct@counseling.org
LicensedTherapists.com

Search Directory Exclusively for Licensed Mental Health Professionals

25% off monthly listing

Use promo code: ctoctober

$39.95 $29.95 per month

Bill O’Hanlon
Author, Speaker & Member, LicensedTherapists.com

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

<table>
<thead>
<tr>
<th>Feature</th>
<th>LicensedTherapists.com</th>
<th>Psychology Today</th>
<th>GoodTherapy</th>
<th>TherapyTribe</th>
</tr>
</thead>
<tbody>
<tr>
<td>State License Mandatory</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Video Profiles</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Personalized URL</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>High Search Engine Rankings</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Social Media Friendly</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Promotes Strength Based, Client-friendly Therapies</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Owned and Operated by Mental Health Professionals</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Monthly Fee</td>
<td>$29.95 with valid promo code</td>
<td>$29.95</td>
<td>$24.95</td>
<td>$20</td>
</tr>
</tbody>
</table>

The Only Search Directory Exclusively for Licensed Mental Health Professionals
THE DIGITAL PSYWAY - By Marty Jencius

Talking ‘bout my generation

Aileen and I have made it a regular part of our mornings for the past two years to go to the gym where our son works as a part-time trainer. With the exception of one other 50-something couple, we are the oldest folks at the 6 a.m. class. The younger gym members see us as a bit of a novelty, and we get some quaint compliments about our attempts to keep pace with the prescribed workouts and our desire to challenge our limits. Our workouts consist of 20 minutes of stretching (my joints cracking audibly enough that the class often looks my way), 20 minutes of weight training (my range of motion is not as extensive as that of my class partners) and a 20-minute crushing workout (which I am grateful to be able to complete each day).

In a previous column, I mentioned that many aspects of my job make me a “sedentary enthusiast,” so I take a bit of pride in having added this exercise routine to my life. Overshadowing my whole exercise experience is the memory of my father passing away at age 68 from a massive coronary after leading a largely sedentary lifestyle. I want to enjoy my remaining years, however plentiful they may be, but the truth is, I am feeling my age.

According to U.S. census data, more than 42 million people are currently 65 or older, and that total is predicted to increase to 90 million by the year 2050. We are facing an aging population, yet as counselors, many of us spend little time learning about the experience of aging or how it affects our clients. This month, we are focusing on resources to understand the experiences and needs of aging clients.

Professional associations
Here are some professional associations that counselors can turn to for information and support when working with the aging population.

- The Association for Adult Development and Aging (a division of the American Counseling Association): aadaaweb.org
- Leadership Council of Aging Organizations: leaco.org
- National Council on Aging: ncoa.org
- Society of Clinical Geropsychology (American Psychological Association’s Division 12): geropsychology.org
- U.S. Administration on Aging’s list of national organizations: tinyurl.com/cmqenvy
- SeniorPrograms.com: seniorprograms.com/related2b.html
- AARP: aarp.org

Physical changes with aging
The physical changes that occur with aging seem to creep up on many people. Clients may not even be aware of the physical changes they have experienced. Dramatic changes with hearing, vision, muscle mass and metabolism begin in people’s 40s and accelerate after age 55.

- “Healthy Aging – Normal Aging” (WebMD): tinyurl.com/8o4ehzk
- “Aging changes in body shape” (National Institute of Health): tinyurl.com/2cb3eme
- Changes in the body with aging (The Merck Manual): tinyurl.com/btcqrpv
- Healthy aging (Mayo Clinic): tinyurl.com/btcqrpv
- Physical changes with aging (University of Florida Institute of Food and Agricultural Sciences): tinyurl.com/brwqgpv

Psychological changes with aging
What we hear about psychological changes with aging may be more dramatic than what really takes place for most of us. In general, as we age, we maintain the same personalities we had when we were younger, and we continue to maintain close relationships. Our lifelong learning experiences make us more resilient psychologically than those who are younger. Our general life satisfaction is better than that of any other age group. And despite common myth, occupational and social functioning will not decline for most of us.

- “Changes in Cognitive Function in Human Aging” (National Center for Biotechnology Information): tinyurl.com/6vseo5b
- Changes in mental health and mental processes (American Psychological Association): tinyurl.com/c4a5vhz
- Memory changes in older adults (American Psychological Association): tinyurl.com/2dbrnhy
- Psychology and aging (Australian Psychological Society): tinyurl.com/ccw5
- Personality changes with aging (WebMD): tinyurl.com/br7n78g
- Psychological changes with age (Wisconsin Technical College System certified nursing assistant training): tinyurl.com/czw7ejw

Counseling and aging
What are some ideas about how to work with older clients as counselors? How do we explore our own attitudes and beliefs about aging? How familiar are we with current research about changes that occur with older adults? Are we familiar with therapeutic approaches to working with aging clients? Do we know how to interface with other elder service providers for the best continuity of care?

- American Psychological Association (APA) guidelines for psychological practice with older adults: tinyurl.com/y7j3db
- APA Psychotherapy and Older Adults Resource Guide: tinyurl.com/7qdyqj
- “Ethical Imperatives for Intervention With Elder Families” (The Family Journal): tinyurl.com/8tmba8h
- “Adult Children of Aging Parents: A Guide for Counselors” (VISTAS Online): tinyurl.com/cj7eau
Finding services for older adult clients

As the aging population grows, counselors are faced with finding services for clients and their relatives. Supporting clients as they seek services and giving them initial resource contacts to pursue is part of our role as client advocates.

- Elder Care Directory of state resources: eldercaredirectory.org/state-resources.htm
- Eldercare Locator: eldercare.gov
- Home care services for seniors (Helpguide.org): tinyurl.com/2cyeyeux
- Program of All-Inclusive Care for the Elderly (Medicare.gov): tinyurl.com/9yorke2

Aging & Disability Services Administration: aasa.dshs.wa.gov

National Clearinghouse for Long Term Care Information: longtermcare.gov

Interesting multimedia

While searching for good Internet resources for this article, I ran across some captivating multimedia that you might find useful for clients, students or your own professional development.

- Elder issues with Patty Shirmbeck (CounselorAudioSource.Net): tinyurl.com/bwqhzkd
- Jane Fonda: Life’s third act (TEDxWomen): tinyurl.com/d8f2y6
- Aubrey de Grey: A roadmap to end aging (TED Talks): tinyurl.com/d8onzl5
- Dan Buettner: How to live to be 100+ (TED Talks): tinyurl.com/7rc237z
- Laura Carstensen: Older people are happier (TEDxWomen): tinyurl.com/d7w24no
- Marty Jencius is an associate professor in the counseling and human development services program at Kent State University. Contact him at mjencius@kent.edu.

Letters to the editor: ct@counseling.org

The Who sang “I hope I die before I get old.” That seemed like a great anthem when I was 25. Now, not so great. I used to think that aging was something that only happened to older people, and I never thought I would be at peace with getting older. Now that I am conscious of my own aging, I have begun to marvel in the experience of change. I am certain there are those reading this who will think, “Just wait until you get to your 60s, or your 70s, or your 80s.” I’m sure those ages will present new challenges for me, but I hope to approach each stage by finding enjoyment in the experience.

Find complete links from this article or contribute your own suggestions on “The Digital Psyway” companion site at digitalpsyway.net.
Reflections on beginning a doctoral program after establishing yourself as a counselor

By Edward Wahesh

Ph.D. or Ed.D. — three simple letters with very significant meaning. For many counselors, the thought of having those letters behind their name is exciting. Of course, the thought may also be excruciating as they envision endless hours of reading, writing … and defending.

In this edition of “New Perspectives,” third-year doctoral student Edward Wahesh writes about his transition from the counseling chair back into the classroom.

When I began my studies as a doctoral student in counselor education in September 2010, I had a clear image of what the transition back to school would be like. I felt confident that my years as a professional counselor had prepared me for the rigors of a doctoral program, so the primary “transition” would be to re-enter academic life. I thought that if I remembered how to write research papers and extended my attention span so that I could read scholarly books and journal articles, I would prosper. But what I learned over the course of my first year was that the transition from full-time employment to full-time doctoral studies was far more complex than I had anticipated.

Leaving your job to pursue doctoral studies is a significant decision that has both an immediate and long-term impact on your career path and family life. In hopes of providing valuable insight into the work-to-school transition for those thinking about doctoral studies, I organized my first-year experience into five basic themes. The themes illustrate the process of transformation from a professional counselor to a full-time student.

Redefine your personal role

A critical aspect of the transition is redefining your personal and professional boundaries. Before returning to school, I was a professional counselor in a college setting for five years. During this time, I learned to maintain a balance between work life and personal life. Beginning full-time studies in a doctoral program was a dramatic change because student obligations often extend far beyond the routine 9-to-5 workday.

I quickly learned it is important to communicate this change to your family, friends and other members of your support network. For me, Saturday mornings shifted from a time to sleep in or catch up on chores to a prime time for reading and preparing for the coming week. If not planned intentionally, these schedule changes can ruin whatever balance you attempt to maintain and have a negative impact on important relationships in your life.

Redefine your space

As classes began, I realized I had taken for granted many basic conveniences that my full-time job (with a private office) provided. Before returning to school, my “home office” was primarily used to order merchandise online or print driving directions. It took some mental discipline and serious redecorating to make the atmosphere of the room conducive for critical thinking.

If you want to return to school — and especially if you plan to take online courses — I recommend that you consider where homework and related tasks (research, responding to emails and so on) will be done. For me, the campus library was a great location to read or respond to emails between classes or meetings. If you do not own a laptop, investigate applications and devices that allow you to access your documents and files from your desktop on other computers.

Redefine your professional roles

Counseling positions I have held in the past often required me to take on varied, yet related, professional roles: counselor, administrator, educator and advocate, to name a few. In a counselor education doctoral program, you take on additional roles such as supervisor and researcher, which can be challenging if you have little experience in those areas.

For me, learning those new roles was a humbling experience. Although some of my professional responsibilities prepared me (such as serving as an administrative supervisor and program evaluator in a previous job), the doctoral process was and continues to be a significant learning experience. Combine the new roles you are still learning with other responsibilities such as being a full-time student (another role you may have to relearn) and counselor (during internship or advanced practicum semesters), and you can feel very overwhelmed.

Utilize support

What can help in this process of redefining your professional identity is to take advantage of your support system and remember to put things into perspective. Although I was a competent counselor when I left my job for school, reaching this point of expertise was a process. It took time and required a great deal of practice, supervision and reflection. It was helpful to remind myself of this over the course of the year as I struggled to develop new skills. Talking to faculty and other doctoral students further along in the program about their...
own development as clinical supervisors and researchers was also extremely beneficial because it normalized my feelings and kept things in perspective.

Draw on experience

Reflecting on my first year, I realize that the transition to full-time doctoral studies possesses many commonalities with entering the counseling field after earning your initial degree. In my first position out of graduate school, I started a process of applying theories and principles learned in school to my clinical setting. Similarly, when I entered doctoral studies, I have also had the opportunity to write a chapter on career counseling for an upcoming textbook and am the new doctoral student representative for IAMFC.

Greatest professional accomplishments: I currently work for Gwynedd Mercy College as its alcohol and other drug counselor and work for a private practice, Adolescent Advocates, in Bryn Mawr, Pa. In addition, I am a graduate assistant for Walden University’s counselor education and supervision doctorate program. Since becoming a doctoral student, I have also had the opportunity to write a chapter on career counseling for an upcoming textbook and am the new doctoral student representative for IAMFC.

Biggest professional challenge: Balancing work, school and personal life commitments while trying to create new professional opportunities for myself in a difficult economy.

My life, my story

Nominate an exceptional student or new professional to be featured in “My life, my story” by emailing acanewperspectives@yahoo.com.

This month, student Abby Platt is featured as chair of the Graduate Student New Professional Committee for the International Association of Marriage and Family Counselors (IAMFC).

Home: Chester Springs, Pa.

Education: Pursuing a Ph.D. in counselor education and supervision from Walden University; obtained an M.S. in mental health counseling from Walden University and a B.A. in art therapy from Arcadia University.

Words of advice for students: Although we are currently in a poor economy, do not settle for just any job position. Make sure that your work brings you toward your dreams, not away from them for short-term gains. While it is hard to be a graduate student and seek some semblance of balance in life, make sure to take some small breaks to connect and have fun with friends and family. Most of all, make sure you have one person in your corner who can cheer you on when the going gets tough. Remember, counselors need support too!

Closing thoughts

The process of transitioning from working as a therapist to being a counselor educator can be very challenging. Re-entering academia and learning new roles can seem like impossible undertakings, especially if many years have passed since you were last a student.

What I have found is that doctoral studies have not only exposed me to new counselor-related roles, but have also enhanced my skills as a counselor. Using my emerging skills as a clinical supervisor and researcher, I am more intentional and mindful in session with clients. However, I would not have been able to develop these new skills without making significant lifestyle adjustments and taking advantage of the helping relationships in my life.

Edward Wahesh, a national certified counselor and licensed professional counselor associate, is pursuing a doctorate in counseling and counselor education at the University of North Carolina at Greensboro.

To submit a question to be answered in this column or an article detailing the experiences and challenges of being a graduate student or new counseling professional, email column editor Donjanea Fletcher at acanewperspectives@yahoo.com.

Letters to the editor: ct@counseling.org
Determining whether to hire counselors as independent contractors or employees

Are you ready to bring on an additional counselor? Congrats! Your practice must be growing!

At the same time, you’re facing a tricky decision. Will you hire this new clinician as an employee or as an independent contractor? Practices have done it both ways, and there are pros and cons to each choice.

Among the benefits of hiring clinicians as independent contractors is that independent contractors don’t receive health insurance, which could save an employer thousands of dollars each year. Moreover, an employer is required to pay 7.65 percent of an employee’s wages to the Internal Revenue Service in the form of “payroll tax” (there is also unemployment tax and workers’ compensation).

Let’s put this into context. Say you’re paying a clinician $60 per session. You’ll pay another $4.59 (7.65 percent of the wage) on the clinician’s behalf to the IRS. In contrast, when a worker is an independent contractor (that is, not an employee), the hiring party is not required to pay the 7.65 percent tax.

Does the counselor qualify as an independent contractor?

An important question is whether a clinician at your practice will meet the criteria for being an independent contractor. This is sometimes difficult to determine. However, the IRS has adopted some common law principles to define what constitutes an independent contractor.

The primary issue is one of “employer control.” That is, does the hiring party define how the clinician’s work will be accomplished? If a hiring party simply gives an outline of the work to be done but does not have authority over how a clinician accomplishes his or her work, independent contractor status may be an option. However, there are some additional common law issues.

Who has paid for materials, supplies and equipment? An independent contractor generally provides his or her own supplies and tools.

What type of skill is required? A contractor generally offers a specialized skill set.

Is there permanence in the job? A contractor often works project to project.

Is the worker an integral part of the business? One contractor often can be replaced by another contractor.

Does the hiring party control when the worker comes to work? A contractor generally makes his or her own hours.

Does the worker receive a steady paycheck? A contractor often receives variable payments upon completion of projects or tasks.

Is this job the worker’s only source of income? A contractor usually works for several different parties.

Set up correctly, counselors are likely to qualify for independent contractor status. They often choose their own hours, work in multiple locations, and an argument can be made that the hiring party lacks control over “how” they perform their job because it is done primarily in a private therapy office.

However, a practice needs to exercise caution because it’s easy to start treating your contractors like employees. For example, contractors can’t have business cards with “Your Brand” on it. Contractors are their own entities, so this would be contradictory. They probably shouldn’t be listed as “staff” on your website either. You should also limit what materials you supply — intake documents, handouts, pens, computers, tissues and so on. Contractors should be bringing most of this stuff with them. Finally, make sure these workers buy into the fact that they are independent contractors. Otherwise, they could file a case with the IRS stating that they were actually employees.

One practice’s story

As is the case with many small practices, we started by hiring our first clinicians as independent contractors. It seemed a lot easier at the time: less paperwork, fewer taxes, no requirement to provide health insurance (which we couldn’t afford).

However, the clearer my vision became for the way I wanted our practice to run, the less the model of having independent contractors seemed to fit. Although I wasn’t in session with my clinicians directing their every word, we developed a pretty extensive operations and procedures manual. We also wrote a mission statement and a quality code. There were a growing number of areas in which I wanted our clinicians to do things the “Thriveworks way.” Moreover, we wanted the counselors to feel they were a part of what we were building. An independent contractor is essentially a “hired gun,” not a team member.

Also, because my staff was made up of independent contractors, there were some simple things I couldn’t do, such as give them business cards (as I mentioned earlier in this column). Indeed, every time we supplied a computer, a printer, printing paper or anything else, our counselors became more and more like employees. In the beginning, not offering health insurance was a necessity (because we had no money). But as time went on, I began to see how important such benefits were to my team — and I wanted to offer benefits.

Around April of our second year, I experienced a “last straw” moment. A counselor showed up in my office choking back tears. She had been to her accountant to do her yearly taxes and had learned that she owed thousands of dollars to the IRS. “I didn’t realize I was going to owe this much,” she said. “I don’t have it!” Because my counselors were independent contractors, I didn’t have to pay all those payroll taxes, but this meant my counselors needed to pony
up at tax time. Some of these counselors didn’t plan well and found themselves in serious financial trouble.

Within two weeks of this meeting, I had converted every clinician to employee status, and with the exception of the occasional psychiatrist (who often prefers independent contractor status), we haven’t hired a single contractor since. Every once in awhile, our chief operating officer will say (usually after a rogue clinician has defected from our operations manual in some way), “You know how much money we’d save if we converted our staff to independent contractors?”

I stop him right there. For us, having employees is the way to go.

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

Letters to the editor: ct@counseling.org
Finding my way: To thine own self be true

My master’s program course in Treatment Planning counted for three credit hours. No disrespect to Professor, but having completed the course, I think I could have covered the class content with a single lecture consisting of three letters: C. B. T. — as in cognitive behavior therapy. Class dismissed!

Well, maybe that is a bit harsh. Professor also instructed Class on the appropriate use of behavioral therapies, desensitization and other empirically validated treatment approaches. We were not on the same page. In fact, at the time I would have said we weren’t even in the same library. I espouse a wellness model emphasizing Eastern approaches that focus on integration of Client’s body, heart and soul.

Therein lay a dilemma. Specifically: Inner Perfectionist required maintaining a 4.0 in the program. Hence my strategic decision to plug the old piehole, despite my hunger for a juicy class debate on East versus West. My devotion to therapies incorporating ancient Eastern philosophies and tools springs from personal experience. My own therapist uses mind-body work, energy release, age regression via hypnotherapy, Inner Child work — all with special attention to the influence of the Hindu concept of chakras, or the seven “energy centers” of the body as they relate to Client’s presenting issues. Even if I do say so myself, I have experienced a mind-blowing transformation in my seven years (and counting) of personal growth work in this modality. OK, perhaps some work still remains to be done on my grandiose tendencies.

In any case, Professor’s edict to practice methods based solely on modern science brought to consciousness my fear of judgment by Supervisor, Mainstream Colleague and perhaps even Client. Professor underscored her remarks with the reality of an ethical and legal responsibility to practice based on empirical validation, standard of care and informed consent. This sent me hopping down the bunny trail in search of the nearest rabbit hole, where I promptly stowed my theoretical predilections and treatment style.

Then there were practical matters to consider. Like getting paid. “Most insurers won’t pay unless you check the CBT box on the claim form,” Prof informed Class. Of course, she added in stage whisper, Rogue Counselor always has the option of rebellion. “Just be sure to throw in a little CBT to CYA,” she advised. Ah-HA, I rejoiced. I can buck Conventional Wisdom and be a runaway horse instead of a runaway bunny!

Still, counseling on the down-low was a disheartening prospect. So when it came time for clinical work under supervision, at first I limited my use of Eastern ways to case conceptualization. As luck would have it — no rabbit’s foot involved — I was assigned Client struggling with pronounced symptoms of obsessive-compulsive disorder and hypochondriasis.

Mind-Body disconnect extraordinaire. Together, Client and Clinician participated in an endless loop of digging for triggers, identifying obsessive thoughts and intellectually challenging Client’s defense mechanisms. Eventually it became clear that an exclusively cognitive approach served only to reinforce the captive nature of Client’s thinking cap. The time had come to change course and head due East.

Remembering that in the initial session Client had “choked” on his words, I followed the chakra map I had learned during an outside internship for certification in an accredited modality called heart-centered hypnotherapy.

The throat is the site of the fifth chakra, representing the seat of creative expression, communication and speaking one’s “Truth.” This chakra corresponds to Erik Erikson’s developmental stage of Latency (roughly ages 6 through 12), during which a child is faced with the task of reconciling “Industry versus Inferiority.”

Sure enough, Client’s history revealed a significant trauma at age 6. He had missed most of the first year of school due to complications from a congenital ear defect requiring multiple surgeries. His mother had been preoccupied at that time with her own father’s failing health and apparently was not fully present to Client’s emotional needs. No surprise that Client’s unwitting reaction was to develop a pattern of keeping mum to spare Mom. Denied by circumstance the guidance and support required for a kindergartner to learn the nuances of structured learning and socialization, he became a failed perfectionist. Client made a subconscious behavioral decision at that time not to try, not to ask for help and to remain where he felt most safe: alone and in silence.

Client’s mind-body connection was equally informative. Deaf in one ear, that little 6-year-old had been conditioned not to listen to his own intuitive need for belonging and support. His body sent this message loud and clear. It’s just that no one had been available to model for him how to hear it.

It may seem kooky to the uninitiated, but one of the tools Heart-Centered Therapist uses to open blocked chakras is a foot-long rubber hose. Instructing Client to put words to emotions while smacking the hose on a punching bag acts as an energy release, bridging the disconnect between head and heart, mind and body. I was embarrassed to drag my red EverLast punching bag through the halls of the agency where I was completing a postgrad internship. However, I had no qualms smuggling the matching red rubber hose into the office. Once Client began his customary perseveration, I explained the energy-release concept. Tentative at first, he began a series of weak taps on the seat of a chair, dispassionately stating his frustrations. Soon enough, the
taps accelerated to full-out whacks and full-throttle emoting. He totally got into it! Satisfied that Client now could process his experience from this new perspective, I asked him to compare how he felt before and after beating on the bag. “I’m not sure,” Client said, squinting and tilting his head. “I think I feel … relaxed?”

Temporarily transformed from Talking Head to Fully Embodied Presence, Client perhaps for the first time experienced freedom from anxiety — compliments of an open throat chakra and a peaceful state not unlike Buddhist mindfulness. From this place, he finally could hear the still, quiet voice within. Westward ho! CBT Time. Client reported deep insight regarding the source of his anxieties. He eagerly collaborated in formulating healthy tools to challenge the presenting Fear of the Day: his desire to approach Boss to lobby for a well-deserved raise. (Disclaimer: The heart-centered hypnotherapy modality is a cumulative process, not a one-time cure-all.)

Inspired by Client’s courage, I set out to confront my own anxiety about outing my clinical preferences. With more than a little trepidation, I approached Supervisor. Unlike Client, I wasn’t requesting a raise. What I really wanted was validation. Trying my best not to choke on the words, I summarized the session. This admission was met with agonizing silence. Maybe I should give her the rubber hose? I thought.

Supervisor scooted to the edge of her chair. “Tell me more.” So I did, including the part about feeling the need to hide. “What’s the problem?” she asked. “If it’s working, go with it. In fact, I think you should try the stick thing with that client who’s conflicted about fleeing her abusive husband.” Huh? I had been certain Supervisor was a card-carrying member of The Old Guard. Time to rethink this thing.

Ultimately I realized I had been the one doing all the judging. CBT is not the enemy. In truth, it is an ally. When Client experiences a breakthrough, it comes through the integration of East and West, Ancient and Contemporary, Mind and Body. Up to that point, it had escaped my notice that I already had begun unconsciously blending the two approaches: Chakras and Erikson. Energy-Release Work and Gestalt. Inner Child and Object Relations. Mindfulness as a critical component of Dialectical Behavior Therapy. Even Almighty CBT. It’s all about balance.

“You’re not a rogue,” Supervisor reassured me. “You’re creative. That’s a good thing!” Validation tastes sweet, even if it’s not of the empirical variety. “Just follow your heart, and everyone wins,” she said, waving me out of her office.

Supervisor had confirmed what yogi masters have preached for centuries: Midway between East and West is where we discover our own True North. Class dismissed.

Suze Hirsh now is unafraid to announce that she is a certified hypnotherapist, completing her postgrad internship in mental health counseling at a not-for-profit community services agency in Florida. Contact her at suze.hirsh@gmail.com.

Letters to the editor: cts@counseling.org
Article: Where East meets West

Learning Objectives: Reading this article will help you:
1) Understand how to differentiate between Eastern and Western approaches to counseling.
2) Examine contexts in which Eastern and Western approaches can be blended to help serve the needs of clients.

Continuing Education Examination

1) Both Eastern and Western approaches share the common goal of focusing on relieving human suffering and helping clients feel better:
   _____ True   _____ False

2) Western approaches place more focus on:
   a) Psychopathology
   b) Optimal human development
   c) Mitigating feelings and symptoms
   d) Both a and c

3) Eastern approaches place more focus on:
   a) Interconnectivity of the mind, body and spirit
   b) Behavioral correction
   c) The medical model of symptom alleviation
   d) Neurology

4) An example of how counselors can blend Eastern and Western approaches might be:
   a) Using therapy-assisted meditation to help a client diagnosed with borderline personality disorder to stop cutting himself or herself
   b) Attending a yoga class once a week
   c) Helping clients deconstruct their view of reality through their language, evaluative beliefs, meanings and philosophies about the world, themselves and others
   d) Helping a trauma survivor stabilize his or her mood and emotional dysregulation through the use of yoga and mindfulness exercises
   e) Both a and d

☐ I certify that I have completed this test without receiving any help. Signature ________________________ Date __________

Rate the following:

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>No opinion</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I learned something I can apply in my current work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The information was well presented</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fulfillment of stated Learning Objectives were met</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This offering met my expectations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Profession:

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

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

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

Please print clearly

Name: _____________________________________________________
ACA Member Number ________________________________________
Zip: _______________________________________________________
Phone: _____________________________________________________
Email: _____________________________________________________

Total amount enclosed or to be charged ☐ $20.00 member  ☐ $30.00 non-member
☐ Check/money order (payable to ACA in U.S. funds)
☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Card #: ______________________________
CVC Code: __ __ __ Exp. Date: ______________________
(AmEx, 4 digits above card number; VISA, MC, Dis., 3 digits by signature line)
Cardholder's Name: _______________________________________________
Authorized Signature: _______________________________________________

October 2012
Noncustodial parents and access to counseling records

**Question:** I am counseling a minor child whose parents have divorced. The mother has legal and physical custody, and the father has visitation rights. The father wants information about the counseling sessions with the child. Can I release that information, or do I need the written permission of the custodial parent?

**Answer:** It might be easy to assume that the custodial parent is the only one with rights to access the child’s counseling information, but that is often a mistaken assumption. Under the laws of many states, the noncustodial parent has rights to access a minor’s medical and educational records and information that are equal to the rights of the custodial parent, absent a court order to the contrary.

The sub-issues that must be investigated are:

1) Do these access rights include access to mental health and counseling records even if the statute just addresses “medical” records?

2) Are there other laws (for example, mental health confidentiality statutes) that require a minor of a certain age to control the right of access?

3) Is there a court order that prevents a parent from gaining access due to past abuse or other danger to the child?

As you can see, the answer to your question is both state-specific and fact-specific. You may wish to consult a local attorney to obtain clarification of the law in your state. Sometimes, case law precedent clarifies a statute that is not entirely clear and your local attorney can help interpret the law. It is an issue that is likely to recur if you work frequently with children. Such action is also consistent with your ethical obligation to balance the ethical rights of minor clients with parental rights and responsibilities to protect minor clients (see the 2005 ACA Code of Ethics, Standard A.2.d.).

If you are a public school counselor, the Family Educational Rights and Privacy Act of 1974 (FERPA, also commonly called the Buckley Amendment) may be relevant. Under FERPA, noncustodial parents hold the same rights to educational records as custodial parents unless a court order directs otherwise. Your school system attorney should be consulted to help you determine whether your counseling records are subject to FERPA’s requirements. For further information, you may wish to obtain a copy of The Counselor and the Law: A Guide to Legal and Ethical Practice, published by the American Counseling Association.

The question addressed in this column was developed from a de-identified composite of calls made to the Risk Management Helpline sponsored by ACA. This information is presented for educational purposes only. For specific legal advice, please consult your own local attorney. To access additional risk management Q&As, visit ACA’s website at counseling.org and click on “Ethics.”

---

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

Letters to the editor: ct@counseling.org
Cliff Hamrick was meditating long before he became a counselor, having found the practice useful for treating the depression he had experienced some years before. Now a private practitioner in Austin, Texas, Hamrick integrates Eastern and Western approaches to counseling because he believes it benefits his clients. Partway across the country in Connecticut, counselor Deb Del Vecchio-Scully also combines Eastern and Western approaches when working with clients. She discovered guided imagery and meditation almost three decades ago while seeking ways to manage her pain after multiple back surgeries.

As technology continues to “shrink” the world and as the counseling profession steadily expands its global presence, it is not hard to predict that an increasing number of counselors will join Hamrick and Del Vecchio-Scully in further breaking down barriers and intermingling Eastern and Western approaches to counseling.

Isabel Thompson, an assistant professor with the Center for Psychological Studies at Nova Southeastern University, has researched and presented on this topic. She has also integrated Eastern contemplative approaches into her work with clients and says Eastern and Western counseling approaches have similarities in that they both focus on relieving human suffering and helping people feel better. But they also differ, she points out. Generally, Western approaches place more focus on psychopathology and rely on a medical model of alleviating symptoms, Thompson says. Although Eastern approaches can also be applied to psychopathology and the alleviation of symptoms, their primary focus tends to be on flourishing and achieving optimal human development through leading an ethical life, says Thompson, a member of the American Counseling Association.

Fred Hanna, a professor in the Department of Counselor Education at the University of Northern Colorado, says Western approaches place more emphasis on correction and on mitigating feelings and symptoms. Eastern approaches, on the other hand, are more aimed at liberation and “setting [people] truly free so they can be in charge of their feeling states and so they can control their thoughts,” Hanna says. “This can be done through Eastern meditation techniques as well as direct Eastern-derived psychological techniques.”

In traditional Western thought, emotional problems aren’t viewed as affecting the body, Del Vecchio-Scully says, whereas in traditional Eastern thought, it is all interactive. “Everything that happens in the body affects the mind and emotions, and vice versa,” says Del Vecchio-Scully, a certified yoga therapist and Reiki master who is also the executive director of the Connecticut Counseling Association, a branch of ACA. Del Vecchio-Scully often sees that mind-body interaction play out among her clients, who are referred to her through the neurology group for which she works, Associated Neurologists of Southern Connecticut.

By Lynne Shallcross
feels that they possess the power within both views. He likes for his clients to use the counselor’s advice and interventions, counselor being viewed as the “expert” in the counseling process. In the West, that often translates to a client looking to an all-knowing God or someone else to help them and guide them along the way. Western European thought suggests that each individual person has a soul or god residing within them, whereas Eastern cultures, such as Buddhist and Hindu traditions, teach that each individual person has a soul or god residing within them, whereas Western European thought suggests that individuals should rely on an external, all-knowing God or someone else to help them and guide them along the way. In the West, that often translates to the counselor being viewed as the “expert” and outcome success hinging on the counselor’s advice and interventions, he says.

Hamrick believes there is room for both views. He likes for his clients to feel that they possess the power within to handle and solve their mental and emotional issues, which is based more in Eastern thought. But on the Western side, he says, an abundance of good scholarly work is being done that he can pass along as knowledge to his clients, such as new research in neuroscience and positive psychology.

Although Eastern and Western counseling techniques traditionally come from different vantage points, Wadhwa says it is important for counselors to recognize that the underlying concepts are often the same. For example, the idea that our thoughts have an impact on us is fairly universal, says Wadhwa, who is originally from India and has presented on Eastern treatment considerations in working with Asian populations. “So I use both cognitive restructuring and mindfulness in my work, and depending on how I introduce these techniques, the individual I am working with may be more open to exploring how it may work for them.”

Wadhwa says she discusses with clients how thoughts may cause suffering and explains the idea behind both approaches. “I explain how cognitive restructuring works by providing strategies to cope with the thoughts and how mindfulness practice works at detaching from the thoughts and focusing back on the present moment. I also explore how coping with the thoughts may be initially more relieving than mindfulness, as mindfulness takes practice. Most clients are open to learning how to cope with their thoughts and then how to detach from them.”

Taking control
In a counseling session that he supervised, Hanna remembers a client diagnosed with borderline personality disorder who had cut herself habitually and reported that she had attempted suicide 160 times. Hanna and his doctoral student asked the client to bring to mind the feeling she would have just before she started to cut or attempt suicide. “Then what we did was have her go directly into that feeling,” says Hanna, a member of ACA. “It was sort of a therapy-assisted meditation of exploring those feelings.”

Hanna and the counselor-in-training asked the client to imagine she was in an elevator made of thick, clear glass that she could take straight down into her feelings. They told her she couldn’t feel the pain or anxiety inside the elevator but that she could see what was deep down inside those feelings. In her mind, the client took the elevator, little by little, all the way to the bottom. She reported that it was like a lake, and at the bottom of it all, there was really nothing to be afraid of. After reaching the bottom and thoroughly exploring her feelings, the client filled the lake with earth and put a house on top of it in her mind. “After those sessions, the client reported a marked decrease in her borderline symptoms,” Hanna says.

Hanna created the approach that he and his doctoral student used with the client. He calls the approach “internal control therapy,” which he describes as a blend of yoga psychology, Buddhism and a few Taoist ideas. “Using that object-oriented approach, the client was literally taking control over those feelings . . . that were before in control of her,” Hanna says. Internal control therapy makes use of a client’s powers of creativity to generate positive feeling states and unbuild negative ones, he says.

From a yoga psychology perspective, the mind is an object that can be...
manipulated, akin to an ordinary physical object, Hanna says. His internal control therapy taps into that perspective. “If [clients have] a strong image in their mind of someone who hurt them and they carry that image around — I wouldn’t want their image hanging in my living room, would I? But we carry those images around in our minds. … If you treat [that image] as an object, you take it down and throw it away.”

Although yoga psychology is a traditionally Eastern approach, Hanna thinks its application can benefit Western psychology by offering an alternate view of psychopathology. Whereas the Diagnostic and Statistical Manual of Mental Disorders (DSM) presents classifications for disorders in an attempt to explain and treat mental illness, Hanna says yoga psychology offers the idea that there are five points that lead to suffering and dissatisfaction with life: ego and self-centeredness; cravings beyond what we need; resisting something: ignorance; and fear of death. In this view, when people get overly bogged down with any of the five points, it can result in suffering and psychological problems.

Hamrick gravitates toward a different Eastern-based approach — mindfulness meditation — introducing it to almost every client with whom he works. “Usually in the first session, I will spend about five minutes walking a new client through a sitting meditation just to show them how the technique works and demonstrate its usefulness,” he says. “My clients with anger, depression and anxiety find it particularly helpful [as a technique] to … control their emotions, stop ruminating on the past and prevent worrying about the future. Clients learn that racing thoughts can be stopped or slowed down with practice.”

Mindfulness-based therapy is akin to mental training, Hamrick says. “My clients learn how to train their mind so they can think about what they want to think about, when they want to think about it and how they want to think about it,” he says. “[Clients] wouldn’t tolerate their right arm suddenly going off and flailing around without their control. So why would they tolerate their brain doing the same thing? Mindfulness teaches clients to focus on the here and now rather than on the there and then and on what they can control rather than on what they cannot control.”

Hamrick also uses the Buddhist concept of impermanence, especially with clients dealing with depression, anxiety or substance abuse. “This concept emphasizes that nothing lasts forever,” he says. “It gives hope to the hopeless. There is no reason to believe that the client will always be in the same situation [he or she is] in now. Depression can be treated and overcome. A panic attack never lasts forever. And plenty of people have overcome addictions of all kinds. Once we’ve established that the situation can be overcome, then I find using solution-focused techniques will help clients develop a plan to overcome what’s facing them.”

**Counseling and contemplation**

Thompson has long nurtured an interest in contemplative practices, a broad term, she says, that includes both formal seated meditation practices and practices such as walking meditation and yoga. She says contemplative practices are “activities that are used to cultivate the mind and the heart.”

According to Thompson, the act of contemplation helps shift us out of a current mode of thinking to a broader, more open mode of thinking that increases our ability to understand issues. “When we are stressed out, or if a family system is under extreme stress, [our] brains are firing for survival,” she says. “Contemplation helps one relax so that the brain reorients to a more reflective and calmer place — a place where problems can be solved more easily because there are more resources available to draw from. The foundation of any contemplative technique is to focus on relaxation first, then gain stability of concentration and then advance to vividness/intensity. The West tends to focus on intensity first without understanding that … intensity is unstable” unless relaxation is also emphasized.

Both Eastern and Western mental health approaches use a form of contemplation, Thompson says, but the East has a longer history of developing those techniques. “This stems from the two different modes of inquiry that the East and West have emphasized,” she says. “The West and its modes of inquiry have generally relied on exploring reality from a ‘God’s-eye view’ or an objective standpoint through science, while the East’s more contemplative approach starts with subjective experience and phenomena, then moves out from there. This approach still asks empirical questions, but the answers are more rooted in subjective experience.”

Both the counseling profession and Eastern philosophy share a respect and appreciation for the client’s subjective, internal experiences, Thompson says, which makes them a good match for the integration of contemplative approaches. Contemplative approaches are typically present-focused, Thompson says, adding that studies have linked a contemplative mind to lower cortisol levels, lower rates of depression, fewer heart attacks and lower rates of cancer.

For clients presenting with a concrete situation that they need assistance changing, a Western approach might work best, Thompson says. For example, a Western-based counseling approach might be a better fit for a family seeking help with a child’s school-related issue, such as bullying or poor academic performance. “A contemplative approach may be more useful for issues related to the long term, more related to lifestyle or a chronic condition — for example, working with habits, chronic anger or chronic pain,” she says.

A benefit often exists to blending Eastern and Western approaches as well, Thompson says, such as when working with a client with severe depression.

“I have found that addressing the depression first using a more Western counseling approach is beneficial,” she says. “For example, I might start with a person-centered approach to build a therapeutic relationship with clients and then integrate elements of cognitive behavior therapy (CBT) to help clients see the connection between their thinking patterns, behaviors and moods. I also might include psychoeducational components to help clients understand their symptoms and realize that they are not alone in healing from depression. When someone is suffering from severe depression, many things, even contemplative practices, can become tools of self-recrimination. Therefore, helping a client to break the downward
spiral of depression characterized by guilt, regret and self-blame is a starting point. Then, a foundation for a positive spiral, characterized by acceptance, gentleness and self-compassion, can be laid.”

In cases such as these, Thompson says, she would gently integrate Eastern approaches at a pace that is right for each client. This gives her time to ensure she is being sensitive to the needs of the client and allows her to gain a solid understanding of the client’s worldview and beliefs. “For me, Eastern approaches emphasize returning to gentleness and self-compassion as foundations for future change,” she says. “Sometimes clients suffering from depression have a greater sense of compassion for others than they do for themselves. Helping them to see their own worth and recognize that they deserve compassion as much as others begins the process of cultivating self-compassion and acceptance.”

Treating trauma and pain

Many of the clients Del Vecchio-Scully sees are dealing with posttraumatic stress disorder (PTSD) and chronic pain. A blended approach of Eastern and Western techniques tends to yield the best results for these clients, says Del Vecchio-Scully, who is certified in integrative yoga therapy, a specialized form of yoga that can be used with clients with medical conditions.

For chronic and acute pain, Del Vecchio-Scully says relaxation and meditation techniques are key. From the Western side, she says, that can include CBT, guided imagery and dialectical behavior therapy (DBT). From the Eastern side, her chosen approaches include mindfulness, yoga breathing, Buddhist meditation, Tibetan chants and mantra. The aim of these techniques is to reduce clients’ anxiety, which can frequently accompany pain and the human tendency to guard against the pain, Del Vecchio-Scully says. “For example, if I have a sprained ankle, I will avoid putting weight on it for fear of pain,” she says. “This phenomenon actually creates more pain by creating additional tension in the muscles and tissues. When a person in pain can release this tension through relaxation, their pain decreases.”

As it relates to PTSD, Del Vecchio-Scully says counselors must have a toolbox of coping skills to help clients effectively manage and heal their trauma. Clients with PTSD often experience a cluster of arousal symptoms, she says, including insomnia, nightmares, irritability, anger outbursts, hypervigilance and an exaggerated startle reaction. These clients are often experiencing a stress response that is stuck on “on,” she says.

“The most effective approach to arousal is calming and soothing,” Del Vecchio-Scully says. “How this is accomplished is where a blend of East-West skills can be applied. Each of these symptoms taken on its own could have its own treatment approach. Insomnia, with difficulty falling asleep, could be treated with CBT and sleep hygiene as well as sleep meditation [and] self-hypnosis. Many times, trauma survivors have insomnia because they are afraid to go to sleep. In this case, identifying ways to foster safety — guided imagery, visualization, hypnosis, expressive therapies and art therapy, which can be either Eastern or Western in how they are applied — can be helpful. It truly is individualized to address each person’s unique presentation.”

Clients who have experienced trauma might present with hypervigilance and dissociation, which together can form a vicious cycle, Del Vecchio-Scully says. But teaching these clients to be present to their feelings can help them feel less afraid and threatened, she says. A Western approach of psychoeducation can be useful in addressing hypervigilance because it teaches clients about the nature of trauma, she says. Del Vecchio-Scully might then follow that up with Eastern techniques that provide restorative, calming experiences, including yogic practice and breathing, mantra meditation, affirmations and safety totems, such as hope stones that clients can carry with them.

“Another way of blending [Eastern and Western] approaches,” she adds, “is through the use of trauma-informed art therapy, which utilizes expressive arts therapies [including] yoga, art-making [and] mindfulness to stabilize mood and dysregulation often experienced by trauma survivors.”

Del Vecchio-Scully again blends East and West in addressing the dissociative piece of trauma, using Western-based progressive muscle relaxation and Eastern-based basic centering/grounding and additional yogic techniques.

One client who came to see Del Vecchio-Scully was dealing with a history of PTSD and bullying, while also struggling with fibromyalgia and chronic fatigue. Once again, Del Vecchio-Scully found a blended approach worked best. “She benefited from medication to improve her sleep and reduce pain; meditation — guided imagery,
An introductory text for counselors-in-training and clinicians, this book describes the knowledge base and skills necessary to effectively engage clients in an exploration of their spiritual and religious lives to further the therapeutic process. Through an examination of the 2009 ASERVIC Competencies and the use of evidence-based tools and techniques, it will guide you in providing ethical services to clients. Also includes:

- Numerous strategies for clinical application
- New chapters on mindfulness, ritual, 12-step spirituality, prayer, and feminine spirituality

2011 • 320 pgs
Order #72906 | ISBN 978-1-55620-310-7
List Price: $54.95 | ACA Member Price: $39.95

Shipping and Handling: $8.75 ($1.00 for each additional book)

Order Online: counseling.org
By Phone: 800-422-2648 x222 (M-F 8am – 7pm)
approaches. Both have value when used with clinical skill for the client's greater good.

For example, Del Vecchio-Scully says, if she is using basic CBT techniques such as cognitive restructuring, cognitive reframing and challenging limited beliefs with a client, at the same time, she will ask that client to take a moment to stop and breathe. Teaching people how to be in the here and now is a basic Gestalt concept, but yoga and mindfulness practice are also steeped in that philosophy, so a lot of overlap is present, she says. "I weave mindfulness into any intervention I am doing," she says. "It's always about, 'Take a breath. Let's see if we can slow down the pace of what's going on inside.'"

Wadhwa, who is also the program coordinator for an addictions counseling concentration at Governors State University in University Park, Ill., often allows the client to choose the best route. "I will usually introduce Eastern approaches [by saying], 'One approach that exists is ...' This seems to work well for my clients. They ask questions, and we discuss the topic."

For example, Wadhwa has seen clients who were dealing with transgenerational issues. "When clients recognize some pattern from generation to generation, I'll offer the transgenerational thought of how things may be passed down," she says. "I'll introduce the approach of karma and how one approach believes that one generation works out the karma of the previous generation and that maybe what my client is experiencing is the cumulative effect of that karma. If this is something that resonates with the client, then I'll offer some options on assignments geared toward this. If not, we'll explore what elements of these different approaches fit better for the client and what [he or she] thinks may be helpful in resolving or healing this particular issue."

These counselors acknowledge that some clients are hesitant to try techniques that incorporate elements of a traditionally Eastern approach. If Hamrick encounters a client who is unsure about meditation, he raises the point that meditation is a form of mental training. "I explain how meditation has been shown in scientific research to be beneficial in the treatment of depression and anxiety, and [how] scans of the brains of people who have practiced meditation, even for short periods of time, have shown real changes in the structure of the brain that allow for better emotional control," he says. "When put in these concrete terms, clients typically want to try meditation."

Thompson looks for approaches that are relatable to the client. For example, she has worked with individuals who were turned off by the idea of meditation because they thought it ran counter to their closely held religious beliefs. "It [didn't] connect with their experience of the sacred," Thompson says. "I want to be helpful to them in the worldview that makes sense to them, so I might ask them instead about what Scriptures provide them a sense of peace [or] what brings them calm."

Radical acceptance, which also has Eastern themes, is another approach Thompson sometimes uses, particularly with clients struggling with perfectionism and self-judgment. At times, however, these clients resist the idea of acceptance because they have come to counseling with the idea of "fixing" themselves, she says. At that point, Thompson might switch to the technique of motivational interviewing. "Have you achieved your goals with self-criticism?" Thompson asks clients. "What would it be like to accept that this is where you’re at?"

Regardless of where counselors fall on the spectrum of Eastern versus Western approaches, Thompson believes meeting clients where they are and using techniques they are comfortable with is most important. "In order for a transaction to occur, the therapist must meet the client in his or her worldview and understanding of change and contemplation," she says. "It takes so much courage to come to a counselor, and I want to demonstrate to my clients that I honor their courage. I want to help them alleviate the suffering that spurred them to come into counseling. Therefore, gathering information about clients, their cultural backgrounds, their family backgrounds, their worldviews and spiritual and/or religious beliefs is essential. The question ‘How would you like to try … X?’ is helpful. If the client is not interested, then I do not pursue it."

"Most clients agree that relaxation in one form or another is helpful, so I like to

---

George Bernard Shaw

The only man I know who behaves sensibly is my tailor; he takes my measurements anew each time he sees me. The rest go on with their old measurements and expect me to fit them.


Learn more by attending webinars by Dr. Barry Duncan and Dr. Scott Miller.
Announcing ACA’s first webinar series:

Counseling Our Troops, Veterans, and Military Families: Cutting-Edge Strategies

October 24, 2012 to November 28, 2012
$119 members, $159 non-members

6 webinars (earn 6 CEs)
Plus a bonus webinar on Dec. 5!

6 subject matter experts

6 Wednesdays (1 p.m. – 2 p.m. ET)

To register or visit the Webinar Archives:
http://www.counseling.org/Resources/Webinars.aspx

Questions? Contact Debbie Johnson at djohnson@counseling.org or Danielle Irving at dirving@counseling.org
Find yourself at BARRY UNIVERSITY • Excel as a clinician, educator, and researcher in multicultural environments • Take your place as a leader in Counseling • www.barry.edu/CounselingToday

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

*Accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP).
^Meets all academic requirements for Florida licensure.
REGISTER BY DECEMBER 15, 2012 TO SAVE!

Join thousands of your peers at the premier educational and networking event in professional counseling

CINCINNATI
ACA2013
Conference & Expo

March 21–24
Pre-Conference Learning Institutes — March 20-21*

Keynote Speakers

Ashley Judd
Actor, Humanitarian

Allen E. Ivey, EdD and Mary Bradford Ivey, EdD

Registration Rates for 2013 ACA Conference & Expo, Cincinnati, OH

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional/Regular</td>
<td>$415</td>
<td>$475</td>
</tr>
<tr>
<td>New Professional/Student/Retiree</td>
<td>$310</td>
<td>$340</td>
</tr>
<tr>
<td>Nonmember General Attendees</td>
<td>$570</td>
<td>$610</td>
</tr>
<tr>
<td>Nonmember Student Attendees</td>
<td>$480</td>
<td>$500</td>
</tr>
</tbody>
</table>

1-day registration = $300

Online: counseling.org/conference  •  Phone: 800-347-6647 x222 (M-F, 8 a.m.–6 p.m., ET)

*Additional fees apply

See the Advance Registration Brochure in the polybag with this issue.
different outcomes. This is where the blend of my clinical training and Eastern specialties is a distinct advantage. Within the guided imagery field alone, there are many approaches for clinical issues, and [they] are based on the written script. A nonclinician isn’t going to have this expertise. Also, [counseling clients] are getting one-to-one attention to their issues, and techniques can be modified based on their needs. This isn’t going to happen in a group setting [led] by a nonclinician.”

With the influence of globalization, Del Vecchio-Scully predicts the counseling profession will continue to experience a shift toward eclectic practice, including the incorporation of Eastern-rooted approaches. The complementary nature of Eastern and Western approaches will further facilitate that movement, Thompson adds. “Both Eastern and Western approaches share the common goal of helping people,” she says. “Eastern approaches can provide tools to help clients work with their minds and emotions to build on the changes they have made through Western approaches.”

Thompson, who has pursued trainings focused specifically on integrating contemplative practices into counseling, says many training options are available to counselors who want to blend Eastern approaches into their work. However, she says, there is no one “best” training, just as there is no one best approach to counseling.

Regardless, it is imperative that counselors have personal experience in whatever practice they might ask their clients to engage in, she says. “Do your own yoga, seek out meditation on your own,” Thompson says. “Personal exploration and practice are essential. If you want to share meditation with your clients, pursue contemplative training and practice it first. If you want to integrate mindfulness attitudes and practices into your work as well as information about the NCE and CPCE. Included are exam-taking tips, study strategies, 2 practice exams and the ACA Code of Ethics. This user-friendly Study Guide has 400 pages (430 Spanish).

PDF FORMAT FOR DOWNLOAD TO YOUR COMPUTER NOW AVAILABLE

For more information or to purchase the Spanish or English editions of the Study Guide ($79.95) or Workshop DVDs, visit: www.counselor-exam-prep.com. E-mail Dr. Helwig at: ahelwig@sprintmail.com.
Preparing for the final chapter

Whether clients are knowingly approaching the end of life or simply contemplating their mortality, counselors can provide support, both emotional and practical

By Lynne Shallcross

The adage is famously familiar:
Nothing is certain in life except death and taxes.

Few counselors moonlight as accountants, and surprisingly few counselors address the subject of dying with clients, even though Thomas Nickel says they are well suited to do so. Nickel, the executive director for continuing education at Alliant International University (AIU), isn’t talking about helping clients who are grieving the loss of a loved one. He is referring to helping clients come to terms with their own mortality — a topic Nickel contends largely gets pushed to the background in our society.

Don’t believe it? Walk into a library and you’ll find entire shelves devoted to the subject of bereavement, but you’ll be hard-pressed to find more than a handful of books that focus on dealing with our mortality, says Nickel, who presented a workshop on preparing for end-of-life issues at the American Counseling Association Annual Conference & Expo in San Francisco earlier this year.

Medical advances during World War II introduced new possibilities for prolonging life through medical interventions, Nickel says. But as medicine and technology have continued to advance, “the human side [of the end-of-life process] has taken a backseat,” he says. Nickel calls this “the heart” of the matter as it relates to end-of-life planning, and he emphasizes that it is an element counselors would be wise to understand. “How the use of extreme technology at end of life has come to be the default approach is a matter of economics and national policy,” he says. “Counselors need to know [this] precisely because [the use of medical technology to delay death] is the default — what will automatically happen if nothing is in place to direct otherwise. Since many people ignore these matters or are in families that do not agree [on how to proceed], the default option — lots of medical technology — happens much of the time, whether people actually wanted it or not. Counselors can encourage people to think proactively as part of a wellness maintenance approach. It can increase anxiety at first to even consider end-of-life treatment, but if it’s done well, the end result is much less anxiety and a sense of self-efficacy and completeness.”

In Nickel’s view, the wellness aspect of end-of-life planning makes counselors uniquely suited for this niche. Because dying is a natural rather than a pathological process, counselors can help clients seek wellness and balance, even in preparing for their own death, he says. “The way people maintain a sense of dignity and poise in [the dying process] is to focus on whatever areas of quality are still available. Not to deny the mounting list of bummers, but also not to dwell on it — to put more attention on appreciating what is still worthwhile about life. Counselors are trained to help
clients find this balance and maintain it,” says Nickel, who has created an online course called “An Instructional Design for Dying” through AIU. The university offers both classroom and online courses on the topic for mental health professionals, as well as continuing education credits and a certificate in end-of-life preparation.

James Werth Jr., a professor of psychology and director of the doctoral program in counseling psychology at Radford University in Radford, Va., also sees the value of counselors addressing issues of death and mortality with clients. “Counselors typically have been taught to view people as whole beings, not just as a medical or psychiatric diagnosis. Thus, they naturally take into account that a person nearing the end of life may have physical and psychological concerns as well as interpersonal and spiritual issues, may be experiencing some societal influences on her or his decision-making, may have regrets about her or his career and so forth,” says Werth, a member of ACA who co-authored a literature review of end-of-life counseling for the Spring 2009 issue of the Journal of Counseling & Development.

Despite the need to address these issues, Nickel says counselors probably haven’t run across many clients seeking their help in this area. “People don’t tend to go to counselors saying, ‘I’m having trouble with my mortality,’ and it’s not easy to bring up the subject,” he says. “People say they know they need to talk about and plan for end of life, but most don’t get around to it.”

However, Nickel says, that situation is ripe for change, at least in part due to the aging of the baby boomer generation. Baby boomers have a “tendency for high involvement,” Nickel says. He suspects that might translate into more counseling clients wanting to take an active role in their end-of-life planning in the coming years. Nickel thinks counselors who seek specialized training in this area will be well positioned to fill an emerging niche.

**Regrets and possibilities**

People typically begin thinking about their own mortality at two main points, Nickel says — when they receive a life-threatening diagnosis and when someone close to them has died or is in the process of dying. As the front end of the baby boomer generation moves through its 60s, many of its members are experiencing their own medical diagnoses even as they watch their parents aging and dying.

Large-scale tragedies can also spur people to face their mortality, Werth says. “After 9/11, all of a sudden people started saying, ‘Wow, you never know what’s going to happen. That could have been me.’ That can lead people to thinking, ‘Do I have everything in place?’ After 9/11, we saw that fairly frequently.”

Topics clients deal with when thinking about their eventual mortality range from the emotional to the practical. Regrets and possibilities are the main focus for many clients, says Werth, whose book, Counseling Clients Near the End of Life: A Practical Guide for the Mental Health Professional, is due out in December from Springer Publishing Company. He says counselors who can work through those issues with clients can help them gain peace of mind.

“In my work with people with chronic and terminal illness and their loved ones, I often heard them say, ‘What if I had …’ or ‘If only I had …’ or ‘I wish I would have …’ The focus was frequently on regrets or things that they had not done, so instead, I tried to help them refocus…
on what was still possible and what could be done,” he says. “That way, they had a chance to say everything that they wanted to say before it was too late. Of course, we focused on the fact that they only had control over themselves, not over how others responded to them, but at least they wouldn’t be on their deathbeds saying, ‘I wish I would have tried to mend fences with my son,’ or after a parent’s death, a child wouldn’t say, ‘I wish I would have told Mom how much I loved her.’”

In Nickel’s experience, people confronting their own inevitable death are often seeking two things: a sense of completion, often tied to interpersonal relationships, and relief from their anxieties about death. “Counselors can help people achieve the sense of completion that they’re seeking by assisting them in coming to terms with the life they have lived, their disappointments and achievements, and, if necessary, in saying or doing something to help heal important relationships,” he says. “Sometimes, not always, things that people have struggled for years to say can finally be said at the end of life. End of life is an exceptional time. Normal patterns of behavior can change. There is great potential for resolving issues that have endured for long periods of time. Counselors can be present to listen and to remind [clients] that things can be done to address these issues, such as reaching out to someone to apologize. The goal would be to help clients acknowledge their regrets without guilt, which people tend to be more able to do as they approach the end and face their own mortality.”

Other people experience anxieties related to what the dying process might be like, Nickel says. For instance, some clients are scared they might feel unbearable pain. Nickel says counselors can remind these clients that pain involves subjective interpretation of nerve signals, so it is something the mind can influence. Counselors can help clients learn a variety of mental techniques, including meditative methods, that may reduce or eliminate pain in many cases, he says. Having skills they can practice and build on beforehand in case they do experience pain as they are dying reduces anxiety for some clients.

For others, the prospect of dementia is frightening. Nickel says counselors can help clients who are still fully competent to explore how they feel now about being kept alive at certain stages of dementia in the future. “Counselors might have clients describe a point at which they might rather begin a natural dying process,” Nickel says. “One organization, Caring Advocates, has even developed a set of illustrated cards depicting a range of cognitive and emotional conditions specifically to help counselors and clients consider these issues in depth. The work that is done can be saved and used to produce a living will, which carefully documents a client’s wishes. In other words, by planning now, a legal foundation can be created to avoid unwanted measures later for extending life.”

Making decisions in advance

The topic of when a person might want to begin a natural dying process is where advance care directives, which can include living wills and powers of attorney, come into play. Both Nickel and Werth say counselors can seek training in order to help clients create these directives for themselves. According to the U.S. National Library of Medicine, advance directives “allow patients to provide instructions about their preferences regarding the care they would like to receive if they develop an illness or a life-threatening injury and are unable to express their preferences. Advance care directives can also designate someone the patient trusts to make decisions about medical care if the patient becomes unable to make (or communicate) these decisions. This is called designating ‘power of attorney (for health care).’”

“There are no right or wrong [answers],” Nickel says about creating a living will. “The important thing is to cut through some of the anxieties, get in touch with what you want and make sure that it’s legally written down.” A living will should not be completed hastily, Nickel says, but instead approached carefully, both by counselors and by clients. In addition, the directive should be reviewed periodically to make sure the client still feels the same way about end-of-life decisions.

If clients decide to designate a power of attorney, Werth says, counselors should suggest that the clients talk with the chosen power of attorney about their wishes, as well as inform their family of those wishes. “It’s important to have the conversation with other family members that ‘I’m asking Jean to do this, and this is what I want,’” Werth says. The counselor might invite a client and the client’s family into session to discuss the person’s decision, or the client might choose to have that conversation with his or her family in private, Werth says. Even the topic of inheritance can come up in a counseling session, Nickels says. “It’s not really about who’s going to get Grandma’s table; it’s about a lot more than that,” he says. If clients desire it, counselors can invite families into

Become Certified in Clinical Hypnotherapy

Imagine learning clinical hypnosis by enhancing your existing skills as a counselor. Professionals provide services to motivated, self-paying clients who are ready for change. Counselors who integrate hypnosis into traditional counseling report enhanced outcomes and greater satisfaction. We provide research proven methods of intervention to help you help clients:

- Stop Smoking and Control Weight
- Overcome test taking anxiety and social phobia
- Create self-esteem, end panic, and take control over life choices
- Build an all cash practice helping a different type of client
- Improve drug-free pain control and integrate hypnotherapy into medical treatment

800.390.9536
LearnClinicalHypnosis.com

Are you ready to create new opportunities?
session to have those discussions as well, Nickel says.

Facilitating sticky conversations such as those about end-of-life decisions or inheritance is what counselors are trained to do, and each counselor will have his or her own approach, Nickel says. “In general, all counselors will know techniques like setting rules for the discussion, making overall agreed-upon goals [and] having an outside facilitator such as the counselor present,” he says. “The art is in applying the right approach the right way at the right time. Questions around inheritance and helping families in this area can involve putting out fires that are already spreading. It’s important to make a distinction at the start [whether] a counselor is present as someone’s therapist or as a neutral facilitator — there to help the family communicate about difficult topics.”

**Tools to help**

Many counseling approaches can apply when clients are struggling to come to terms with their own mortality, Nickel says. A “counselor might help a client identify a few important relationships to start with and then to very clearly state what is needed in order to feel complete with each one,” he says. “The strategic part is then to help the client describe something that can be done to represent that act of completion. It might be symbolic [or] it might be sacrificial.”

Cognitive behavior therapy and solution-focused approaches can be helpful because they focus on the present instead of the past, Nickel says. “I don’t personally think that a lengthy analysis of one’s past is really what’s called for,” he says. “We need to act on [any issues] to get beyond [them].” He says the completion process might also involve getting rid of trauma, which may call for trauma-processing therapies such as eye movement desensitization and reprocessing or exposure therapy.

Narrative forms of therapy can also be beneficial, Nickel says. “[That] would focus more on having clients tell stories to create the record they want to leave and to pass along messages about what they feel is important,” he says. “Parts of what clients do would be in session, but a lot would not have to be.”
Meditation is yet another tool to offer clients. “Meditation tends to reduce emotional reactivity, which can help some people tolerate the negative emotional reaction to the thought of their own death,” Nickel says. “Meditation can also play a role in pain reduction, which is what many people say they fear most about end of life.”

Werth points to the effectiveness of dignity therapy, especially with clients who are going through the dying process. “Dignity therapy was designed by Harvey Chochinov and colleagues to provide dying people an opportunity to shape their own legacy for others,” Werth explains. “The therapist asks the ill person a series of questions in order for her or him to talk about the important parts of her or his life, key memories and people, and so forth in order to prepare a document for loved ones to have after the person dies. The research has indicated that this can be helpful to reduce the distress and suffering of dying people.”

Meaning-centered group therapy is another potential approach. “William Breitbart and colleagues developed meaning-centered group therapy from Viktor Frankl’s work discussing the importance of having meaning and purpose in life,” Werth says. “It was originally done in group format but has been adapted for individuals too. There can be a link to spirituality in the work, which helps to ensure that this important part of people’s lives is not inadvertently left out of the discussion. The focus is on helping people live their lives to the fullest in the time they have remaining.”

Werth adds that existential therapy can also make sense for these clients because of its link to finding meaning. “Frankl’s work on meaning is considered existential,” Werth says. “In addition, [Irvin] Yalom’s discussion of existential therapy focuses on four ‘ultimate concerns of life,’ all of which are clearly related to end-of-life matters: isolation, meaning/meaninglessness, freedom and responsibility, and death. By helping people address each of these areas, especially their fears, we can help them be active participants in the dying process instead of feeling powerless and out of control.”

Getting prepared

It is crucial for counselors to focus on their own self-care before seeking to work with clients who are facing issues surrounding mortality, Werth says. “Many counselors like to see change,” he says, “[but] when someone’s dying, we can’t change that. Hopefully we can help them have a better quality of life, but it can be overwhelming to hear what’s happening to [them].”

Staying mindful of how working with this population can affect them, counselors might choose to strike a balance between seeing clients who are dealing with issues of death and mortality and those who are not, Werth says. Counselors immersed in these issues should also be careful to maintain a good support system, take time off, engage in hobbies and be intentional about appreciating what they have in life.

Counselors also need to develop an awareness of the topics likely to push their buttons before working with this group of clients, Werth says. “If [clients] start talking about lung cancer and my grandmother died of lung cancer, and then that’s all I’m thinking about, I’m not being of much help,” he says.

Getting consultation after beginning to work with these clients can prevent additional personal issues from cropping up, Werth says.

Counselors are already equipped with many of the skills needed to work with these clients, but Nickel says additional training specific to end-of-life issues is necessary. For example, counselors should seek training in advance care directives, he says. “Some very simple care directive forms may be sufficient for some circumstances, but not for all,” he says. “The more you document, the more you reduce uncertainty. I believe that counselors working with clients at the end of life should know about a range of care directive approaches and be able to recommend a few options that best suit each individual and family.” Nickel suggests counselors consider looking at the Physicians Orders for Life-Saving Treatment, a national initiative adopted by many states, as well as Natural Dying Living Wills, an approach by Stanley Terman of Caring Advocates that also addresses Alzheimer’s and dementia.

Learning how each of the major religions views the end of life is also helpful, Nickel says, as is learning different cultural expectations and traditions. For example, if an Asian American mother has just been given a cancer diagnosis, it would help to know that many Asian cultures are more collectivistic in nature, Nickel says. This means the counselor might need to focus on the whole family rather than assuming that the mother will be the sole or primary decision-maker concerning end-of-life issues.

Werth says counselors also need to be aware of the ethical and legal issues involved in this area of counseling and points out that the ACA Code of Ethics addresses end-of-life care for terminally ill clients (see Standard A.9). Counselors should also become familiar with any legal requirements regarding confidentiality after a client dies. Werth also suggests including any legal and ethical statements concerning confidentiality related to end-of-life care in informed consent documents.

Although Nickel says baby boomers may one day change the landscape, clients aren’t currently beating down counselors’ doors and asking to take proactive measures to prepare for their end-of-life experiences. If counselors secure some training in advance care directives, though, Nickel thinks it might open new doors of opportunity to help people prepare for end of life, both emotionally and practically. Counselors could let their current and former clients know that they have the necessary training to help create advance care directives, Nickel says. “It’s a good, concrete thing,” he says. “A lot of things come out once you start the process, but that’s a good way to begin.”

To contact Thomas Nickel, email tnickel@alliant.edu; for more information on his online course, visit news.uofthenet.info/topics/iddcourse.

To contact James Werth Jr., email jwerth@radford.edu.

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

Letters to the editor: ct@counseling.org
Only 60 more mentors needed for ACA mentoring program

To directly address the mentoring needs of counseling students, last year’s pilot American Counseling Association mentoring program has been updated and redesigned. Applications for both mentors and mentees are currently being accepted, but the need for mentors is especially great. Participation in the mentorship program can involve as much — or as little — time as parties are interested in committing. By participating in the program, mentors have an opportunity to influence and help grow and shape the next generation of counselors. Through the mentoring relationship, mentors are also provided with opportunities to develop their leadership, coaching and feedback skills, while simultaneously expanding their professional networks.

The ACA mentoring program is designed to provide counseling graduate students or newer counseling professionals who have graduated within the past year an opportunity to pair with a seasoned professional colleague who shares similar interests, experiences and goals.

To serve as a mentor, you are required to have a master’s degree in counseling and at least two years of counseling-related experience. To receive an application to participate in the program, please send an email to mentoring@counseling.org.

NBCC Foundation offering scholarships for counseling students

The NBCC Foundation is pleased to announce the 2013 military and rural scholarships available for students pursuing a career in professional counseling. The scholarship program is an integral component of the NBCC Foundation’s mission to leverage the power of counseling by strategically focusing resources for positive change. The goal of the scholarships is to increase the number of counselors in priority underserved communities.

The military scholarship provides financial support to service members and veterans who are currently enrolled in CACREP-accredited master’s-level counseling programs and who commit to serving military personnel for a minimum of two years upon graduation.

Similarly, the rural scholarship provides financial support to students who are currently enrolled in CACREP-accredited master’s-level counseling programs and who commit to serving rural areas upon graduation.

Both scholarships are in the amount of $5,000, and five of each scholarship are available. Recent military experience is required for the military scholarship, and residence in a rural area is a requirement for the rural scholarship. The deadline for applications is Nov. 1. Scholarships will be awarded in February.

For more information about the NBCC Foundation scholarships, please visit nbccf.org/programs.

ACA partners with SAMHSA for 2012 Voice Awards

The American Counseling Association once again served as a program partner with the Substance Abuse and Mental Health Services Administration (SAMHSA) for the seventh annual Voice Awards ceremony on Aug. 22. Taking place in Hollywood and hosted by David Shore — writer, producer and creator of the hit TV show House — the ceremony recognized community, sports, TV and film industry leaders who have worked to increase public understanding and acceptance of people with mental health and/or substance use disorders.

ACA Executive Director Richard Yep, ACA President Bradley T. Erford and Patty Nunez, a past representative to the ACA Governing Council and current president of the California Association for Licensed Professional Clinical Counselors, attended this year’s event (see picture).

Metta World Peace of the Los Angeles Lakers received a special recognition award for his work to raise awareness about mental health issues and for his financial support of nonprofit organizations that provide mental health awareness and treatment services for children. SAMHSA also recognized screenwriter and producer Shonda Rhimes with a career achievement award for her ongoing efforts to educate TV audiences about the real experiences of people with behavioral health problems and those affected by trauma. Current and former professional athletes Chris Herren, Chamique Holdsclaw and Brandon Marshall were also honored for speaking out about the mental health challenges they faced during their playing careers.

The 2012 Voice Awards entertainment winners were:

Television category
- Castle (ABC) for the episode “Kill Shot,” addressing resilience, peer support and recovery from trauma
- Glee (Fox) for the episode “On My Way,” addressing suicide prevention, resilience and recovery from trauma
- Homeland (Showtime) for the episode “The Vest,” addressing mental illness, peer support and recovery
- Law & Order: SVU (NBC) for the episode “Personal Fouls,” addressing mental illness, peer support and recovery
- Necessary Roughness (USA) for a series of episodes addressing behavioral health issues and recovery
- Parenthood (NBC) for a storyline addressing substance abuse, family support and recovery

Film category
- Take Shelter for addressing mental illness, family support and recovery

Documentary category
- Bob and the Monster for addressing substance abuse, peer support and recovery
- Demi Lovato: Stay Strong for addressing behavioral health issues, resilience and recovery
- Unguarded (ESPN) for addressing substance abuse, resilience and recovery
Joining Forces: NBCC takes action to serve military populations

Since 9/11, more than 2 million troops have been deployed to Iraq and Afghanistan. Approximately one in six of these service members suffer from the invisible wounds of war — post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). Although the need is great, only half of returning service members who need mental health care actually seek it, and that care is often inadequate. Moreover, the suicide rate is skyrocketing in the Army, having reached an all-time high in June 2010.

The demand for mental health care by service members, veterans and their families is compelling, and the National Board for Certified Counselors has made addressing it a priority. NBCC has successfully lobbied Congress and the Obama administration to allow counselors to serve military personnel and veterans. New laws and regulations establish independent practice rights for professional counselors in the Department of Veterans Affairs (VA) and the Department of Defense (DoD). In 2009, the NBCC Foundation created scholarships to support military personnel and veterans who wish to pursue a degree in counseling. NBCC has also partnered with the White House in a national initiative called Joining Forces.

First lady Michelle Obama and Jill Biden, wife of Vice President Joe Biden, launched Joining Forces in April 2011 for the purpose of mobilizing all sectors of society to support and honor service members, veterans and their families. Joining Forces focuses on improving employment, education and wellness of service members, veterans and their families, while also raising awareness of the challenges they face.

On April 11, 2012, NBCC attended the one-year anniversary celebration of the Joining Forces initiative, hosted on the White House South Lawn. The first lady and Jill Biden both spoke at the event, as did Gen. Martin E. Dempsey, chairman of the Joint Chiefs of Staff. Guests at the celebration included Tom Brokaw and many high-ranking military officers and administration officials.

NBCC was invited to be a partner in Joining Forces at its inception. NBCC is a partner in the wellness group, along with many prominent organizations, including the American Medical Association and most medical societies, the American Nurses Association and the core mental health professional associations.

Joining Forces has hosted numerous in-person and teleconference meetings as part of the initiative. In January, NBCC participated in a roundtable meeting with more than 30 other health care organizations. Joining Forces teamed with the Joint Chiefs of Staff to address short-term opportunities for expanding collaborative partnerships between the DoD, VA and the private sector. Michelle Obama spoke at the meeting, reinforcing the importance of providing culturally appropriate care to military populations.

The NBCC Board of Directors recognized the significance of the Joining Forces initiative and made an organizational commitment to the cause. On Feb. 4, 2012, the board approved a motion: NBCC will aspire to train our 49,000 National Certified Counselors to provide mental health care to service members, veterans and their families that is culturally and clinically appropriate. NBCC will establish and promote strategies to infuse military issues into the practice of mental health, addictions, couple and family, school and career counseling.

In response to the board’s action, NBCC President Thomas Clawson stated, “This
comfortable in my misery.” The unusual is experienced over and over and soon becomes the “new normal.”

The second roadblock Col. Mullane discussed was the failure of individuals to take personal responsibility. He told us that his plane crashed the first time he went up in a fighter. He was brand new, and the pilot he was with had a thousand hours of experience. So when the pilot said, “Let’s get that last target,” even though it would take them past their safe return zone, Mullane deferred to the experienced commander. Instead of saying, “But we’re running low on fuel!” he responded, “Sure.” He and the pilot ran out of fuel just short of the runway and crashed.

The lesson Col. Mullane was sharing was clear, and we have seen the related quote from Edmund Burke a hundred times: “All that is necessary for evil to prevail is for good [people] to do nothing.” Opportunities for us to take personal responsibility, to “walk the walk,” occur every day. So as we infuse empathy, compassion and the desire to be a team player into our work, families and relationships, please continue to ask two critically important questions:

- Did we take personal responsibility for our actions?
- Did we point out that deviations from excellence are occurring and that the inevitable result of these deviations is a growing tolerance of actions that do not represent excellence?

After all, ch-ch-ch-change is inevitable … but growth is optional!

NBCC understands the challenge and is committed to ensuring those needs are met. NBCC will continue to work individually and with the Joining Forces initiative to give back to those who have given so much to this country.

---

**FROM THE PRESIDENT**

Continued from page 5

The directive reinforces NBCC’s long-term commitment to our service members, veterans and their families. NBCC will marshal our resources and prestige to increase the quality and accessibility of mental health care to these heroes.

To implement the directive, NBCC established a multifaceted plan. In addition to ongoing lobbying and military scholarships, NBCC will seek to provide free continuing education to counselors on military-related topics through collaboration with NBCC’s approved continuing education providers (ACEPs). NBCC is waiving fees for ACEPs affiliated with the DoD and VA and developing a special edition on military counseling in its official academic journal, *The Professional Counselor: Research and Practice*. NBCC has also modified administration procedures to accommodate counselors who need to take the national examinations for military and VA employment.

NBCC is also participating in a special work group of the mental health disciplines through Joining Forces. The work group is committed to assisting the VA with its recently announced initiative to hire 1,600 mental health professionals. NBCC has notified National Certified Counselors of the availability of counselor positions and created a new webpage to educate these counselors about and facilitate VA employment. NBCC will continue to work with VA staff to fill vacancies until the department has a sufficient workforce to meet the needs of the veteran population.

The need for quality behavioral health services continues to rise as troops return from Iraq and Afghanistan and the demands of war take their toll.

---

**DATO STRESS INVENTORY, 2nd Ed.**

Measures Mild, Moderate, Severe, or Extreme Stress Easily completed and scored within ten minutes Free Sample Available • Free Unlimited Use

DATO STRESS INSTITUTE, LLC
radato@datostressinstitute.com

---

**Earn a PhD in Counselor Education**

Choose Montclair State University for the only doctoral program in counselor education and supervision in the greater New Jersey/New York area. We prepare outstanding scholars, academics, supervisors, and advanced counseling practitioners. Be one!

Applications are being accepted for our next doctoral cohort beginning in Fall 2013. For more information, please visit montclair.edu/cehs or email phdcounsel@montclair.edu

---

**Montclair State University**

1 Normal Avenue | Montclair, NJ 07043 | 973.655.4000 | montclair.edu

October 2012 | Counseling Today | 45
The keynote speakers for the American Counseling Association 2013 Conference & Expo in Cincinnati (March 20-24) are well known in their respective fields. The circles in which they are famous and the perspectives from which they view the counseling process are quite different, however.

Actor, humanitarian and mental health advocate Ashley Judd will present the conference’s opening keynote on March 22. Allen Ivey and Mary Bradford Ivey, counselors with a strong background in neuroscience, will follow on March 23 with a keynote titled “What Counselors Need to Know About the Intersection of Neuroscience and Counseling.”

**Brain-based counseling**

The Iveys have been researching neuroscience and its implications for the counseling profession since the 1970s. Allen is distinguished university professor emeritus at the University of Massachusetts, Amherst and courtesy professor at the University of South Florida (USF). He is a life member and fellow of ACA and the originator of the influential microcounseling framework and developmental counseling and therapy. He has authored or co-authored more than 40 books and 200 articles, and his work has been translated into 20 languages.

Mary is a national certified counselor, a licensed mental health counselor and courtesy professor at USF. Her areas of expertise include writing, independent consulting, school guidance and applying her consultation skills to school and management environments. Mary was one of the first 13 individuals honored with ACA fellow status.

“We feel honored and excited that we will present a keynote in Cincinnati on the relevance of neuroscience to counseling,” Allen says. “The basis for our presentation is the scientific finding that counseling changes the brain and that virtually all that we are doing [as counselors] is now backed up by neuroscience research. Neurogenesis, the development of new neurons and neural connections, occurs throughout the life span, even among the most aged. This possibility for human growth never ends.”

“Counseling has always been on the right track with its emphasis on wellness and client strengths,” he says. Attendees of the Iveys’ keynote can expect to hear the phrase brain-based counseling, which, Allen says, “means that all our efforts are making distinctive differences in the client’s brain.”

The topic of neuroscience has gained much momentum in the counseling profession since the Iveys first presented on it at the 2008 ACA Conference in Honolulu. “We had a moderate response in Hawaii, but interest in neuroscience has multiplied extensively, and we feel
lucky that many more counselors are now seeing its potential,” Allen says. “A lot has happened since that early presentation, and we have seen many new breakthroughs that increase our understanding of the counseling process and how we can help clients more effectively. We are eager to share some of our discoveries of the past few years. At issue is using this knowledge so that we can more effectively reach clients and help them achieve their goals.”

The Iveys will highlight empathy in their presentation as an example that counselors’ methods have been on the right track from the early stages. Says Mary, “Empathy has long been basic and central to our profession and to our personal identity as counselors. Carl Rogers has shown us the importance of empathy and seeing the client’s world as he or she experiences it. Counseling could be described as the empathic profession. Now, empathy can be identified through observation of brain activation through functional magnetic imaging. One of the more interesting studies [investigated] brain patterns of a client and a counselor in a real interview. Moments of highly rated empathic communication between the two showed in parallel brain processes.”

The Iveys emphasize that ACA members already understand the importance of working with their clients’ strengths and focusing on wellness in their practices. However, Allen adds, “knowing the power and influence of the limbic emotional system enables us to become even more aware of the need to facilitate positive emotions and effective decision-making.”

He cites strategies such as cognitive behavior therapy and stress management as “key part[s] of our practice, for we are indeed seeking to help our clients manage their thoughts, feelings and behaviors more effectively.”

Another part of the Iveys’ presentation will explain how using Therapeutic Lifestyle Changes (TLC) as a treatment option can help clients manage their thoughts and behaviors effectively. “TLCs are all oriented toward a positive wellness approach to body, mind and human development,” Allen explains. “We have spent far too much time on repair, when a reorientation to building on existing and future strengths will move us to health and wellness.”

In their keynote, the Iveys will cover the “big six” TLCs, which include the improvement of social relationships. Allen points out that this is what much of counseling has traditionally been about. All six TLCs strengthen client cognitions and emotions, he says, leading to better mental and physical health.

Mary states that prevention activities and social justice action are also strongly supported by neuroscience research and writing. “Evidence is clear that poverty, hunger, trauma — for example, neighborhood shootings — and abuse can actually slow or even destroy brain growth,” she says. “On the other hand, children and adolescents are resilient, and counselors can facilitate normal growth, and we do much to prevent these problems in the community.”

“Thus,” Allen says, “one of our central messages is that counselors have a responsibility for neurogenesis and neural growth in our clients and in their communities. We can only do this with a positive wellness approach to human change. Through TLCs, stress management and social action, our profession can and will make a significant difference for our clients.”

The Iveys will discuss these and other topics in more detail during their keynote in Cincinnati.

The other side of the coin

Ashley Judd can speak to that “significant difference” from a different perspective. In 2006, Judd, who has starred in 30 films and multiple TV shows in her career, spent time at an intensive inpatient treatment program at Shades of Hope, an addictions center in Buffalo Gap, Texas, to help her cope with a long-standing struggle with depression.

At the time Judd checked in to Shades of Hope, her sister, country music star Wynonna Judd, was being treated for an eating disorder at the same center. Ashley told Esperanza that after the counselors witnessed her acting out symptoms of a compulsive disorder, such as constantly tidying up her sister’s room, they suggested that she check into the center herself. She agreed.

“What I said was, ‘I’m so tired of holding up all this pain. I’m so glad to come to treatment,'” Judd told Nightline in an interview about her time in treatment.

“God saved me from being angry, and it impairs my ability to be of service to another human being.”

Judd wrote in her memoir, All That Is Bitter & Sweet, that her depression, which began at age 8, stemmed from a childhood filled with abuse and loneliness, as her mother and sister, the famed country music duo, The Judds, would leave her at home when touring across the country.

Esperanza reports that Judd went to 12 schools in 13 years, and this insecurity, coupled with feelings of loneliness, fed into her depression as well as a fear of the unknown. “I remember what it was like for me … when I was living in a perpetual state of anxiety,” she told the magazine.

“It feels like you can’t breathe properly. Every thought you have brings more stress, and for me, the most frustrating part was that I felt powerless to change it. The really frustrating part is that a part of you recognizes that you are doing it to yourself. But there’s this inexorable force pushing you down, and what’s really [messed] up is that you end up hurting your own feelings. I’m good at creating these dead ends for friends and loved ones where it makes it impossible for them to help.”

Judd acknowledges acting out through fits of rage and cleaning frenzies in an attempt to cope with her feelings of depression and anxiety.

But according to Judd, her treatment experience at Shades of Hope was both successful and life changing. Following her positive experience, she became an advocate for the therapeutic process. She will be speaking about that experience during her keynote at the ACA Conference.

In 2010, Judd graduated from Harvard University with a degree in public administration and has found new meaning through charity work and spending time as a political activist and...
It’s Time to Contribute Your Fall Syllabi!

Contribute your voice and experience to the ever-expanding ACA-ACES Syllabus Clearinghouse. We are adding fall syllabi now! Your contribution will be searchable by ACA members via your name, institution, category, and key words. The site is searched an average of 700 times per month!

Thank you to these recent contributors:

Susan Adams, Texas Woman’s University
- Addictions (Addictions/Substance Abuse Counseling)
- Crisis Intervention Counseling (Special Topics)

Betsy Page, Kent State University
- Group Work: Theory and Techniques (Group Work)

Jered Kolbert, Slippery Rock University
- Research and Program Assessment (Research and Statistics)

Catherine Tucker, Indiana State University
- Play Therapy Workshop (Counseling Theories)
- Introduction to School Counseling (School Counseling)

Robert Bertolino, Maryville University St. Louis
- Foundations of Rehabilitation Counseling (Rehabilitation Counseling)
- Counseling and Personality Theory (Counseling Theories)

Riley H. Venable, Texas Southern University
- Counseling Research (Research/Statistics)

Denise L. Davidson, Bloomsburg University
- Introduction to the Helping Professions (Helping Relationships)
- Adaptive and Maladaptive Behaviors Across the Lifespan (Mental Health Counseling)

John Sommers-Flanagan, University of Montana
- Counseling Theories & Techniques in Context (Counseling Theories)
- Interviewing and Case Histories (Helping Relationships)

Harriet Bachner, Pittsburg State University
- Career Development (Career Development)
- Theories & Techniques of Family Counseling (Marriage/Couple/Family Counseling)

Questions, comments: syllabus@counseling.org

Visit counseling.org, click on the Syllabus Clearinghouse button on the right side and sign in.
This is a members-only service.

humanitarian focusing on issues such as AIDS, poverty and women’s issues.
She is a global ambassador for YouthAIDS, a global health organization targeting malaria, HIV and reproductive health, and has been a member of its board of directors since 2004. Judd has traveled with the organization to places affected by illness and poverty such as Cambodia, Kenya and Rwanda.

In 2011, Judd joined the Leadership Council of the International Center for Research on Women and is involved with other organizations such as Women for Women International and Equality Now.

In April, Judd wrote a piece for The Daily Beast slamming the media for speculating over what they called her “puffy” appearance and incessantly commenting on the appearance of women and girls everywhere. “The assault on our body image, the hypersexualization of girls and women and subsequent degradation of our sexuality as we walk through the decades, and the general incessant objectification is what this conversation allegedly about my face is really about,” she wrote.

Judd also advocates for more public acceptance of mental health issues in society. “Unfortunately, there’s still a huge stigma around all kinds of mental illness, and depression in particular,” Judd told Esperanza. “It’s odd. We don’t stigmatize people with epilepsy, which is another debilitating disease. I think the disease element of depression needs more traction. People need to understand that depression isn’t just a matter of being sad. It’s a condition and a real illness. It’s actually a full-blown public health issue. But right now … talking about depression is like coming out. And … I don’t mind being one of the first to talk about my so-called little secret.”

For more information on the ACA 2013 Conference & Expo, visit counseling.org/conference.

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

Letters to the editor: ct@counseling.org
Addressing challenging behaviors for individuals with autism spectrum disorders

As of this past February, the Centers for Disease Control and Prevention continued to estimate that the rate of autism in the United States was on average one in every 110 children. “Challenging behaviors” is a broad term generally used to refer to any behavior that is a barrier to an individual achieving a specific outcome or goal. For an individual with autism, an outcome or goal might be as broad as inclusion in a general education classroom or as specific as walking independently from the car to the front door of a residential setting.

Individuals with autism may exhibit a range of challenging behaviors. These may include aggressive behavior toward others such as hitting or biting, self-injurious behaviors such as head banging or eating dirt, noncompliance such as throwing oneself on the floor or screaming during a class activity, and property destruction such as punching windows or breaking educational materials. Other common behaviors include spitting, nose picking, repetitive reciting of lines from movies or TV shows, obsessions with specific topics such as trains or animals, and restricted food preferences. Self-stimulatory actions such as trains or animals, and restricted food preferences. Self-stimulatory actions or “stims” may also become challenging behaviors if they serve as barriers to reaching the desired goals for the individual. Stims include but are by no means limited to hand flapping, rocking, toe running, head shaking and teeth grinding.

A challenge for community and school counselors

Community and school counselors are often called on to address the challenging behaviors of individuals with autism despite having little to no training in this area. With a major push in the field to focus on “proven” therapies for this population, the National Standards Project, a primary initiative of the National Autism Center, addressed the need for evidence-based practice guidelines for autism spectrum disorders (ASDs) by reviewing the available research regarding treatments currently being used. The National Standards Project sought, among other things, to “provide the strength of evidence supporting educational and behavioral treatments that target the core characteristics of these neurological disorders.”

Various treatments were rated as:

- Established: Sufficient evidence is available to confidently determine that a treatment produces favorable outcomes for individuals on the autism spectrum and is thus effective.
- Emerging: Although one or more studies suggest that a treatment produces favorable outcomes for individuals with ASDs, additional high-quality studies must consistently show this outcome before drawing firm conclusions about treatment effectiveness.
- Unestablished: There is little or no evidence to draw firm conclusions about treatment effectiveness with individuals with ASDs.
- Ineffective/harmful: Sufficient evidence is available to determine that a treatment is ineffective or harmful for individuals.

According to the report, “Approximately two-thirds of the established treatments were developed exclusively from the behavioral literature (e.g., applied behavior analysis, behavioral psychology, and positive behavioral supports). Of the remaining one-third, 75% represented treatments for which research support comes predominantly from the behavioral literature.”

The utilization of behavior therapy is often a very small part of counselor training programs. Based on the proven effectiveness of this type of treatment, teaching counselors how to apply basic behavioral principles with this population and their families is important. This knowledge is absolutely imperative for a counselor practicing in a rural area where the availability of specialists in the field of applied behavior analysis is limited or nonexistent. For a comprehensive overview of treatment interventions, counselors can download a copy of the National Standards Project report at nationalautismcenter.org.

Respecting individual needs and unique paradigms

In professional and popular literature, individuals with “classic” autism and other ASDs such as pervasive developmental disorder or Asperger’s disorder may be divided into distinctly different population categories. Thus, it is important when reading published literature to understand clearly the population to which the authors are referring. For the purpose of simplicity, in this article, individuals diagnosed with autism will be included under the umbrella of ASDs.

Individuals with ASDs demonstrate a wide range of symptomology depending on which areas of the brain have been affected. Distinct differences also exist depending on whether the onset of symptoms was apparent from birth or regressive in nature. Thus, counselors at intake should gather information related to the client and the family’s interpretation of the diagnosis and future prognosis.

Autism does not discriminate on the basis of factors such as race, ethnicity, socioeconomic status, religion, culture or age, although “pocket” locations where increased diagnoses are reported do exist. Behavioral strategies must be developed and implemented based on the individual’s needs in the context of his or her unique paradigm.

For example, while working with a family that recently had relocated from India, our team of practitioners initially neglected the importance of taking the experimental research and applied behavioral instruction and making it “translational” by accounting for the other contextual factors not necessarily...
Assessing the function of a behavior

The objective assessment of the function of a behavior prior to treatment is imperative to ensure ethical treatment. This can be challenging because clients with ASDs have inherent difficulties stating their needs, either because they are nonverbal or lack effective conversational skills. Although the family or other caregivers can provide subjective guesses as to why a particular behavior is occurring, it is important for counselors to collect some baseline data and to conduct some important rule-outs.

After the initial intake and preliminary goal setting, counselors should clearly define the behavior and gather some basic data to determine factors such as function and frequency. Clearly defining a behavior, or set of behaviors, means taking the initial descriptions from the client, family, caregivers or other professionals and then writing out the targeted behavior so that all parties agree. For example, a parent or teacher might commonly define a behavior as a “tantrum” or a “fit.” It is important to determine the specific behaviors being targeted because a tantrum for one person might involve screaming and throwing things at his or her feet or throwing items while crying.

Terms such as baseline data and functional analysis are outside the repertoire of many counselors, but they are important skills to acquire. Taking some basic preliminary data (for example, how many behaviors occurred per day prior to starting the intervention?) and subsequently following up with post-treatment data (how many behaviors occurred per day after two weeks of continuous treatment?) provides counselors with documentation regarding whether the treatment they recommended or implemented for measurable behaviors is resulting in the desired change.

In the field of behavior analysis, it is generally agreed upon that all challenging behaviors have some basic functions. These include escape or avoidance, access to a tangible item or activity, attention from others or self-stimulation. To determine the function of a behavior, counselors can teach parents or staff to take “ABC” data. In the most simplistic terms, this involves writing down the antecedent (what happened before the behavior), the behavior (exactly what happened) and the consequence (what happened after the behavior). This information will drive your treatment.

For example, if Bob engages in screaming and throwing things when brought to the table for breakfast and a staff member stops the behavior by immediately giving Bob attention (talking to him or hugging him), Bob may have paired screaming and throwing things as ways to get positive attention from staff. So, the function of screaming becomes to gain attention. The treatment might be to ignore the screaming and teach Bob to request a hug either by pointing to a picture or signing/saying “hug.”

If, on the other hand, you take data and discover that after Bob engages in screaming and throwing things, a staff member removes the food from the table and brings him something else to eat, then the function of the behavior is to gain access to a tangible item (in this case, a preferred food item). So, the treatment might be to offer Bob choices prior to coming to the table. If he still engages in screaming and throwing things when preferred food is not available, you might ignore these actions and teach Bob to say or sign that he wanted mac and cheese or point to a corresponding picture.

This teaches Bob that indicating what he wants gets him the preferred food, while screaming and throwing things does not.

In a third scenario, Bob screams and throws things at the table after eating when he hears the announcement “Time to clean up.” A staff member removes Bob and takes him back to his room to play video games and calm down. The function of Bob’s behavior may be to escape the task of having to clean up. In this case, he also receives the positive reinforcement of getting to play his video games. The treatment might be to teach Bob, at a time not paired with meals, how to perform the expected cleaning duties (take his plate to the sink, put his glass in the dishwasher, wipe his mouth, wash his hands and so on). Giving Bob access to his favorite video games

50 | Counseling Today | October 2012
can heavily reinforce this good cleaning behavior and the absence of screaming and throwing things. For example, for every two minutes of cleaning, Bob earns 15 minutes of playing his favorite video game. When he screams and throws things, the video games go away.

In each of the scenarios, Bob’s challenging behavior was the same, but it functioned in three different ways: gaining attention, gaining access to something tangible and escaping from a demand.

After you have collected your baseline data and before beginning treatment, it is also advisable to consider reviewing the least restrictive treatment strategies for addressing challenging behaviors. These might include a medical rule-out for a coexisting condition. For example, a child might not be crying and hitting during music class because he doesn’t like the music but rather because he has developed an ear infection and the frequency and confined space hurt him. Similarly, a young girl with autism who has been toilet trained for a long time begins having accidents when she is in class. She might not be trying to escape classwork but rather has a urinary tract infection.

Conclusion

In summary, providing effective treatment for challenging behaviors for individuals with ASDs begins by conducting a comprehensive intake that includes looking at contextual variables, collecting baseline data and ruling out any coexisting conditions such as an illness, side effect from medicine or seizure activity. Next design a treatment and communicate it clearly to your client, the client’s family or caregivers, and other staff. Then collect data to ensure that the targeted behaviors are being significantly affected by the treatment that has been implemented. Finally, revise the treatment, if necessary, on the basis of the data you collected.

Working with individuals with ASDs to develop effective treatment is as varied as working with any other counseling population. But for many of us, the outcomes produced are worth the little bit of extra effort required.

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

Chris Mann Sullivan, a licensed professional counselor and Board Certified Behavior Analyst, has more than 18 years of experience working directly with adults and children with autism and related disorders. In addition to her work in public schools and community agencies, she served as a program director for a private day school for children with autism spectrum disorders. She has also worked on teams conducting research studies related to families and autism. She trains and presents nationally and internationally. Contact her at dr.csullivan@ymail.com.

Letters to the editor:
ct@counseling.org

---

Does your Practice Accept Insurance? We Can Help!

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

Also, ask us about Affordable Medical Billing!
ACA 2013 Elections: 
Online voting begins Dec. 3

Online voting for all American Counseling Association elections will begin Monday, Dec. 3, at 12:01 a.m., and will close Thursday, Jan. 31, at 11:59 p.m. ET. The electronic vote process will again be completed through our secure provider, Votenet Solutions. Only members in good standing as of Nov. 1 will be eligible to vote. If you are unable to vote online or would prefer a paper ballot, please call ACA Member Services at 800.347.6647 ext. 222. If you choose to complete a paper ballot, the deadline to receive your ballot at Votenet headquarters is the same as it is for online voting: Thursday, Jan. 31.

A new addition to the eballot being sent to ACA student members this year is that they will elect the first student voting member of the Governing Council.

Watch for additional announcements and reminders about voting in ACAeNews. All members for whom we have an email address will receive via email a personalized eballot link for quick access to the Votenet secure site. If your email address has changed recently or if we do not have your email address, visit counseling.org and log in as a member to check your member profile.

If your membership is up for renewal in October, be sure to renew prior to Nov. 1 so that your voice will be heard in the 2013 ACA elections.

Q&A with ACA president-elect candidates

The two candidates vying to become the American Counseling Association’s next president-elect, Kelly Duncan and Robert L. Smith, were asked to provide answers to several questions about issues relevant to the association and to the counseling profession. This month, their answers to the first two questions appear. Answers to the remaining questions will be published in the November issue.

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

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

As president of the American Counseling Association, delineate specific steps you would use to promote comparable reimbursement for professional counselors as paralleled to other mental health professionals.

Kelly Duncan: ACA has worked diligently in the federal arena to promote reimbursement parity, and I see this work as one of my top priorities if I am elected as ACA president. Promoting reimbursement parity needs to be a concerted effort at the local, state, and national level. Not only would I promote our continued national efforts in this area, but I would also focus my efforts to provide our members with the training and information necessary to effectively advocate for reimbursement parity. Utilizing the array of resources that ACA possesses, such as various technology avenues, we can reach deep within our membership to promote parity from the ground up. Guiding branches on how to best work with their government entities, and promoting the value of granting professional counselors the same reimbursement access as other professionals will be essential at the local level. At the national level, we need to continue to prove our credibility and competence as counselors by using evidence-based practice and outcome measures. Fostering relationships with government and private providers to communicate the essential role of the counselor as a mental health service provider, and lobbying for comparable reimbursement will be a primary goal in my agenda.

Robert L. Smith: Consistent and systemic advocacy efforts are needed in order for licensed professional counselors to reach and maintain comparable reimbursement with other mental health professionals. As President of ACA I will

- establish online access networks so private practitioners and others can inform ACA and State Branches of LPC’s not obtaining comparable reimbursement with other mental health providers
- identify legislators, professional leaders, agency executives, national and state association leaders, and others establishing a collaborative team
- work with the above leaders developing a consistent message to create change in policies by discriminating agencies, whether it be insurance providers, the Veterans Administration, or policies of Medicare coverage
- orchestrate immediate action by the above entities using multiple methods (direct contact, email, letters, and phone calls) to discriminating agencies until equitable results are obtained.
I have had the opportunity to meet with state and national legislators (most recently as part of the ACA Leadership Institute in Washington D.C.) and with insurance provider executives. As an advocate for counseling and licensed professional counselors I will emphasize the need for more financial resources to be directed to this issue. I believe I have the leadership and communication skills to effectively facilitate change.

Given the current economy, many new counseling professionals are finding it difficult to find gainful employment in our field. What will you do as president to respond to this concern?

Kelly Duncan: There is nothing more disheartening than seeing passionate, capable new counselors not be able to find gainful employment, especially in an era when their services are so desperately needed. As president, I would work with ACA staff to continue expanding our job search resources for members. New graduates are in need of more support than just job searches — they need the tools to effectively market their services, communicate their essential skills, and make lasting connections in the field. I would seek ways to expand these services by working cooperatively with branches to coordinate resources at the local level, such as job listings on their branch websites and opportunities for professional contacts. I would additionally explore ways to meet their needs for competitive tools and strategies through tailoring materials and resources through ACA conference sessions, our online career resources, and outreach to our divisions, such as the Association for Counselor Education and Supervision.

Robert L. Smith: Having mentored a large number of students as a counselor educator this is a concern of mine. As a Past President of the National Career Development Association I understand the importance of career and well being. I believe the mentoring process of helping master’s and doctoral students obtain gainful employment begins as they enter their graduate program.

I will collaborate with: The Association for Counselor Education and Supervision (ACES), NCDA, the National Employment Counselors Association, and other associations as they have the resources and expertise to prepare students for gainful employment. Seminars at national and state conferences, career webinars’, and the expansion of existing job search networks will be emphasized. I will expand the communication links and networks listing employment opportunities at the state, national, and international levels.

As ACA President I will work with ACA and State Lobbyists advocating for hiring licensed professional counselors by the Veterans Administration and as Medicare providers. I will work with national and state school counseling associations, advocating hiring, not eliminating, school counselors. I will lobby for the support of the Elementary and Secondary School Counseling Program at and beyond its current funding of $52.3 million.
Simple therapeutic interventions for rewiring the maladaptive brain

When taking my undergrad- uate and graduate classes many moons ago, my least favorite courses were Biopsychology and Cognitive Processes, during which our professors would lecture at great length about the structure and function of the brain. As a student embarking on a new career in mental health, I was aware I needed to know this important information, but I just couldn’t get into it. So, I skipped along in my career, content to understand the basics of the brain without really applying this knowledge in any useful manner.

But a few years ago, while researching ways to keep my counseling techniques fresh, I came across several articles that covered the most recent discoveries in neuroscience. That research ignited my current love affair with the most complex organ in the universe — the human brain — and helped me to understand how people really change their behaviors.

Let’s take a moment and ponder that question: What really causes an individual to change his or her behavior? You might answer that question in many ways depending on your theoretical perspective and on your specific observations and experiences dissecting human behavior. Regardless of how you answer, one fact is that change must first occur at the neurological level before we will see it at the behavioral level.

Understanding the biology of the human brain can also assist clinicians with understanding how and why people change. Clinicians are successful at their craft when they can produce a physical change in their clients’ brains. Obviously, they cannot get inside and rewire a brain, but they can set up conditions that favor this rewiring and create an environment that nurtures it (see The Art of Changing the Brain by James E. Zull). This article will explore how individuals change their behavior neurologically and examine some therapeutic techniques to stimulate this fascinating process.

Neural networks
The human brain is constructed of a vast amount of neural networks that form every thought or experience people have in their lives. Neuroscientists have found that these networks are interconnected as an intricate web of memories, thoughts and experiences. Hearing a special song can kick-start a flurry of recollections; a particular scent can guide an individual toward a memory of a particular person or place. This phenomenon indicates how the brain is circuited for memory.

For example, take the word teacher. Each person has a specific neural net that was created on the basis of experiences with the various teachers in his or her life. Another way to look at this is as a type of associative memory. Thoughts, ideas and feelings are constructed and interconnected in a neural net that may also have a potential relationship with another network of neurons. So, mention the word teacher, and one individual may automatically picture her lovely fifth-grade teacher, while another person might think of his difficult college math instructor.

Feelings and emotions are also entangled within neural networks. For example, the word love is stored in a vast neural net that is based on an individual’s experience with that term. Subsequently, the concept of love is also created from many other ideas. For some people, love may be connected to the memory of disappointment, pain or anger. Anger may be linked to hurt, which may be linked to a specific person, which then is connected back to love (for more on this, see What the Bleep Do We Know? by William Arntz, Betsy Chasse and Mark Vicente). Therefore, when a person thinks of “love,” she may remember the person who broke her heart and still be angry about it. In essence, the enormous number of neural nets that each human possesses color all of his or her perceptions and interactions with other people.

Neurocounseling
Insights in the field of neuroscience reveal that many emotional and behavioral disorders previously believed to be the product of environment or experiences can be rooted in neurobiology. This is what synchronizes us to the idea of “neurocounseling,” the term I use to describe therapeutic interventions that assist people in changing their maladaptive neural connections. Other terms that also describe these types of techniques are “brain-based therapy” (John B. Arden and Lloyd Linford) and “neural pathway restructuring” (Debra Fentress).

When one thinks of his or her life experiences, what is being contemplated is really the experience of that person’s neurons. The experience cannot be predicted because it comes from the complex and random events of one’s life, and it cannot be programmed. Counselors strive for their clients to understand their maladaptive behaviors, and this is accomplished through the changing of the individual’s neural connections. Unless some change in these connections takes place, no progress or understanding will occur.

One important note is that counselors cannot remove specific neural nets that already have been established in a person’s brain. According to Zull, these nets actually leave a physical imprint on the brain. Instead, counselors must let clients use the neural nets they have already built — and which are related to clients’ own life experiences — and then use those as the foundation for motivating new neural nets to blossom. This is the only way a person learns new information and changes his or her behavior.

People must be able to relate to something before they can understand it, which is why the set neural nets are so important. If no established net exists, the individual has no reference point to understand or to change. Counselors may wish for clients to have more positive connections that cradle their self-esteem in the specific neural networks or fewer
connections when it comes to their addiction to gambling, but unless some change takes place in these connections, no progress or change in behavior will occur.

**Changing neural networks**

The first step to facilitating change in neural nets is to identify them. One way to figure this out is simply to have clients talk about previous life experiences. The counselor’s job is merely to listen and pay attention to what clients say about themselves. Even in the first therapy session, as we build rapport and gather information about the client’s history, we can begin to identify his or her neural networks. By asking numerous questions, we generally get a feel for the individual’s overall issues such as difficulty trusting others, low self-esteem or poor anger control. As we identify the client’s established neural networks, we also can begin to work within the realm of the client’s experiences.

Identifying a client’s neural networks and inspiring a physical change in the client’s brain involves seeing counseling in a different light, which can likewise encourage new counseling techniques. Remembering how personal and individual a person’s neural nets can be allows counselors to experiment in different sensory avenues such as art therapy, music, therapeutic stories, psychodrama and other creative techniques. Each of these avenues can help facilitate the process of engagement and provide interesting ways to stimulate the senses. This type of sensory input will engage the networks to be active and open to learning new information. Neurons that are repeatedly used grow stronger. The more these neurons fire, the more they send out new branches looking for fresh and useful connections. Neural networks are also flexible, meaning new experiences can be added to old ones and old ones can be blended with the new. As new and different networks fire, the brain will form new connections and will physically begin to change.

One of the best approaches good clinicians can take is to help clients feel they are in control. One way to do this is to allow clients to draw from their own experiences. Clients often come to therapy with some positive networks already established, and once those networks are understood, clinicians can build on them. As previously mentioned, engaging clients’ senses through creative therapeutic techniques can be helpful in stimulating their interest in therapy and in generating new neural networks. Furthermore, cognitive behavior techniques such as “thought stopping” and “thought replacement” can be useful in creating the framework for new nets. When fresh neural nets bloom because of an insight gained into a situation or a behavior, the counselor can be assured that the client is on the path to healing.

**Case example**

I recently worked with a client who was referred with issues of anger and depression. She struggled with controlling her temper and often would have outbursts of anger toward others at her job, at home and at school. She also had a tendency to become easily frustrated. In gathering information about her background and experiences, I deduced that many of her neural networks were dedicated to anger over the physical and emotional abuse her mother had perpetrated on her as a child. As I began to understand her realm of experiences and relate them to the biology of her brain, I recognized that her brain was essentially wired for anger.

During one of our initial sessions, this client shared that her mother had also been a victim of physical and emotional abuse as a child. Because the client already had an established net for what it was like to be abused, I was able to guide her toward the insight that her mother was also most likely struggling with anger and depression stemming from her own abuse issues. The client was able to identify this insight because of her already established neural net and was able to begin to work on seeing her mother from a different perspective. She blended her old neural net — anger toward her mother — with a new neural net of being able to empathize with her mother.

Because networks grow stronger the more they are used, I knew it was important to keep the client seeing things from a new perspective. Building on the foundation of several important insights, I was able to help the client continue to change her thinking and reactions toward her mother, which in turn led to a decrease in her own anger. The biological change of her neurons directed the change in her thoughts, which ultimately changed the wiring in her brain. My role was to help her identify the neural net maintaining her anger, assist her to build a new neural net based on insight and empathy, help her to continually reinforce this healthier neural net and then help her to make the net stronger through use and application.

**Conclusion**

Teaming the fields of counseling and neuroscience demonstrates how these two disciplines can enhance each other. The human brain is a learning organ, and by exploring the biology of the brain, mental health professionals and neuroscientists can discover new and innovative approaches for the advancement of both fields. Mental health professionals who understand the biology of the brain will find it a valuable asset in also understanding how change occurs in human behavior. The practice of identifying established neural networks and then building on them to form positive connections will lead clients to change their maladaptive behaviors. In essence, a person’s neural nets are the building blocks that construct their thoughts, which ultimately create their reality and perceptions.

To increase the likelihood that new connections will form, it is important to work with clients’ current established neural nets, which will enable clients to gain greater insight into themselves or their situations. Therapy techniques that engage the sensory brain are often helpful in facilitating the neural creation process. Furthermore, cognitive behavior techniques can help clients use more effective and adaptive networks.

As neuroscience continues to unlock the mysteries of the human brain, it is imperative that mental health professionals pay attention to these revelations so that a more thorough understanding of the secrets to human behavior can be discovered.

Nicholette Leanza is a supervising professional clinical counselor and licensed psychotherapist with substantial experience working with children, adolescents and adults in a variety of treatment settings. She works as an adjunct instructor of psychology and sociology at the University of Phoenix, Cleveland Campus. Contact her at nleanza1@gmail.com.

Letters to the editor: ct@counseling.org
Alex Teves loved trying new things: going to a hole-in-the-wall neighborhood restaurant that his friends had overlooked; drinking a new beer from a local brewery; pushing himself to the limit in an 8-mile obstacle course known as the Tough Mudder; bringing together groups of people who wouldn’t ordinarily run in the same circles for a surprisingly great night.

Teves, a 24-year-old Arizona native, recent counseling psychology graduate and American Counseling Association member, was among those killed during a mass shooting inside a movie theater in Aurora, Colo., on July 20. Even as friends, family and former professors mourn the loss of Teves, they are recalling how the comic book lover’s adoration of superheroes spilled off the pages and into his everyday life, as he constantly put others first and left the world a hero himself.

Alex’s father, Tom Teves, believes one of the reasons his son loved reading comic books about superheroes so much was because he possessed a particularly strong sense of right and wrong. “He was a good kid,” Tom says.

“It’s hard to remember Alex and be mad or angry,” says former roommate Kenny Yamamoto, “because every memory I have of him is something fun or something funny.”

Yamamoto met Teves two years ago when they both enrolled in the University of Denver’s counseling psychology program. Of the 23 students in their year, only six were males. So, Yamamoto says, “most of the guys made a pretty strong bond pretty quickly.”

He and Teves loved to spend their free time exploring the local brewery scene and eating at places their friends wouldn’t normally try. “He knew how to make the best out of every situation,” Yamamoto recalls, citing Teves’ magnetic personality. “Alex was always the center of attention, but not in a bad way. He was always the one cracking jokes or going out and socializing and meeting new people.”

Tom says Alex delighted in blending people from different walks of life. “He would bring disparate groups together who wouldn’t normally hang out with each other, and he would just sit back and watch them [socialize],” he recalls.

During Teves’ final year of high school, his fellow seniors, 1,000 strong, showed their love and appreciation for him by holding an “Alex Teves Day.” The entire class wore Teves’ unofficial “uniform” — blue jeans and a white T-shirt — an apt representation of Teves’ down-to-earth, good-guy quality. “Alex was just that kind of guy,” his father says.

At the funeral, attendees donned Teves’ trademark outfit to honor their friend.

‘Exactly what you would want in a counselor’

Both Tom Teves and Yamamoto believe that Alex’s positive attitude and people skills drew him to the counseling profession. “He just knew if you were feeling bad,” Tom says, “and he would make a silly face to try and cheer you up.”

“Alex was a kind, loyal and genuine soul,” says his mother Caren. “Alex lived his life with pure joy and truly appreciated all that life had to offer. … [His] enthusiasm for life, and the spirit in which he lived it, was contagious and inspiring to all those who knew him. A hero in many ways, Alex selflessly dedicated his life to helping others by his actions every day of his life.”

Teves graduated from the University of Arizona in 2010 with a bachelor’s degree in psychology. Julie Feldman, a University of Arizona professor in the Department of Psychology, told the Arizona Daily Star that while an undergrad, Teves mentored a teenage boy who was receiving mental health services for two semesters in 2009. “[Alex] was pretty special,” she said in an interview with the newspaper. “He was probably one of our best mentors, and that feeling was shared by my graduate supervisors that worked directly with him.”

Tom also recalls Alex’s desire and commitment to helping children. “He spent a lot of time helping troubled kids in college and grad school,” he says. “In college, he participated in a Big Brothers
Big Sisters-type program. He would miss football games to take them to Fiddlesticks [a family fun park] so they could ride the go-carts.”

After graduating from Arizona, Teves went on to study counseling psychology at the University of Denver and earned his master’s degree this past June. His focus was in community counseling, Tom says.

As part of his graduate studies, Teves began interning at the Humanex Academy in August 2011 and continued working there until May. The private, alternative middle school provides academic, social and behavioral skills training for students with learning and behavioral disorders such as autism spectrum disorders, attention-deficit/hyperactivity disorder, depression and bipolar disorder. Teves’ responsibilities included providing individual and group counseling to the 55 children attending the school.

Dave Miller, a counselor at Humanex and one of Teves’ supervisors during his internship, says Alex’s disposition and love of the job allowed him to thrive. “He was very positive in nature. He always looked at things in a positive light,” Miller says. “He had a golden heart. He was outstanding [at his job]. He was exactly what you would want in a counselor.”

“He developed some really good relationships with the kids there,” Miller adds. “At the memorial service we held for Alex, some of the kids got up to speak about him, and all of them said things like, ‘He was nice. He helped me deal with a lot of my problems.’ He touched a lot of kids. … They were all really hurt when they found out he didn’t make it.”

Miller says Teves was always selfless when he came to work. Even when he was stressed about his final papers, he refused to take time off unless Miller insisted. “He always wanted to be there for the kids,” Miller says, “and that was a really great thing.”

Miller adds that Teves’ attitude of self-sacrifice was on full display the night of the shooting in the movie theater. When the shooting started, Alex immediately lunged in front of his girlfriend of one year, Amanda Lindgren, and shielded her from the spray of bullets. “That was totally his attitude and how he’d deal with things,” Miller says. “It was always [the mind-set of] taking care of everyone first, then dealing with his stuff.”

Caren says Lindgren was more than a girlfriend to Alex. “She was the love of his life,” Caren says, “and he told us many times they were to be married in time. They are soul mates in the true sense of the word.”

**Alex’s legacy**

Humanex Academy has renamed its weight room after Teves and is in talks with Caren about setting up a scholarship fund to honor him. Other memorials and fundraisers have also been established in Teves’ name. Copper Kettle Brewing Company, a locally owned brewery (Teves was the youngest member of its brew club), held a fundraiser in Teves’ honor for the Michael J. Fox Foundation for Parkinson’s Research to help Caren, who has early...
onset Parkinson’s. Additionally, Tom and Caren are in the process of creating a scholarship fund for troubled youth in their son’s name. And University of Denver student Rumi Nishimura, founder of local volunteer organization Cranes for Joy, asked students and community members to fold 1,000 origami cranes in Teves’ memory. The paper cranes are considered to be a symbol of love and healing.

ACA member Mary Gomez, a counseling psychology professor at the University of Denver and one of Teves’ graduate program advisers, says the entire campus has felt the impact of the tragedy. She says she will always recall Teves as a bright spot among her students.

“Alex will be remembered as an intelligent young man with a passion for living life to the fullest,” Gomez says. “Alex viewed life as an adventure, whether he was participating in the Tough Mudder competition last summer with his friends, doing class projects and presentations with his peers, or interning at a site for special-needs students. He was insightful and respectful to his peers and faculty. He was a compassionate and kind person with a great sense of humor who put a positive outlook on all situations. Most importantly, his top priority was his relationships. His loyalty is admirable, and he always put his friends first. Both faculty and students feel blessed to have known Alex, and he will be truly missed.”

As Gomez surveys her students, fellow professors and a community that must rebuild after a senseless tragedy that took the lives of 12 individuals and injured 58 others, she says counselors will play an important role in the healing process and possibly in helping to prevent future tragedies. However, “the mental health field really needs more support in terms of social programs, and they keep getting cut,” Gomez says. “Also … more preventative work needs to be done. There needs to be so much more education on the warning signs and the importance of mental health professionals to the public.”

Miller also thinks this tragedy shines a spotlight on the need for more mental health services. “The families directly involved would benefit from long-term counseling, especially those individuals who were hurt or were in the movie theaters. … For the bigger picture,” he says, “I would hope our state and our country would learn from our mistakes. It seems with all tragedies [such as this one], there have been warning signs.” Miller hopes the nation as a whole will place more focus on finding ways to help those who are struggling with mental health issues, intervening long before issues have a chance to escalate out of control.

At the request of a nearby school, the University of Colorado Denver, ACA recruited association members who were licensed professional counselors and who possessed training in disaster mental health to provide pro bono individual and group counseling to faculty, staff and students to help them cope with the aftermath of the Aurora tragedy. ACA volunteers served as daytime “drop-in” resources at both the university’s Anschutz Medical Campus in Aurora and its downtown campus in Denver.

After losing his son, Tom believes legislation should be put in place that would make it mandatory to cross-reference a person’s mental health history when he or she attempts to buy a gun.

“How do we live in a society where you can buy a machine gun with 6,000 rounds and nobody asks why?“ he says. “There’s something wrong.”

Tom is also pushing the media to accept the “Alex Teves Challenge” and stop mentioning the names and showing images of individuals who commit mass acts of violence, thus making them unjustly notorious. “All details of their life that are pertinent can be shared, but the press should eliminate this incidental benefit of infamy by not using their names or likenesses because it has no relevance,” says Tom, who believes the media is partly to blame for the Aurora shootings and similar incidents that receive nationwide and worldwide publicity.

For Yamamoto, the loss of one of his closest friends has yet to fully sink in. But the support demonstrated by the Teves family, by his professors and by his cohort has carried him through the dark times.

“I have been so incredibly amazed by Alex’s parents throughout this process,” Yamamoto says. “I can’t imagine what they’ve been through, but they are making such an effort to make sure all of Alex’s friends are OK. The faculty at the University of Denver has been great [too]. We’re all counselors, so our first instinct is to take care of each other.”

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

Letters to the editor: ct@counseling.org

Alex and his friends at the Tough Mudder race in Colorado.
AMHCA’s top two benefits for students:

1. **Malpractice insurance.** Your AMHCA membership dues (just $79) includes high-quality malpractice insurance.
2. **Networking.** When you participate in AMHCA’s events and programs, you build valuable relationships with experienced counselors and mental health counseling students all across the country.

Take a powerful step in your clinical mental health counseling career: **Join AMHCA today.** Just go to www.amhca.org, and click the “Join AMHCA” tab.

AMHCA, the American Mental Health Counselors Association, is the professional organization for our field:

- AMHCA advocates for us with legislators.
- AMHCA creates opportunities to share knowledge and grow professionally.
- AMHCA provides money-saving programs for its student and clinical members.

AMHCA membership also provides access to job listings and opportunities for professional exposure through writing for its publications and participating in the Annual Conference. Member-savings programs include publications from Wiley and Springer Publishing, numerous online learning services, and online promotional tools. (AMHCA is a division of ACA.)

Learn more about the many benefits for AMHCA graduate student members at https://www.amhca.org/become/student.aspx.

**Take Advantage of AMHCA Professional Associate Membership**

New graduates can retain their AMHCA benefits at the low student dues rate as Professional Associate members of AMHCA. This category is available for up to two years following graduation from a master’s or doctoral program.

For more information, please contact AMHCA’s Membership office at lmorano@amhca.org, or 1-800-326-2642, x103.

**Participate in AMHCA’s Graduate Student Committee Activities**

Contact any member of the AMHCA Graduate Student Committee to learn more about AMHCA, how you can get involved, and how membership can help you in your career. The list of committee members and email addresses is at http://www.amhca.org/become/contact_graduate_student_committee.aspx.
NECA leadership met for its Summer Retreat. From left, Executive Director John Hakemian, webmaster Karen Obringer, Past President and Working Ahead, Moving Forward GCDF online lead instructor Michael Lazarchick, Secretary/Treasurer Seneka Arrington, President Tom Ayala and Professional Leadership Director Kay Brawley. President-Elect Sharon McCormick connected via conference call.

NECA leadership meets for Summer Retreat

Submitted by Kay Brawley
kbrawley@mindspring.com

At the National Employment Counseling Association’s Summer Retreat, the Executive Leadership reflected, recharged and renewed itself for the 2012-2013 professional year at NECA’s traditional summer home site overlooking the Chesapeake Bay in Havre De Grace, Md. NECA business focused on development of a survey sent to membership during the weekend, redesign of the website and new modes of professional development, including webinars. Of importance is the use of NECA-trained Global Career Development Facilitator (GCDF) instructors to not only teach the Working Ahead, Moving Forward GCDF curriculum, but also to handle concerns with the economy and the poor job market, government-supported retraining programs, employment policies/issues, unemployment needs, encore careers, entrepreneurship and related jobless issues of membership.

The next 12-week online trainings for the Working Ahead, Moving Forward GCDF practitioner course will be Oct. 24 and Jan. 9. Registration details are on the NECA website at employmentcounseling.org.

The next two-week GCDF instructor course will be Feb. 13. If interested in becoming an online instructor, send your training résumé credentials and proof of successful completion of the Working Ahead, Moving Forward 12-week online curriculum to NECA Professional Development Director Kay Brawley at kbrawley@mindspring.com.

ASGW invites applicants for Peg Carroll Scholarship

Submitted by Lorraine Guth
lguth@iup.edu

The Association for Specialists in Group Work Awards Committee invites applicants for the $2,000 scholarship given annually to honor Margaret “Peg” Carroll, 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 by the ASGW Awards Committee.

Applicants are requested to respond to the following questions:

1) There are many types of group experiences, such as therapeutic and/or counseling, decision-making, task-oriented, psychoanalysis, quality circles, classroom meetings, etc. What area interests you the most and why?

2) Where would you obtain training in your area of interest? Be specific with respect to trainers, institutions, workshop sponsors, etc. In addition, describe your intended degree program, if it applies.

3) In what setting(s) and with what population do you hope to use your expertise?

4) How do you plan to assess if you and your groups are making progress? Have you had any experience with these evaluation tools? Explain fully.

5) List the types of groups in which you have participated. Describe their duration and the positive and negative aspects of each experience and your role (participant, leader, intern, etc.).

6) Describe your participation in professional organizations related to group work.

The application should have a cover sheet with name, address, home and work phone numbers, email address, and the names and contact information of those writing letters of recommendation. Letters of recommendation should be solicited from three professionals in the field who are familiar with the applicant’s work.

For complete information about application materials, including the content of letters of recommendation and submission guidelines and deadline, see “Scholarships” under the Awards and Scholarships section of the ASGW website at asgw.org.

Electronic submissions are preferred and may be submitted via attachment to kelly.mcDonnell@umich.edu. Applications must be received by Jan. 31. The scholarship recipient will be announced at the ASGW Luncheon at the American Counseling Association 2013 Conference & Expo in Cincinnati. Recipients must be (or become) members of ASGW.

ACCA reports community college survey results

Submitted by Taffey Cunnien
tcunnien@scad.edu

The community college counseling survey is sponsored by the American College Counseling Association and has been collecting data focused specifically on the needs of community colleges since 2010. This survey will be dovetailed into the Gallagher survey starting next year. Data collected in the past two years has helped establish a baseline of questions to be added to Gallagher.

We learned from the 2012 survey that of the community colleges with mental health services, more than 87 percent do not have on-campus psychiatric services despite the fact that 84 percent provide
therapy. Few (less than 13 percent) of the mental health providers at community colleges provide after-hours crisis response. However, threat assessment teams exist within 71 percent of community colleges participating in the survey. An overwhelming number of providers (97 percent) on community college campuses have duties and roles in addition to clinical responsibilities. Committee responsibilities consume 78 percent of the providers’ time on campus; career counseling (68 percent) and administrative/management tasks (49 percent) take up on-campus time as well. Often because of these demands, mental health providers (53 percent) limit or cap the number of sessions available to students. Half of the students graduating with bachelor’s degrees from four-year institutions have attended a community college. Similar to results of four-year colleges, community college students have the following concerns: academic problems (86.6 percent), stress (85.2 percent), anxiety disorders (83.3 percent) and depression (82.4 percent).

One more year of data collection will begin before the Gallagher survey next year. Our next survey will be out this fall on the ACCA listserv. The ACCA strongly supports the efforts of our community college providers. We look forward to a strong community college representation at the ACCA Conference in Orlando this month.

AACE plans events for ACA Annual Conference
Submitted by Amy McLeod
almcleod@argosy.edu

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

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

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

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

- November issue: Sept. 28 at 5 pm ET
- December issue: Oct. 26 at 5 pm ET
- January issue: Nov. 30 at 5 pm ET
- February issue: Dec. 27 at 5 pm ET
- March issue: Jan. 24 at 5 pm ET
- April issue: Feb. 21 at 5 pm ET
- May issue: April 1 at 5 pm ET

The International Institute for Souldrama®
Connie Miller, NCC, LCP, TEP, ACS • 800-821-9919
www.souldrama.com • connie@souldrama.com

Souldrama®, is a therapeutic technique which combines group and individual therapy, psychodrama and transpersonal therapy. The main objective of Souldrama is the psychological and spiritual development of the person. Souldrama can be applied to all aspects of recovery including the 12 steps, relationships, grief, divorce, corporate, career and money issues. Participants will learn action based interventions for individual and group psychotherapy, basic psychodramatic and sociodramatic tools such as doubling and role reversal and how to put spirituality into action. Special attention will be paid to creatively working within a group and discovering the group issue. If you desire training at your facility, we will gladly come to you.

ONGOING

Early recovery groups and training for addiction counselors and mental health professionals in group action methods.

These workshops can be used for personal growth and or training.

Spring Lake, NJ
Group Supervision and Training in Psychodrama and Action Methods and Psychodrama
October 6, November 3 & 4, (12 hours)
December 1, January 26, 2013
Healing the Heart, November 3 & 4 (15 hours)

Orange Co, California Training for Addiction Counselors
Putting the 12 Steps and Spirituality into Action. This is a four part series with 8 CEUs for each session
February 8, 2013 • April 19, 2013

January 10–13 Souldrama, St. Petersburg Beach, Fl.
March 2013 Souldrama in Holland
Sept 27-29, 2013, Vienna Austria

The International Institute for Souldrama® is an NBCC approved continuing education provider (5971) and may offer NBCC approved clock hours for events that meet NBCC requirements. The ACEP is solely responsible for all aspects of the program. Hours of certification in psychodrama, group psychotherapy and sociometry as approved by the American Board of Psychological Examiners in Sociometry, Group Psychotherapy and Psychodrama. Souldrama® is an internationally registered trademark US 903
COMING EVENTS

ACCA Annual Conference
Oct. 3-6
Lake Buena Vista, Fla.
Join us at the Disney Contemporary Hotel for the annual American College Counseling Association Conference as we celebrate our 21st year. There are two excellent preconference sessions (up to six CEs available) and 16 sessions with CEs available during the conference. Colleen Logan, a past president of the American Counseling Association, will give the keynote speech on the timely topic of bullying. Enjoy lower-priced tickets to Disney World and lower hotel rates before and after the conference based on availability. Email Sylvia Shortt at accaorg@mindspring.com with questions.

NCDA Regional Practitioner Institute
Oct. 5-6
Chicago
The National Career Development Association is sponsoring a Regional Practitioner Institute, themed “Practical Techniques and Strategies for Career Counselors, Coaches and Consultants.” NCDA members from many different work settings will share their tips in meeting the needs of their clients and students. Attendees may earn as many as 14 hours of NBCC-approved continuing education units. For more information, go to ncdia.org.

PCA Annual Conference
Oct. 19-21
State College, Pa.
The Pennsylvania Counseling Association will host its 44th annual conference at Penn State University. This year’s theme is “Transitions & Transformations.” Preconference learning institutes include an all-day certification workshop on “Foundations of Disaster Mental Health and Psychological First-Aid” and a half-day workshop on “Clinical Supervision: Ethical, Legal and Financial Opportunities.” Our conference keynote speaker will be David Kaplan, the American Counseling Association’s chief professional officer. To register online or for more information, visit the PCA website at pacounseling.org.

National Conference on Correctional Health Care
Oct. 20-24
Las Vegas
The National Commission on Correctional Health Care is hosting this five-day conference at the Rio All-Suites Hotel. It will offer more than 100 sessions presented by top-notch faculty on topics including medical care, nursing, cost containment, legal issues, mental health care and juvenile services. For more information, visit ncchc.org.

KCA Fall Conference
Oct. 24-26
Louisville, Ky.
The Kentucky Counseling Association is excited to announce its upcoming fall conference at the Galt House Hotel. Mark your calendars and come join us for this valuable and affordable professional development experience. The conference theme is “From Wars to Jobs to Storms to Gas: Counselors Revisiting Resilience and Instilling Hope.” Preconference workshops (both six-hour and three-hour) are available, in addition to an impressive lineup of one-hour interest sessions. From the opening session with Robert Wubbolding to our closing brunch, your learning and networking opportunities will be abundant. Detailed information about the conference is available on the KCA website at kyca.org. Be sure to take advantage of preregistration savings. See you at the KCA Fall Conference in October.

WCA Annual Conference
Oct. 25-27
Spokane, Wash.
The Washington Counseling Association Annual Conference, titled “Oh, the Places We’ll Go!” will be held at Whitworth University. Innovation and social justice will be conference themes, with a lineup of top-notch professionals joining the ranks of presentations throughout the conference. Keynote speakers will be Russell Kolts, who will speak about “Compassion-Focused Therapy”; Samuel Gladding, who will speak about “Being a Counselor in a World Full of Change”; and a special guest appearance by Dave Dahl of “Dave’s Killer Bread,” who will share his experience of recovery and success. For more information, visit watcounseling.org, and join us on our Facebook page for routine announcements and counseling information. Contact WCA President Suzanne Apelskog at apelskog@msn.com with specific needs or questions. We hope that you can join us!

Play Therapy Workshop
Oct. 26
Jersey City, N.J.
The counseling program at New Jersey City University will host a play therapy workshop led by internationally known play therapist and scholar Garry Landreth. In this workshop, titled “Healing the Hurting Child,” Landreth will explore the rationale and the skills of child-centered play therapy through lecture and videotape demonstration. Registration fee includes CEUs and lunch. For more information or to register, visit njcu.edu/playtherapy or contact Yumiko Ogawa at yogawa@njcu.edu.

ORC Fall Conference
Nov. 1-3
Portland, Ore.
Please join us at the Oregon Counseling Association’s annual fall conference for continuing education and networking with your fellow professionals. The theme of this year’s event is “Appreciating the Diverse Experience.” Visit or-counseling.org to register and to learn about the featured topics and speakers.

EB-ACA Annual Conference
Nov. 1-4
Heidelberg-Wiesloch, Germany
The European Branch of ACA’s 53rd Annual Conference will be held at the Best Western Plus-Palatin Kongress Hotel, located 12 kilometers south of historic Heidelberg in the center of Wiesloch. Local attractions include the historic cities of Heidelberg and Speyer, the wine and asparagus region, “Kraichgau,” the world’s leading Formula One motor speedway in Hockenheim, attractive golf courses, and the car and technology museum in Sinsheim with the Concorde plane F-BVFB. The annual conference is a great opportunity to connect with counselors from around the world who share the common goal of best practice and the use of innovative, interdisciplinary counseling techniques. CEUs and college credit for select sessions will be available. For registration and travel information, contact EB-ACA President-Elect Elizabeth Pardo at pardoel@hotmail.com.

CCA Regional Conference
Nov. 2
Rocky Hill, Conn.
The Connecticut Counseling Association announces its upcoming regional conference, “Current Developments in Counseling:
Trauma, Suicide and the DSM-V — A Day of Learning for Counselors, Counselor Educators and Supervisors.” The day will focus on the continuing education needs of counselors in the tri-state area, with a special emphasis on trauma-informed therapy, suicide assessment and prevention, and a review of the DSM-V revisions. An expert panel will address national and local legislative concerns. ACA member rates and hotel discounts are available. For more information, visit ccamain.org. CEUs are also available. The conference is co-sponsored by the Connecticut Mental Health Counselors Association and the Connecticut Association for Counselor Education & Supervision with additional sponsorship from ACA.

Expressive Therapies Summit
Nov. 8-11
New York City
A faculty of more than 150 creative arts therapists and other mental health professionals from eight countries will offer a program of more than 100 papers, workshops, daylong master classes and two-day training intensives emphasizing hands-on participation and cross-disciplinary collaboration. Art, drama/psychodrama, music, dance/movement, photography/video, poetry/narrative and play therapy/sand play are featured approaches to working with clients throughout the life cycle. Topics include trauma/abuse, autism spectrum, hospice/grief, dual diagnosis, dementia, relationships/family, mindfulness/yoga, integrative therapy, equine therapy, cultural/international issues, assessment, LGBTQ issues and more. There will be a special symposium at the New School on Nov. 9: “Neuroscience and the Therapeutic Power of the Arts.” CEUs are available. Attend one day or more. For registration or more information, visit summit.expressivemedia.org.

MACD Annual Conference
Nov. 9
Columbia, Md.
The Maryland Association for Counseling and Development will host its annual conference, themed “Impact of Modern Life on Mental Health,” at Johns Hopkins University. The keynote speaker will be ACA President-Elect Cirecie West-Olatunji. For more information, visit mdcounseling.org or email MACD President Marsha Riggio at marsha@riggioconsulting.com.

ArCA Conference
Nov. 14-16
Hot Springs, Ark.
The Arkansas Counseling Association 2012 Conference, themed “Back to the Future: Treasuring the Past, Transforming the Future,” will be held at the convention center. Last year, more than 700 attended; we are looking forward to an even bigger turnout this year. The many interactive presentations will be challenging and informative for counselors in mental health settings, schools, agencies and colleges, as well as counseling students. International researcher and author Sheri Bauman will give a keynote on “Cyberbullying: What Counselors Need to Know.” ACA President Bradley Erford will give a keynote on “Counselor’s Self-Care,” and he will also help us “transform into the future” at the closing session. Register at arcounseling.org. Questions? Contact Conference Chair Cheryl Edwards at 479.420.5343 or preferredcounsel@sbcglobal.net.

TCA Professional Growth Conference
Nov. 14-17
Galveston, Texas
The Professional Growth Conference is the Texas Counseling Association’s largest annual conference, held each year in November. Join us this year at the Galveston Island Convention Center. The four-day conference opens Nov. 14 with preconference workshops and runs through Nov. 17, when post-conference sessions are offered. This year’s conference will feature more than 150 sessions with topics covering mental health, school and college counseling; counselor education and supervision; addiction and offender counseling; marital, couple and family counseling; career development and employment counseling; and diversity, multicultural and social justice issues. Preregistration closes Oct. 15. Onsite registration is available. For more information, visit tca.org/Galveston.

TCA Conference
Nov. 17-20
Nashville, Tenn.
The Tennessee Counseling Association Conference will be held at the Sheraton Nashville Downtown. “Counseling as Music: Facilitating Harmony for Mind, Body and Spirit” will be the conference theme. The keynote speaker will be author and motivational speaker Dave Weber. Contact Mike Bundy, president-elect and conference chair, at mbundy@cn.edu with any questions, and visit tncounselors.org for more information.

FYI
Search for journal editor
The Association for Spiritual, Ethical and Religious Values in Counseling is searching for a journal editor for Counseling & Values, a national, peer-reviewed journal with distribution of approximately 2,000. Its mission is to inform the readership of research, recent innovations and critical issues related to the integration of spirituality and religion in counseling as well as ethical issues. The appointment of editor is for a three-year term beginning July 1, 2013, but will include working with the interim editor before then to ensure a smooth transition. Applications are due by Sept. 30, 2012 (extended from the original Sept. 21 deadline). Interested individuals should contact Harriet Glosoff, search committee chair, at glosoffh@mail.montclair.edu or 973.655.3482.

Bulletin Board
submission guidelines
Email lshallroas@counseling.org for submission guidelines. See page 61 for upcoming submission deadlines.
Membership statistics for Fiscal Year 2012

Policy 201.5, Published Membership Figures, of the ACA Policies and Procedures directs that a table of specific membership figures for the American Counseling Association’s divisions, organizational affiliates and regions will show only the ACA members in each entity and may not reflect the total membership of a division or organizational affiliate that does not require membership in ACA.

The table shows ACA membership in divisions and regions by month for the previous fiscal year, and the mean total, numerical and percent change in total ACA membership for each entity. The chart presents that information for Fiscal Year 2012. The chart does not reflect the information for AMHCA and ASCA because they maintain and publish their own membership figures.

ACA began the year with 46,578 members and ended the year with 50,675 members, an 8.8 percent increase of 4,097 members. The mean for the year was 49,086. Eight divisions (AACE, AADA, ACCA, ACES, AHC, ALGBTIC, ARCA and NECA), one organizational affiliate (ACAC) and all four regions (Midwest, North Atlantic, Southern and Western) realized an increase in membership in FY 2012.

<table>
<thead>
<tr>
<th>Organization</th>
<th>31-Jul</th>
<th>31-Aug</th>
<th>30-Sep</th>
<th>31-Oct</th>
<th>31-Nov</th>
<th>31-Dec</th>
<th>28-Feb</th>
<th>31-Mar</th>
<th>30-Apr</th>
<th>31-May</th>
<th>30-Jun</th>
<th>7/1/11 - 6/30/12</th>
<th>7/1/11 - 6/30/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA</td>
<td>46,578</td>
<td>47,088</td>
<td>48,057</td>
<td>48,484</td>
<td>49,145</td>
<td>49,622</td>
<td>50,219</td>
<td>50,424</td>
<td>50,441</td>
<td>50,445</td>
<td>50,675</td>
<td>4,097</td>
<td>8.80%</td>
</tr>
<tr>
<td>AACE</td>
<td>346</td>
<td>347</td>
<td>340</td>
<td>341</td>
<td>340</td>
<td>336</td>
<td>340</td>
<td>334</td>
<td>333</td>
<td>321</td>
<td>323</td>
<td>349</td>
<td>3.08%</td>
</tr>
<tr>
<td>AADA</td>
<td>406</td>
<td>408</td>
<td>412</td>
<td>411</td>
<td>406</td>
<td>414</td>
<td>425</td>
<td>433</td>
<td>423</td>
<td>419</td>
<td>413</td>
<td>423</td>
<td>17.4%</td>
</tr>
<tr>
<td>ACC</td>
<td>43</td>
<td>91</td>
<td>137</td>
<td>141</td>
<td>194</td>
<td>225</td>
<td>257</td>
<td>288</td>
<td>328</td>
<td>350</td>
<td>372</td>
<td>389</td>
<td>346</td>
</tr>
<tr>
<td>ALGBTIC</td>
<td>806</td>
<td>792</td>
<td>800</td>
<td>796</td>
<td>783</td>
<td>785</td>
<td>789</td>
<td>781</td>
<td>773</td>
<td>757</td>
<td>758</td>
<td>731</td>
<td>-9.31%</td>
</tr>
<tr>
<td>AMCD</td>
<td>1,217</td>
<td>1,216</td>
<td>1,208</td>
<td>1,201</td>
<td>1,188</td>
<td>1,188</td>
<td>1,190</td>
<td>1,173</td>
<td>1,138</td>
<td>1,161</td>
<td>1,438</td>
<td>221</td>
<td>18.16%</td>
</tr>
<tr>
<td>ACAC</td>
<td>212</td>
<td>212</td>
<td>216</td>
<td>212</td>
<td>210</td>
<td>210</td>
<td>208</td>
<td>203</td>
<td>200</td>
<td>197</td>
<td>200</td>
<td>193</td>
<td>19%</td>
</tr>
<tr>
<td>ACES</td>
<td>2,432</td>
<td>2,428</td>
<td>2,487</td>
<td>2,502</td>
<td>2,494</td>
<td>2,496</td>
<td>2,508</td>
<td>2,517</td>
<td>2,506</td>
<td>2,501</td>
<td>2,475</td>
<td>24</td>
<td>0.99%</td>
</tr>
<tr>
<td>AHC</td>
<td>304</td>
<td>294</td>
<td>305</td>
<td>311</td>
<td>321</td>
<td>317</td>
<td>326</td>
<td>332</td>
<td>334</td>
<td>337</td>
<td>335</td>
<td>31</td>
<td>10.20%</td>
</tr>
<tr>
<td>ALGBTIC</td>
<td>728</td>
<td>736</td>
<td>759</td>
<td>776</td>
<td>779</td>
<td>788</td>
<td>788</td>
<td>775</td>
<td>783</td>
<td>787</td>
<td>770</td>
<td>42</td>
<td>5.77%</td>
</tr>
<tr>
<td>AMCD</td>
<td>919</td>
<td>909</td>
<td>905</td>
<td>901</td>
<td>905</td>
<td>918</td>
<td>920</td>
<td>927</td>
<td>919</td>
<td>916</td>
<td>900</td>
<td>892</td>
<td>27%</td>
</tr>
<tr>
<td>ARCA</td>
<td>593</td>
<td>580</td>
<td>576</td>
<td>576</td>
<td>576</td>
<td>585</td>
<td>587</td>
<td>588</td>
<td>570</td>
<td>563</td>
<td>560</td>
<td>629</td>
<td>36</td>
</tr>
<tr>
<td>ASERVIC</td>
<td>1,033</td>
<td>1,041</td>
<td>1,028</td>
<td>1,024</td>
<td>1,019</td>
<td>1,040</td>
<td>1,006</td>
<td>1,013</td>
<td>1,019</td>
<td>1,005</td>
<td>1,005</td>
<td>48</td>
<td>-4.56%</td>
</tr>
<tr>
<td>ASGW</td>
<td>770</td>
<td>764</td>
<td>767</td>
<td>758</td>
<td>751</td>
<td>756</td>
<td>743</td>
<td>735</td>
<td>735</td>
<td>716</td>
<td>735</td>
<td>35</td>
<td>-4.53%</td>
</tr>
<tr>
<td>CSJ</td>
<td>546</td>
<td>523</td>
<td>531</td>
<td>536</td>
<td>530</td>
<td>531</td>
<td>531</td>
<td>531</td>
<td>535</td>
<td>539</td>
<td>530</td>
<td>30</td>
<td>-2.93%</td>
</tr>
<tr>
<td>IAAC</td>
<td>696</td>
<td>696</td>
<td>683</td>
<td>672</td>
<td>672</td>
<td>676</td>
<td>684</td>
<td>677</td>
<td>671</td>
<td>669</td>
<td>661</td>
<td>661</td>
<td>34</td>
</tr>
<tr>
<td>IAMF</td>
<td>1,241</td>
<td>1,232</td>
<td>1,242</td>
<td>1,236</td>
<td>1,223</td>
<td>1,221</td>
<td>1,220</td>
<td>1,231</td>
<td>1,176</td>
<td>1,171</td>
<td>1,180</td>
<td>61</td>
<td>-4.92%</td>
</tr>
<tr>
<td>NCDA</td>
<td>1,071</td>
<td>1,053</td>
<td>1,048</td>
<td>1,040</td>
<td>1,032</td>
<td>1,071</td>
<td>1,092</td>
<td>1,051</td>
<td>1,047</td>
<td>1,041</td>
<td>1,040</td>
<td>1059</td>
<td>12</td>
</tr>
<tr>
<td>NECA</td>
<td>231</td>
<td>221</td>
<td>218</td>
<td>212</td>
<td>219</td>
<td>220</td>
<td>220</td>
<td>214</td>
<td>210</td>
<td>206</td>
<td>210</td>
<td>237</td>
<td>7</td>
</tr>
</tbody>
</table>

Midwest Region: | 10,741 | 10,887 | 10,346 | 11,073 | 11,148 | 11,279 | 11,361 | 11,361 | 11,552 | 11,547 | 11,553 | 11,590 | 849 | 7.90% | 11,218 | 477 | 4.44% |
No. Atlantic Region: | 9,382 | 9,487 | 9,663 | 9,700 | 9,774 | 9,759 | 10,019 | 10,178 | 10,195 | 10,237 | 10,288 | 10,312 | 930 | 9.91% | 9,912 | 530 | 5.65% |
Southern Region: | 17,171 | 17,325 | 17,639 | 17,708 | 17,831 | 18,028 | 18,174 | 18,326 | 18,425 | 18,449 | 18,454 | 18,563 | 1,392 | 8.11% | 18,088 | 837 | 4.87% |
Western Region: | 8,816 | 8,919 | 9,054 | 9,111 | 9,264 | 9,445 | 9,576 | 9,685 | 9,762 | 9,724 | 9,731 | 9,721 | 905 | 10.27% | 9,401 | 585 | 6.63% |
Classified advertising categories include: Calendar; Merchandise & Services; Consulting; Office Space Available; Business Opportunities; Educational Programs; Call for Programs/Papers. Other categories can be added at no charge.

- Rates: Standard in-column format: $10 per line based on 30 characters per line, $60 minimum. $8 per line for advertisers prepaying for six months. No cancellations or refunds. Classified ads can be placed online only at a rate of $8 per line, based on 30 characters per line; 30-day posting.
- Employment ads are listed under international or national by state.
- Rates: $10 per line based on 30 characters per line, $150 minimum. $8 per line for advertisers prepaying for three months. No cancellations or refunds. Employment ads can be placed online only at a rate of $8 per line, based on 30 characters per line; 30-day posting.

Display ads in the employment classified section are available and can be designed by ACA’s graphics department. Call for details. Classified and employment ads are not commissionable and are billed at net rate only.
- ACA Members: If you are seeking a position you may place a 45-word ad for $10. This is a one-time insertion only.
- Deadlines: Vary per issue. Contact Kathy Maguire at 607.662.4451 or kmaguire@counseling.org for further details.
- Direct all copy or inquiries to Kathy Maguire via email at kmaguire@counseling.org. Phone: 607.662.4451
- Fax: 607.662.4415
- Ads are subject to Counseling Today approval; however, Counseling Today cannot screen or evaluate all products or services advertised in the classified section and does not guarantee their value or authenticity. The publication of an advertisement in Counseling Today is in no way an endorsement by ACA of the advertiser or the products or services advertised. Advertisers may not incorporate in subsequent advertising or promotion the fact that a product or service has been advertised in any ACA publication. ACA reserves the right to edit all copy, request additional documentation where indicated and to refuse ads that are not in consonance with these practices. ACA is not responsible for any claims made in advertisements nor for the specific position title or wording of any particular position listed in employment classified ads.

---

**MERCHANDISE/SERVICES**

**LICENSE EXAM REVIEW**

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

**DISSERTATION COMPLETION CONSULTING**

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

**CONTINUING EDUCATION**

CRUISE & EARN 20 CEUs

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

**TRAINING**

Heal Your Life® Workshop Leader Training

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

**HOME/OFFICE FOR SALE**

CONNECTICUT

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

---

**EMPLOYMENT**

**OHIO**

**WALSH UNIVERSITY**

Assistant Professor (dependent on qualifications), Tenure-Track, Counseling & Human Development Program

Responsibilities: Assistant/Associate Professor (Tenure-track) in CACREP-accredited Counseling and Human Development Master's Program to being August, 2013. Teach clinical mental health specialty courses and core counseling courses as assigned; participate in assessment, ongoing curriculum development, grant development, international teaching, and advising; maintain an active scholarship program and provide service to the community, university, and professional organizations. As a Masters program, Counseling & Human Development has an orientation toward teaching and service.

Qualifications: Earned Doctorate in Counselor Education and Supervision, 3-5 years clinical experience in providing mental health counseling; License-eligible in Ohio; strong commitment to counselor identity; and minimum 3 years teaching experience in core and CMHC counseling courses. Preferred: Immediate eligibility for LPCC-S licensure in Ohio; experience in addictions counseling.

Applications: Forward vita and letter of applications; 3 letters of reference; teach evaluations; and transcripts to: awlsh-jobs.simplehire.com. Search Committee Chair: Linda L. Barclay Ph.D. LPCC-S, Director, Counseling & Human Development Program, Social and Behavioral Sciences Division, Walsh University, 2020 East Maple NW, North Canton, OH 44720, 330-490-7264. Contact: Linda L. Barclay Ph.D. LPCC-S Director, Counseling & Human Development Program, Walsh University; lbarclay@walsh.edu; (mobile) 330-284-9288.
TEXAS STATE UNIVERSITY – SAN MARCOS

Associate/Assistant Professor

The Professional Counseling Program at Texas State University-San Marcos is currently seeking to fill a tenure-track faculty position at either the Associate or Assistant level. This position will involve teaching, research, service and program support in a CACREP approved, masters-level Professional Counseling Program in Central Texas. Specific responsibilities will include teaching courses leading to certification/licensure in professional and school counseling, an active, productive program of research, student advisement, and service to the program, department, university, and profession. The successful candidate may teach courses on both the main university campus in San Marcos and at Texas State University-Round Rock campus.

Qualifications Required: The successful candidate for this position will have an earned doctorate in counselor education from a CACREP program by employment date of fall 2013; a record of or the potential for research and publication at the national or international levels (NOTE: for appointment at the Associate Professor rank, the applicant must document a sustained record of research and publication at the national and/or international levels; meet the requirements for the rank as established by the department); and be licensed, or eligible for license, as a Texas LPC and/or LMFT.

Preferred: Preferences include; experience teaching core courses in a CACREP accredited program (such as Research, Career Counseling, and Diagnosis and Assessment) and experience providing clinical supervision, and evidence of scholarship or potential for scholarship.

Application Procedures: Review of applications will begin on November 15, 2012 and continue until the position is filled. To apply, send a letter of interest and CV to MHR412@provost.txstate.edu, curriculum vita, names and contact information of five references, and no more than reprints of three recent publications to:

E. A. Schmidt, Ph.D., Search Committee Chair, Department of CLAS, Texas State University-San Marcos, 601 University Drive, San Marcos, TX 78666.

Texas State University-San Marcos is a doctoral-granting university located in the burgeoning Austin-San Antonio corridor, the largest campus in the Texas State University System, and among the largest in the state. Texas State’s 29,000 students choose from 109 undergraduate and 88 master’s and 8 doctoral programs offered by eight colleges (Applied Arts, The Emmett and Miriam McCoy College of Business Administration, Education, Fine Arts and Communication, Health Professions, Liberal Arts, Science, and the University College). With a diverse campus community including over 30% of the student body from ethnic minorities, Texas State is one of the top 20 producers of Hispanic baccalaureate graduates in the nation. Texas State is also the lead institution of a multi-institution teaching center, the Round Rock Higher Education Center, offering several programs in the greater north Austin area. Additional information about Texas State and its nationally recognized academic programs is available at http://www.txstate.edu. Personnel Policies: Faculty are eligible for life, disability, health, and dental insurance programs. A variety of retirement plans are available depending on eligibility. Participation in a retirement plan is mandatory. The State contributes toward the health insurance programs and all retirement plans. http://www.hr.txstate.edu/benefits.html

VIRGINIA

MENTAL HEALTH RESOURCES

Mental Health Clinicians needed

Well established clinical practice in Fredericksburg, Virginia is seeking doctoral or master’s level licensed mental health clinicians to fill expanding need for psychotherapy and assessment services. Full or part-time positions are possible. Experience working with children and families is highly desirable. Assessment experience would also be helpful. Send letter of interest and CV to MHR412@verizon.net.

COUNSELING TODAY

Advertiser Index

ACA/ACES Syllabus Clearinghouse .................. 48
ACA Conference .................. 36
ACA Webinar Series .................. 34
DVD selections from ACA .............. 6

ACA PUBLICATIONS

Counseling and Psychotherapy, 5e ... 23
Developing & Managing Your School Guidance & Counseling Program ... 16
Girls and Women’s Wellness ........ 53
Integrating Spirituality and Religion Into Counseling .................. 32
Multicultural Issues in Counseling .... 13
Understanding People in Context .... 9

ADVERTISERS

Alexander Street Press ........ 11
AMHCA .................. 59
Association for Advanced Training in the Behavioral Sciences ... 44
Barry University .................. 35
Brehm Preparatory School ........... 19
California Southern University .... 31
Child Therapy Toys .................. 15

CMI Education Institute, Inc. ........ 41
Dato Stress Institute, LLC ........... 45
Exam Prep Study Guide by Andrew Helwig, Ph.D. ... 37
Grief Recovery Institute ........... 57
HPSO Insurance .................. 33
International Institute of Souldrama .................. 61
Liberty Mutual .................. 39
LicensedTherapists.com ........... 17
MyOutcomes.com ........... 33
Montclair State University ........ 45
Peachtree Professional Education ........... 40
Pearson .................. 25
ReadyMinds .................. 23
Somatic Experiencing Trauma Institute ........... 29
Therapysites.com ........... 22
Thriveworks .................. 51
Walsh & Dasenbrook Consulting ........... 27
Alleged unprofessional conduct and inappropriate treatment – lead to a malpractice suit.

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

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

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

“Dr. Frankel,

I received my NCE results last night - 142/160.

Your encouragement and the excellent study program made a significant and positive difference in preparing for this comprehensive test. Thank You!”

Heather Hamilton
Atlanta, GA (Nov. 2011)

SAVE 20%

ON NCE, NCMHCE, CA LPCC or CPCE
Study Materials or Packages
USE CODE: CTJAS | EXPIRES: 10.31.12

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