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Extras

19 The ACA Institute for Leadership Training
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 1983 and 1988:

- The American Personnel and Guidance Association (APGA) Senate votes to change the name of the organization to the American Association for Counseling and Development (AACD). APGA President Helen R. Washburn says individuals who wanted a name change “were those involved with legislative activities working for counselor licensure” and who “saw a discrepancy between ourselves and what we call our association.” She adds that having the word counseling in the association’s name “reflects to the general public who our members are in a more adequate way.” (April 21 and July 21, 1983)

- Richard Yep, now the executive director of ACA, is first hired by the association to be its second full-time government relations specialist. His lobbying efforts are focused on mental health, rehabilitation and aging issues. (Nov. 15, 1984)

- The National Institute of Mental Health selects AACD as one of eight groups to serve on an AIDS ad hoc advisory panel. The panel is tasked with providing input to the Alcohol, Drug Abuse and Mental Health Administration on social, psychological and psychiatric aspects of the epidemic. In turn, the Department of Health and Human Services will use this information to develop national policy and programs on AIDS. (Sept. 19, 1985)

- AACD and one of its divisions, the Association for Multicultural Counseling and Development, co-sponsor the first National Symposium on Multicultural Counseling in Atlanta to provide an overview of multicultural issues and to showcase recently developed therapeutic approaches. “The field of multicultural counseling is so new, no one attending the symposium had really been exposed to these ideas in counselor education programs ...” says Courtland C. Lee, one of the symposium’s planners. “In the past, the whole thrust of counseling minorities — particularly in schools — was to socialize people into one predominant way of thinking. Now there’s a recognition of the need for individuals to assimilate some parts of the mainstream culture but to retain the unique aspects of their different backgrounds.” (April 3, 1986)

- After it is alleged that U.S. presidential candidate Michael S. Dukakis twice sought psychiatric treatment, AACD issues an open letter to mental health advocates, members of Congress, state legislators, and the Bush and Dukakis campaigns protesting the negative message the controversy conveyed about seeking mental health care. (Sept. 9, 1988)
With absolute certainty that we know a heck of a lot more about what works in counseling today than we did when I got started in the field.

Because counseling is a scientific discipline, we are constantly striving to identify what works, how well, with whom and under what conditions. Knowing and applying what works in counseling not only raises the integrity of professional counselors, but also serves to protect the public from ineffective or even dangerous treatments.

There are two main reasons we should embrace research-based counseling practices. First, our ethical code demands it. Using demonstrated effective practices fulfills our ethical principles of nonmalevolence (“Do no harm”) and beneficence (“Do what is helpful to the client”). Second, it promotes the economic and political survival of our counseling profession. If professional counselors use the best available research-based approaches to help clients and students, then counselor effectiveness, client satisfaction and third-party insurer satisfaction all improve. When professional counselors provide effective services, it also helps our professional advocacy and lobbying efforts with federal, state and local politicians and bureaucrats, and leads to more counseling jobs and higher pay scales.

Like many of you, I share a vision of what we can become as a unified, high-performing counseling profession. I dream that one day when a client, politician or bureaucrat asks, “Where’s the beef!?” counselors will rise up as one and provide ample evidence of our effectiveness. These stakeholders have a right to ask questions about our effectiveness, and we have a professional responsibility to respond with ample evidence — and without missing a beat. And if someone says, “I don’t think there’s anybody back there,” then this suggests that we — individually and as a profession — have done something wrong.

Thank you, Clara, for asking the tough question. It is up to all professional counselors to respond!
Multicultural Issues in Counseling: New Approaches to Diversity
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Experiential Activities for Teaching Multicultural Competence in Counseling
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This practical resource is for faculty teaching beginning and advanced multicultural counseling courses or other core classes who want to infuse issues of cultural diversity into the classroom. It contains 121 engaging and thought-provoking activities on a wide variety of multicultural topics. All exercises are tied to the core content areas of the 2009 CACREP Standards, making this a perfect tool for the clinical training of counseling students. A CD-ROM with activity handouts in a PDF format accompanies the book for ease of distribution in the classroom. 2011 | 372 pgs
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edited by Craig S. Cashwell and J. Scott Young

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For those of you who have read my column for the past decade, you know that the September topic often focuses on the beginning of a new academic year and the promise that such a starting point holds. I have referred to those who teach, those who are looking to complete their graduate degrees in counseling and even those who are just starting out on their path to learning at the elementary school level. I still wish each of those groups of people the best of luck as the academic year gets under way, but I am using this month’s column to look at other issues that affect you as counseling professionals.

In late July, for reasons perhaps known only to the shooter himself, a young man entered a crowded movie theater in Aurora, Colo., took the lives of 12 people and wounded nearly 60 others. Countless individuals were affected emotionally. Many of you know that the American Counseling Association lost “one of our own” when member Alex Teves, a young man who had just received his master’s degree in counseling psychology from the University of Denver, was gunned down as he protected his girlfriend from the gunman’s name on the air. I am respecting his request here. We all wish the Teves family, as well as Alex’s friends, comfort as they deal with what has happened.

Two months from now, our electorate will “go to the polls” and vote for the next president of the United States. The ensuing actions of either a reelected president or a newly elected one will have far-reaching implications, both for Americans and for many people around the world. But don’t forget that many political races are going on at the state and local levels as well. As advocates for your clients, your students and your own profession, I encourage you to participate in the voting process and have your voice heard. If you won’t be in your home precinct on Election Day, make sure that your vote will be counted by requesting an absentee ballot.

Looking toward 2013, I can tell you that representatives from all of ACA’s divisions and regions, as well as our Program Selection Committee, have done a terrific job of choosing more than 400 education sessions and preconference learning institutes for the ACA Conference & Expo next March in Cincinnati. Given the number of high-quality proposals we received this year, I know those making the selections had a difficult time. I hope you will seriously consider attending our 61st annual conference next March because it really is shaping up to be an outstanding experience for attendees.

Last but not least, I want to provide a special shout-out to those who were a part of the ACA Institute for Leadership Training that was held earlier this summer. More than 130 leaders and emerging leaders gathered just outside Washington, D.C., to participate in four days of learning, networking and advocating. In addition to connecting with counterparts from around the country, participants spent one morning visiting with elected officials and congressional staff from the U.S. House of Representatives and the Senate. Did it make a difference? In many ways, I believe that it did (and will) make an impact, both in the short term and the long term. My hope, of course, is that leaders and emerging leaders who...

Continued on page 59
An overlooked element of licensure portability and the ‘devaluing’ of mental health professionals

July’s issue of Counseling Today had not one but two issues very close to my heart, so I have responded to both.

First was the article on licensure portability (“Creating a common language”). It is not clear to me how seasoned, experienced counselors such as myself (I have been practicing for over 30 years), who received our degrees well before CACREP and licensure, will be able to be licensed in another state when our graduate programs did not provide the standard number of credit hours or curriculum. No mention was made as to how we “seniors” will be evaluated even with the 20/20 Building Blocks to Portability Project.

I have never been denied a third-party payment. I am a licensed professional counselor and a licensed clinical social worker. I am a Medicare and Medicaid provider. However, to date, I am unable to practice anywhere other than the state in which I am licensed. This remains a huge concern.

Second was the opinion article, “Are counseling degrees approaching an economic tipping point?” I think the author missed the mark. The cost of higher education is terribly high, irrespective of one’s graduate degree.

The real problem is that mental health professionals have been devalued by insurance companies, health maintenance organizations and preferred provider organizations, which have their hands in our pockets. Higher education positions and nonprofit organizations seem to believe that we should not concern ourselves with something so base as salary, because everyone knows we work out of the goodness of our hearts and it should not matter if we are reimbursed $40 per client or if we work for $30,000, even with master's degrees and years of experience.

These are the real problems. Our profession has become one in which clients, or patients, are now “consumers.” And if that is the case, then I guess we are “sales associates,” like those working at Walmart.

Myrna Solganick
Middleton, Wis.

Facing the profession’s financial realities

John McCarthy’s opinion article for July (“Are counseling degrees approaching an economic tipping point?”) was extremely valid and on target.

The economics of the counseling field are what confirmed my decision 10 years ago to pursue the career counseling discipline rather than marriage and family counseling. Doing career work was my main emphasis anyway. But it was the realities of finding a practice that would “adopt” me, building my clientele while sharing office expenses, having someone willing to sign off on my hours toward licensure and, oh yeah, making a living that made a position in a college career services office with a steady paycheck and benefits too good to pass up.

One suggestion I have for a master’s in counseling curriculum at a university is the requirement — or at least the option — to complete a class that takes a business-model approach to the operation of a practice so students can understand the financial realities. From this experience, perhaps they could explore some creative procedures to generate a healthier cash flow, such as offering half-hour sessions or a “buy-in-bulk” approach with 90-minute sessions at a slightly higher rate, creating a sense of value for the client and making the therapist happier.

Even now I scratch my head wondering how a field that requires a master’s can pay so poorly, especially when the stats I read state that the average salary for someone in a master’s position outside of counseling) earns $50,000. Compared with occupational therapists, teachers and other similar vocations, I’m not sure how we wound up on the low rung of the salary ladder.

Terry Clevenger
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Article presents one-sided view of counselors and medications

As one who has written and presented on the social justice implications of psychopharmacology, I found the July article “Client, counselor, prescriber” appalling. Several assumptions therein represented myths and misnomers that require responses.

When we initiate discussions about psychiatric medications, many clients experience such referrals as messages that they are profoundly diseased, disabled, deficient and/or disordered — all of which are functions of the medical model. Yet, we do not tell clients that despite the “sophistication” of psychopharmaceuticals, there is absolutely no compelling evidence that this sophistication has resulted in superior outcomes or an overall decrease in psychiatric disorders. On the contrary, evidence suggests these treatments increase the likelihood of chronicity and symptomatology, which I’ve written about elsewhere. Yet the individuals interviewed for this particular article suggest that counselors should be complicit by monitoring compliance. No thank you.

Second, the article implies that the amelioration of distressing side effects suggests that the medication is finally working. Rather, the amelioration is the brain’s attempt to establish homeostasis for what it perceives as a toxic substance (which explains the severe withdrawal effects when discontinued).

Third, the article suggests there are known genetic links to depression. Once again, no known biomarkers for any psychiatric diagnoses exist, including genetic.

Fourth, the article does not mention anything about when a counselor would recommend that clients discontinue their medications; it only emphasizes the counselor’s role in recommending medication. I frankly see both as

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problematic. Counselors can function as a source of neutral knowledge when the client inquires about the role and function of psychopharmaceuticals.

Finally, rather than referring clients for psychiatric medications, counselors are encouraged to first consider their limitations in working with this client, not because the client is inherently “treatment resistant,” but because the counselor may not be the right fit. A first step would be to refer to another counselor. We are not second-class professionals but rather a profession that is sufficiently able to ameliorate suffering without the need to give over to another group of professionals our felt sense of competence, effectiveness and professional authority.

Thomas L. Murray Jr., Ph.D., LMFT, LPC, LPCS
Greensboro, N.C.

Getting to the heart of grief

I am a counselor working in Ireland and a member of the American Counseling Association. I want to compliment Lynne Shallcross on a wonderful piece of writing on grief (“A loss like no other,” June). It was wise and intuitive, and every word had great meaning for me, both as a therapist and as a human being.

I look forward to sharing the publication with colleagues and encouraging them to read and explore the wisdom therein.

Mary Carroll
Dublin, Ireland
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CT wins four awards for writing, design

The Counseling Today staff recently won four awards in two separate national publication contests.

Associate editor and senior writer Lynne Shallcross’ article, “A day that changed a nation and a profession,” earned honors both in the APEX (Awards for Publication Excellence) 2012 competition and the 2012 Magnum Opus Awards. Her article, which appeared in the September 2011 issue of Counseling Today, looked at how lessons that emerged in the aftermath of 9/11 have influenced the direction of the counseling profession over the past decade. The article received an APEX award for news writing as well as an honorable mention award for best news story in a print magazine from Magnum Opus.

Graphic designer Carlos Soto took home an APEX award for his cover design of the March 2012 issue of Counseling Today. The cover design illustrated the theme of that month’s main feature story, “What the future holds for the counseling profession.”

Editor-in-chief Jonathan Rollins received an APEX award in the health and medical writing category for his February 2012 feature article, “The transformative power of trauma,” which examined how the still-emerging concept of posttraumatic growth aligns with counselors’ focus on clients’ strengths, wellness and capacity for positive change.

Counseling Today has received 28 awards recognizing exceptional writing and design in national publication contests since 2005.

The 24th Annual APEX Awards, sponsored by Communications Concepts Inc., recognized excellence in graphic design, editorial content and the ability to achieve overall communications excellence. Close to 3,400 entries were received for judging in 11 major categories and 130 subcategories.

The Ninth Annual Magnum Opus Awards, presented by Content Marketing Institute and BeContentWise.com, recognized communication professionals who make a strategic impact with their work. More than 500 entries were considered in determining award recipients.

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.

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ACA leadership institute attendees head to Capitol Hill

More than 130 counselors attending the American Counseling Association Institute for Leadership Training took a day out of their schedules on July 27 to lobby their senators and representatives on Capitol Hill. Direct constituent contact is the most effective way of reaching lawmakers, and the lobbying day has become a standard part of the annual leadership institute (see more on p. 19).

Attendees talked to members of Congress about three of ACA’s major policy priorities: increasing the Veterans Health Administration’s rate of hiring counselors, establishing Medicare coverage of licensed professional mental health counselors (LPMHC) positions with the VA and continuing funding for the Elementary and Secondary School Counseling Program (ESSCP) within the U.S. Department of Education and establishing Medicare coverage of licensed professional counselors. Visits were held with members of Congress representing 38 states, the District of Columbia, Puerto Rico and the Virgin Islands.

In the August issue of Counseling Today, we reprinted the letter that Rep. Michael Michaud (D-Maine), the ranking Democratic member on the House Veterans’ Affairs Subcommittee on Health, sent to the Department of Veterans Affairs (VA) urging broader recognition of counselors. In their lobbying visits, leadership institute attendees asked their senators and representatives to support the VA to take concrete steps, such as those outlined in Michaud’s letter, to bring more counselors into the agency. Several attendees reported that their members of Congress voiced concern about the VA’s lack of counselor hiring and expressed interest in writing to ask that the VA address the issue. ACA staff will follow up with these offices to help in this work.

VA hiring of counselors has come to a virtual standstill. In the four weeks following an April press release saying that the VA was going to begin hiring counselors and marriage and family therapists, 35 positions were posted on the USAJOBS.gov website (in comparison, 323 social worker positions were advertised). In the subsequent two months, however, a grand total of six LPMHC positions were posted — an average of less than one job posting per week. VA facilities appear once again to be leaving LPMHCs out of their hiring plans.

On the topic of ESSCP, attendees asked their senators and representatives to support funding the program at $52.296 million for Fiscal Year 2013. Both the House of Representatives and the Senate are working on appropriations bills for FY 2013, and the legislation the Senate Appropriations Committee approved maintains the $52.296 million funding level. Unfortunately, the Labor, Health and Human Services, and Education spending bill approved July 18 would eliminate ESSCP and several other “ineffective, unnecessary or lower-priority programs,” as the House Appropriations Committee press release described them.

But ESSCP is effective. The most recent detailed data from schools receiving ESSCP grants showed that, on average, they experienced a 30 percent reduction in disciplinary referral rates after implementing their grant program. The program is also necessary because many school districts nationwide are cutting back on school counseling staff and programs as a result of ongoing budget pressures. Counselors making lobbying visits on behalf of continued federal investment in school counseling services emphasized that school counselors play a unique — and vitally important — role by working at the crucial intersection of academics, college and career readiness, and mental health and well-being.

House and Senate members are already discussing a stopgap spending measure to fund government agencies beyond the start of the federal fiscal year on Oct. 1 because none of the 13 annual spending bills will be enacted by then. Senate Democrats want to abide by the overall discretionary spending levels for FY 2013 that were agreed to in last year’s Budget Control Act, which resolved the debt-ceiling crisis; some House Republicans want to scrap that funding level and reduce discretionary spending by another $19 billion. Looming over all FY 2013 appropriations figures is the potential for an across-the-board cut of 7.8 percent, to be applied Jan. 2 if Congress and President Barack Obama can’t reach agreement on a collection of tax increases and spending cuts to reduce the deficit by $1.2 trillion.

On Medicare, attendees asked their senators to co-sponsor legislation establishing coverage of counselors (S. 604, the Seniors Mental Health Access Improvement Act) and asked their representatives to consider sponsoring a House counterpart measure. Health policy research shows that establishing Medicare coverage of counselors likely would save more money than it costs to implement. More than half of Medicare spending is on the sickest 10 percent of beneficiaries, and studies show that individuals with both a chronic medical condition (such as diabetes or congestive heart failure) and a comorbid depressive disorder are much more expensive to treat than those without depression. Expanding access to outpatient mental health services can more than pay for itself with even a tiny reduction in costs for beneficiaries with depression and a comorbid medical condition.

ACA continues to push for Congress to include Medicare coverage of counselors in the year-end package to protect physicians’ payment rates. Congress is expected to take up this package in November or December after the 2012 general election. For more information, contact Scott Barstow at sbarstow@counseling.org.
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Lessons from the other side of the world

Jaime Castillo is a blogger for the American Counseling Association who has previously been spotlighted in this column. I have always loved reading his blog posts about his work with individuals with intellectual and developmental disabilities in New York City. Recently, he went to Saudi Arabia to present at a conference for experts in disability and rehabilitation. Here is his story.

Rebecca Daniel-Burke: You recently went on a training trip to Saudi Arabia. How did that opportunity come about?

Jaime Castillo: Over the last couple years, the agency I’ve worked for, YAI, has been growing partnerships with a number of agencies based in the Middle East that are serving individuals with developmental disabilities. Last year, our agency worked closely with the country of Jordan and assisted in opening the first group home for adults with intellectual and developmental disabilities. This opportunity provided us with the motivation to continue our support for growing the field of developmental disabilities in the Middle East.

Back in January, I was asked to be part of a small team to travel to Saudi Arabia and be the keynote presenters at the Unaizah Association’s First Conference for Experts in Disability and Rehabilitation. The Unaizah Association is an organization that provides day habilitation, vocational and residential services for individuals with intellectual and developmental disabilities. Our agency had partnered with their organization to provide their staff and client families with workshops in the areas of management and supervision, vocational training and placement, staff training and education, behavior management and clinical applications, and autism spectrum disorders. I was recruited to provide the workshops within the areas of behavior management and clinical applications. Our team traveling to Saudi Arabia included one of our directors of residential services, a director of education and training, a vocational rehabilitation specialist and our chief psychiatrist at our autism center. I was honored to be asked to travel with this highly experienced and seasoned team.

RDB: What were your goals for the trip before you went?

JC: As a group, one of our goals was to visit a number of schools, day habilitation centers, clinics and residential group homes to provide the teachers, clinicians and administrators with feedback on their systems and physical plant. Our second goal was to provide trainings and hands-on workshops to staff and clients, offering them the opportunity for direct clinical feedback on treatment approaches and methodologies. Personally, my primary goal was to make sure I did not do anything that was deemed offensive. After having discussions with co-workers and friends prior to the trip, I was very concerned that I would unknowingly disrespect the culture. I had read travel tips and had friends and co-workers talk to me about all the things I had to make sure I did not do. I was worried about everything from the type of clothing (long sleeves versus short sleeves), to taking pictures (of nonsacred versus sacred buildings) to engaging with women (not allowed unless you are their husband or family). Eventually, my goal was just to stay afloat!

RDB: What was the most surprising thing you saw or felt upon arriving in Saudi Arabia?

JC: I’ll answer this in two parts. The most surprising thing I saw upon arriving was the complete change of wardrobe every woman completed as soon as the plane touched down in Riyadh. It was fascinating to see the physical change of the cultures and how quickly and easily it happened. The women swapped their New York jeans for their traditional Saudi abayas — black cloaks — and nearly full-face veils.

Walking through the terminal, I was experiencing a number of feelings that were competing for dominance: anxiety, excitement and fear. I was anxious because I had no idea what to expect. I was excited because I was on the other side of the world and part of this amazing opportunity. I was afraid because I was told to be afraid by so many people in the U.S.

RDB: What were your living conditions like? What was the food like?

JC: Our living conditions were absolutely incredible. We were greeted with such amazing hospitality throughout our visit. We stayed in a small complex of villas/suites very much like a small beach condo. Our amenities were very similar to what you’d expect from any high-end hotel. There were things here and there that you had to adjust to. For example, you couldn’t always count on there being a Western toilet. I’d describe it more like a literal “open floor concept” where one substitutes toilet paper for a hose. But hey, like they say, when in Rome …

The food was fantastic. We ate a lot of lamb, rice and tabbouleh. Camel was delicious, and I learned that it is also the best meat to eat since it is very low in
cholesterol. Dates are a huge component of their diet; they are a huge export for Saudi. We visited several beautiful date farms and must have consumed 10-20 dates per day. We also tried some of the more exotic foods such as cow tongue, eyes and brain.

RDB: I understand the women were in a separate room during the training. Tell us about that. Did it have any effect on the material you were delivering?

JC: Yes, during the conference we were only allowed to have physical contact with males. It was unusual for us, but in their country, it is the norm for men and women to be separated. For example, at restaurants there are specific sections for single men to eat, single women and then families. Shopping malls had specified times for men to shop, another time for women and yet another for families. Over the course of the seven days we were there, we were only in the physical presence of women maybe twice.

There was a video camera right in front of me, which fed directly into the women's lecture hall so they could see us. Then we had a microphone clipped to us for the sound to the room we were in for the men, along with headphones for when questions were translated from Arabic to English and, finally, the overhead speakers to hear the audio from the women's hall for their questions.

My material didn't change, but my presentation skills did. I had to always remember to not only make eye contact with the men in the room but also to look directly into the camera from time to time to engage the women. I had to remember after offering to field questions from the men to look into the camera and ask the women for questions as well. Sometimes it was easy to forget. Then it was strange when, all of a sudden, I'd hear a woman's voice from the overhead speakers asking a question. It would take me by surprise. It would remind me that there was a room somewhere filled with women I couldn't see, so hearing their voices was great.

RDB: As a counselor, what did you learn from your experience? Has it changed anything about the way you work?

JC: I learned there are individuals on the other side of the world trying to cope with the same issues we are. I learned that you need to be open to understanding, accepting and integrating the traditions of the client's culture. This trip has definitely shown me the importance of increasing one's own multicultural competence and the importance of encouraging such experiences within counselor training.

RDB: What did you learn about Saudi Arabia and the Saudi people? Is there anything our members need to know?

JC: I learned that the people of Saudi Arabia are some of the kindest, most generous people I've ever met. I've never visited a city, state or country where I was met with anywhere near the level of hospitality that I experienced in Saudi Arabia. The teachers, clinicians and administrators we met during our visit showed a distinct thirst for knowledge and a drive to provide better services. The people of Saudi Arabia greeted us with open arms and warm hearts and really displayed the pride they have in their country — and their love of sharing it with Americans.

You absolutely cannot judge a book by its cover. I was told by numerous people before I left that I should be extremely careful because the people over there can be dangerous. I learned that aside from the religious customs, we are more similar than not and that all of those people who told me to be scared were wrong. Lady Gaga, the Kardashians and Jersey Shore, unfortunately, are just as popular there as they are here. I learned how much the Islamic ideals truly drive and influence decisions, perspectives and clinical approaches to treatment. Understanding the roles, expectations and limitations of both men and women within the community and family is key.

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
Internationalization has become one of the hottest issues in the counseling profession and within the American Counseling Association. Counselors in the United States are becoming increasingly aware of the growth of the counseling profession worldwide and are seeking ways to become involved in global efforts to advance human growth and development. Significantly, ACA is beginning to seriously explore expanding its role in these efforts to promote counseling internationally. This quest has been bolstered by universal improvements in communication and travel that have truly made the world a “global village.”

Indeed, many countries are becoming aware of the potential that counseling offers, both as a process and as a profession, for improving the quality of life for its citizens. They are reaching out to the United States and other countries with established counseling traditions for guidance on promoting the profession within their cultural contexts. This has stimulated major efforts on the part of U.S. counseling professionals to establish links with mental health and educational colleagues in other parts of the world. These links are increasing, thanks in part to a growing number of international forums encouraging the exchange of ideas concerning counseling and human development.

Although ACA and the counseling profession in the United States are to be applauded for efforts to promote counseling globally, it is important to note that one entity has been involved in advancing counseling internationally for nearly 50 years — the International Association for Counselling (IAC). IAC represents the vision of a true giant of the counseling profession and one of the most remarkable figures of the 20th century, professor Hans Z. Hoxter.

Promoting the well-being of people worldwide

Hoxter was a visionary pioneer who in 1966 established the International Roundtable for the Advancement of Counselling (IRTAC), which was renamed the International Association for Counselling in 1998. He worked tirelessly to advance the profession of counseling on a global level. From his birth in 1909 to his death, at age 93, in 2002, he witnessed the historic sweep of the 20th century, including the devastation of two world wars. His personal experiences during those wars, in particular, made him a lifelong champion of social justice. He saw the potential of counseling as a global force to fight social injustice and ensure access and equity for all people. For nearly 40 years, Hoxter served as president of IRTAC/IAC.

Since its founding in 1966, the mission of IAC has been to promote the well-being of people worldwide by advancing relevant counseling practice, research and policy. It is an international nongovernmental organization that has consultative status with several organizations, including the United Nations Educational, Scientific and Cultural Organization (UNESCO), the International Labour Organization and the Council of Europe. IAC has attempted to promulgate counseling in areas of the world where it is less developed. It offers support and consultation to newly developing national and regional counseling associations. This support and consultation always takes place within the context of and with respect for the social and cultural realities of any given country or region.

IAC hosts yearly conferences in different regions of the world. These conferences feature a one-day research seminar along with plenary and working group sessions that involve representatives of U.N. organizations, national and regional counseling associations and key experts in counseling from throughout the world. In recent years, IAC has conducted conferences in the Philippines, Jamaica, Romania, Malta, Australia, England, Argentina, Greece, India, Kenya and New Zealand. The goal of each conference is to be a catalyst for the advancement of counseling in the host country.

Participation in IAC provides a unique opportunity to develop a global appreciation of the way counseling is being deployed to address humanitarian concerns, including the promotion of human rights and the delivery of education, health care and social care. IAC’s vision is that through its role as a major partner in the global counseling community, it will have contributed to a world in which peace, social justice and respect are within the reach of all.

Global professional consciousness

I have had the good fortune of being involved in the leadership of IAC for more than 20 years. For the past six years, I have been honored to serve as the association's president. Through my involvement with IAC, I have come to gain some important insights on the concept of internationalizing the profession. Given this, I have pondered the question of what globalization means for counselors in the United States and for ACA. In thinking through this question, two very important things come to mind.

First, if counseling is truly to have an impact internationally, it will require individuals with the awareness, knowledge and skills to address both local and global challenges. As global interconnectedness narrows the physical and social distance between groups of people, we as professional counselors are going to need to develop a global perspective on our work. The basis of this perspective must be the development of transcultural awareness and competencies. We must have an understanding of and appreciation for cultural diversity that transcends national borders. This must be at the center of our global professional consciousness as counselors in the contemporary world. As we become more global in our scope and practice, it is important that we ask ourselves some crucial questions.

- How do perceptions of health and illness vary across countries and cultures?
How do help-seeking attitudes and behaviors vary across countries and cultures?

How do models of helping vary across countries and cultures?

What is the relationship between indigenous helping practices and counseling?

What constitutes ethical helping practice across countries and cultures?

As we seek answers to these questions, we must be prepared to have our assumptions and our worldview challenged. One will find that his or her conceptions of counseling theory and practice will be affected in significant new ways as the answers to these questions unfold in different countries and cultures around the world.

Second, although the profession of counseling is growing throughout the world, there are still many places where it does not exist. This was truly underscored for me in 2008 when I led an ACA People to People Ambassador Program delegation of counselors to Vietnam. During the trip, our delegation met with a group of educators and lawyers at an educational institute in Ho Chi Minh City (formerly Saigon) to learn about social services in Vietnam and to discuss our professional work in the United States. Although our hosts listened politely to us, it soon became evident that they had no concept of counseling. However, they were anxious to learn more about our work and ACA because they were intrigued with the potential that counseling might have in their country. They expressed to us that the profession of counseling could have great value in Vietnam, particularly in addressing educational and social challenges in the rural parts of the country.

As the dialogue with our Vietnamese colleagues progressed, I was reminded of a meeting I attended at an IAC conference with an official of the World Health Organization. We were meeting with him to introduce the work of IAC to that global organization. He exhorted us to ensure that as IAC promoted counseling in those parts of the world where it was beginning to emerge, that the association also articulated to national officials the "value added" of counseling in addressing societal challenges. He stated it was important that IAC be able to delineate how counseling was different from other helping professions by presenting its unique contributions to promoting human development.

Pondering counseling’s potential ‘value added’

So, as ACA considers global outreach initiatives, it will be important to ponder counseling’s potential value added to countries and cultural contexts where it does not currently exist as a profession. Can the association show through both empirical and anecdotal evidence that the process and profession of counseling add value to people’s lives and promote human growth and development? Can it be demonstrated that the theory and practice of counseling can be adapted to diverse cultural, social, religious and political contexts?

IAC is moving forward with a strategic initiative that involves networking with national counseling associations to further its objective of promoting the profession in areas of the world where it is less developed. As the world’s largest association of professional counselors, ACA has much to offer such a network.

The promise of the internationalization of counseling lies in transculturally competent colleagues joining forces across national boundaries to advance the profession as a global force for promoting human development and human rights. I hope that as members of ACA consider the future, they will act locally while thinking globally.

For more information on IAC, go to iac-irtac.org.

Guest columnist Courtland C. Lee is a professor in the Department of Counseling, Higher Education and Special Education at the University of Maryland at College Park. He has served as president of the International Association for Counseling from 2006-2012 and is also a past president of ACA.

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Letters to the editor: ct@counseling.org
Does program accreditation matter?

It’s that time of the year when new counseling students are preparing to enter the classroom. For many of these aspiring counselors, the journey to this point has involved myriad decisions and even some indecisiveness. In this edition of “New Perspectives,” two such students ask questions concerning their future academic paths. Addressing their questions are:

Edward Neukrug: Currently, more than half of all counseling programs are accredited by CACREP, including the one in which I teach. Based on my personal experience, and in my opinion, there are many reasons to attend such programs.

- Accreditation is the impetus for setting high standards and almost always results in improved programs.
- Accredited programs often attract better students and better faculty.
- Students in accredited programs study from a common curriculum, are generally more knowledgeable about core counseling issues, and usually participate in longer and more-intensive fieldwork experiences.
- It is my experience that CACREP accreditation is often the standard credentialing bodies use to determine who is eligible to become certified or licensed.
- Students in accredited programs can take the national counselor exam to become a national certified counselor (NCC) far earlier than students from nonaccredited programs.
- Some third-party payers (namely TRICARE) are beginning to reimburse only those counselors who graduated from CACREP-accredited programs.
- It is my belief that it is often easier to get into a doctoral program if you have graduated from a CACREP-accredited program.
- In my opinion, those who graduate from accredited programs generally have better job opportunities.

Although I have listed numerous reasons why I think CACREP-accredited programs might have an edge over other programs, a program not accredited by CACREP may still be strong. In fact, some have argued that accreditation limits the focus of the curriculum and the kinds of faculty who can teach, and does not allow small programs to thrive. So, the short answer is, if you like the program you’re in, consider its benefits and drawbacks, and make a wise decision.

Brian Canfield: I currently teach in a program that is not accredited by CACREP, but I also have past experience in three programs that were CACREP accredited. In general, I think graduates of counseling programs that are not accredited by CACREP are at a disadvantage when it comes to job offers and professional opportunities. For example, some governmental agencies only hire licensed professional counselors (LPCs) who are “graduates of CACREP-accredited programs.” Additionally, it is my experience that among many private and public employers, there is a hiring bias in favor of graduates of CACREP-accredited programs. CACREP accreditation provides an external assurance that a counseling program meets a recognized set of minimum education and training standards in the field of counseling.

It is important to note that accreditation establishes only minimum standards, however, not optimal standards of excellence. A number of counseling programs that are not CACREP accredited produce well-trained, ethical and competent counselors. The difference is that the standards of such programs are internally established and monitored by program faculty rather than being externally established and monitored by CACREP. Regardless of accreditation status, provided the counseling program from which you graduate meets the educational requirements for LPC licensure or school counseling certification in your state, your degree may adequately prepare you to achieve your professional goals.

When considering any counseling program, I encourage you to research the employment and professional success of recent program graduates. This information will help you make a fully informed decision as to whether the program you are considering is a good fit for you and will prepare you for professional success.
My life, my story

This month's spotlight falls on student Shellie Becker, a past president of the Alpha Sigma Upsilon Chapter of Chi Sigma Iota International.

Age: 29
Residence: Boone, N.C.
Education: Pursuing both an M.A. in clinical mental health counseling (expected completion in December) and postgraduate certificates in addiction counseling and expressive arts therapy (expected completion also in December) from Appalachian State University (ASU); B.A. in visual media arts production from Emerson College

Proudest professional accomplishments: Receiving the Joyce V. Lawrence Award for Professional Development from ASU Graduate School and giving two presentations at the 2012 North Carolina Counseling Association Conference. This has been invaluable in helping me to feel pride and connection to the professional counseling community.

Biggest professional challenge: While going back to school sounds like a break from the daily routine of work life, learning how to balance school, work, community and involvement in multiple organizations has been my greatest challenge. While difficult, spending the time to get involved has positively impacted my development and desire to remain an active and unique voice in the counseling field. It is so important to connect to the resources that our profession and academic programs offer students.

Words of advice for students: Connect with your academic community, counseling professionals and regional counseling community. Take advantage of these resources to explore and develop the passion that brought you to counseling. Do research, volunteer and present at conferences. The spirit of our profession is collaboration, communication, integrity and open opportunities. The direction of our profession is truly in our hands, and it is up to us to shape where we will go.

To nominate an exceptional student or new professional to be featured in "My life, my story," email acanewperspectives@yahoo.com.

Kimberly K. Asner-Self: Your question is a good one. I currently teach in a CACREP-accredited program, and the short answer is that, in my opinion, a CACREP-accredited program makes getting licensure easier, which makes you more attractive to employers.

The long answer: More often than before, mental health agencies are hiring counseling professionals with the highest level of counseling licensure possible in their state. This tends to be driven in part by funding. Agency funding comes through grants, insurance and fee-for-service. Agencies get reimbursed more readily for your work if you are licensed. CACREP program graduates have a degree that assures state licensing board members that these graduates have completed a planned program adhering to the CACREP 2001 or 2009 standards.

Don't despair though! Most states, including Pennsylvania, accept applications from people who have completed the requisite number of hours of a planned educational program from a regionally accredited institution of higher education. However, the process can be time-consuming, frustrating, and difficult, spending the time to get involved has positively impacted my development and desire to remain an active and unique voice in the counseling field. It is so important to connect to the resources that our profession and academic programs offer students.

Words of advice for students: Connect with your academic community, counseling professionals and regional counseling community. Take advantage of these resources to explore and develop the passion that brought you to counseling. Do research, volunteer and present at conferences. The spirit of our profession is collaboration, communication, integrity and open opportunities. The direction of our profession is truly in our hands, and it is up to us to shape where we will go.

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Edward Neukrug: There are many reasons to pursue one’s LPC soon after obtaining a master’s degree. For those interested in clinical practice, it shows a commitment to one’s career and provides evidence of experience and professionalism. This is important because doctoral program admissions committees often look kindly on students who have embraced their chosen profession in this manner.

Second, today’s doctoral students are often at field placements with local mental health centers that conduct third-party billing (payment from insurance companies). Having an LPC is appealing to such centers because it allows them to submit for payment.

Finally, because doctoral students often supervise master’s students in field placements, those who are pursuing or have their LPC are generally seen as more adept at supervising others. In fact, in some states, a portion of one’s pre-master’s supervision is counted toward the required supervision hours needed to attain one’s LPC, and some supervision by an LPC is often a required part of that process.

Although it is clear that working toward or having the LPC may have benefits when applying to doctoral programs, it should be noted that other credentials can also be beneficial. For those who have little interest in the LPC, credentialing as a school counselor, substance abuse counselor, national certified counselor and so forth may also be appealing to doctoral programs for many of the same reasons.

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

Letters to the editor: ct@counseling.org
Some of the more than 130 attendees of the ACA Institute for Leadership Training give a sign of their enthusiasm in front of the Capitol Building before heading off to lobby their elected officials about issues of importance to counselors.

Nebraska Counseling Association President Matthew Mims stands with keynote speaker and former astronaut Mike Mullane.

Members of the Arkansas Counseling Association prepare for a day on Capitol Hill.

Attendees workshop ideas for implementing successful leadership initiatives.
Eleven ways to increase the value of your counseling practice

In the previous column, we discussed the importance of building a sellable private practice and looked at formulas for valuing a service business. This month, we’ll review 11 ways you can make your business worth top dollar to an acquirer.

1) Brand: In the counseling industry, many practices are named after the owner, as in “Amy Smith Counseling” or “Smith and Associates.” This type of name can make transferring the business to an acquirer tricky.

Once upon a time, psychologist Dr. Wagner purchased a psychological testing practice called Powell Associates from a Dr. Powell. Dr. Wagner added his name, changing the business to Powell and Wagner Associates. Today, if the practice is resold, what happens? Will it become Powell, Wagner and Smith Associates, even though Dr. Powell hasn’t been with the company for more than 20 years?

A personal brand runs the risk of communicating to customers that the value of a company resides in the company’s founder rather than in its mission, product, service or team. This seems to become less the case the larger and older a business is, however. For instance, no one walks into a Walgreens and demands to speak with Mr. Walgreen. No one goes to Ruth’s Chris and expects his or her steak to be grilled by Chris or Ruth (by the way, the restaurant got its name when Ruth Fertel bought Chris Steak House). As for Dr. Wagner, he explains, “Someone might call and say ‘My grandfather used to see Dr. Powell.’ They don’t expect him to be here, but they still trust the brand.”

Although the challenge is not insurmountable, life is a little easier for an acquirer when the founder’s name is not inextricably tied to a practice. If you want to build a practice to sell, consider a brand name other than your own.

2) Beyond a solo practice: Solo practices often are worth less than group practices. There are two reasons for this. First, simply on the basis of their size, solo practices often produce lower revenues than group practices. Second, with a solo practice, the business owner is the lead clinician. Hence, when the owner sells (and leaves the practice), the business stops generating revenue. A new owner has the daunting task of finding a new clinician and building his or her caseload. In contrast, a group practice with several clinicians will continue generating revenue even when the original owner departs.

3) Consider an earn out: An “earn out” is when a seller accepts an offer for his or her company that is contingent on the company achieving specific financial goals over a period of time. For example, a company might receive a purchase offer of $200,000. However, a percentage of the purchase price is contingent on the company earning anticipated revenues for the next three years.

If you are confident that your company is stable or growing, and if you are willing to stay involved in the management of your business for a while, accepting an earn out could help you to receive top dollar for your business.

4) Finance the buyer: Many businesses are purchased in installments, which is also known as “financing the buyer.” In an installment sale, sellers receive a portion of their purchase price up front, and then the remainder is paid in installments (perhaps over three years).

For sellers, some perks exist to an installment sale. First, a seller can charge interest (often 5-10 percent) on the outstanding balance. Also, with an installment sale, the seller can include a “claw back” provision in the sale agreement, which means that if the buyer defaults on payments, the seller can repossess his or her business and resell it to a new buyer.

5) Focus on new clients, not existing caseloads: Current caseloads are worth less than new client inquiries. For example, let’s say one practice for sale has four clinicians, each with full caseloads of long-term clients. The practice receives 20 new client inquiries per month. In contrast, another practice for sale has only two full-time clinicians but 100 new client inquiries per month. Although the former practice is generating higher revenues, it also places a buyer at higher risk. At only 20 inquiries per month, the business won’t recover in the event of clinician turnover because the practice is not generating enough leads to build a new counselor’s caseload. Hence, even though the second practice serves fewer clients, it could be more valuable than its counterpart.

Tip: Having a rigorous system in place to document the volume of incoming inquiries from various sources (email, website, Yellow Pages and so on) and what percentage of them become new clients will increase the value of your practice to certain buyers.

6) Credentialing: In many markets today, accepting clients’ health insurance is important to the success and stability of a counseling business. Hence, it is increasingly important to buyers to find a practice that is credentialed with insurance companies. A business seller should make sure that his or her credentialing is such that it will transfer to an acquirer. When possible, a practice should have group contracts with insurance companies, as well as individual provider contracts.

7) A committed, compatible staff: Sometimes, when a practice is sold, its staff doesn’t survive the transition. Here are two real-life instances in which existing staff members were incompatible with new management.

■ A psychiatry practice was being purchased from an absentee owner/
manager. A few weeks before the close of the sale, the new owner began working in the practice and implementing some basic rules of operation for the administrative staff. They revolted! The staff destroyed documents, canceled appointments, refused to answer the phone and created a hostile work environment (it was later discovered that staffers were also stealing from the company). The new owner had no choice but to fire the staff and hire a new administrative team.

A buyer of a counseling practice discovered that the prior owner had overpaid his clinicians, compensating them heavily for completing basic administrative tasks that the prior owner did not desire to do. The new owner realized the practice could not survive unless the clinicians relinquished their administrative duties, along with the extra income. The counselors did not respond well to receiving what they perceived to be a “cut in pay,” and several left the practice. Revenues dropped by more than 40 percent, and the practice didn’t recover for more than a year.

In both instances, the owners had little choice but to start over with new staff. However, a buyer will almost always want an existing team to stay. Hence, anything that commits employees to the business, such as a “long-term incentive plan” (a bonus accrued and paid on a rolling basis over years of service) could be valuable to a buyer because it helps to improve staff retention.

8) **Quality hard assets:** To the extent that a buyer can utilize them, hard assets have value. Recently, I visited a counseling practice for sale in New England. The owner valued her furnishings (chairs, desks, computer equipment and so on) at $12,000. However, almost everything in her offices was tired, old and generally below our standard of quality. So, to us, her “furnishings” would have to be replaced entirely and therefore had zero value. In contrast, if we visited a practice with therapy offices that were “move-in ready,” such assets would be worth top dollar because we wouldn’t need to put out the cost (and effort) of furnishing the space.

9) **Lease:** If your practice rents space, the lease your business holds can affect the sale. Buyers always want low rent guaranteed for multiple years, as well
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as the flexibility to cut and run at any time. This, of course, is unlikely. As a seller, you are in good shape with a fair lease, with some amount of security for the buyer. Avoid these three bad lease situations:
- The practice has a five-year lease in a bad location. The buyer would prefer to move the office, but breaking the lease would be too expensive.
- The lease is nontransferable, and the landlord wants a 20 percent rent increase from any new tenant/owner.
- The lease terminates within a year, and the landlord plans to raise the rent more than 4 percent.

10) Be honest and open: As part of our growth strategy, my company has started looking for counseling practices to purchase. We talk with many providers who have listed their businesses for sale. At times, even after we sign a confidentiality agreement, some are reluctant to talk openly about their practices’ weaknesses (owners never have a problem talking about their strengths). This evasiveness often ruins the potential for a sale.

Sometimes owners will overestimate the size of their practice. I recently met with an owner who claimed that her practice was scheduling five to 10 new clients per week. However, when we looked at her practice’s record of first sessions, it was actually scheduling six to 12 new clients — per month! Either this seller did not understand her business, or she was trying to mislead.

Misrepresenting one’s company to a potential buyer will slow the acquisition process and could result in future legal action from a buyer. So, be honest! No business is perfect, and a serious buyer isn’t looking for perfection.

11) Finish strong: Many practices are put up for sale by clinicians who are nearing retirement. This is a great reason to sell. However, clinicians commonly make the same mistake. That is, they begin winding down their practices while (or even before) putting their companies up for sale. For example, a counselor who once saw 30 clients per week might decrease her caseload to 20 clients per week while trying to sell her practice. This ill-timed decrease lowers revenues. It also increases the risk for potential buyers, who will need to try and rejuvenate a shrinking practice.

My father once told me, “When painting, stop while you still have about 20 percent of your energy left.” His reasoning: “You’ll need energy to rinse out your brushes and clean up the room.” It’s good advice. Similarly, counselors are much better off selling their practices while they still have energy to finish strong. To attract good buyers and to earn top dollar, make sure your numbers are stable or even trending upward.◆

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

Letters to the editor:
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Dee Ray, PhD, Child and Family Resource Clinic, University of North Texas

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The Internet: A Tool for Career Planning, Third Edition

The third edition of The Internet: A Tool for Career Planning updates the web-based resources included in the previous edition and contains new information about the increasing role of social networking systems in career development. The scope of coverage ranges from an introduction to the many roles of information in the career decision-making process, to a list of career-related websites, to guidelines for using the Internet to deliver services through virtual career center websites.

From the perspective of the career services counselor, the most impressive aspect of this book is the practical application that is suggested throughout. The authors have kept student and client goals in mind and present the career adviser with specific ways to use the information in the book to deliver career decision-making interventions. For example, Chapter 2 outlines a four-stage model for integrating counseling and website use, and a table aligns specific counselor interventions in each stage with potential client outcomes.

An overview of social networking sites such as LinkedIn, Twitter and Facebook in Chapter 4 also introduces questions that clients may encounter in the process of building a professional presence online. Here again, the practical suggestions that are included make this information helpful both for practitioners and clients. Specific strategies are provided for setting up individual profiles and engaging in online networking communities and related activities. This chapter also includes a list of ways that career counselors can guide clients in the effective use of social networks as part of the job search process.

Although many positive outcomes are associated with the integration of online materials in the career decision-making process, potential difficulties may be encountered along the way as well. The authors have taken the time to present both benefits and challenges of using web-based tools, including concerns related to distance counseling, the need to closely evaluate the quality of each resource, usability and access issues, and the importance of confidentiality and privacy when posting and responding to online information. Multiple sections of the book address ethical considerations, but these are most thoroughly covered in Chapter 6.

A potential drawback to the print version of the book is the dynamic nature of web-based resources. Chapter 5 presents a categorized list of websites representing a variety of sources (government, private, educational), purposes (company research, job postings, general information), age groups and career interests. Readers will need to type the URLs of each item into their Internet browsers to review each website in more detail. A Kindle version of this book is also available and may offer a more convenient way of accessing these resources directly. An interactive document or site may be even more helpful in a future eBook edition.

The authors note that “since the first edition, the purpose of this book has been to provide career practitioners with information.” Career practitioners are indeed the primary audience for the book, and it should prove helpful to new career services professionals, others just getting started with the integration of online resources and those tasked specifically with the development of online services. The Internet: A Tool for Career Planning is also recommended as a potential supplement to counselor education courses.

This resource is not just a presentation of online resources, but also a reference guide that addresses ways these items can be used to help counselors connect and communicate with their clients. Ties to National Career Development Association documents, such as the Career Counseling Competencies and the Career Website Evaluation Worksheet, add to the utility of the book as a professional development tool for counselors.

Reviewed by Melissa A. Venable, education writer/blogger, OnlineCollege.org.

Experiential Activities for Teaching Career Counseling Classes and for Facilitating Career Groups, Volume III

Counselor educators and practicing counselors continually process a wide range of issues with diverse populations in a variety of settings. The specific focus of career counseling involves a synthesis of a wide array of elements such as cultural identity, life-span development and valuing on the part of both client and counselor. Given the inclusion of career counseling as a core element in the definition of counseling developed as part of the 20/20: A Vision for the Future of Counseling initiative, it is important to ensure effective practice and teaching of career counseling.

The third volume of Experiential Activities for Teaching Career Counseling Classes and for Facilitating Career Groups is designed to provide a comprehensive, easily accessible resource of lesson plans focusing on experiential strategies for processing aspects of career development and theory. The interactive lessons are intended for career counseling and training as well as for use by counselors in varied programs and settings.

The book is presented in a manner similar to that of an elementary or secondary school teacher resource. Structured lesson plans contain such information as lesson topics, learning objectives, target populations, materials needed, detailed instructions and items...
for discussion when processing the topic. The lesson plans are organized into nine chapters and grouped around similar topics within each chapter.

The first chapter focuses on self-knowledge and career decisions, with lessons ranging from “Adults in Transition: Family and Career Implications” to “Guided Visualization and Career Reflection for Vocational Exploration.” Chapter 2, titled “Theory,” contains lessons that discuss staple career theories such as John Krumoltz’s planned happenstance theory, Donald Super’s theory of career development and cognitive information processing theory. Chapter 3 discusses assessment in career counseling, offering activities for facilitating a Career Interest Card Sort, providing guidance on how to evaluate online career assessment resources and so on. The fourth chapter, “Occupational Information,” offers lesson plans to enhance knowledge of various occupations.

Chapter 5 focuses on the job search process, with instructional plans on elements such as interviewing, networking and peer review of résumés. Chapter 6 examines career program design-sharing methods for creating and evaluating career programs. The seventh chapter focuses on multicultural career counseling. Lesson plans examine privilege as it relates to vocation as well as specific traditionally disenfranchised groups such as gay and lesbian populations and people who are elderly. Chapter 8 covers technology and media, a critical aspect of career counseling given the current landscape of our society. The book’s concluding chapter provides lesson plans on comprehensive and culminating assessments. The book’s concluding chapter provides lesson plans on comprehensive and culminating assessments.

In terms of organization, it would be useful if each lesson clearly indicated whether it is intended for a graduate class or for use with clients or students engaged in career counseling. Consistency in presentation of the content within each section would also be useful. Some of the lesson plans use step-by-step, numbered instructions and discussion questions, while others rely on a narrative presentation. Having a universal format would allow for additional ease of reference and comparison between plans related to the depth and required instructional steps to enact each lesson. These very minor formatting adjustments would ensure that an already well-designed and well-executed book could be efficiently navigated in the fast-paced environments of academia and counseling centers.

I highly recommend this resource to counselors and educators and plan on utilizing the lessons in my own work, both in facilitating career counseling and when training and supervising counselors.

Reviewed by Seth C.W. Hayden, program director of career advising, counseling and programming, The Career Center, Florida State University.


How long has it been since you had the one career counseling course included in most training programs? How long since your course on assessment? More important, how much do you recall from those courses? So, when you are working with a client who has career-related issues (and what client doesn’t?), where do you turn to find the most accurate, up-to-date information on the hundreds of career-related assessment instruments out there? Fortunately, I’m not going to spend this whole review asking questions.

A Counselor’s Guide to Career Assessment Instruments, fifth edition, bridges the gaps between our training and the necessary integration of career counseling into practice.

Practically speaking, this one volume addresses all of the vital information that we as counselors need (and mostly likely forgot) to select and use appropriate career-related assessment tools. But this book takes a unique approach to career assessments, providing first and foremost a primer of testing and instrument selection. For example, early on the book addresses the first and most important principle in instrument selection: For what purpose will you be using the instrument? In the introduction, we are reminded of the questions that assessments can answer: What can I do (aptitude), what can I be (aptitude/achievement), what should I be (interest/personality/values), what do I want to be (interest), and how can I be what I want to be? (career development/career maturity/career planning).

Another example of the tools provided in this volume is a seven-page checklist of skills relevant to career counseling—an invaluable refresher list for experienced counselors, as well as an excellent training tool for students. There are the basic counseling skills, specific assessment skills (statistics and test manuals, types of instruments, score reporting, norms and standardization, reliability/validity; and responsibilities/competencies), preparation, administration, scoring and interpretation. Chapter 7 sums up the call to work with clients where they are in terms of ability/disability, reminding us that accommodations are not intended to lower expectations but to mitigate the impact of disabilities. In short, the seven introductory chapters provide the necessary background and context for assessment instrument selection, use and interpretation. And this is all in the “prologue.”

But this is a career assessment book, and this review would be remiss if it did not briefly address the 71 assessment instruments contained herein. Well, perhaps not all of them. The sections of the book cover aptitude/achievement tests, interests and values instruments, career development/career maturity measures, personality assessments, instruments for

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special populations and miscellaneous measures.

To help the reader understand the value of a book such as this, one instrument review will suffice. In examining the Kuder Career Planning System, the book covers all of the major (and minor, for that matter) issues involved in selection, from the target population to prices, scoring reports and ordering information. Then, an independent author summarizes the instrument, discusses the various features of the tool and provides detailed information you would not find in a report on a study that used the tool. For example, we learn that the Kuder “remains the only criterion-based inventory that employs a forced-choice format and does not employ a general reference sample” like others do. That’s important to know, especially considering the one limitation of the Kuder, which it shares with other self-report instruments: The results are only as valid as the self-knowledge of the person who takes the assessment.

There are a lot of career counseling books from which to choose. You don’t have time to shop around and test-drive a lot of different instruments yourself or read the vast volumes available. This book is accessible, readable and incredibly useful — a “must have” for counselors, especially if career counseling is not your specialty.

Reviewed by Chad Luke, assistant professor, Tennessee Tech University.

**Being a College Counselor on Today’s Campus: Roles, Contributions and Special Challenges**


Bruce Sharkin began his career as a college counselor in 1989 and spent the first 12 years at a small private university, then transitioned to a larger public university where he currently is the director of university counseling services. Sharkin begins his book with an interesting and informative overview of the history and evolution of the field of college counseling, including significant events that have had an impact on students and college campuses and, subsequently, college counseling professionals. Topics include the growth in the number of students on campus, the changing demographics of the student population, changes in funding for education services on campuses, escalating levels of violence in the world and on campuses, and the increasing number and severity of physical disabilities and mental health issues students bring to campus.

The book includes an in-depth view of the primary roles, responsibilities and challenges of being a college counselor. It also includes results from relevant research and recent surveys of college counselors and counseling centers on campuses nationwide. Statistics are presented on the clinical reasons for students seeking counseling, as well as the average amount of time reported by respondents in traditional counseling areas (individual, group, substance abuse) and less traditional roles (couples counseling, family therapy, psychological testing). Thoughtful ideas for working with limited resources on campus are also provided.

The additional roles and responsibilities of college counselors on campus — such as academic counseling and advising, assisting students with learning disabilities and other special needs, career counseling and testing, professional consultation, conducting research, collecting data for annual surveys to present to campus leadership, and outreach to students and faculty — are explained well. The exceptional challenges related to critical services such as crisis intervention, emergency walk-ins, urgent referrals, after-hours emergencies, behavioral threat assessments, post-victimization after a traumatic event and the role of college counselors on Behavioral Intervention Teams will help the reader understand the diverse scope of services college counselors commonly provide.

The increased professional demands and challenges of being a college counselor are well-illustrated, giving the reader a clear picture of these aspects of the job field. Some of the challenges the book covers include potential ethical and legal issues, the demands of training and supervising graduate students in counseling programs and issues related to meeting the needs of nontraditional students.

Readers will find this book informative, easy to read and thought provoking, especially in relation to the special challenges and future of college counseling services. This would be an excellent resource for graduate students considering a career in college counseling because they would find it useful in their decision-making process. Administrative personnel on campus would also benefit from this book. It would help them gain a better understanding of the training, education and potential roles of college counselors, as well as ideas for developing or improving partnerships to benefit students.

Reviewed by Kirsten Katers, a certified rehabilitation counselor at the Department of Veterans Affairs and a doctoral student in counselor education and supervision at North Dakota State University.

Column editor’s note: This will be my final column as editor of “Resource Reviews.” I would like to thank the many American Counseling Association members who have volunteered over the past three years to review resources and share their reviews with others.

— Kelly Duncan ♦

Counseling Today and ACA would like to thank Kelly Duncan for her service as the “Resource Reviews” column editor and for her commitment to bringing helpful resources to the attention of counselors, counselor educators and graduate students.

Letters to the editor:
ct@counseling.org
The importance of establishing a relationship with a local attorney

Question: I am planning to start my own private practice within the next three months. Do you suggest I obtain a local attorney. If so, how do I go about finding someone who knows something about counseling?

Answer: I would definitely recommend that you establish a relationship with a local attorney. First, the attorney can assist you in deciding what form of business operation is best for your situation. For example, should you set up shop as a sole proprietor, or does it make sense in your state to form a professional corporation or limited liability company? For this, you may want a health care attorney who handles business issues. Additionally, an attorney can assist you in negotiating contracts and help you ensure that your contracts and business arrangements are in compliance with federal fraud and abuse laws, the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and a wide variety of state laws and regulations.

You may also wish to establish a relationship now with a local attorney who specializes in professional liability defense work. Don’t wait until the need is urgent! Also, it typically doesn’t make sense to use a family member who specializes in wills, estates and trusts; that’s like using a cardiac surgeon to repair a torn knee ligament. Furthermore, the health care attorney you hire to help structure your practice may or may not handle professional liability matters. If not, the attorney should be able to refer you to a colleague who handles malpractice defense work.

If you are served with a civil summons and complaint — or a complaint before a licensure board — the first step would be to contact your professional liability insurance carrier. This company will typically assign you an attorney in a civil malpractice lawsuit but may let you choose your own attorney in a licensure board matter. You may also find it helpful to contact your local attorney for questions that arise while you are waiting for a response from your insurance carrier.

If you need assistance in finding a local attorney, ask colleagues in your area if they have retained attorneys they like and trust. You may wish to look at a well-established online directory, martindale.com, to further vet any recommendations you are given. Most attorneys in private practice are listed on that site. You can find out how long an attorney has been a member of a particular state bar as well as areas of practice and schools attended. Another site that may be helpful in locating attorneys is findlaw.com.

Additionally, the American Counseling Association’s Risk Management Helpline is available to assist members in locating attorney resources. The Risk Management Helpline is accessible by first contacting ACA Director of Ethics and Professional Standards Erin T. Martz at emartz@counseling.org or 800.347.6647 ext. 314.

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. 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., an attorney licensed in Maryland and the District of Columbia, operates the Risk Management Helpline sponsored by ACA.

Letters to the editor: ct@counseling.org
Offering counseling treatments that are backed by research is a personal passion for R. Trent Codd. When he founded the Cognitive-Behavioral Therapy Center of Western North Carolina 11 years ago, it was with the mission of delivering and disseminating evidence-based treatments. His practice hires only clinicians who are trained in and dedicated to delivering evidence-based treatments. It also offers training to other clinicians and agencies and produces a free podcast dedicated to evidence-based treatment and cognitive behavior therapy (CBT).

Codd believes a similar focus on evidence-based treatments should be more widely adopted throughout the counseling profession. Although the ACA Code of Ethics states that counselors will use empirically supported treatments, Codd asserts other aspects of the profession’s culture allow for training in and practice of non-validated and potentially harmful treatments.

As an example, Codd shares his viewpoint on critical incident stress debriefing (CISD). “The data here are clear that people recover following a trauma if this intervention is delivered. However, they do so more slowly than with no intervention. That is, this treatment has been shown to impede the natural recovery process,” says Codd, who is a diplomate in the Academy of Cognitive Therapy. “To be more explicit, this intervention is harmful. Delivering harmful interventions is certainly not congruent with the ACA Code of Ethics.”

The American Red Cross and other organizations promote CISD, which can contribute to confusion among counselors, Codd says. Counselors who don’t read the research literature might assume that a technique is safe and effective — even if research seems to indicate otherwise — simply because multiple organizations endorse that technique, he says. (There is ongoing debate about CISD within the mental health professions, and its proponents take issue with claims that there is no evidence of its effectiveness or that it has been proved to be harmful.)

To Codd, the ongoing use of CISD is just one illustration that research and evidence-based practice have yet to find the following they deserve within the counseling profession. “I wish I knew what to recommend to remedy this problem,” he says. “This is something that I’ve spent quite a bit of time thinking about over the years. I think the only thing that will make a difference is a change in the professional counseling culture. The bottom line is that we, as a profession, are going to have to agree that this is important. Unless that
happens, I don’t think much change is going to occur.”

From his position as president of the American Counseling Association, Bradley T. Erford says he senses the push for evidence-based practice coming from multiple sides — and he hopes that push will continue to grow stronger. Externally, he says, health care providers and government organizations are increasingly demanding to see counseling practices with demonstrated effectiveness. Internally, Erford says, the counseling profession is constantly striving to identify what works, how well, with whom and under what conditions, as any scientific discipline should.

“Knowing and applying what works in counseling not only raises the integrity of professional counselors, it also serves to protect the public from ineffective or even dangerous interventions and treatments,” says Erford, a professor in the school counseling program at Loyola University Maryland.

In Erford’s view, conducting research and using evidence-based practices are important to the profession for two main reasons: adherence to professional ethics and economic survival. “The ACA Code of Ethics states [in Section C, Professional Responsibility] that ‘Counselors have a responsibility to the public to engage in counseling practices that are based on rigorous research methodologies,’” Erford says. “That statement pretty much says it all. Regarding economic survival, if professional counselors use the best available research-based approaches to help clients and students, counselor effectiveness, client satisfaction and third-party insurer satisfaction improve. When professional counselors provide effective services, our services become even more valued, and we create a market for more counseling jobs at higher pay.”

Kelly Wester, an associate professor in the Department of Counseling and Educational Development at the University of North Carolina at Greensboro (UNCG), cites credibility and accountability as two additional reasons that counselors should conduct research and then adhere to evidence-based practices. This would assure clients that whatever treatment a counselor is offering has been shown to be effective, says Wester, a member of ACA who co-chaired the development of research competencies for the Association for Counselor Education and Supervision in 2011.

“Using the medical profession as an example, if an oncologist told you that you required an invasive medical procedure to remove or minimize the cancer that was in your abdomen, you would want to know of the effectiveness of this procedure, the risks and the benefits,” Wester says. “You may even want to know who else has been through this procedure and their outcome so you [can] compare yourself, your demographics and your situation with those individuals to see how you may fare in the treatment. While counseling is typically not as invasive as some cancer treatments, our clients may have the same interests and concerns regarding their treatment. Thus, counseling research should be done so that our clients, as well as supervisees and students, know the benefits, risks and outcomes of engaging in the service we are offering them and can truly make an informed choice.”

ACA Chief Professional Officer David Kaplan says health care companies are beginning to suggest that they may stop reimbursing mental health practitioners who don’t use evidence-based practices. The danger if that scenario plays out, Kaplan notes — particularly if counselors don’t begin producing more evidence of effective counseling interventions — is that counselors might find themselves locked out of using helpful approaches because of a lack of research on those approaches.

CBT is often recognized as the most effective treatment in many situations, Kaplan says. This is not necessarily because CBT is the only approach that works, he says, but because it is the treatment that fits best into the prevailing research paradigm. Therefore, the evidence needed to support its effectiveness has been ample. “If we don’t generate outcome research across the entire gamut of counseling interventions,” he says, “the only approach the insurance companies are going to let us use and the only one the government will fund [in the future] will be CBT.”

A theoretical basis is not enough’

When it comes to conducting research and applying it to counseling techniques, a variety of terms are used. According to
In September, the American Counseling Association will launch its Center for Counseling Practice, Policy and Research. ACA Executive Director Richard Yep, one of the driving forces behind the center’s creation, discussed what counselors can expect from this new endeavor.

**Where did the idea for the Center for Counseling Practice, Policy and Research originate?**

The center concept was the result of input and commentary that I heard from leadership and members for many years. To have a dedicated unit within ACA that focused on areas of the counseling profession that could have both short- and long-term impact is something that we have wanted to do. With the support of the ACA Governing Council and the excellent input of those with whom I work on staff, we are now able to realize the launch of this new entity.

**What will its goals be?**

In the beginning, our hope is that the center will begin building a framework that will allow ACA to more deeply explore a number of issues that include how best to position counselors for job opportunities for which they are uniquely qualified through their education and experience. However, it will also be looking at the professional counselor who will be working in the middle of the 21st century to position them for whatever they may face. And an additional aspect of the center will encompass how we can host interns and scholars-in-residence here at ACA headquarters to work on projects of critical importance to the profession.

**What do you hope to see the center accomplish?**

In an ideal world, within three years, I hope that the center will have produced products, research and resources that result in more professional counselors being able to practice. An additional deliverable will encompass increased awareness by the public in terms of its understanding of the impactful and important work that these tireless mental health professionals do each and every day.

**Why is this an important move at this time in the profession?**

Professional counseling is at a crossroads. The services and support of the center are something that we hope will move the profession in a direction that will support more job opportunities, allow the public to better understand what counselors do and inform public policy decision-makers so that they help to create an environment that allows professional counselors to deliver the best possible services to clients and students. I am extremely excited about the work that I know the center can accomplish, and I look forward to the input, suggestions and feedback from our members in regard to the efforts we will make.

— Lynne Shallcross

Codd, the term **evidence-based** has been applied more liberally in recent years. He understands the meaning to be “following approaches and techniques that are based on the best available research evidence.”

Kaplan says the technical definition of evidence-based research promoted by the National Institute of Mental Health and other federal agencies requires the inclusion of a manual with specific step-by-step protocols so the procedure can be replicated. The term **best practices**, on the other hand, implies that a counselor is looking for the one “right” approach that works better than all other approaches, he says. “That term is losing favor because we know that there’s not one absolute best approach to a problem. There are different interventions that can work,” Kaplan says.

**Outcome research** is another relevant term. According to Kaplan, it encompasses conducting research that speaks to Gordon Paul’s question posed in the 1960s: What works best with this particular client in this particular situation with this particular problem in this particular setting?

Wester views evidence-based practice as consisting of quality research findings, counselor skill and ability, and client desires. “I think the myth is that evidence-based counseling equates to using a manual that gives you Week One, Week Two and Week Three and that it does not allow you to account for individual clients who come into our office,” she says. “This is not my understanding of evidence-based practice. Evidence-based practice, to me, is what has been proven to work, and it typically provides more of an outline of interventions or steps that allow us to work with our clients from a method that has been proven to be accountable. Simply because the evidence-based practice indicates that we need to set goals in week one does not mean that we ignore the client who walks into our office during intake crying and in crisis. That wouldn’t be ethical on our part as counselors. It would mean that the ‘week one’ part of the evidence-based practice might take another week or two to finalize … while we stay with their emotion and work with the client to alleviate the crisis.”
Regardless of the terminology used, more research needs to be done to support the techniques counselors are using, Kaplan asserts. Historically, the counseling profession has been grounded in theory, he says, and as a result, many practitioners have thought that if they followed a particular theory, they were being successful, regardless of client outcomes. “With the push in recent years for accountability and to show that what you do works, having a theoretical basis is not enough,” Kaplan says.

As a whole, the counseling profession has been more resistant than other helping professions to the push from health care and government to back treatments up with research, Kaplan says, in part because counselors don’t generally like to do research. “Counseling tends to attract professionals who are interested in interacting with people and helping people directly,” he says. Those who are more interested in conducting research tend to gravitate toward other fields such as psychology, Kaplan says.

Counseling also attracts greater numbers of people who are creative and like to use creative interventions, Kaplan says. The downside to that is that creative interventions are often more difficult to research, he says. For example, behavior therapy approaches are more concrete — “do this, then this” — so they better lend themselves to the prevailing quantitative research model, he says.

Another factor in play is that it can be more complicated to determine what works in counseling than in other professions, Erford says. “Take medicine, for example. It is relatively simple to determine if one pill works better than another for treating a certain medical problem,” he says. “The personalities of the doctors and clients, while diverse, generally have little effect on the client’s physical system. Likewise, what the client does before and after taking the pill usually has little effect. The administration of the treatment and consequences are usually easily controlled. This is not the case in counseling. The treatment must be personalized to client needs, which means that even if a professional counselor is using a manualized treatment protocol, variations occur in how the treatment is administered. And the treatment is only a small piece of the puzzle when trying to understand clients’ complex change processes.”

Erford points to research from Michael Lambert 20-plus years ago showing that only 15 percent of the treatment outcome was due to specific techniques used. In comparison, 30 percent was due to the therapeutic alliance, 15 percent to the client’s expectations for change and 40 percent to factors outside of counseling. “So, in order to maximize client outcomes, all four facets should be the focus of the professional counselor, not just what evidence-based practice you are using,” Erford says. “On the other hand, while 15 percent may sound like a small amount, it makes a huge difference to overall client well-being and counselor effectiveness. That said, when clients perceive that counseling is working, their expectations improve, they are more likely to follow through on out-of-session activities and the therapeutic relationship improves. So, these change factors are not four discrete facets; they are synergistic and interconnected.”

No matter the reason for it, the profession’s dearth of research leaves counseling at a disadvantage in Codd’s opinion. “It pains me to say this about my profession, but I really believe we lag significantly behind these other disciplines in this area. I think it’s important for our field to catch up to these other disciplines if we are to truly mature as a field.”

**Widening the scope**

Finding middle ground on the topic of evidence-based practice will require a little give on both sides, Kaplan says. On one hand, counselors need to acknowledge that to advance the profession and to do the right thing for their clients, they must produce evidence that what counselors do is working, he says. On the other hand, organizations and agencies that fund research need to be more flexible concerning what constitutes acceptable research, he says. This could mean embracing qualitative research rather than focusing only on quantitative research and understanding that not all approaches will use “cut-and-dried protocols,” Kaplan says.

Wester agrees, adding that qualitative and quantitative research should be viewed on a continuum, where both have their own strengths. “Qualitative provides us more of an in-depth understanding and allows us to explore areas and opinions that we are unsure of, while quantitative provides us numerical support and evidence that something works or doesn’t,” she says. “No one methodology is better than another; they serve completely different purposes. Thus, what research should look like is less about the methodology and more about what research questions will benefit
Counseling and Psychotherapy needs to change the current focus of the research it conducts, Kaplan says. “We need to focus more on clients in research than ourselves,” he says. “The [current] research is often focusing on asking ourselves opinions about ourselves and has nothing to do with client outcomes. We need to find real clients who have real problems, and we need to find out if what practicing counselors are doing with their clients is working. And, yes, that’s hard to do.”

But before producing and applying the research these leaders say the profession needs, counselors must acquire the requisite skills, which Wester says they should be learning both in graduate school and through continuing education after graduation. “Graduate school training provides the basis and grounding for what we need to know as professionals, but the world keeps changing, our clients keep changing, and the interventions and treatments continually change — and so does research,” she says. “Thus, continuing education is important to stay abreast of knowledge and gain new skills.”

In Codd’s view, graduate programs need to up their games and better train future counseling researchers. “I think our curriculums should add course work and, even more importantly, require active participation in research projects — doing the behavior as opposed to just reading and hearing about how the behavior is acquired,” he says.

Making research relatable

Codd senses a divide in counseling between those in favor of increased research and evidence-based practice and those who do not want to see the profession rely so heavily on research. Among the objections he has heard is that certain theories cannot be researched and that scientific methodology is not valuable.

He suspects, however, that much of the resistance to research has to do with how hard it can be for human beings...
— including counselors — to let go of deeply held beliefs. “We cling to our pet theories [and] have perhaps even built our careers around writing, lecturing [and] delivering certain interventions,” he says. “Learning whether or not we’ve been correct can be hard to take.”

Throughout the history of the counseling profession, people have argued about whether counseling is a science or an art, Erford says. He believes it is both. “We are a scientific discipline that allows practitioners to creatively adapt to the individual needs of a client,” he says.

One obstacle that may keep more counselors from adopting a pro-research attitude is that many practitioners do not view the literature base as being particularly user-friendly or helpful, Erford says. “Some counseling journals, like the *Journal of Counseling & Development*, have tried to address that by requiring that authors provide a section called ‘implications for counseling practice.’ But what we know about what works in counseling today is so much broader and deeper than it was 20 or 30 years ago. Most practicing counselors don’t have time to keep up with all of the published literature. They want meaningful, easy-to-read summaries that will help them to hit the ground running and create effective client or student outcomes. Some counselor researchers have begun conducting meta-analyses and systematic research syntheses to try to pull together related literature, sort of like one-stop shopping. Many of the textbooks I write have a synthesis chapter, which addresses the question, ‘What works in counseling?’”

ACA is developing two initiatives intended to address this need, Erford points out. “First, we are exploring how best to provide summaries of research-based approaches to issues encountered by counselors. Once produced, these informational summaries will be available to ACA members and will be designed to help practitioners, students and counselor educators stay abreast of effective counseling practices. Also, the new ACA National Institute for Counseling Research Task Force will identify and recognize the best counseling research produced during each year as exemplars for the counseling profession.”

Wester points to a “practitioner-researcher gap” within the counseling profession that she says has yet to be successfully bridged. “Practitioners frequently will question the applicability of our findings and our research, indicating it does not allow them to use their creativity or speak to the uniqueness of each client,” Wester says. “Interestingly, we think about evidence-based practice as research [telling] us what to do. However, if one would really

**Leaving room for creativity**

Exploring creativity in counseling might sound at odds with following evidence-based counseling practices, but Thelma Duffey says that doesn’t have to be the case. Duffey, the founding president of the Association for Creativity in Counseling, a division of ACA, says evidence-based counseling and creative counseling interventions are largely complementary and developmentally aligned.

“Many creative interventions and techniques are founded in an established theory or theories and are implemented with these in mind,” says Duffey, a professor and chair of the Department of Counseling at the University of Texas at San Antonio. “For example, all best practices begin with a creative thought or idea. Many times, these may develop into models, techniques or interventions that emerge from our practices. We often talk through them and collaborate or share them with others. Finally, we assess and research their efficacy.”

“Now, one way that evidence-based counseling could interfere with creative approaches would be if we were to adopt a rigid, one-dimensional perspective on our work or endorse cookie-cutter recipes of treatment that don’t allow for context or counselor and client individuality,” Duffey says. “Evidence-based counseling practices could also interfere with creative approaches if we were to discredit spontaneity, creativity or innovation in our work. I see none of these as likely. Rather, I see counselors as embracing the idea that creativity involves using available resources, while ethically attending to best practices. Using music, the cinema and books are some excellent and ready resources that are compatible with evidence-based research paradigms.”

Duffey says she supports researching creative approaches, just as she would any other counseling approach. “The same quantitative research principles apply, such as adequate counselor training, valid and reliable measurement instruments, and clear methodology,” she says.

Although some counselors are more passionate about research, while others are more passionate about practice, Duffey says there’s room for a global view that incorporates both sides. “I believe that when counselors and counselor educators are flexible in their thinking, able to look at a big picture, allow for developmental progress and acknowledge the role of creativity and innovation while respecting rigor in research, the dichotomy ceases to exist.”

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— LS
A view from across the pond

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Share your view on evidence-based practice.

My thoughts are that any profession from medicine to management benefits from collecting, reviewing and sharing evidence. What worries me about therapy in the United Kingdom right now — and from what I read, it seems this is further along in the U.S. — is that the pressure for diagnosis, treatment plan and quantifiable results means that public funds are diverted nearly entirely toward CBT (cognitive behavior therapy). The benefit of more relational-based therapy is best studied by qualitative rather than quantitative research, and this does not fit with the general payment-by-results policy. Yet it is the nuance of the therapeutic relationship that we learn time and time again is crucial to any benefit being realized. In essence, I think evidence-based counseling is a good thing, but it needs to be expanded to take in different research methods and different therapy models. This takes time and effort, and we ought to be working together to start producing this.

Explain how the situation stands in the United Kingdom.

The current situation in the U.K. means that a choice in talking therapies is only available to those with enough money to pay for private therapy. Otherwise, the National Health Service (NHS) offers a very limited range of services based around CBT. I feel strongly that public money should be made available to facilitate NHS patients working with the many existing experienced and professional practitioners in private practice, but that we in return have to demonstrate our efficacy. Given that there are thousands of private practitioners doing good work throughout the U.K., it seems to be a fantastic opportunity to agree on an acceptable way of monitoring this and learning from the aggregate data. I know from discussions on LinkedIn that Clinical Outcomes in Routine Evaluation (CORE) is used by many practitioners, and I think there are opportunities to share findings from this. CORE measures the experience of the client, and if used at the assessment and ending sessions, shows the increase in well-being resulting from therapy.

Are there any drawbacks to evidence-based practice?

The drawback I see is that a conviction that “evidence is king” appears to override the need to examine that evidence. Public funds in the U.K. are channeled into the Improving Access to Psychological Therapies Programme (IAPT), mainly because it demonstrates outcome through regular reporting. However, if you look closely at what that evidence actually says, you see that IAPT services do not actually demonstrate good results. Waiting times for some are over three months, a course of treatment may be as little as two sessions and success rates overall are as low as 15 percent. Despite this, because these services are measurable, they are approved by the National Centre for Clinical Excellence and publicly funded.

‘Voices from the field’

Counselor practitioners should not only be using research to inform their practices with clients, they should also consider taking part in research themselves, Erford says. “Practitioner voices from the field are incredibly powerful,” he says. “Much of the progress we have made over the past century is because practitioners noticed important things about clients, the counseling process, and the strategies and techniques used, and then shared these insights with other practitioners and researchers.”

In general, however, counselor practitioners seem less likely to participate in research and collaboration with counselor researchers than do practitioners in related professions such as psychology and psychiatry, Erford says. “Part of this is a professional orientation issue, which we are addressing in counselor education,” he says. “We need to recruit and produce graduate students who are excited and knowledgeable about research and its application to practice, and then keep them excited and engaged as they enter practice. If practitioners understand how research can be applied to clients in the field, they will notice...
things and question their practices more actively, thus opening their curiosities to research opportunities.”

Eford says he and a few colleagues completed meta-studies between 2010 and 2012 of 10 ACA and division journals, learning that in nearly every case, practitioner contributions to the counseling literature have declined significantly during the past 20 years. “Professional counselors, regardless of setting, are supposed to be collecting data to substantiate effectiveness and outcomes with every client or student served,” he says. “This constitutes a huge pool of existing data. If we could develop a system for collecting and using this outcome data for research, we would leap ahead in our understanding of what works in counseling. Partnerships between counseling researchers and practitioners could be mutually beneficial, meeting the needs of the researcher for access to clients and data, and the practitioner for access to research or evidence-based practices and assessments that help with screening, diagnosis and accountability. If you are a practitioner with ready access to clients or the data they generate, please reach out to counseling researchers in universities and institutes. Through networking, we can build a powerful system for research and development.”

Before counselor practitioners can team up with researchers, the lines of communication need to be opened, Wester says. “One of the things our department did [at UNCG] was to send our internship site supervisors a survey on what was needed in terms of research and [asking if they would] be interested in collaborating with our department faculty on answering any questions they were interested in or needed answered through research,” she says. “They were able to indicate what they needed in terms of current literature, what they would like in terms of research relationships, topics they needed help researching and how we could help them and their agency. The first step is setting up the lines of communication between practitioners and researchers. But practitioners should feel able to contact the local universities, or even their alma maters, to inquire how to bridge the gap.”

Research in a humanities profession

James Hansen, professor and coordinator of the mental health specialization in the Department of Counseling at Oakland University in Rochester, Mich., agrees that research is a vital part of professional counseling. But he believes counseling should be “informed” by research — rather than “guided” or “determined” by it — for two fundamental reasons.

First, Hansen says, the essence of counseling is the relationship between the counselor and the client. “Indeed, one of the most consistent research findings over the past four decades is that the quality of the counseling relationship is the within-treatment variable that accounts for the majority of the variance in counseling outcomes,” says Hansen, a member of ACA and the Association for Humanistic Counseling, an ACA division. “Therefore, the research unequivocally informs us that the quality of the counseling relationship is the factor to which practicing counselors should be most attentive. However, every counseling relationship is unique, just like every marriage, friendship, etc., is unique. Therefore, although research informs us that the counseling relationship is vitally important, research cannot tell us how to deepen a particular counseling relationship because every counseling relationship is unique.”

Second, Hansen says, all research is conducted within a set of assumptions. “The set of assumptions in ‘evidence-based,’ ‘best practices’ or ‘empirically supported treatment’ outcome research is that researchers should attempt to find the best techniques to use with particular disorders. The findings can then be disseminated to practitioners, who will diagnose their clients and use the techniques that have been found to be most effective with their client’s disorder,” says Hansen, who wrote a “Reader Viewpoint” in the October 2010 issue of Counseling Today on this topic, as well as another article for a special issue of the Journal of Humanistic Counseling due out next month.

But the set of assumptions is essentially medical, Hansen argues, and although that makes sense for medicine, it doesn’t...
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make sense for counseling. According to Hansen, meta-analytic research studies have consistently found that specific techniques account for less than 1 percent of the variance in counseling outcomes. “Specific techniques, generally speaking, appear to be relatively unimportant to outcomes,” he says. “Therefore, a counseling research agenda that is based on finding specific techniques for particular diagnostic conditions is focused on a factor that only accounts for a minuscule portion of the outcome pie. A general research agenda for the counseling profession should be focused on factors that we know to be highly important to outcomes, not factors that are relatively trivial.”

The bigger factors in the pie, Hansen says, are the quality of the therapeutic relationship, extratherapeutic factors such as social support, and positive expectations from the client about counseling.

The truth about techniques is complex and nuanced, Hansen says. “Specifically, the evidence strongly suggests that the ‘contextual model’ of counseling is the general way of thinking about treatment that counselors should adopt. There is an important role for techniques in the contextual model, but that role is related to the overall context of counseling, not as isolated, technical interventions.”

Hansen adds a second point to support his contention that the set of assumptions often relied upon in evidence-based counseling research is faulty. He asserts that the manual many mental health professionals use to identify client disorders, the Diagnostic and Statistical Manual of Mental Disorders (DSM), is “fundamentally unsound” yet is used in evidence-based research. Hansen calls the DSM highly unreliable and believes it has virtually no validity. “Because evidence-based research operates from these deeply flawed assumptions, it is generally a harmful trend in counseling,” he says.

In Hansen’s view, counseling is a humanities profession, akin to history, literary analysis or philosophy. The raw data of all of those professions is in human meaning systems, he says. On the other hand, the sciences, such as biology, chemistry and physics, deliberately attempt to remove subjective human meaning from their investigative efforts,
American Counseling Association member Jason Menegio is a counselor and evidence-based practice specialist working at a nonprofit organization in Greensboro, N.C. To contact him, email jason.menegio@monarchnc.org.

**What does your work encompass?**

My primary responsibilities are to research and oversee the implementation of evidence-based and emerging best practices in assigned service areas including, but not limited to, providing training, monitoring, mentoring and continuing education. I also ensure that each individual who receives services has access to treatment/services/supports that are based on an evidence-based practice or emerging best practice, which is the basis for all service provision.

**Why is evidence-based practice important?**

Learning what treatments are effective and evidenced and backed up by research helps to guide our treatment decisions and to promote the overall well-being of clients being served, as evidenced by improved outcome measures. In other words, evidence-based practice helps to ensure that clients are getting the best service possible.

**What are some of the benefits to evidence-based practice?**

Some of the primary advantages include its ability to be data-driven, and [it] can be evaluated for its degree of effectiveness. It exposes potential gaps [in] what was studied and what needs further research. And it identifies effective interventions based on reviews of multiple rigorous studies rather than on subjective interpretations of the reviewer or clinician.

—— LS

A practitioner’s take

Aiming to be objective and impartial, he says.

“Even if counseling is considered a humanities profession, science still has a valuable role in counseling, just as it does in other humanities professions,” Hansen says. “For instance, although historians study human meaning systems, they rely on scientific methods to date historical documents. However, science does not dictate or determine the activities of historians. It is simply used as a tool to help the profession along. I envision the role of science in counseling in much the same way. Science is a vital tool to help counselors determine if their interventions are working, for example. However, science should not dominate and determine the professional life of counselors or historians, because both of those humanities professions are aimed at uncovering human meaning systems — a goal which science, as an enemy of subjectivity, is grossly unsuited to accomplish.”

Although Hansen reiterates that research is vital to the counseling profession, he believes it’s important for its focus to be on enhancing understanding of the factors most known to help clients. “For instance,” he says, “we know that the quality of the counseling relationship is an important factor in counseling outcomes. However, we have a lot to learn about the nuances of the counseling relationship, how it unfolds, the points at which it is most important, etc. The primary agenda then should be to focus research attention on factors that are known to be vital to counseling outcomes.”

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Write what you know. This classic adage from creative writing class has launched many a novel. According to those who practice narrative therapy, it also can launch a counseling client into a transformative and healing process of self-reflection.

Narrative therapy refers to the work most often attributed to Michael White and David Epston. The approach emphasizes a person’s life stories and considers problems to be created out of different contexts, not as the result of who the person is. A well-worn maxim associated with narrative therapy is that “the person is not the problem, the problem is the problem.” Narrative therapy emphasizes clients’ strengths, helping them to tell the alternative personal stories that often get overshadowed by the more dominant stories about their problems. Using gentle questioning techniques, the counselor collaborates with the client to deconstruct stories and thoroughly investigate any problems together, as though they were reporters getting to the bottom of a lead.

This approach resonates deeply with Jane Ashley, a former newspaper editor and reporter who left journalism because she was disenchanted by the way that preconceived ideas often shaped how the media presented stories. “What I found in the first few years as a therapist was that the same way of listening and seeing clients was at work in the [process] of therapy,” she says. “So, I was starting to be a bit discouraged when I heard Michael White’s approach. What he had to say spoke directly to my concerns with journalism and the mainstream world of psychotherapy.”

Since discovering narrative therapy in 1995, Ashley, a licensed professional counselor (LPC) in Arlington, Va., has participated in dozens of related trainings, including a one-week intensive workshop with White. She also runs a narrative peer study group that incorporates mindfulness techniques. Ashley says it is the nonimpositional stance of the narrative therapist in particular that helps her avoid the pitfalls of preconceived notions.

“Narrative ideas inform my position in the conversation as a curious, nondirective collaborator in exploration of how the problem, or problems, have taken up more space in the lives of my clients,” Ashley says. “I try to stay curious and to keep my language and questions based on the language and expressions of the client. To me, this position is the most important aspect and hardest to learn for therapists.

“We are trained in all the other approaches to interpret and offer suggestions and interventions that come from the ‘expert’ knowledge of whatever theoretical orientation informs our interpretations. We are trained to speak from expert knowledge. In narrative work, the expertise is in listening for ‘sparkling moments’ and ‘exceptions to the problem’ in the words, attitudes and expressions of the client. It is very honoring of the lived experience and values and beliefs of the client.”

Ginny Graham, an American Counseling Association member who is one of Ashley’s counseling supervisees, agrees. “I love the accessibility of the genre,” she says. “The more I use the context of story to frame clinical discussions, the more I appreciate how its familiarity invites and grows content. Who doesn’t love a good story? By its very nature, story elevates and even celebrates conflict as the central vehicle for change.”

Graham, an LPC with offices in Alexandria and Arlington, Va., came to counseling work after a career as a high school English teacher. She acknowledges that this background likely predisposed her to an appreciation of narrative therapy. “Using story as a gateway to greater meaning in life — a key component of this approach — is a given in any English classroom. A way I’d create relevancy for my English students was to talk about all literature as a kind of ongoing conversation that people have been having since the first word was spoken,” she notes. “Finding a therapeutic approach that says the most defining story of all is each person’s own unique story felt like a natural progression for me clinically.”

By Stacy Notaras Murphy

The power of story
Counselors use narrative techniques to co-author connections, draw out client strengths and ‘rewrite’ personal histories
Crediting her supervision work with Ashley as the spark that ignited her curiosity about narrative therapy, Graham says, "It probably sounds simplistic to explain the experience as one of being taken seriously. If that doesn’t happen in a clinical or supervision relationship, there’s something wrong, right? Yet there was something powerful about being on the receiving end of the questions she asked, as well as her encouragement to expand on and enrich the content.”

Graham also attended a workshop that Ashley led about using narrative techniques in group therapy. “After selecting witnesses to listen to a conversation between the practitioner and the client in which the client told a story, we were asked to do a few simple things: isolate a phrase or image that stuck with us and to talk about how it resonated, how we could relate it to our own story,” she explains. “After we shared our material, the client talked about how what we’d said had changed her original perceptions.

“The result was unanimous energy and enthusiasm for the creative way we had experienced each other and unwittingly grown in honing our own understanding of ourselves. … Experiencing it spoke volumes about the empowering possibilities inherent in this approach for doing group work. It was a living, breathing illustration of how stories overlap in a powerful way to inform, confirm, contradict, challenge and inspire.”

**Tools for the narrative**

Narrative therapy demands that counselors hone their listening skills. “I try to train myself to listen for wisps of dreams that are barely spoken — those hopeful thoughts that might be drowned out by the influences of the louder, more emphatic problem narrative,” Graham says. “What’s more, it’s not enough for me to hear it. I want to create a sense of collaboration. I want to be considerate and explicitly check out what I think I’m hearing with my client.

“In my collaborative, narrative mode, I might say something like, ‘It’s funny when you say that it seems like some of what you’ve said is barely written — as if it’s written with a light, thin pencil. Yet, as you talk, there’s something that has me thinking that you might want to swap that pencil for a permanent marker. Am I right? Or what am I hearing unfold here? Is this something you want to talk more about?’”

Graham has found that the narrative approach is particularly helpful with clients who are facing adjustments related to loss and major life changes, as well as when multicultural issues come into play. “I love asking questions that invite [both myself and] folks to reflect on the relative strengths and weaknesses that exist in our social discourses,” she says. “For many, examining themselves objectively as a person in history becomes a first opportunity to think critically about culture, politics and the dominant stories that inform unconscious attitudes, hold us back and dictate behavior.

“For me, undoubtedly the most satisfying aspect of this approach is that the act of inviting and encouraging authorship automatically means there will be revisions because, as every writer of story comes to know, revising is where the real story emerges,” Graham adds. “The act of revising a story is such a positive, possible task and serves to lessen the sting and stress of the change process. Some clients have likened the approach to the pick-your-own-ending books they remember delightfully from their childhood.”

Sandy Davis, an ACA member and LPC in Fenton, Mo., was drawn to narrative therapy during her graduate program. “As students, we were challenged not to just be ‘eclectic’ but to find a mode of therapy that would fit us,” she says. “I began searching for a therapy that fit me rather than forcing myself into a mold. Narrative therapy utilizes my strengths, and I am consistently adding to my skill set by seeking educational opportunities on narrative therapy through journals, articles and continuing education.”
Davis uses narrative interventions to help clients separate themselves from their problems. “I am interested in the person’s self-talk, how they describe themselves, how a ‘problem’ begins using a small truth or situation and creates a challenge to the person’s concept of self. … Learning the ability to utilize externalizing language often allows [the client] to relax and begin building self-confidence,” she explains.

“They are usually relieved that they are not identified as ‘the problem’ and welcome the opportunity to have someone to team up with to address and combat the problem.”

“Asking a person how depression keeps them from having fun forces them to develop more concrete reasons,” Davis continues. “They may reply that depression tells them they are not good enough, not skinny enough, not smart enough and that they do not have energy. This gives me insight into their thought process and how the problem manipulates the person.” Other narrative tools include letters, contracts, poetry, art and addressing cognitive distortions.

When using narrative techniques, Davis says, counselors should know there is always more than one version of a story. “Mapping the problem and its effects on the person is an important first task,” she says. “We assist the person from that point on.”

Davis’ first homework assignment to clients asks them to consider their own self-talk. “I ask the person to create two lists of adjectives that they see as truths about themselves. I am careful to state not to include what others say about them,” she says. “One list is to contain negative [adjectives] and the other, positive adjectives. They bring the list into the safety of the office, and we together try to find evidence that these words portray what is really true. I work with the person to find exceptions for the negative words.”

Davis adds that narrative work also offers flexibility, allowing her to use it in conjunction with other models, including solution-focused and cognitive behavioral techniques.

**A career context**

Many agree that narrative therapy, with its invitation to consider one’s life experiences as a set of rich stories that can build on one another, is particularly applicable to career development work. Lisa Severy is an ACA member who primarily works with traditionally aged college students as assistant vice chancellor of student affairs at the University of Colorado at Boulder. She applies narrative techniques in this capacity, especially as she helps students determine their next steps after graduation.

“I often ask students to think about their favorite book or movie. When they have one in mind, I ask them to describe it to me and to tell me what is happening at the plot level and what the underlying themes are,” she explains. “While many people describe the plot of the movie in similar ways, the underlying themes often vary [because] those are a reflection of the viewer as much as of the movie itself.

“In sharing that with students, I tell them that people seem to report being most happy and successful in their careers when the plot of their career story is closely aligned with their own life themes. Those people whom we see floating through their work lives with very little energy probably have a huge gap between what they are doing and who they are [their life themes]. Our goal, then, is to create the next chapter in the student’s story that carefully aligns plot and underlying theme. That description tends to help students understand the process and buy in to the idea.”

Severy, the incoming president-elect of the National Career Development Association, a division of ACA, adds that narrative techniques are particularly refreshing in career development contexts. “Many career counseling models are norm-referenced. … They tend to assess a ton of people and then compare an individual to characteristics of the group. The norm, of course, doesn’t really exist, so comparing people to it can often lead to frustration — ‘Why does everyone else know what they want?’ What if there isn’t some ideal career choice hidden beneath the surface that just [needs to] be uncovered?

“Asking people to write the next chapter in their lives moves them away from the idea that they are writing their entire autobiography at 22 years old,” she says. “It also allows them to use their own words, culture and experience to create the story. I think of it as a reverse funnel. Older models are reductionist … taking the breadth and depth of a person and identifying certain traits — interests, skills, values, personality type — and reducing it down through a funnel process, the end result being something that could be compared to norms or to work settings.”

“Narrative therapy is the opposite, helping people to create holistic, broad stories in context,” Severy continues. “Not only
have I found it to be much more successful in helping students, it is also much more satisfying for me as a counselor.”

**A worldview in practice**

For treatment-wise clients — those who have been in and out of therapy throughout their lives — the narrative approach may feel strange at first. “It will just look like a rich conversation with a loving friend,” Ashley says. She finds the techniques work best with those who are “thinking and creative people. … In my view, this includes all people.”

Severy agrees: “Some clients are certainly more drawn to [narrative work] than others, but I use the principles to guide my practice either way. In college student career counseling, some students come in just wanting someone to give them an answer quickly … and this type of counseling requires a great deal of time and effort to do well. Those that put in the time and are naturally drawn to history, culture, stories, narratives, etc., find it very engaging.”

Ashley recommends that interested counselors seek training with those narrative therapists who regard this work as a ‘worldview’ in practice. “It is not the techniques,” she says, “The techniques — externalizing the problem, deconstructing the story, etc. — are to support the position of curiosity, interest, imagination and respect for the client.” She cautions that “many people who are practicing what they call ‘narrative work’ are actually using the techniques to deliver their ‘expert’ knowledge that comes from the other therapeutic orientations.”

Similarly, Severy warns interested counselors against jumping to conclusions as the client’s story unfolds. “There is a danger within this model of trying to move too quickly, with theme identification becoming more of a diagnosis than an authorship: ‘Oh, you told me a story about getting a kitten when you were 5. You must want to be a veterinarian!’” she quips. “The co-creation model emphasizes that the counselor should continually check assumptions and conclusions with the client to avoid that trap. I like to think of the process as the client being the writer and the counselor a test audience or editor — not someone to judge, but to ask questions and help refine.”

Searching for optimistic vignettes is part of the narrative therapist’s task as well, Davis adds. “It is a wonderful way of assisting [clients] to see a more preferred story that has been lived rather than only the dominant story that includes the present problem. The challenge is to find out what is going right, to be optimistic in the face of some horrific stories and to see the strength in the one sitting before us.”

“We often serve a population that lives problem-saturated stories, and yet they survive with skills that they do not acknowledge,” she says. “Rewriting history can occur, and it can change the future of those we serve. As therapists, we must remember that some remnants of resiliency and hope are there, but that the dominant story is able to disguise them. Collaborating with a person to discover these other truths is a life-changing event.”

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Letters to the editor: ct@counseling.org
For some counselors, meeting clients where they’re at is more than a figure of speech. Counselors who specialize in home-based therapy work with clients in their living rooms and at their kitchen tables, giving much-needed assistance to families and individuals who otherwise might not be able to access mental health services. Home-based counseling eliminates barriers for families who don’t have good child care options or who have trouble securing rides to the clinic.

An ecological framework focused on family preservation shapes most home-based counseling programs, with counselors considering their identified clients in the context of the complete family and community systems. Parents at risk of losing custody of their children to social services are usually targeted for home-based services, which often involve other wrap-around help such as case management and psychoeducational support. Home-based work also makes sense for foster families who could use help navigating the intensity of the needs of the children in their care.

Theresa Robinson is an American Counseling Association member who works for a community mental health agency in Tucson, Ariz. She says her clients face multiple challenges — poverty, dual diagnosis and insecure housing are common concerns — so her agency uses a team approach that allows the counselors to focus exclusively on therapy, while ensuring that clients get the extra assistance they need. Monthly team meetings focused on the child and family keep everyone on course and ensure stability of services.

“We have care coordinators who do case management and family support specialists who help with parenting skills and psychoeducation,” she explains. “For example, in a family where the children are removed and are now in foster placement, the family support specialist will be going in to help the foster parent...
deal with parenting issues, and I'll help the kids deal with the emotions and feelings around missing mom and dad.”

Robinson says being able to read her clients' environments — to see how they use their space together and how that shapes their experiences — allows her to build rapport more quickly. “I do a lot of work with teens, and they show me their rooms, what they're doing and drawing, and the music they're listening to,” she says. “I think it makes them feel less defensive and less likely to shut down because I'm coming to their turf as opposed to asking them to come to an unfamiliar place and talk about their feelings. I think I've gotten a lot further a lot quicker [with home-based counseling].”

**Safety first**

Al Sylvia Procter, an ACA member in private practice in Valley, Ala., spends most of her time on the road traveling to her clients' homes, many of which are in isolated rural areas. Procter was introduced to home-based work as a student, when she worked as an intern at a family services agency. Although the agency offered both office-based and home-based counseling, she found that home-based counseling generally served her clients better. When it came time for Procter to build her private practice, going into her clients' homes seemed like the obvious choice.

Procter acknowledges that the 20 years she spent as a military police officer make her feel comfortable going into environments that other practitioners might avoid. Mindful of safety, Procter keeps her cell phone charged and always makes sure that someone else knows where she should be at any given time. She also schedules intakes at neutral, public locations such as libraries or even laundromats so she is able to explain her expectations, secure the client's buy-in and gauge her own comfort level with going to that particular client's home.

“T'm old school,” Procter says. “I'm just straightforward, and I let my clients know up front what I need to work with them. If they can't do that, then maybe they need a different therapist. I've gone to houses with loose dogs, and I tell [the clients] to put them up, or else we can meet someplace else. If all else fails, we can terminate the relationship.”

For counselors accustomed to controlling the therapeutic environment, home-based work can be challenging. Houses may be dirty, and there isn't always a clear place to do counseling. The client might not have a kitchen table or a couch to sit on in the living room.

Procter says home-based counselors should be prepared to confront conditions that are less than ideal, while still remaining flexible. “I don’t want them to have to clean for me,” she says. “I want their house to look the way it normally works.” She adds, however, that if health and hygiene issues are present, such as roaches crawling on the floor with the baby, she will address those issues in session.

Counselors interested in home-based work also need to be adaptable, Proctor says, because the number of interruptions is greater than when doing office-based work. For instance, clients might need to suspend a session to attend to a crying baby or to answer a knock on the door, or they may need to get up
to start dinner. Rather than regarding these circumstances as distractions, many home-based counselors view them as opportunities to witness how the family is managing and to offer interventions where appropriate.

To save on gas and to lessen the wear and tear on her car, Procter schedules her clients by county, arranging appointments around the several multidisciplinary team and committee meetings that she participates in regularly. Because she maintains a home office, she saves on rent, and a portion of her living expenses and her other business-related expenditures such as mileage, Internet and cell phone are tax deductible.

Understanding services

Christine Woods is an ACA member in Rolla, Mo., whose private practice consists entirely of home-based clients. She says home-based work has been more effective for her than meeting with clients in an office. “My colleagues think I’m completely insane, but I do not like in-office therapy,” Woods says. “I get better results because [my clients] are more relaxed and more calm.” Woods also believes she is able to build the therapeutic relationship more quickly during home visits.

She offers an example of why home-based counseling has the potential to be so effective. “There was a situation where I was doing family therapy for a kid and her mom, and they were constantly fighting about chores.” Woods says. “One day, one of the assignments I had for them was to have mom show her daughter how to actually do those chores. The daughter says, ‘Oh my gosh! I get it.’ She needed her mother to show her, and from then on, they didn’t fight about chores. If I hadn’t been right there helping them work through the exercise, I wouldn’t have had that opportunity.”

Most of Woods’ clients come to her through referrals from other agencies and have more experience with case managers than with counselors, so part of her work involves explaining what counseling is and what she can and cannot do for clients. Because Woods is in private practice, she does not work with a team. Instead, she stays updated on community resources and helps clients get referrals to additional programs when their needs go beyond her scope of practice.

Woods echoes Procter’s advice concerning the need for home-based counselors to be clear and up front about their expectations. “I’m pretty blunt. I say, this is what my role is, and if you need case management, if you need parenting skills, we can hook you up with services to address that, but what I do is strictly therapy.”

Possessing the proper attitude is pivotal to the success of home-based counseling. “When people invite me into their homes, the most private place they have and the place they feel most secure, I recognize that it’s a privilege,” Woods says. In fact, she adds, demonstrating her respect for and acceptance of her clients is even more powerful in that context. “You cannot be judgmental. If the furniture is stained or the house is run-down, for them to be able to feel like they’re treated with respect when I walk in, that’s key to helping them feel OK and trust me.”

Mandate for the profession

Greg Czyszczon is an ACA member and doctoral candidate in counseling and supervision at James Madison University who is researching home-based counseling. He says discussions about home-based work can get muddied, both for clinicians and for clients, because paraprofessionals — college graduates with little to no clinical training — are sometimes hired to do home-based work with clients, and these services are often confused with actual counseling.

“In many areas of the country, people are allowed to offer services in-home that they could not offer in an office,” Czyszczon says. “An agency might send a 23-year-old with a bachelor’s degree in sociology [who maybe] worked for a year in an after-school program, and [he or she] would be the one working with kids who have trauma history and abuse history living in homes where there is substance abuse and domestic violence. For some reason, when it’s in-home, it’s acceptable to have people in there who don’t have training.”

That scenario is bad not only for clients, Czyszczon says, but also for counselors who are offering home-based services because the resultant confusion diminishes the therapeutic work that many appropriately trained clinical counselors are doing. In a 2011 presentation at the ACA Conference in New Orleans, Czyszczon and fellow ACA member Cherée Hammond advocated for the counseling profession to recognize home-based counseling as a specialized area of practice, much like play therapy or couples counseling. Czyszczon and Hammond believe counselors should have specific training on family systems, crisis counseling, resiliency, attachment, trauma-informed care, multicultural intervention, child development, substance abuse and serious mental illness before they begin doing home-based work. They would also like for ACA and the Council for Accreditation of Counseling and Related Educational Programs to join in the discussion.

“We want to say, if you’re going to be a [home-based] counselor, then these are the recommended competencies in this in-home scenario, and we need to be specific about those as a profession,” Czyszczon says.

Gerard Lawson, an ACA member and associate professor in the Virginia Tech School of Education, has conducted research on home-based counseling and supervision and asserts that it is some of the most challenging work that counselors can take on. Offering home-based services aligns with the counseling profession’s social justice mandate, he says, but too often, those tasked with doing this work are ill prepared for its many challenges. These practitioners can also be confronted by a professional stigma that says home-based work is case management rather than true counseling. Lawson adds.

“These families [clients of home-based counseling] are multichallenged, often on the verge of homelessness, often with involvement with the court system, with addiction issues and poverty,” he says. “You’re working bad hours and going out to people’s homes. Maybe your caseload isn’t as full as someone doing office-based work, and that could create the perception that this is less than counseling. But, actually, it’s counseling plus. It was the hardest work, bar none, that I’ve ever done in my life.”

“When I talk to supervisors about home-based work, what I try to tell them is that the system is upside-down,” Lawson continues. “There is no good reason that we should be sending people out who are working on their master’s
degree or who are newly graduated to attend to cases that would be challenging for a more-seasoned professional. The best and the brightest [of our profession] should be doing this work.

Lawson says isolation and burnout are issues for home-based counselors because they spend most of their time in the field and may not get the peer support that office-based colleagues receive simply by checking in with another clinician on staff. “Counselors [who do this work] are prime for compassion fatigue and vicarious traumatization. This kind of work places them at greater risk,” he warns. “That’s a recipe for burnout, or they’re just going to become numb to it, and they’ll invest less and less of themselves. The antidote to that is good supervision, but a lot of the supervisors have never done home-based work.”

Lawson would like to see greater numbers of experienced counselors take on one home-based case to augment their in-office work. Spreading around this workload would create a larger peer group of counselors experienced in home-based work who could offer one another support, he says. It would also allow counselors who currently do mostly home-based work to see some clients in the office, supplying these counselors with the attendant peer support that comes with working on-site.

“Maybe it doesn’t become an exclusive sort of service anymore,” Lawson says. “For everybody that’s doing outpatient work, perhaps they flex their time and have one home-based client that they work with one day a week. That would decrease the stigma [of home-based counseling], and it would also mean that this would be less segregated. If everyone is doing it, then it becomes more of ‘This is what we do as a profession.’ We could say, ‘If these families haven’t been successful here [in the office], they need a more intensive level of treatment, and that should continue with the same counselor.’”

Like Czyszczon, Lawson sees home-based counseling as a matter of social justice and thus part of the counseling mandate. “The reality is that this population needs better service, but they’re given less and less attention,” he says. “As a professional, I find that troubling. And as a member of the community, I find that shameful.”

Although the work is difficult and stressful, Woods says she has no plans to go back to counseling out of an office. “Some people are made for office therapy, but I get better results when I work with people in their homes,” she says. “There’s a gift that I’m to learn from them just like there’s a gift that they’re to learn from me.”

Dawn Friedman is a writer and counselor-in-training in the community counseling program at the University of Dayton. Contact her through her website at DawnFriedman.com.

Letters to the editor: ct@counseling.org
The elementary school counseling model used in the Athens (Ohio) City Schools is one in which our counselors serve several schools, so I (Katherine Ziff) structure my work with priority to offering preventive and developmental services to groups of children. Three years ago, in consultation with our school psychologists and administrators, I began offering studio art-based group counseling sessions that we call ArtBreak to children. The program has evolved into an ongoing, choice-based studio art counseling intervention that allows children to relax and express their feelings, practice prosocial behavior and develop problem-solving skills and creativity. The program now serves 35-45 students each year. For the past two summers, supported by Integrating Professionals for Appalachian Children (IPAC) and Project LAUNCH, an initiative funded by the Substance Abuse and Mental Health Services Administration through the Ohio Department of Health, I have also been able to offer ArtBreak through public libraries in two communities. Project LAUNCH promotes the improvement of the health and wellness of children from birth to age 8, and the summer groups were composed of children in this age group.

Structure

Our summer ArtBreak program offers sessions in the meeting spaces of community libraries. Participating public libraries enroll children in the program. These groups, each consisting of 10 children, meet six times during the summer for an hour each session. Sessions are held twice a week for three consecutive weeks for children up to age 8.

The ArtBreak program in the elementary schools runs from October until the end of the school year. Each group meets weekly for 30 minutes. Groups are composed of seven to eight children from kindergarten through sixth grade. Students are referred by teachers, parents or a community mental health provider with a form that we developed based on the therapeutic goals supported by the Expressive Therapies Continuum. A parent or guardian gives each child written permission to participate in ArtBreak.

Guiding principles

ArtBreak has four guiding principles:

- The Expressive Therapies Continuum
- Choice-based studio art
- The counselor as a facilitator
- Multiage groupings and community

The Expressive Therapies Continuum is a foundational art therapy framework introduced by Vija Lusebrink and Sandra Kagin in 1978. A developmental hierarchy associated with how information is processed in relation to how images are created in a therapeutic context, the Expressive Therapies Continuum delineates three areas of therapeutic goals with associated media. Briefly stated, these are:

1) Use fluid media such as watercolor and finger paint to address kinesthetic/sensory goals such as relaxation and expression of feelings.

2) Use more resistive media such as colored pencil and crayons to address perceptual/affective goals such as improving cognition, increasing empathic understanding, identifying emotions and grasping cause and effect.

3) Use resistive media such as collage and sculpture to address cognitive/symbolic goals such as developing problem-solving skills, identifying and integrating strength, and supporting creative thinking.

In ArtBreak, we use the Expressive Therapies Continuum as a guide for stocking the studio with materials, reflecting on student work, setting goals for students, and completing documentation and evaluation. In a choice-based art studio such as ArtBreak, students are encouraged to make their own choices about media and materials. In stocking the studio, we avoid kits and preplanned projects and provide art-making materials that are high quality and safe for children. We have a few tools such as awls and mat knives for working with cardboard that are used only by the counselor or under close supervision, but everything else in the studio is for the children to use freely themselves.

The groups begin with a basic set of materials and media. Over time, we supplement these materials and media as children seem ready or ask for them. In this way, we have introduced multistep, complicated processes such as printmaking (when a student asked for a potato to carve and use to make prints), sewing (when a student asked to make a small pillow) and installations such as a whole-room, multimedia experience.
that the children dubbed “Winter Wonderland.”

The role of the counselor in ArtBreak is not to direct activities but rather to facilitate, model problem-solving, demonstrate the use and care of art-making materials, teach skills such as setup and cleanup, encourage and model supportive behavior and language, keep time, document student work products and process, and make decisions about new materials and processes to introduce to the children.

We find that multiage groupings of children are important to the process of building community within an ArtBreak group. This approach creates new patterns of behaviors and relationships by offering children social experiences that are different from those found in their regular classrooms. It also allows opportunities for new friendships across ages to develop. Older children sometimes are models and helpers for the younger ones, while younger children sometimes delight the older group members with their willingness to experiment and try out different materials.

Setting up the studio

We have conducted ArtBreak in a large room with a sink as well as a small room with no sink, simply outfitted with a bucket, cleanup cloths and a pitcher of water. A tile floor is much less worrisome than a carpeted one, but we have managed in a carpeted studio by reminding children about the floor when painting and cleaning up any drips quickly.

A good way to begin is to provide two or three materials from each of the three areas of the Expressive Therapies.

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Continuum and then to add to the supply according to what the children seem ready for. To start, include fluid media such as finger paint, chalk pastels and watercolors; more resistive media such as oil pastels, crayons, tempera paint and brushes, clay, watercolor markers and water-based oils; and resistive media such as collage materials, buttons and beads, graphite and sculpture materials.

A sculpture/construction area can be furnished at no cost by seeking donations of cardboard boxes of all shapes and sizes as well as other cardboard and plastic odds and ends. Provide construction tools and supplies such as scissors and hole punchers, pencil sharpeners, drawing pencils, glues, a variety of tapes (including duct tape), ribbons and strings, and brass fasteners of different lengths. You’ll need paper that is suitable for both wet and dry media, as well as glossy finger-paint paper.

Old cafeteria trays are helpful to contain individual work, and a large cutting mat is useful for cutting cardboard. Smocks can be made inexpensively from old shirts. A drying rack for paintings, at $120, has been our only single item of significant cost. The materials and supplies are permanently located in our school studios. In our summer library-based program, we use a portable system of bins that can easily be packed and stored in a corner of the room.

Documentation

Written and photographic documentation is a daily task for the facilitating counselor. We keep notes describing group and individual process as well as reflections about new materials and supplies needed, changes in process and ideas to support children in their art making. Part of the documentation includes communicating with teachers and with families about what their children are making in ArtBreak and their process.

We also learn by asking children questions about ArtBreak: Tell me about ArtBreak. What do you do here? What do you learn?

Children tell us they learn about emotional regulation and sensory expression: “I learn I have to work calmly in here”; “Finger painting feels good. It is awesome and smooth. Regular paint is not so fun as finger paint.”

They describe using their cognitive skills: “We learn about tools, what you can make with them, being careful with them”; “You use your thinking. You think about what you make”; “I learned how to make a robot, how to sew.”

They tell about community and group process: “We have fun. We help each other, and that’s fun.”

And they delight in the opportunity for creativity: “We aren’t directed. Your mind is not in a can”; “We don’t get told what to do, what to make. We have ideas”;

“ArtBreak is when you can express your imagination.”

ArtBreak has evolved to a point where we are beginning to conduct outcome research and offer school counseling interns opportunities to learn to structure and facilitate ArtBreak groups. I (Katherine) am also working with Margaret King of Ohio University to prepare a workbook detailing complete ArtBreak “how-tos” for practitioners.

Resources

- Engaging Learners Through Artmaking: Choice-Based Art Education in the Classroom by Katherine M. Douglas and Diane B. Jaquith
- Studio Thinking: The Real Benefits of Visual Arts Education by Lois Hetland, Ellen Winner, Shirley Veenema and Kimberly M. Sheridan
- Expressive Therapies Continuum: A Framework for Using Art in Therapy by Lisa D. Hinz
- Katherine’s ArtBreak blog: briarwoodstudios.wordpress.com/

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

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Counselors: Support local police by sharing your skills

Earlier this year, in an article for the FBI Law Enforcement Bulletin, we proposed that interpersonal skills training is fundamental to effective performance in all aspects of police work. We argued that although police officers receive expert training in tactical and legal skills, and that their mastery of these skills can be documented, it is unclear whether they are routinely taught interpersonal skills or how these skills are evaluated, if at all.

Actually, in preparing our article, we noticed that police officers rarely if ever receive basic interpersonal skills training, even though they are in dire need of developing these skills. Where can police officers find resources to assist them in the pursuit of these skills? One answer lies with counselor education programs and practicing counselors.

Counselor education programs provide curriculum and methods for teaching and evaluating foundational interpersonal skills. Counselor educators, practicing counselors and counseling interns can serve as coaches to teach, demonstrate, supervise and evaluate police recruits in the use of these skills. Counselors can also help veteran police officers to review, practice and upgrade performance in these skills.

There is no requirement for counselors to have specific knowledge of police work to help in this area. Rather, all that is needed is a willingness to share their skills. Police academy instructors are the ones who can then apply these skills to the training needs across the police academy curriculum.

Why police need to strengthen ‘talk’ skills

Police officers work with the public to create safe and crime-free communities. To be successful, they must display strong tactical and legal capabilities and also convey verbal and nonverbal interpersonal skills that communicate respect, diffuse conflicts, reduce violence, instill public partnership and demonstrate a professional demeanor.

The reality is that police engage on a daily basis in two activities: They talk to people and they touch people. The “touch” factor is represented by a concern for officer safety. Police are trained and evaluated in the handling of firearms, motor vehicle stops, self-defense, arrest and control, and responses to crimes in progress. “Talk” skills are essential to the execution of these tasks.

Talk skills are also necessary for police officers to create and maintain environments that encourage a tone of civility in their interactions with the public. It has been documented that the police and public have different expectations and attitudes that can raise tensions when the police and the public interact. These tensions can be further intensified today in an increasingly multicultural society in which a number of challenging issues and factors, including an uncertain economy, can lead to domestic or workplace violence, abuse, stealing, rage and bullying. Faced with these challenges, police officers must demonstrate a competence level with talk skills that is on par with their touch skills. Only by putting talk skills at the forefront of their training can police expect to contribute to their desire for a tone of civility, which is essential for maximizing a level of collaboration with the public that can lead to safe and crime-free communities.

Counselor educators, practicing counselors and counseling interns are an identifiable and critical resource to police in achieving a high level of training in interpersonal skills. Once basic interpersonal skills are in place, counselors can help police focus on other important skill sets, including how to give and receive feedback and how to succeed in leadership tasks.

Enhancing skills for giving and receiving feedback

Once police recruits complete classroom instruction, they enter what is called the officer field training program. This is where, under intensive supervision, police officers translate all learning experiences to date into acceptable performance in motor vehicle stops, criminal investigations, and domestic violence and conflict situations. In field training programs, officers receive mandatory feedback for a period of 10-14 weeks on their encounters with the public. This is analogous to the feedback process that counseling students engage in with site and university supervisors during their clinical training.

Here again, counselors can help supervising officers in field training programs learn effective ways of giving, receiving, clarifying and exchanging feedback, particularly if that feedback is corrective in nature. Many tools and approaches are available in the counseling literature, as well as in clinical supervision curricula, to help make the best use of supervision that leads to growth and competence as counselors. These same resources can be adapted for use in field officer training programs, allowing...
supervisors to enhance the professional development of police personnel, while helping officers to gain an appreciation of feedback and its link to their personal and professional development.

**Enhancing skills for leadership tasks**

Upon mastery of interpersonal skills and feedback skills, a natural progression is to focus on group facilitation skills. These skills are needed in a variety of situations common to police work, including debriefing meetings, block watch groups, and team or divisional commander tasks.

Here again, counselors possess the skills to provide training and supervision on a range of basic leadership competencies, including how to build interaction and gather information; how to draw members out, cut off extraneous conversation or shift the conversation to focus on the desired topic in a meeting; and how to use attention to the here and now to address nonverbal behaviors that might negatively affect the work of the group.

Group work literature offers many models and ideas for counselors to use in helping police officers understand group dynamics and assemble a skill set that supports success in their leadership duties.

**Sharing our skills: Who benefits?**

With a solid grasp of basic interpersonal skills, police are in a better position to respond with competence and sensitivity to potentially volatile situations in their daily work. Additionally, as police gain mastery of interpersonal skills, feedback skills and skills for facilitating leadership tasks, they can model and transfer these skills to all members of the organization. A new generation of trained police personnel will emerge with proficiency both in human relations skills and tactical skills.

The timing is excellent for this type of collaboration between counselors and police. The medical profession is already addressing the need for physicians to learn how to communicate with patients and work as a team. Like doctors who listen carefully to their patients, police officers must listen to and understand the public to gather pertinent information, supplement their technical knowledge and build more civility and trust between themselves and the public they are sworn to serve.

By pursuing partnerships with police personnel, counselors will be fulfilling a call to share their skills with others in their communities. In addition, counselors will gain visibility for their expertise and contribute to the betterment of their communities.

Together, police officers and counselors will benefit through improved communication and increased understanding of what the other group does. In the end, communities will reap exponential benefits as a result of the collaboration between these two disciplines.

**Contact your local police department today**

You might believe that police organizations are insulated and difficult to reach as a counselor. We think such connections are possible, however. The key concepts to consider are creativity and opportunity.

Do you know a school resource officer in the local schools who might be willing to exchange ideas about training, or is there a training division within your local police department? You could take a copy of our 2012 FBI Law Enforcement Bulletin article, “Interpersonal Skills Training in Police Academy Curriculum,” and offer your assistance in providing skills training to young recruits or refresher sessions for veteran officers.

We have written two other articles (one in print, the other in press) for the FBI Law Enforcement Bulletin that could serve as resources for your outreach efforts, and we are available to talk about our initiatives in the state of Connecticut.

The potential rewards for collaboration across the disciplines of counselor education and law enforcement are many. Such collaboration is a great way for counselors to share their important skills, helping police personnel to use improved interpersonal skills to achieve their mission of better communication with the public and safer, crime-free communities.

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Letters to the editor: ct@counseling.org
In the past, tourists looking for a vacation hotspot in the Midwest tended to overlook Cincinnati in favor of larger cities. But this diamond in the rough has undergone a cultural transformation throughout the past decade — so much so that well-known travel guide Lonely Planet named Cincinnati one of its top three U.S. travel destinations for 2012. Even so, counselors and their families attending the American Counseling Association 2013 Conference & Expo (March 20-24) might be surprised by all that the Queen City has to offer.

Cincinnati, the third-largest city in Ohio, sits along the Ohio River at the border of Kentucky and close to Indiana. It features unique offerings in the way of food, history and entertainment. Cincinnatians are proud of their hometown, and ACA members who live there are excited to show off all that the city has to offer to conference attendees.

Jewels of the city

G. Susan Mosley-Howard, a professor of educational psychology at Miami University of Ohio and an ACA member, has been living in Cincinnati for nearly 20 years. She says the city’s unique neighborhoods, stunning riverfront views and thriving fine arts community are some of her favorite things about Cincinnati. She hopes her fellow ACA members and conference-goers will take advantage of those features as much as possible while visiting.

When conference attendees have some downtime, Mosley-Howard says they should “definitely go to the Cincinnati Museum Center at Union Terminal, the Cincinnati Zoo [and] Botanical Garden area, explore Findlay Market, take a walk through downtown and simply enjoy a meal on Fountain Square.”

Formerly known as the Cincinnati Union Terminal, the Cincinnati Museum Center at Union Terminal was one of the last great railroad stations built in the United States. It has since been transformed into museums, theaters and the Cincinnati History Library and Archives. The Cincinnati Museum Center holds the Museum of Natural History & Science and the Cincinnati History Museum, along with an Omnimax theater. According to locals, the beautiful architecture of the 1930s art deco-style railroad station is alone worth a visit.

First opened in 1875, the Cincinnati Zoo and Botanical Garden not only is one of the oldest zoos in the United States, but also is consistently ranked as one of the nation’s best, housing everything from gorillas to polar bears to white tigers. The botanical gardens are filled with perennial flowers, native plants, trees, shrubs and various other flora that visitors can take in after they have finished seeing the fauna at the zoo.

The zoo and botanical garden are just a couple of miles from Findlay Market, the oldest continuously operated public market in Ohio. The market, which is brimming with prepared foods, local fruits and vegetables, cheeses, pastries, coffee, and wine and spirits, is open year-round except for Mondays. Visiting Findlay Market is a great way to get both a literal and figurative taste of Cincinnati’s local flavor as well as a bit of the city’s history because the market is located in the notable Over-the-Rhine district.
In the 1840s, Germans immigrated in large numbers to Cincinnati and tended to settle in the northern part of the city, which developed into today’s Over-the-Rhine neighborhood. The area began to go through a resurgence about six years ago and has developed into one of Cincinnati’s brightest cultural hotspots. Locals say Over-the-Rhine offers a plethora of great places to eat and drink and is one of the most diverse neighborhoods in the city. It is also home to Cincinnati’s arts community, including the free-of-charge Cincinnati Art Museum and the American Classical Music Hall of Fame.

ACA member Carl Grueninger, lead counselor for Cincinnati Public Schools and chair of the counseling department at Walnut Hills High School, has family ties to the area. His great-grandparents settled in Over-the-Rhine after emigrating from Germany. “[The neighborhood] has cutting-edge restaurants, the Music Hall of Fame. “[The neighborhood] has cutting-edge restaurants, the Music Hall of Fame. Additionally, Grueninger suggests that conference attendees partake in some of the city’s other unique dining experiences. First, he recommends grabbing a plate of chili — though Cincinnati’s take on the classic dish is a little different than one might expect. The chili itself is a regional take on chili con carne, with different spices and a thinner consistency, but what really sets the city’s chili apart is all of the “ways” that Cincinnatians love to get it.

Grueninger’s personal recommendation is to order a “four-way,” which he describes as “chili and a generous topping of shredded cheese on a cheese coney — a hot dog with mustard, onions and shredded cheese on a bun.” Diners also have the option of ordering their chili served over spaghetti instead of on a cheese coney. Other options include purchasing a “three-way” (chili, spaghetti or a hotdog, and cheese), a “five-way” — a hot dog with mustard, onions and shredded cheese on a bun. Diners also have the option of ordering their chili served over spaghetti instead of on a cheese coney. Other options include purchasing a “three-way” (chili, spaghetti or a hotdog, and cheese), a “five-way”

**Facts about Cincinnati**
- Cincinnati was also known as Porkopolis for a time beginning around 1835, when it was the country’s chief hog-packing center and herds of pigs traveled the streets. Some locals speculate that this chapter of Cincinnati history is where the city’s famous Flying Pig Marathon got its mysterious name.
- Well-known Cincinnatians include Henry Heimlich, George Clooney, Doris Day, Annie Oakley, Steven Spielberg, Jerry Springer, Bootsy Collins and the Isley Brothers.
- The Cincinnati Reds, formed in 1869, were the first all-professional baseball team in the United States. The city also hosted the first night game in Major League Baseball history in 1935.
- Cincinnati is home to the first professional city fire department in the United States.
- The Oscar-nominated film *Seabiscuit* starring Jeff Bridges and Tobey Maguire was filmed in Cincinnati.
- Cincinnati was the first U.S. city to establish a municipal university — the University of Cincinnati in 1870.
- Cincinnati was the site of the first airmail transportation in the United States in 1835. The mail was carried by hot air balloon.
- Two-thirds of the U.S. population lives within a one-day drive of Cincinnati.

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*— Heather Rudow*
What travel sites are saying about Cincinnati

- Frommer’s recommends visiting the Mount Adams neighborhood for “stunning views of downtown and the Ohio River.”
- Lonely Planet chose Cincinnati as one of its top U.S. travel destinations for 2012. Cincinnati’s “historically entertaining” American Legacy Tours, the American Sign Museum and Carew Tower, the world’s tallest standing pre-World War II tower, are just a few of the reasons the city made the list.
- Budget Travel magazine ranked Cincinnati as one of America’s “11 Greatest Waterfront Towns.” The magazine suggests dining at Montgomery Inn at the Boathouse for its “unique riverfront setting,” as well as signing up for a historic boat cruise on BB Riverboats.
- Midwest Living magazine says, “This historic city on the Ohio River offers top cultural institutions and a revitalized riverfront.” Among the highlights on its list of Cincinnati’s 15 top attractions are the Cincinnati Zoo and Botanical Garden, the National Underground Railroad Freedom Center (see picture above), the Cincinnati Observatory, downtown’s Contemporary Art Center, Hyde Park Square and Findlay Market.

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Chili parlors are abundant in Cincinnati, but Grueninger says the three most popular are Skyline Chili, Gold Star Chili and Camp Washington Chili.

After a satisfying chili dinner, conference-goers might also want to sample a scoop of Graeter’s ice cream, a much-loved regional chain that originated in Cincinnati. “The best ice cream in the world,” declares Grueninger. “My favorite flavor is the black raspberry chocolate chip.” A Graeter’s location in Fountain Square is within walking distance of the Duke Energy Convention Center, where the ACA Conference & Expo will be held.

“Cincinnati’s Fountain Square is the center of our city,” Grueninger says. “Whenever someone comes to visit the city — an important politician, when we win at sports or when the Choir Games are in town — we gather at Fountain Square. It is about two blocks from the convention center where the conference will be held, and many of the hotels people will stay at are either surrounding Fountain Square or are only a few blocks from it.”

For those conference attendees looking to unleash their inner carnivore while in Cincinnati, Grueninger suggests heading to the Ohio River to dine at Montgomery Inn at the Boathouse. “Former presidents, the late Bob Hope and many sports figures all would eat here for the famous ribs,” he says. Or attendees can check out Jeff Ruby Steakhouse, located on Walnut Street in nearby Fountain Square, for what Grueninger considers the “best steaks in town.”

A new hub of activity

Locals also recommend visiting a newly developed neighborhood called The Banks, located (logically enough) along the banks of the Ohio River. The city recently revamped this riverfront area, turning it into a stylish hub of activity that is within walking distance of the convention center. Among the neighborhood’s highlights are Smale Riverfront Park; the National Underground Railroad Freedom Center, where visitors can learn about the history of slavery in America and investigate their genealogy; the Taft Museum of Art, which features unique works of art, both from Cincinnati artists and from artists around the world; and the Cincinnati Reds Baseball Team Hall of Fame, which is the largest team hall of fame in the United States. Visitors can also tour the former home of President William Howard Taft, located in The Banks.

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district. Additionally, Harriet Beecher Stowe, author of *Uncle Tom's Cabin*, used to reside a couple of miles northeast in the Walnut Hills neighborhood of Cincinnati. Her home is available for tours as well.

There are also interesting places to drink in The Banks, such as Moerlein Lager House and Toby Keith’s I Love This Bar & Grill, owned by the country music star and presumably named after his hit song “I Love This Bar.”

Because of Cincinnati’s close proximity to Kentucky, it is also easy to venture outside of the city during one’s stay. “You can walk across the river on the Purple People Bridge” — a pedestrian-only walkway known officially as the Newport Southbank Bridge — “or the John A. Roebling Suspension Bridge, [which] Roebling designed … before the Brooklyn Bridge, and visit Newport on the Levee or Covington, Kentucky,” Grueninger says. “Riverboat cruises are available also.”

Mosley-Howard adds that getting around the city, which is 80 square miles, shouldn’t be difficult for conference attendees. “If you are staying downtown, walking is easy,” she says. “The city’s metro bus system is good, however, to get around in the city core.” For more information on Cincinnati’s metro system, visit its website at go-metro.com.

Both Grueninger and Mosley-Howard are looking forward to having others in ACA experience the charm and positive spirit they see every day in Cincinnati. “Cincinnati is known as a friendly city,” Grueninger says, “and I hope to meet many of my fellow counselors in March.”

For more information on the ACA 2013 Conference & Expo, including tours of the city provided by ACA, visit counseling.org/conference.

Both Grueninger and Mosley-Howard 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

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ACCA hosts conference at Disney
Submitted by Sylvia Shortt
sshortt@westga.edu

Make your plans now to come to the sixth American College Counseling Association Conference in Orlando, Fla., at the Disney Contemporary Resort Oct. 3-6. Online registration is open. If you need to pay by purchase order, the registration form is on our website, but use your credit card for a quicker purchase. Take advantage of low ticket prices to Disney and extend your stay before or after the conference at the same rate, based on availability.

We will have two preconference workshops. The first, “Orientation to College Counseling,” is an all-day certification program designed to provide those interested in college counseling with a foundational overview of its key elements.

The second workshop, “Acedia,” presented by Tom Balistrieri, is a day of learning about the spiritual malady that affects our students. Balistrieri will define acedia, share its history, illustrate how it is being unconsciously witnessed and referred to in our culture, share his belief about the current face of acedia in college students and older middle-aged adults and, finally, offer ideas on what we can do to assist those suffering from this ancient problem. A significant portion of this day will be spent encouraging participants to share their professional experiences and stories regarding acedia. Balistrieri will utilize a number of approaches, including presentation, group discussion, Prezi, video, case examples and cultural examples. The day will be exciting, lively and enlightening.

Our keynote speaker will be the renowned Colleen Logan, a past president of the American Counseling Association, who will speak on “Stop Bullying in its Tracks, the Time Is Now.” Additionally, we have an excellent slate of programs, and attendees may earn as many as 16 CE credits during the regular part of the conference. Preconference attendees may earn up to an additional six CE. Visit collegecounseling.org/conference for more information about the conference, preconference and Disney. If you have any questions, please contact Sylvia Shortt at accaorg@mindspring.com. We hope to see you there!

Pope receives inaugural NCDA award
Submitted by Deneen Pennington
dpenning@ncda.org

Mark Pope received the inaugural Diversity Initiative Award from the National Career Development Association during its annual conference in June. Pope was honored for his leadership in cultural diversity and social justice issues in career counseling and career development over his lifetime. As the first recipient of this important professional award, Pope represents the prototype of the career counselor for modern times. “Dr. Pope has worked intentionally, deliberately, passionately and purposefully to eliminate the systemic barriers impacting and negating the career growth and development of diverse/marginalized individuals and groups,” says Lee Covington Rush, NCDA Diversity Committee chair and professor at Northern Illinois University.

Pope currently serves as professor and chair of the Department of Counseling and Family Therapy at the University of Missouri-St. Louis. Pope has worked tirelessly to promote multicultural awareness and social justice advocacy for more than 35 years, not only for LGBTQ individuals, but also for all members of underrepresented and culturally marginalized groups in American society. Through his leadership and scholarly work, Pope was instrumental in raising the career counseling profession's consciousness regarding diversity, including LGBT communities, and in increasing awareness of the importance of developing cultural competence.

In presenting the award, NCDA President-Elect Rich Feller said, “In determining the first winner of the NCDA Diversity Initiative Award, the desire was to award someone who fully embodies all that this award represents for our organization and profession. Dr. Mark Pope is seen as one who fully personifies that which this award is intended to honor.”

ASERVIC seeks journal editor
Submitted by Harriet Glosoff
glosoffh@mail.montclair.edu

The Association for Spiritual, Ethical and Religious Values in Counseling is beginning its new year with a search for a journal editor for Counseling & Values. Counseling & Values is a national, peer-reviewed journal with distribution of approximately 2,000 and a readership composed of counselor educators, practitioners and graduate students. Its mission is to inform its readers 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 that point to ensure a smooth transition. Appointment is conditional upon the following qualifications: experience as an editorial board member of a professional publication or similar experience (associate editor or editor of another publication); a record of scholarly publications in refereed journals; a history of involvement in and contribution to the counseling profession, including a focus on spirituality, religion and ethics; and an understanding of and commitment to the mission of ASERVIC, including ASERVIC membership at the time of application submission.

Applications are due by Sept. 30 (extended from the original Sept. 21 deadline). Applications must include the following materials: a letter of interest, including a statement of vision for the editorial direction of the Counseling & Values journal; a current curriculum vitae; a complete list of publications and reprints of no more than five of the applicant’s most significant publications; and a statement from an administrator of the applicant's institution or organization describing support for the appointment (if applicable). Interested individuals should contact Search Committee Chair Harriet Glosoff at glosoffh@mail.montclair.edu or 973.655.3482 for additional information.
WCA announces Fall Summit, seeks presentation proposals
Submitted by Cindy Anderton 
anderton@uwu.edu

The Wisconsin Counseling Association is holding its annual Fall Summit, themed “Neurobiology: The Emerging Landscape for Clinicians and Clients,” on Nov. 3 at the Lowell Center at the University of Wisconsin-Madison. WCA is proud to announce David Mays as the keynote speaker for this year’s summit. Mays has practiced psychiatry for the past 23 years in a variety of settings and has received numerous awards for his teaching and clinical work. Mays is a highly regarded and sought-after speaker, and WCA is thrilled to have him deliver the keynote address this year. WCA will be sponsoring a half-day ethics workshop for anyone attending the summit, and attendees can earn as many as four CEUs toward ethics.

WCA is currently accepting presentation proposals for this year’s summit. We are looking for proposals that are consistent with this year’s theme, but other topics will be considered as well. All proposals should include a suggested program title, short program description to be included in conference materials (not to exceed 200 words), intended audience, presenters’ names, email address of lead presenter, job titles of presenters and a one-page curriculum vitae or résumé for each presenter listed.

All presentation proposals should be emailed as an attachment (preferably a Word file) to Carrie King at kingc@mtmary.edu by Sept. 5 at 6 p.m. CST for consideration. Summit information and registration for the WCA Fall Summit will be accessible online via WCA’s new and improved website on Sept. 21.

AACE plans conference, update bylaws
Submitted by Amy L. McLeod 
amcleod@argosy.edu

The Association for Assessment in Counseling and Education Annual Research and Assessment Conference will be held Sept. 14-15 in Orlando, Fla. The theme is “Measurement of Outcomes in Counselor Preparation and Practice.” Come learn about research and assessment in counseling.

The hotel rate includes complimentary cook-to-order breakfast and a nightly cocktail reception for two adults. Your conference registration also includes a luncheon and a reception. Visit the conference website at theaceonline.com/conference.htm to register. If you have questions, please contact Conference Chair Jacqueline Swank at jswanke@coe.ufl.edu.

In other news, AACE members will be voting on important changes to the division’s name, mission and vision at the September business meeting in Orlando. Please review the proposed changes to the bylaws at theaceonline.com before this event. These changes were proposed to better reflect AACE’s expanded vision to address research and evaluation in our profession, in addition to continuing its focus on assessment and diagnostic considerations. Please send feedback regarding the changes to AACE President Carl Sheperis at csheperis@gmail.com.

ORCA plans conference, lays out initiatives
Submitted by Sarah Lebo
communications@or-counseling.org

The Oregon Counseling Association has been busy planning its annual Fall Conference, which is set to take place at the Red Lion on the River in Portland, Ore., Nov. 1-3. Themed “Appreciating the Diverse Experience,” the conference will offer a wealth of educational sessions about counseling different populations. Multiculturalism refers to concepts and realities that are understood individually yet applied broadly. The conference will seek to address how we value the strengths found within differences and reframe our knowledge to make diversity more than a word in our vocabulary.

A preconference workshop will explore using emotionally focused therapy to dig out unconscious emotions. Michelle J. Cox and David Manock of the Northwest EFT Institute, both of whom have received rave reviews at previous association conferences, will present the workshop.

ORCA conference organizers are hoping to capitalize on last year’s very successful conference in Bend, Ore., which more than 130 counselors and students attended. The event’s silent auction raised more than $2,000 to benefit both Homes for Our Troops, an organization that provides no-cost homes to severely injured service members, and COPACT, ORCA’s partner for counselor political representation.

Also on ORCA’s upcoming agenda is addressing key initiatives for the organization: advocacy for counselors of all specialties, updating technology to connect with membership and building membership through networking and educational opportunities.

In light of the advocacy initiative, ORCA recently testified with the state licensing board regarding a proposed rule change over record keeping for licensed professional counselors and licensed marriage and family therapists. Counselors were concerned about the language around assessment and treatment planning, specifically for couples counselors and career counselors who don’t typically follow the diagnostic and treatment planning model that other specialties might. Reviews were favorable following the hearing, and ORCA believes the Oregon Board for Licensed Professional Counselors and Therapists was appreciative of all the ideas to modify the proposal.

For more information about these initiatives or about the Fall Conference, visit or-counseling.org or follow us on Facebook and Twitter.

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.

October issue: Aug. 30 at 5 pm ET
November issue: Sept. 28 at 5 pm ET
December issue: Oct. 26 at 5 pm ET
January 2013 issue: Nov. 30 at 5 pm ET
COMING EVENTS

AACE National Assessment and Research Conference Sept. 14-15 Orlando, Fla. The Association for Assessment in Counseling and Education’s National Assessment and Research Conference will be themed “Measuring Outcomes in Counselor Preparation and Practice.” For more information, visit theaceonline.com/conference or contact Jacqueline Swank, conference chairperson, at jswank@coe.ufl.edu.

Directors of Guidance Conference Sept. 14-15 Fort Worth, Texas The annual Directors of Guidance Conference is a niche event that addresses the needs of directors, coordinators and supervisors of school counseling programs, as well as counselor educators and community professionals who interact with school guidance programs. The conference is co-hosted by the Texas Association for Counselor Education and Supervision and the Texas Counseling Association. For more information, visit txca.org/DOG.

Innovative Solutions for Building Recovery With Alternatives to Psychotropic Medication Sept. 20-21 Freeport, Maine This cutting-edge conference, hosted by Co-Occurring Collaborative Serving Maine, includes nationally and internationally recognized keynote speakers, breakout sessions, an expert panel discussion and opportunities for networking with peers in the beautiful fall foliage of New England. With a focus on effective, empirically demonstrated, nonmedical solutions for behavioral problems, this conference brings together the foremost experts in the field to present evidence about the true effectiveness of psychotropic medication. They will also introduce viable alternatives to medication and guidelines to raise the bar of care equal to the available science. Presenters include Robert Whitaker, James Greenblatt, Joanna Moncrieff, Barry Duncan, David Oaks and David Cohen. For more information, visit buildingrecovery.eventbrite.com.

NARACES Conference Sept. 27-30 Niagara Falls, N.Y. The theme of this year’s North Atlantic Region Association for Counselor Education and Supervision Conference is “On the Edge: Preparing Counselors in a Rapidly Changing World.” The keynote speakers will be David Pare, director of the Glebe Institute in Canada, and E. Christine Moll, representative to the 20/20: A Vision for the Future of Counseling initiative. For more information and to register, visit naraces.org.

ACCA Annual Conference Oct. 3-6 Lake Buena Vista, Fla. Register now for the annual American College Counseling Association Conference at collegecounseling.org/conference. As we celebrate our 21st year, join us at the Disney Contemporary Hotel. 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.

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, ACA’s chief professional officer. To register online or for more information, visit the PCA website at pacounseling.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. Please 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, and see you at the KCA Fall Conference in October.

WCA Annual Conference Oct. 25-27 Spokane, Wash. The Washington Counseling Association will host its annual conference, titled “Oh, The Places We’ll Go,” with the themes of innovation and social justice. The conference will be held at Whitworth University, and CEUs will be available. For more information, visit WCA’s Facebook page at facebook.com/WashingtonCounselingAssociation or the WCA website at wacounseling.org or contact WCA President Suzanne Apelskog by email at sapelskog@msn.com or by phone at 509.868.4027.

ORCA Fall Conference Nov. 1-3 Portland, Ore. Please join us at the Oregon Counseling Association’s annual fall conference for continuing education and networking with your fellow professionals. The theme of this year’s event is “Appreciating the Diverse Experience.” Visit orcounseling.org to register and to learn about the featured topics and speakers. Register by Sept. 1 and save up to $45.
Continued from page 7

From The President

participated in the Institute for Leadership Training return to their home bases more energized and more enthusiastic as they approach the year ahead.

Which, now that I think about it, takes us full circle in terms of my starting out this column. I guess the September column is still about new beginnings and perhaps a hopefulness that we can make an impact, either as individuals or as a group, that will contribute to creating a more just, compassionate and peaceful world.

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

Be well.

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). Please see Division News for more information. Interested individuals should contact Harriet Glosoff, search committee chair, at glosoffh@mail.montclair.edu or 973.655.3482.

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Article: The power of story

Learning Objectives: Reading this article will help you:
1) Understand how counselors use narrative techniques to help clients draw connections, identify strengths and explore personal histories.
2) Examine contexts in which narrative therapy can be used and identify common traps that counselors should avoid.

Continuing Education Examination

1) Narrative therapy can be attributed to:
   a) Carl Rogers and Irvin Yalom
   b) Michael White and David Epston
   c) Alfred Adler and David Epston
   d) Michael White and Fritz Perls

2) The narrative approach:
   a) Assists the client in identifying dysfunctional thinking, behavior and emotional responses.
   b) Emphasizes the client’s ability to adapt to feelings of inadequacy.
   c) Places gender and power at the core of the therapeutic process.
   d) Emphasizes the client’s life story.

3) Narrative therapy, which considers the client’s life experiences as a set of rich stories that can build off one another, is particularly applicable to career development work.
   _____ True   _____ False

4) Counselors who work within a narrative framework need to avoid jumping to conclusions as the client’s story unfolds. To do this, counselors can:
   a) Continually check assumptions and conclusions with the client.
   b) Identify diagnostic themes in the client’s story.
   c) Deconstruct the story for the client.
   d) Have the client serve as a test audience or editor.

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

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

1) I learned something I can apply in my current work
2) The information was well presented
3) Fulfillment of stated Learning Objectives were met
4) This offering met my expectations

Profession:

---------  Alcoholism & Drug Abuse Counselor
---------  Counselor
---------  Counselor Educator
---------  Psychologist
---------  Social Worker
---------  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.
 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 equal opportunity practices and will not knowingly accept ads that discriminate on the basis of race, sex, religion, national origin, sexual orientation, disability or age.
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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.

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**State University of New York at Cortland**

**Senior Counselor**

The Counseling Center at SUNY Cortland has an immediate opening for a full-time, 12 month Senior Counselor (SL4). The successful candidate will provide individual and group counseling, consult with and provide referrals to psychiatric and/or medical personnel, provide crisis intervention, and conduct outreach programming. Required Qualifications: Master’s degree in counseling, psychology, or social work from a regionally accredited college or university; licensure related to master’s degree or eligibility for NYS licensure within one (1) year; prior professional experience in a clinical/counseling setting. Preferred Qualifications: Knowledge of student development and experience working with college students. Competitive salary and excellent benefits package. For more information and to apply, go to: https://jobs.cortland.edu/applicants/Central?quickFind=52824.

Application materials will be accepted until the position is filled. SUNY Cortland is an AA/EEO/ADA employer.
FAMILY & CHILDREN'S CENTER

Outpatient Therapist

Family & Children's Center, a leading regional provider of a broad range of human services programs, is seeking a part-time OUTPATIENT THERAPIST for 16 hours per week to work in our Winona Outpatient Counseling Clinic. Must be licensed in the state of MN as a LICSW, LPCC, LFMT, or LP and be third party billable. General caseload includes children ages 2-10 to include integrated family care (treatment?) as well. This position works closely with the agency’s child psychiatrist and psychologist, and is part of an innovative clinical team serving children. Serving the area for over 130 years, we are a mission-driven and nationally accredited not-for-profit agency providing a continuum of services to children and families. To apply, send a cover letter and resume to Melissa Duin at Family & Children’s Center, 1707 Main Street, LaCrosse, WI 54601 or apply online at www.fcconline.org.
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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)