

COUNSELING TODAY

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An American Counseling Association Publication

Part 1 of 2 parts

Technology's role in counseling

Also inside:

- Using movies as a mirror for clients' lives
- Irvin Yalom to keynote at ACA Conference
- School counselors and education reform



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COUNSELING TODAY

October 2011

Cover Story

26 **Finding technology's role in the counseling relationship**

By Lynne Shallcross

A growing number of professionals say it's time to embrace the potential that social media and other emerging technologies have for connecting with and helping clients and counselors-in-training.



26

Features

36 **Big screen therapy**

By Lynne Shallcross

In assigning movies that feature carefully chosen thematic elements, counselors can help clients to see their own lives more clearly.

42 **Irvin Yalom set to share insights with counselors**

By Heather Rudow

The influential psychiatrist and author of popular “teaching novels” will give a keynote address at the ACA Annual Conference & Exposition in San Francisco.



36

44 **Making the case that counselors are essential to education reform**

By Frank Burnnett

The president of the Public Education Network discusses why the nation cannot overlook school counselors in addressing challenges facing the public school system.



42

46 **Reader Viewpoint** **Look out — and beyond: The Singularity is coming**

By Jeffrey T. Guterman

Rather than dismissing robotic counselors, personality uploading and artificial intelligence as pure science fiction, the counseling profession should begin examining what the implications might be if human nature itself eventually changes.

50 **Reader Viewpoint** **Civil unrest, technology multitasking combine to raise anxiety levels in Egypt**

By Diane Tayeby

A counselor in Cairo reports on what she observed — both in her clients and within her own family — in the wake of the revolution this past January.

Extras

52 **Q&A with ACA president-elect candidates**

COUNSELING TODAY

October 2011

Columns

- 10 Washington Update
- 11 Two-Minute Advocate
- 12 Counselor Career Stories
- 14 Learning Curve
- 16 Private Practice Strategies
- 18 Resource Reviews
- 22 Recent books by ACA members
- 24 The Digital Psyway



THE NUMBERS

Need to Know

- 5 From the President
- 7 Executive Director's Message
- 8 Letters
- 34 CT Learning Exam
- 41 Membership Statistics for FY 2011
- 55 ACA Insurance Trust Update
- 56 Division, Region & Branch News
- 58 News & Notes
- 59 Bulletin Board
- 60 Classifieds



An online world

Many counselors are looking for ways to integrate technology with their work and going online to disseminate information because of the Internet's massive popularity. The Pew Internet & American Life Project has collected statistics about who's online and what they're doing there.

American adults

- 78 percent use the Internet.
- 87 percent of adult Internet users use a search engine to find information.
- 83 percent search for health or medical information online.
- 65 percent use a social networking site.

American teens

- 93 percent use the Internet.
- 73 percent of teen Internet users use a social networking site.
- 17 percent search for information online about health topics that are difficult for them to talk about, such as drug use, sexual health or depression.

Read this month's cover story, "Finding technology's role in the counseling relationship," beginning on page 26. And for more information about Americans and their use of the Internet, visit pewinternet.org.



DON W. LOCKE

ACA's place at the table

It is empowering to me as a professional counselor to observe our positive growth as a part of the mental health team during the past several years. I recently had the opportunity to attend the presentation of the Voice Awards in Hollywood. I came away feeling that ACA and professional counselors indeed have a “place at the table” when mental health providers gather together.

The Voice Awards are given annually to honor consumer and peer leaders who have been instrumental in raising awareness and understanding of mental and substance use disorders and promoting the social inclusion of individuals with behavioral health problems across our country. The Voice Awards also recognize television and film writers and producers who have given a voice to individuals with behavioral health problems by incorporating dignified, respectful and accurate portrayals of these individuals into their scripts, programs and productions. The awards are part of the Campaign for Social Inclusion, a multiyear public service program of the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Ad Council. ACA is a partner with SAMHSA in these presentations. What was significant to me over a two-day period was the “coming together” of mental health professionals and the acknowledgement of professional counselors as equal partners.

I had the opportunity to talk and interact with fellow mental health providers, including, among others, representatives from the American Psychiatric Foundation, the American Psychological Association, the American Psychiatric Nurses Association, the National Alliance on Mental Illness, the National Association of Social Workers,

the National Association of State Mental Health Program Directors and the National Council for Community Behavioral Healthcare. It was apparent from the discussions that professional counselors are emerging as critical “go-to” helpers as communities develop strategies for prevention and treatment of substance and mental health disorders. The steps ACA has taken to support the professionalization of counseling are strongly recognized by our peer organizations and by national mental health support organizations.

I came away from this experience more convinced than ever that ACA possesses the unique opportunity to serve a broad-based constituency as an inclusive organization of professional counselors who serve in a variety of work settings with clients needing help in many different ways. One of ACA's great strengths is the diversity of our members and our willingness to reach out to all professionals who adhere to our mission and goals as an organization.

As I think about ACA, inclusivity and acceptance are defined by the assurance that all members have the opportunity to be heard and represented within the structure of our organization. For more than 20 years, we have reviewed this representation issue as divisions grew either large or small and as the number of divisions proliferated. During this time, the number of ACA members with an added membership in a division has dropped to approximately 30 percent. Counselors-in-training have grown to constitute nearly 50 percent of ACA's membership. Regional or at-large representation in the ACA governance structure has remained a constant, while additional representatives have been added with the development of new divisions. Yet significant changes in governance structure have not been made.

In October, the Governing Council will have the opportunity to review and determine how ACA can best be governed in the future. Our current structure may still be appropriate, or it might need to be changed to better meet the needs of all ACA members. The primary goal will be a review to determine the best path for ACA as the organization grows, moves into the future and becomes comfortable with the respected and accepted seat it now has at the providers' table. ♦

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Advance Registration Brochure
 included with this issue.
 (See the insert in the polybag)



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Richard Yep

Meeting expectations

Much of life is about expectations. Think about it. At work, we expect certain things to happen based on our actions or the actions of those with whom we work. As a professional counselor, you expect that the services you provide will help children, adolescents, adults, couples and families as they face life's challenges. For those of us who are parents, we expect our children to act, behave, learn, experience and relate in certain ways, in part because we aspire to be good at what we do.

If you go to a drive-through at a fast food restaurant, the expectation is that someone will take your order within a matter of minutes (or seconds). Then, a few moments later, you expect to be on your way and eating something to satisfy your hunger.

Given the various expectations we have, it can be sobering when someone, some service, some event or some action is not what we had hoped it would be. I know this is part of life. However, I think it is also instructive for professional counselors and others to learn from the experience of a missed expectation.

Recently at a meeting, I found myself in a situation I could not possibly have imagined because of my expectations of those who were gathered there. What one person thought was a funny joke went terribly wrong. This resulted in a follow-up discussion, an opening up and a dialogue that ultimately restored my faith in professional counselors' desire to solve problems and move forward, knowing that all concerned were better people because of the interaction.

My initial response, of course, was one of shock and disappointment. How could such close-minded thinking and lack of understanding of an issue that was anything but funny exist among this particular group of professionals? Once I overcame my initial concern, I asked myself why I was so taken aback by the situation. Although much of my reaction had to do with the issue and the insensitivity, it was also grounded in my expectations of those I was with.

This introspection led me to further explore the expectations I have of others and the expectations others may have of me. I found myself comparing this with the expectations ACA members have of the association that more than 46,000 of you call your professional home.

As your executive director, I want to do my part to meet your professional expectations concerning what ACA should be providing for you. I know the ACA leadership is dedicated to the same goal. My hope is that you will let me know if we are meeting your expectations — or, of course, if we are failing to do so.

The end of our most recent fiscal year on June 30 marked a very successful 12-month period as measured by a number of metrics related to the profession, the promotion of counseling, financial goals and not-for-profit management objectives. With the best-attended annual conference in at least a decade, membership topping 46,000 and the involvement of more than 1,000 volunteers on committees, task forces, service projects and publishing initiatives, ACA continued delivering on its promise

Continued on page 57

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There shall be no discrimination against any individual on the basis of ethnic group, race, religion, gender, sexual orientation, age and/or disability.

Mission Statement

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



Serving in the wake of traumatic events

In reference to “A day that changed a nation and a profession” (September), I wanted to say thank you for this poignant article reflecting on the trauma of Sept. 11, 2001, and the way the event shaped and molded counseling as a profession. As the residents of Alabama are facing the recovery and reconstruction resulting from the April 27 tornado outbreak that ravaged the state, counselors are moving to meet the needs of the many survivors. Being the supervisor for a local installation of Project Rebound, a free crisis counseling program developed to serve the survivors, I found your article to be very encouraging and deeply meaningful.

Thank you for not forgetting the survivors of traumatic events or the counselors who serve them!

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Defending the value of social justice

This letter is in response to Jason King’s opinion article (“Three paradoxes of the counseling social justice movement,” September). Although King raises important points about the practicality of the social justice advocacy movement, I believe that an experiential, almost visceral understanding of oppression is necessary to fully appreciate why this model must be improved and incorporated into our professional identity.

I say this because I was born into degrading poverty. The main factor that allowed me to escape this toxic environment and obtain an education was the Montgomery GI Bill, a government-sponsored affirmative action program for veterans. Therefore, I have a deep appreciation for the ways in which beneficial social programs can radically alter people’s lives for the better. Unlike King, I do not view the social justice movement as an expression of privileged academics directing community practitioners. I view the rise of the

social justice movement as long overdue recognition of the impact that various forms of oppression have on clients’ lives and how mitigating these social problems with opportunities such as the GI Bill is essential to practicing a wellness model of care.

Finally, King’s assertion that those who believe in the value of social justice advocacy should join a different profession is inappropriate for two reasons. First, it ignores the fact that professional identity is not static; rather, it is shaped through a process of respectful dialogue. Second, it is necessary to recognize that because higher education is cost prohibitive to those in poverty, the voices of those who have experienced oppression and can appreciate the value of social justice are often precluded from this dialogue. We must listen more carefully to this minority group’s voice rather than dismiss them into another profession.

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Jason King’s opinion article regarding the social justice movement fails to acknowledge several key facts. He entirely misses that the social justice movement is about a way of living, not a way of doing. A private counselor may incorporate many social justice principles into their daily life and practice without needing to lead a march to Washington. Societal change comes slowly, but it does not take a doctoral degree in counselor education to advocate for social change.

As Margaret Mead once said, “Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.” Although tenured professors enjoy privileges unavailable to other practitioners, there is nothing squelching the voice of nonacademic counselors or students. It takes little time to write to a political representative or to speak out in favor of a movement we support. We need to stop being afraid of politics as professionals. Political awareness enhances our understanding of systemic influences impacting our clients and profession.

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. Submissions can be sent via e-mail or regular mail and must include the individual’s full name, mailing address or e-mail 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.

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



I find criticism regarding the lack of social justice research to be ill-founded because research supporting its tenets exists. While flaws exist, the social justice movement is relatively new, and there are few social justice academics available to conduct studies. More research will come with time. More broadly, I would argue that an overreliance on empirical research reinforces institutional stereotypes of power and privilege. There are a multitude of flaws and Western biases that exist within current social science theories and research. I find it difficult to dismiss an idea simply because empirical research is lacking. If mental health professionals had continued to rely solely on what was well-established research, we'd still only be trained in psychoanalysis.

Advocacy is core to professional counseling, whether teaching self-advocacy skills to clients or acting as a voice to improve our community's well-being. Ignoring this obligation makes us complicit in an oppressive society. Professional counselors have unique advantages over social workers. We receive specialized training in forming relationships with our clients, which grants us a unique lens into the client's world. This gives us the ability to discern individual challenges from systemic barriers, putting us in a prime advocacy position. We must make judgments about what actions to take regarding societal barriers. This requires involving our own values, but that is why we are professionals.

Having completed several master's-level courses that incorporated social justice, I can state that in my experience, these courses were not exclusionary to those with moderate or conservative views. Debating with students who disagreed with me enhanced my growth as a counselor by helping to clarify my own beliefs. If anything, these courses enhanced my professional identity. Finally, I believe suggesting that those who support the social justice movement should leave the counseling profession is a profoundly disturbing viewpoint. I hope Mr. King does not let that viewpoint inhibit his own growth. We all have something to learn from one another.

*Carmen Genovese
Master's Counseling Student
Syracuse, N.Y.*

Giving consideration to the impact of disabilities

I appreciate your acknowledgement of persons with disabilities in the August issue ("Seeing potential, not disability"). I am a counselor who has post-polio need for a wheelchair. I, myself, find it useful to have a mental health therapist. I have never had a rehabilitation therapist, nor I think do most others we meet in our daily work.

In my general practice, many folks who work with me, or their significant others, have disabilities that may or may not seem important at intake. Even though it's not a presenting problem and even though it may not be a focus in therapy, disability affects individuals', families' and friends' lives. I'm sure we all are meeting persons whose functioning, or whose loved ones' functioning, is affected by severe illnesses or conditions such as cancer, major mental illness, blindness, multiple sclerosis, traumatic brain injury, developmental disabilities and so on.

Your next client could be me, with my professional practice, my partner of 23 years, my adult daughter, my siblings, my friends and my gradual loss of physical functioning. And my next client could be you or your loved one with similar considerations. The best book I have found to help us prepare to work well in such situations is *What Psychotherapists Should Know About Disability* by Rhoda Olkin. I hope you will consider reading it before I come to your office.

*Judith M. Gibson, LIMHP
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Picking and choosing preferred clientele

I read with interest the August "Executive Director's Message" and "Washington Update" articles in which the legal case of *Ward v. Wilbanks et al.* was mentioned. I am concerned that someone could use a creed meant to prevent discrimination (reference *ACA Code of Ethics* Standard C.5.) to claim religious discrimination themselves. I have to question why Ms. Ward did not pursue a graduate degree in pastoral counseling from a Christian counseling program if her religious beliefs will prevent her from working in a secular environment. Surely Eastern Michigan

University (EMU) informed her of the fact that she would be expected to work with a diverse client population as she entered into its graduate program.

I am so thankful for the American Counseling Association and the other organizations that filed briefs with the court in support of EMU in this case. The state of Michigan has a very large Arabic population. I assume Ms. Ward will refuse to see clients who are Islamic or Muslim as well. Where does this end if counselors can pick and choose their preferred clientele?

This issues speaks to the need for graduate students in counseling programs to be aware of their own biases and to be willing to be on the receiving end of counseling as clients to prevent their own issues from clouding their judgment and affecting their ability to function in the role of professional counselors.

It also reminds me of pharmacists who can refuse to dispense prescriptions written for patients by medical doctors for oral contraceptives or the "morning after" pill.

*Geri Burgess, M.A., LPC, NCC
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The ease of diagnosing ADHD

In the August issue of *Counseling Today*, Mike Hovancsek discussed the challenges of diagnosing attention-deficit/hyperactivity disorder (ADHD). He specifically mentioned, "there is no valid test for ADHD" and that "counselors take the results [of tests] with a grain of salt."

Given the 2009 CACREP common core curricular standard requiring counselor knowledge and skills of standardized testing and behavioral observations, I am a little confused with Hovancsek's position. In my clinical practice of working with children and adults, I have found Michael Brown's "Diagnosis and Treatment of Children and Adolescents With Attention-Deficit/Hyperactivity Disorder" (2000) and Robert Erk's "Five Frameworks for Increasing Understanding and Effective Treatment of Attention-Deficit/Hyperactivity Disorder: Predominately

Continued on page 48



Army Substance Abuse Program recognizes counselors

The Army Substance Abuse Program (ASAP) now recognizes licensed professional counselors as eligible for substance abuse treatment positions that previously had been restricted to psychologists and social workers. Under Army Directive 2011-09 — titled “Employment of Licensed Professional Counselors as Fully Functioning Army Substance Abuse Program Practitioners” — ASAP is authorized “to employ licensed professional counselors and licensed mental health counselors as independent practitioners with a well-defined scope of practice.” The Army is attempting to significantly increase its substance abuse provider staff to meet the treatment needs of active duty military and their family members through services delivered at Army facilities.

The Army directive establishes credentialing and privileging standards for licensed counselors to be employed by the ASAP. The criteria include:

- Successful completion of a master’s degree in counseling from a regionally accredited college or university that has its counseling program accredited by the Council for Accreditation of Counseling and Related Educational Programs. (Counselors already employed with ASAP or who entered the application process for an ASAP counseling position prior to the effective date of the directive do not have to meet the accreditation requirement.)
- Possession of a state license as a professional counselor or mental health counselor at the highest clinical level offered by their state licensure board.
- Passage of the National Clinical Mental Health Counselor Examination.

Although the American Counseling Association, in coordination with the American Mental Health Counselors Association and the National Board for Certified Counselors, has been working to gain recognition of all highly qualified counselors within Department of Defense programs, our organizations were not

involved in the development of the directive and its credentialing criteria, and we were not given the opportunity to provide input or feedback before its release.

ASAP had hopes of hiring more than 100 substance abuse professionals by the end of September, but positions are likely to be open after that date as well. Counselors can search for open ASAP positions by going to *usajobs.com* and typing “Army substance abuse program” in the search text box.

Don’t let the position titles fool you. Although positions might be listed as being for social workers or counseling psychologists, in almost all cases these positions are also open to LPCs, and a close reading of the required qualifications should show that counseling degrees and licenses are accepted. If you are told by Army human resources staff members that counselors meeting the criteria listed in this article are not eligible, you can access a copy of the directive on the ACA website at *counseling.org/publicpolicy* and share it with them. The directive is posted as a PDF file under “FAQs/Documents” on the left-hand column of the page.

It is unclear what impact, if any, the ASAP directive will have on the development of regulations to allow independent practice for LPCs within the TRICARE program. TRICARE is its own separate program, and the TRICARE Management Authority may decide to adopt different credentialing criteria than those contained in the ASAP directive. The Department of Defense missed a June 20 deadline for issuing the TRICARE regulations but is reported to be getting closer to finalizing the regulations.

ACA is pleased with this step forward even as we continue to advocate for recognition of all qualified professional counselors. We welcome counselors to report back on any challenges or successes they encounter as a result of this new policy.

ACA participates in VA meetings to promote counselors

At the end of August, the Department of Veterans Affairs (VA) hosted two meetings in Baltimore that provided opportunities for ACA to continue advocating for the hiring of counselors at VA facilities. On Aug. 22, staff members with the VA Office of Mental Health Services hosted a stakeholders meeting with representatives of ACA, AMHCA, NBCC, the American Association for Marriage and Family Therapy (AAMFT) and other mental health professional organizations. In addition, representatives from the Vietnam Veterans of America, Paralyzed Veterans of America, the National Alliance on Mental Illness, the National Council for Community Behavioral Healthcare and other mental health advocacy groups were in attendance.

ACA staff reiterated the need for the VA to conduct further work to open mental health therapist positions to LPCs. The stakeholders meeting included presentations by VA staff members on the agency’s reorganization process, which involves the creation of separate offices dedicated to policy development and to operations.

During the following two days, the VA held its annual mental health services conference for staff members and leaders of VA clinics, facilities and Vet Centers. ACA, NBCC and AAMFT collaborated in staffing a table in the exhibition hall to disseminate literature about LPCs and marriage and family therapists to attendees as well as to answer questions regarding the VA occupational standards for the two professions.

Our organizations continue to work with VA staff to push for more hiring of our members within VA facilities and Vet Centers. For more information on these and other issues, contact Scott Barstow with ACA at 800.347.6647 ext. 234 or *sbarstow@counseling.org*. ♦

THE TWO-MINUTE ADVOCATE -

By Scott Barstow

All members of Congress can be reached by phone through the U.S. Capitol Switchboard at 202.225.3121. Simply provide the name of the member of Congress you wish to reach. Remember, only representatives can cosponsor House bills (such as H.R. 1995), and only senators can cosponsor Senate bills (such as S. 604). If your members of Congress aren't cosponsors, ask them to sign on, and if they are, tell them thank you!

Ask representatives to cosponsor Reducing Barriers to Learning Act

Introduced by Rep. David Loebsack of Iowa, H.R. 1995 would establish an Office of Specialized Instructional Support within the U.S. Department of Education to increase the department's focus on school counselors and similar school personnel. The bill would also create a competitive matching grant program for states to establish or expand school counseling and instructional support services and programs to address barriers to learning.

Current cosponsors include:

Rep. Henry Waxman (Calif.)
Rep. Joe Courtney (Conn.)
Rep. Bruce Braley (Iowa)
Rep. Leonard Boswell (Iowa)
Rep. Andre Carson (Ind.)
Rep. Betty McCollum (Minn.)
Rep. Donald Payne (N.J.)

Ask representatives to cosponsor Put School Counselors Where They're Needed Act

H.R. 667, introduced by Rep. Linda Sanchez of California, would create a \$5 million pilot project to support the hiring of school counselors in at least 10 troubled, low-income high schools to help reduce dropout rates.

We applaud Sanchez for her continued work in support of school counselors for at-risk youth. ACA encourages all counselors to ask their representatives to cosponsor H.R. 667.

Current cosponsors include:

Rep. Raul Grijalva (Ariz.)
Rep. Lucille Roybal-Allard (Calif.)
Rep. Grace Napolitano (Calif.)
Rep. Loretta Sanchez (Calif.)
Rep. Bob Filner (Calif.)
Rep. Jared Polis (Colo.)
Del. Eleanor Holmes Norton
(District of Columbia)

Rep. Corrine Brown (Fla.)
Rep. Keith Ellison (Minn.)
Rep. Rush Holt (N.J.)
Rep. Edolphus Towns (N.Y.)
Rep. Tim Ryan (Ohio)
Del. Donna Christensen
(U.S. Virgin Islands)

Ask senators to cosponsor Seniors Mental Health Access Improvement Act

Medicare is the single-largest health insurance program in the country, covering more than 47 million Americans. Many Medicare beneficiaries have a hard time finding qualified mental health professionals, and access problems are going to get substantially worse as more and more Americans become eligible for the program even as more and more mental health professionals retire from work. Nationwide, more than 120,000 licensed professional counselors are authorized to practice independently under state law. Private sector health plans have covered LPCs for many years.

Ask both of your senators to cosponsor S. 604, bipartisan legislation to cover state-licensed professional counselors and marriage and family therapists under Medicare at the same reimbursement rates and in the same settings as those for clinical social workers. Sens. Ron Wyden (D-Ore.) and John Barrasso (R-Wyo.) introduced S. 604.

You can identify your senators using ACA's Internet advocacy website at capwiz.com/counseling.

The current cosponsors are:

Sen. Mark Begich (Alaska)
Sen. Barbara Boxer (Calif.)
Sen. Daniel Inouye (Hawaii)
Sen. Dick Durbin (Ill.)
Sen. Kent Conrad (N.D.)
Sen. Jeff Bingaman (N.M.)
Sen. Sherrod Brown (Ohio)
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Career counseling with some of the poorest families in America



Jackie Torres

Jackeline “Jackie” Torres wrote to me one day because she wanted to become a blogger for the American Counseling Association. After reading her résumé and chatting with her, I discovered she was a career counselor for some of our nation’s poorest families. She is not only resourceful, but also upbeat, warm and present. Here is her story.

Rebecca Daniel-Burke: What is your current counseling position?

Jackie Torres: I currently work as a career counselor for the Larimer County Workforce Center located in beautiful Fort Collins, Colo. I work with clients who are receiving Temporary Assistance for Needy Families (TANF). The goal of the program is to work with families in achieving self-sufficiency. My caseload gives me an opportunity to apply career counseling to a variety of different situations, from helping clients obtain their GED [diploma] to identifying their own unique aptitudes and interests.

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

JT: From a young age, I was fascinated with two things: solving puzzles and learning more about people. Imagine my joy when I learned that a career in counseling could combine these two interest areas. Counseling is the perfect field for me because I am constantly learning, meeting great clients and collaborating with fellow counselors.

RDB: When you start with a client, what assessment tools might you use?

JT: I begin to assess clients through both formal and informal assessments. One formal assessment I utilize is the Test of Adult Basic Education to get basic skills information. In addition, I use an agency assessment form that gives a thorough overview of the client’s current situation — housing, transportation, legal and work history, etc. For informal

assessments, clients and I evaluate their strengths and barriers through dialogue. Our agency utilizes a variety of career assessments to identify values, interests, personality styles and strengths: Self-Directed Search, O*NET Work Importance Locator, Motivational Skills Card Sort and the Myers-Briggs Type Indicator.

RDB: How do those tools and assessments help you plan a strategy for counseling?

JT: Assessments are a helpful tool to use in counseling sessions because the results can help my clients create action plans for successful employment. Going over the results with clients is always helpful because they get a chance to interpret the results for themselves. A lot of times, the career assessments offer new ideas that clients have never considered before.

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

JT: Solution-focused brief therapy is the orientation that seems to be more of a natural fit for me. I love the way that the theory makes use of clients’ natural strengths and resources. Utilizing strengths and finding ways to take advantage of them is one of the most invigorating parts of the theory. This type of therapy is action oriented and focuses on finding solutions.

RDB: As you look back on your career, what has been your favorite counseling position?

JT: My favorite position is my current place of employment, as a career coach for clients receiving TANF. It’s an honor to get to know my clients and to be able to develop working relationships with them. We work diligently to develop strategies for their careers, and it is exciting to see their plans get implemented. As a career counselor, I get

to stay on top of current workplace trends and job search strategies and share that information in creative ways.

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

JT: I have been very lucky in that key people have supported me from elementary school all the way to my current workplace. I remember how encouraging my second-grade teacher was when I was first learning English. In fifth grade, my homeroom teacher let me take creative spins on my homework assignments, and she let me help with extra projects. My high school math teacher encouraged me to keep going and to never give up. At work, I have had the most amazing managers. They are always willing to let me try new things and are always there for me. In my counseling program, the support I received from my professors will never be forgotten. They are the counselors I aspire to be. They are full of knowledge and always willing to take a moment to help.

RDB: Who are your heroes?

JT: My heroes are my family. My mom for reminding me that education is the key to success, and my dad for all the support and laughs he provides for our family. My sister Johanna for teaching me to not stress out about the little things in life, and my sister Leslie for all the great stories she tells. My nephews for their enthusiasm for music, sports and movies. My family is amazing and a great support.

RDB: Has studying counseling been transformational for you?

JT: Yes, it has definitely been transformational. Counseling has allowed me to connect with people in a more genuine way, increased my confidence level and inspired me to a lifelong journey of learning. This field offers so many ways to express my interests in a variety of settings.

RDB: What mistakes have you made along your career path? And more important, what lessons have you learned from those mistakes?

JT: One mistake I made early on in my counseling program was lack of patience. After completing my counseling program, I thought I would know everything there was to know about counseling. Now I love the challenge of the field and how there is always something new to learn and perfect.

One of my favorite classes in school involved practicing meditation techniques. The techniques helped me learn creative ways to become centered and present. A favorite meditation practice I learned was walking with a purpose and paying attention to each step I take. As a counselor, it's very important to develop patience with yourself, your clients and the process.

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

JT: My favorite source of inspiration regarding my work is the movie *The Pursuit of Happyness*. It is a movie about

a homeless man and his son and their journey toward visualizing and reaching their dreams. The end always reminds me of the strong and resilient nature of human beings and that, truly, anything is possible.

RDB: If you could invite any three people in the world to your own personal party, whom would you invite and why?

JT: I would invite Conan O'Brien for his ability to make me laugh, J.R.R. Tolkien for writing a classic trilogy that changed the way I see fantasy novels and Frank Parsons for putting career guidance on the map. The ability to see the humor in things, use of creativity in counseling sessions, and the drive and focus to keep going are some of the characteristics that are needed to be an effective counselor.

RDB: Your work is intense at times. What ways have you found to take care of yourself?

JT: One of my favorite things to do is reading. I love a good fantasy book. I also love to listen and sing along to eighties music. I am learning to play the guitar because it provides a good way to get out of my own thoughts and focus on

the outside world. The guitar forces me to focus because I have to pay attention to the rhythm of the music and try to coordinate my hands to work together.

RDB: Is there anything else you want our readers to know about you and your work?

JT: Working as a career counselor is simply the best! I get to learn about all the different careers available, meet clients that bring so much individuality to the table and participate in continued learning. ♦

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

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Setting the stage for informed consent

Between you and me, confidentiality issues wrack my nerves. And if you ever tell anyone I said that, I will deny it.

All kidding aside, I have found that the informed consent process tends to hinder my efforts to establish rapport and trust with new clients. Seems counterintuitive, right? Generally speaking, one would think New Client will relax and open up when Therapist explains the standard “What happens in Vegas, stays in Vegas” policy inherent in the counselor-client relationship. Not necessarily so for the New Professional. Which means that actually, the joke’s on me.

As a *consumer* of health care services I never bothered to ponder the legalities and ethics of confidentiality. Indeed, when I am in the role of New Patient seeking the services of Health Care Professional and Receptionist hands me a sheaf of consent forms, I breeze through them, scanning only for dotted lines. With each happy little discovery, I scratch my unintelligible signature. Voila! Here are your papers, Gatekeeper. Oh, and by the way, I had to use my own pen because the one at the end of this annoying chain Scotch taped to the clipboard was out of ink.

Since the roles have flip-flopped, I find myself upended and downright anxious. Now acting as the Designated Health Care Professional in the scene, I’m less concerned with the dotted lines and more concerned with the fine ones. Namely, the fine line between creating an emotional safe place for clients versus establishing their legal protection — and mine. Maybe it’s fallout from the shock-and-awe approach taken first by my profs in grad school and later by my supervisors.

In student mode, the ethics and legalities of confidentiality seemed pretty straightforward. Zip your lips and everybody will be just fine. Flap your gums and you could be sanctioned by the

American Counseling Association, sued by your client or maybe even risk losing your license. I remember one classroom discussion about giving casual advice at a party. We all thought it was a trick question until Professor pursed her lips and intoned, “Uh-uh. Don’t do it. If you answer someone’s questions about their mental health, even in the context of social chitchat, it could be interpreted as an implicit contract, meaning you are bound to uphold all the legalities and ethics as if they were your client.” What?! But one of my favorite pastimes at parties is to give mental health advice to strangers. That’s why I chose this profession in the first place. What a downer. And a lot more complicated than zipping the lips.

Moving on to the next phase of professional development, counselors-in-training once again can expect the twin demons of Confidentiality and Informed Consent to rear their ugly heads. Especially at agencies regularly audited by the government or insurance companies, supervisors stress the sanctity of these bugaboos by visiting upon fledgling counselors the fear of God/Spirit/A Higher Power/Spiders/Snakes/Heights — or whatever it is, depending on your personal beliefs, that puts fear in you.

Thus, having been directed by the proverbial Powers That Be to greet New Client with a soliloquy on informed consent, I’ve written a little script. It goes something like this:

(Sweeping one arm out, palm up, like Vanna White revealing a completed puzzle on Wheel of Fortune) “Go ahead and have a seat anywhere you like,” I say, hoping New Client will not choose the black, imitation-leather swivel chair at my desk. That would be awkward. Telling, but awkward. Given that no one has yet to make this particular power play, I then plop into my seat to continue my dutifully memorized informed consent patter.

(Shuffling papers) “We need to get a little bit of paperwork taken care of before we talk about the important stuff,” I announce, double-checking that New Client has found each of those all-important dotted lines. Try as I might to appear unrehearsed, this part of the session could not be any less spontaneous.

So much for criterion three of Carl Rogers’ Humanistic Psychology. In the world of Laws, Ethics and Risk Management, Authenticity has no place. Unfortunate, because studies show that our lasting impression of a person generally is formed within less than a minute of meeting for the first time.

Bored yet? I certainly am, and I’m the one reciting the lines. Imagine how New Client feels, having mustered the courage to consider sharing intimate fears and foibles with a complete stranger, only to discover Therapist is an automaton singularly concerned with completing paperwork. But wait. There’s more!

(Leaning forward in seat) “First, it is important for you to know that what we talk about in this room stays between us.”

New Client releases a noticeable out-breath here, presumably relieved.

“But there are two main exceptions.”

New Client typically appears a bit stricken to hear this.

Remember Tarasoff? Landmark case, breaching confidentiality and such? I do, mainly because I like to say the name. Tarasoff, Tarasoff, Tarasoff. It fairly rolls off the tongue. I digress. Back to the script now.

(Tipping head conspiratorially, forward and slightly to the right) “One exception to confidentiality is if we should find at any time that you are at risk of harming yourself or anyone else, we would release *only* the information necessary to keep everybody safe.”

Here I offer a hint of a smile, communicating that we both know this doesn’t apply to YOU, but I’m obligated to say it, sort of like the Miranda warning

on cop shows. Wink-wink. My approach once backfired big-time when New Client responded with this little verbal grenade: "I'm trying to decide how to kill myself today." Boy, did I misread that guy.

Here comes the bomb that seasoned counselors don't have to drop: "And the second exception is that I'm a state-registered intern, so my supervisor reviews my cases with me to make sure you are getting the highest quality care."

(Audience gasps. Cue menacing background music.) The gig is up. New Client now has been informed that I have some strange designation they have never heard of. What will they do? What WILL they do?

Most of the time, nothing. Sometimes they'll ask if I'm licensed. And every once in awhile, they'll go through the motions for the rest of the hour, later requesting a transfer to "someone with more experience." To counter this particular circumstance, Supervisor advised me when practicum began to answer truthfully, yet vaguely. This was maybe a teensy bit afoul of what Professor had taught in grad school: "The law explicitly

states that you must not misrepresent yourself in *any* way that could indicate you have more experience than you do," she said, eyes narrowing as she whipped off her specs with a flourish.

Pish posh, professor. Clearly some dusty old statutes don't scare the likes of Supervisor. "Just tell them, 'All that this designation means is I'm completing my hours for licensure,'" Supervisor said. "If they question your experience, tell them you're a 'master's-level therapist' and that you've completed a postgraduate degree that has prepared you thoroughly for this work. You don't want to get into too much detail, or they'll feel like you're getting defensive. If you take that detour, you've lost their confidence."

Works for me. But I am a special case, fortunate in that I did not find my calling until middle age. Although others say I look nowhere near my chronological age (that means "younger," right?), I still have a pair of crow's feet and a smattering of age spots. In other words, because I clearly am not a member of a generation named after any letters at the end of the alphabet, New Client likely will assume

I have more experience than I really do. Another bullet dodged.

But what of my more, shall we say, "fresh-faced" peers? I find it supremely ironic that in assuring clients of confidentiality, we newbies invite the very real (and awkward) possibility that their confidence in our abilities will be undermined.

Hey, I just thought of something. I wonder if having crow's feet and age spots violates the statutes about misrepresenting one's level of experience in the profession? (Simultaneously dropping face into cupped hands and shaking head slowly from side to side.) So confusing. I'm too old for this. ♦

Suze Hirsh is a state-registered intern in mental health counseling at a not-for-profit community social services agency in South Florida. Contact her at suze.hirsh@gmail.com.

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The not-so-superbill (and other questionable methods of encouraging private pay)

Counselors have run cash practices since the beginning of psychoanalysis. Today, however, a wave of change is occurring wherein clients are, more than ever, demanding that their counselors accept health insurance. There are many reasons for this, but consider these three points:

- 1) In tough economic times, clients have less discretionary cash.
- 2) Mental health parity means that counseling is almost always a covered health care benefit.
- 3) As counseling has established itself as an important medical service, clients now see their counselors in the same light as their family physicians (who have always accepted insurance).

Although these changes have been going on for years, a tipping point has taken place. Today's clients aren't sheepishly asking, "Will you accept my insurance?" They're demanding it.

Private pay or managed care?

Some counselors are in such high demand that they will never need to accept insurance. If you've reached this status, congratulations! For the rest of us, however, not accepting health insurance means a significant percentage of potential new clients will simply schedule with the counselor down the block (and these days, there are a lot of therapists from which to choose).

One solution is to get credentialed with insurance companies and bill third-party payers for your services (full disclosure: My company helps counselors do this). An alternative solution is to remain private pay and work hard at creating an extraordinary service for which clients willingly pay out of pocket. Both options are good ones.

Unfortunately, some private-pay counselors are using questionable methods to convince clients to pay out of pocket for care. Two methods are addressed below.

Method one: The superbill

A superbill is a receipt for services that contains the basic information requested by insurance companies (generally from the provider) before payment is rendered. Private-pay counselors can require clients to pay up front for services and then issue clients a superbill receipt. Although there is nothing unethical about this, the way superbills are presented to clients can be misleading. What follows are two quotations (taken from counselor websites) that exemplify how the superbill is often explained to clients:

"I will give you a 'Super-bill' fee statement for you to submit directly to your insurance company for reimbursement. I will work with you as you work with your insurance company to receive maximum benefits."

"[Name Removed] Counseling, LLC will provide you with a 'super bill' for each date of service. This 'super bill' will provide all the information your insurance company requires in order to reimburse you."

The preceding quotations are problematic in their optimism. In fact, an argument can be made that they contain a "lie of omission," which is that for many clients, superbills are ineffective for obtaining reimbursement. It is always the client's responsibility to check his or her benefits. However, if counselors oversell the superbill, clients will feel burned when they realize the superbill wasn't so "super" after all.

Here are three reasons why the statements are too optimistic:

1) Insurance rarely pays a counselor's full fee. Providers might suggest that their superbills will facilitate insurance to pay their full fee. This almost never happens. A counselor's full fee is usually double what insurance companies consider their "customary rate." For instance, although a typical counseling fee might be \$140, the customary insurance rate is about \$75 (\$55 after the client's copay). Insurance plans, even those with out-of-network benefits, rarely pay above their customary rate.

2) Out-of-network benefits often cover only a percentage of the customary rate. This is a type of "penalty" clients endure for selecting a provider out of their network. For example, an insurance company might pay 80 percent of its customary rate of \$75. That's \$60 (less the copay) reimbursed after the client has paid \$140 to the counselor.

In addition, some insurance companies have deductibles for out-of-network services that differ from the in-network deductible. Hence, even if clients have out-of-network benefits on their policies and have met their deductibles for in-network benefits, they may not have met their out-of-network deductibles, meaning they might not receive any reimbursement.

3) Many clients don't have out-of-network benefits. As health care costs increase, many individuals are opting for HMO (health maintenance organization) plans over PPO (preferred provider organization) plans. Generally, this means out-of-network benefits are nonexistent. In these instances, the client will receive no reimbursement after seeing a counselor.

A truly transparent statement regarding a superbill's efficacy would sound something like this:

"Although we don't accept insurance, we are happy to provide you with a superbill. Some clients will receive a portion of counseling fees reimbursed to them from their insurance companies. Many clients will not receive any reimbursement. Being reimbursed our full fee is extremely rare."

Method two: Promoting fear

Some counselors who do not want to accept insurance attempt to persuade clients to pay for counseling out of pocket by using fear. Consider the real examples that follow, which are similar to versions posted on many counselors' websites:

"For your protection and confidentiality I recommend that, if possible, you pay for your counseling without using insurance. Insurance companies require me to disclose highly personal information about you. The confidentiality and privacy of this information cannot be guaranteed. They also often restrict the number of sessions they will authorize, even if you and I feel you still need help."

"Please be aware that if you choose to submit a superbill to your insurance company, your private medical information will be released. This may impact your future insurance coverage, rates and reimbursement."

"To get therapy paid for by your medical insurance of any kind, you will have to be diagnosed with a mental 'disorder' of some kind. That will be in the computer database, available to insurance companies and, possibly, to future employers (and to the press if you run for president)."

In summary, the messages some counselors use to scare clients include:

- Your "permanent record" will show that you are psychologically unbalanced!
- Your premiums will skyrocket!
- You might become uninsurable!
- Don't use the insurance benefits that you're paying for — it's too dangerous!

George Ohlschlager, who has written extensively on counseling ethics, describes the issue as "an overblown fear." He notes he has not encountered a single firsthand (or verifiable real-world) example of a person suffering damages after using health insurance to pay for mental health services. Although conceding that "outlandish things are possible," he describes the aforementioned fears as "issues of anxiety to be talked about in therapy," not reasons to avoid using health insurance.

In contrast, a colleague and friend who had seen a psychiatrist for roughly three years for substance abuse and depression was later denied life insurance by the same company paying for his mental health services. It is plausible the two are related.

Still, a question ensues: What kind of health care provider dissuades patients from using their insurance? The answer: A provider who doesn't want to accept insurance.

Here's a truthful disclosure counselors can use to inform clients about health insurance risks:

"Millions of people have seen counselors and used their insurance to pay for services. The vast majority have noticed no change in their personal insurability or health insurance premiums as a result. However, such an occurrence is possible.

My concern for your health insurance premiums has very little to do with my decision not to accept your health insurance."

Private-pay and insurance-pay counselors

Running a private-pay practice has its benefits. There is less paperwork, and the provider gets to set his or her own rates of service. With exceptional care, and a strong reputation in one's community, building a private-pay practice is achievable — especially if you only desire a part-time caseload.

Alternatively, getting credentialed with insurance companies is also a good option. Family doctors, chiropractors and even dentists have accepted insurance for years. There are many companies (of which Thriveworks, my company, is just one) that can help you get on insurance panels, and medical billing can be outsourced so that you can remain focused on your passion — seeing clients.

Whichever route you choose, be open and honest with clients about why your practice accepts (or doesn't accept) particular payment methods. ♦

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.

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Experiential Activities for Teaching Multicultural Competence in Counseling

Edited by Mark Pope, Joseph S. Pangelinan & Angela D. Coker, 2011, American Counseling Association, 372 pages, \$40.95 (ACA members); \$59.95 (nonmembers), Order #72904, ISBN: 978-1-55620-284-1



Experiential Activities for Teaching Multicultural Competence in Counseling, edited by Mark Pope, Joseph S. Pangelinan and Angela D. Coker,

is an accessible book containing 121 different activities covering a breadth of multicultural competence areas. The editors gathered an impressive list of contributors who have demonstrated excellence in different areas of multicultural competence and counseling. Contributing authors include Michael D'Andrea, Judy Daniels, Danica G. Hays, Arpana Inman and Rebecca Toporek. The diversity of contributors leads to the inclusion of quality activities that can be used in advanced course lesson planning or incorporated into a class to address specific areas of competence.

The book covers an impressive selection of multicultural topics. Chapters include Introduction to Multicultural Counseling, Definitions of Cultural Diversity, Barriers to Effective Cross-Cultural Counseling, Cultural Communication Styles, Cultural Identity Development, Oppression and Discrimination, Dimensions of Worldviews, The Culturally Skilled Counselor, Cross-Cultural Family Counseling, Counseling Specific Cultural Groups, and Socioeconomic Status and Social Class. Each chapter

contains between four and 19 activities addressing the indicated area of competence. Example activities include The Cultural Encounter: An Exercise in Working Through One's Cultural Biases in the chapter on The Culturally Skilled Counselor, Cultural Genograms in the chapter on Cross-Cultural Family Counseling and Racial-Cultural Dyadic Role-Play in the chapter on Cultural Identity Development.

The activities themselves are short and to the point, with each described in two to four pages. Enough direction is provided to assist with planning how to incorporate each activity into a lesson. All activities are presented in the same manner, with an explanation of the activity's purpose, learning objectives, target population, group size, time required, setting and instructions for conducting the activity. The level of challenge for each activity is not listed, and some of the activities could be more or less challenging based on the instructor's facilitation skills. The activities that do require facilitation could be adapted both for master's- and doctoral-level students, with the instructor providing differing depths of discussion as appropriate for the audience. To help instructors conduct the activities, a supplemental CD containing reproducible handouts and PowerPoint slides is included. This contributes to the versatility of the activities, allowing instructors to either use the handouts as they are or modify them to fit the needs of the target audience.

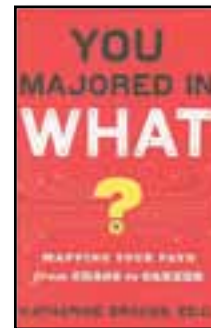
Experiential Activities for Teaching Multicultural Competence in Counseling is an ideal book for counselor educators to include in their lesson planning, but it can also be adapted for a wide range of settings and a variety of audience skill levels. Counselor educators can use the book during instruction on multicultural counseling or adapt it to strategically infuse multicultural competence activities into other classes. Independent

practitioners might use the activities to examine their own multicultural competence and potential biases. This book is recommended for anyone providing training in multicultural competence because it compiles a variety of multicultural activities and presents them in a concise, easy-to-access style that can be utilized in a variety of settings.

Reviewed by Thomas J. Sherman, licensed professional counselor, McDaniel College.

You Majored In What? Mapping Your Path From Chaos to Career

By Katharine Brooks, 2010, Plume, 320 pages, \$16, ISBN: 978-0-452-29600-8



From the first word of this book to the last, I was asking myself, "Where was this when I was in college?" Then I asked, "Where was this when I was working with college students in career and academic

planning?"

The audience for *You Majored in What?* is college students, but not just college students undecided about what their major should be. The book is a rich resource for career and academic counselors working with college students either in college campus settings or private practice. Specifically, it would be an excellent resource to use as the main text for a career development or exploration class or in designing and leading a career exploration and preparation workshop series. The step-by-step activities offered in the book could serve as practical resources for counselors to use with students in one-on-one sessions as well.

Counselor educators teaching career counseling courses could also use this book. Chaos theory is an often overlooked approach to career counseling and career development, as courses in career

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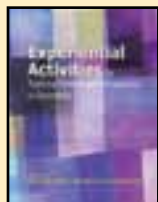
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edited by Mark Pope, Joseph S. Pangelinan, and Angela D. Coker



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 activities are tied to the core content areas of the 2009 CACREP Standards, making this a perfect tool for the clinical

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In this book, group work and college counseling leaders offer step-by-step instruction in the effective use and processing of structured group activities on topics such as test anxiety; stress and anxiety management; ADHD; career development; substance abuse; eating disorders; and the unique concerns faced by GLBT students, first-generation students, ethnic minority populations, student athletes, and combat veterans. The descriptions of each activity include tips for successful implementation as well as an overview of relevant theory and research on the topic. Handouts throughout the text enhance the book's usefulness in the classroom and with faculty and parents. 2011 | 312 pgs

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Samuel T. Gladding



In this detailed examination of the expressive therapies, Dr. Gladding demonstrates how music, dance, imagery, visual arts, literature, drama, and humor can be used effectively in counseling. Combining history, theory, and application, he provides a rationale for using each art form with how-to strategies for working with clients of all ages and diverse cultural backgrounds to promote positive change and growth. This fourth edition includes Creative Reflection sections that give readers an opportunity to ponder their own creativity and, for greater ease of use, a new chapter that briefly describes each of the 117 exercises found in the book. 2011 | 308 pgs

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Editor Sought for *JCD*

The Publications Committee of the American Counseling Association (ACA) is seeking applications for editor of the *Journal of Counseling & Development (JCD)*, ACA's flagship journal. Selection criteria for the position include the following

- Previous experience as a journal editor
- A publishing record that includes scholarly publications in peer refereed journals
- A history of involvement in and contribution to ACA through its divisions, organizational affiliates, branches, governing bodies, and/or committees
- An understanding of and commitment to the mission of the association
- A belief in the importance of promoting multicultural competence in counseling
- A solid commitment from the applicant's university/employer for financial and editorial support

The appointment of editor is for a 3-year term beginning July 1, 2013. The successful candidate will begin serving as editor-elect July 1, 2012. There is a possibility for the editor to be reappointed for a second 3-year term. The *JCD* editor receives a \$1,000 monthly honorarium as well as some reimbursement for journal-related expenses.

Applicants must be ACA members and bilingualism is a plus. For an applicant to be considered by the ACA Publications Committee, the following material must be provided:

- A current curriculum vitae
- A complete list of publications and reprints of no more than three of the applicant's most significant journal articles
- A statement from the applicant discussing his or her intended editorial direction for the *Journal of Counseling & Development*
- A statement from an administrator of the applicant's institution/employer describing support for the appointment

All applications must be received no later than **December 31, 2011**. Late or incomplete applications will not be considered. The Publications Committee will screen all candidates and present its top nominees, in ranked preference, to the Governing Council for approval at the ACA Annual Conference & Exposition in San Francisco, March 21–25, 2012.

Send application material for receipt by **December 31, 2011** to

Carolyn C. Baker, Director of Publications
American Counseling Association
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Alexandria, VA 22304-3300
cbaker@counseling.org



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counseling tend to focus on more traditional theories such as Donald Super's life span theory and John Holland's career choice theory. The book's detailed activities could be used in class to help students understand ways to work with clients in the career development process.

Katharine Brooks provides a powerful explanation of chaos theory, on which the book is based, without overwhelming readers with "theory talk" and lofty language. She writes as if she is speaking directly with readers in a one-on-one counseling session, thus engaging them immediately in the book.

The activities, presented in a workbook-type format, move readers to become active participants in their career development journey through brainstorming, intentional and focused thinking activities, reflection and self-narrating forwards. For example, Brooks engages readers early on with an off-the-page, out-of-the-book activity to begin creating their "wandering maps." This initial activity provides the foundation that readers will build on as they complete subsequent activities. Chaos theory will be an unusual approach to the career journey for many, so Brooks not only challenges readers with these innovative activities but also provides examples of what others have put together to provide a guide to get readers started in the brainstorming and creative processes. For instance, she offers an example of a wandering map and shortly thereafter provides an example of how to "connect the dots" among themes. Brooks also provides prompts or leads to assist readers who may be stuck in the process, while consistently emphasizing there is no one right way to approach the process.

Because the book chapters are connected, readers are not left to wonder whether they will ever revisit an activity they just completed. Some activities build on earlier ones, while others relate to previous thoughts or processes rather than to specific activities. Brooks also connects activities from early in the book to what employers are looking for or how those activities might apply to employers. For example, in Chapter 3, she shares how information on "mental wanderings" relates to employers and why employers care about each type of mindset discussed in the chapter.

Brooks also discusses how traditional approaches to career decision-making can take a linear approach. This means that counselors might have to “sell” parents on the nontraditional ideas presented in this book in an effort to collaborate with them and to encourage them to provide additional and consistent support to their students during the process of career exploration.

Brooks takes readers from the very beginnings of thinking about their career process to ideas for decision-making, then on to writing résumés and cover letters, and finally to interviewing. She provides a comprehensive and engaging resource that will be useful in a career and academic counselor’s work with individuals and groups, as well as for counselor educators teaching career classes.

Reviewed by Angela S. Shores, owner, Agápē Counseling and Consultation PLLC.

Group Work and Outreach Plans for College Counselors

Edited by Trey Fitch & Jennifer L. Marshall, 2011, American Counseling Association, 312 pages, \$34.95 (ACA members); \$49.95 (nonmembers), Order #72911, ISBN: 978-1-55620-311-4



College is a stressful time in life, overwhelmed with academic, social and developmental pressures. College students are expected to balance many different demands,

while also often being treated for mental health issues or struggling with their psychological well-being. This increasingly stressed population has thus placed a growing demand on university resources, and college counseling centers are truly one of the key players in managing this changing demographic.

At the same time, there is increasing urgency for college counselors to identify students’ most pressing issues, to research those issues and to develop quality programming to attend to student needs. These converging conditions have created ongoing difficulties in the college counseling field. The challenges lie not

only in identifying the students who need help and what their concerns are, but also in reaching out to them in effective ways while developing beneficial programming to support them, all within the scope of overtaxed schedules and underfunded budgets. That is where *Group Work and Outreach Plans for College Counselors* comes into play, putting a treasure trove of collected resources and well-outlined guides at one’s fingertips.

It is quickly clear to the reader that this practical book not only identifies a large quantity of issues pertinent to college students and those who serve them, but that it does so in an exceptionally well-founded and useful way. Separated into three sections with a total of 36 chapters, the book is easy to navigate but holds a wealth of information for almost any situation on any campus that a college counselor or outreach coordinator might come across.

The first section offers a few solid refresher pages about college student development, the value of outreach and a brief but crucial discussion of diversity issues. A sufficiently comprehensive discussion of ethical and legal issues for group work is also provided, as well as advice on providing safe group environments and designing a group with thoughtful intent.

The next two sections offer a plethora of structured group sessions and outreach programs, with each topic receiving individual attention in its own chapter. Section 2 covers group counseling and support groups, while Section 3 focuses on outreach programs. The authors of the individual chapters offer brief but useful background introductions to their specific topics, complete with references should the reader like to learn more. In addition, each chapter offers objectives for the group session or program being discussed, along with well laid out group plans that alert readers to the themes of each session and any materials needed or activities involved. These provide a valuable wide-angle view of the group’s purpose, plus bullet points that are useful for the group leader to keep in mind when describing the group to potential participants or key stakeholders.

The most valuable part of each chapter is contained in the group session outlines. Although some descriptions may seem

vague, most chapters provide relatively in-depth and well-explained discussions of group sessions, along with easy-to-follow guidelines. More important, each chapter provides a constructive and invaluable beginning point for the counselor or outreach provider. It is easy to imagine many of these group activities or outreach programs being used “as is,” but there is also plenty of room for them to be adapted to specific populations, campuses or situations.

The most exciting aspect of this resource is the vast array of subject matter that it covers. Topics are too numerous to list, but they include all one would expect of a resource designed for college counselors, plus many that are specific to unique populations such as combat veterans, the LGBT community and Native American students, among others. At the end of each chapter, individual authors also provide handouts they discuss within their structured group sessions. This represents a valuable resource collection in and of itself.

Drawing on the research and experience of the many authors who provided resources for this book, new and experienced college counselors and outreach programmers alike should easily be able to create and implement any of these group sessions. This book has the potential to help professionals address a wide variety of college students’ needs and provide effective and useful services to meet the increasing demands — and to do so within the budgetary and time constraints that plague many counseling centers. Every counseling department should make shelf space for this book before the start of another semester.

Reviewed by Jenna Gehl Jones, research associate and assessment counselor, University of Notre Dame. ♦

Stephen Flynn is an assistant professor of counselor education and the clinical experiences coordinator at the University of South Dakota in Vermillion. Contact him at Stephen.Flynn@usd.edu.

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Recent books by ACA members

Toward a Positive Psychology of Religion: Belief Science in the Postmodern Era

By Robert Rocco Cottone, John Hunt Publishing Ltd.

This book addresses mental health issues and religion by means of post-modern philosophy, positive psychology and ethics. The author presents groundbreaking ideas in a clear and entertaining way, criticizing the ancient religions and challenging readers to relinquish ancient and modernist viewpoints. Readers will be confronted with a perspective-altering view of religion.



The Power of Grieving

By Maryjane Boggini-Atkins, CreateSpace

This is an inspirational guide that gently leads you through the grieving process, before, during and after your loss. Although the pain of loss may never completely go away, you can choose to rediscover the joys of life from a different perspective — the one from the “here and now,” the place where healing, compassion and new meaning come together to form a stronger you.



Humanistic Perspectives on Contemporary Counseling Issues

Edited by Mark B. Scholl, A. Scott McGowan & James T. Hansen, Routledge

This book explores contemporary counseling issues (marital/couples counseling, substance abuse counseling, healing from trauma and more) from a humanistic perspective, providing a valuable resource for counselors and therapists seeking effective approaches to use in their practices. Each chapter describes the significance of a specific counseling issue, reviews the literature on the issue, discusses the theoretical model provided by a humanistic perspective and concludes with applications and implications for practitioners.

The School Counselor's Guide: Elementary School Guidance Curriculum Activities

The School Counselor's Guide: Middle School Guidance Curriculum Activities

The School Counselor's Guide: High School Guidance Curriculum Activities

By Mark D. Nelson, Routledge

These three books are valuable resources for school counselors and others delivering guidance curricula to students in K-12 school settings. The books include classroom guidance activities and evaluation tools that are based on the national standards of the American School Counselor Association.



School Based Group Counseling

By Christopher A. Sink, Cher Edwards & Christie Eppler, Wadsworth Publishing/Cengage

Highly relevant, comprehensive and “hands on,” this book guides readers through the process of developing, running and evaluating quality small groups in K-12 school settings. The authors use the lens of real-world school-based practice, strengths-based counseling, systems thinking, multicultural-developmental psychology and ASCA's National Model, resulting in a professional, comprehensive and well-balanced group counseling text for K-12 preservice and in-service school counselors and psychologists and intervention specialists.



Grief Reflections: A Quiet Book of Comfort

By Hermina “Bobbie” Baker, AuthorHouse

This book is a collection of bereavement messages the author has written for the Walk With Me grief group she coordinates for a local funeral home. Its aim is to provide comfort in brief, insightful words without overwhelming the mourner.

The Needy Therapist

By Erin Jae Bydlo, available as an e-book

Erin Jae Bydlo is a real person using a fake name and a lot of humor to bring you closer to the inner world of a working psychotherapist. No one, including Erin Jae, escapes getting thrown under the bus in her pursuit of the truth about love, relationships and living with integrity. Paperback version available Nov. 1.



More Brief Therapy Client Handouts

By Kate Cohen-Posey, John Wiley & Sons

This book offers a collection of more than 200 jargon-free, psychoeducational handouts on meditation, self-hypnosis, cognitive therapy, common problems, relationship problems and specialized communication skills. A CD is included so that all handouts can be printed and personalized to suit the counselor's needs.



Getting More Done on a Shoestring: Free Technology Tools for Educators, Trainers and Entrepreneurs

By Janet E. Wall, Sage Solutions (e-book)

If you are timid about using technology to promote your work or your services, this e-book gives you dozens of technology tools that will help you perform your job more efficiently and with greater outreach and visibility. For those who are somewhat technically challenged, there are directions and screen shots on how to start using these free tools.



Basic Psychopharmacology for Counselors and Psychotherapists, second edition,

By Richard S. Sinacola & Timothy Peters-Strickland, Pearson

This text is popular in graduate psychopharmacology courses because it is easy to read and well explained. It covers

all of the current medications used in the treatment of depression, bipolar illness, anxiety, psychotic spectrum disorders, attention-deficit/hyperactivity disorder, substance abuse disorders, sleep disorders and other areas of mental illness. It is concise yet full of best practices and tips for the nonmedical practitioner.



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

By Bruce S. Sharkin, Routledge

This book provides a detailed description of the many roles and contributions of college counselors on today's campuses and addresses such topics as who college counselors are, how one becomes a college counselor and what skills are needed to be a college counselor today. Roles and responsibilities, including counseling, crisis intervention, consultation, outreach and administrative duties, are discussed in detail and supplemented with both research and case studies. Diversity competencies and special challenges faced by college counselors are also addressed.



Barriers to Practitioner Research: Making Research Education Relevant and Productive

By James Ruby, Lambert Academic Publishing

Mental health practitioner educators might have a variety of reasons for believing research course work is important, but a review of the existing research literature makes it clear that very few master's-level practitioners engage in research activity. The barriers that stand in their way, as well as methods for making research education more relevant, were investigated in an in-depth study and are addressed in this work.

Italian-American Students in New York City, 1975-2000: A Research Anthology

Edited by Nancy L. Ziehler, John D. Calandra Italian American Institute

Culling more than 30 years of scholarship, this book addresses a gap in the vast body of multicultural counseling literature pertaining to students of diverse populations and cultural contexts. Illuminating the experiences of a group whose values, needs and strong sense of ethnic identity may differ substantially from conceptions of White American culture, the data and analyses of research findings provide critical insights for counselors, psychologists and educators of Italian-American students.



Dying and Grieving: How to Comfort Those in Pain

By Frederic B. Tate, The Magni Company

This book is a guide for supporting individuals who are dying or those who are grieving the death of a loved one. The author, who studied with Elisabeth Kübler-Ross, addresses topics that are rarely covered in other books on the subject, such as death and humor and the death of a pet.



"Let Me Show You the Basement": A Guide to Staying Safe in Clients' Homes

By Debbie Stanley, Thoughts in Order

On-the-job safety is important for everyone, but it's especially challenging when your workplace is the client's home. In this book, written for onsite professionals such as counselors, social workers and visiting nurses, learn how to anticipate danger, identify it promptly, respond successfully and prevent burnout along the way. The author's unique perspective as a martial arts black belt and in-home mental health counselor gives you the best possible angle for staying safe on the client's turf.

Love Heals All Wounds

By Daphne L. King, AuthorHouse

After experiencing two traumatic events — the death of her fiance and then the death of her father a year-and-a-half later — the author wrote this book as a way to heal. It features poems about love, friendship and family that show that creativity can be used in the healing process to mend wounds and allow love to shine again.



Practicing Client-Centered Therapy: Selected Writings of Barbara Temaner Brodley

Edited by Kathryn A. Moon, Marjorie Witty, Barry Grant & Bert Rice, PCCS Books

These writings describe the theory and practice of counselor educator Barbara Brodley, who was a client-centered therapist for 50 years. It will serve the novice as an introduction, the experienced practitioner as a guide and the scholar as a full elaboration with respect to how to think about and implement the essential attitudes of counseling. ♦

Book descriptions have been provided by the authors or their publishing houses. Book announcements are for informational purposes only and do not indicate an endorsement by *Counseling Today* or the American Counseling Association. ACA members who have had a book published in the past six months can contact Jonathan Rollins at jrollins@counseling.org for information on having the book announced in *Counseling Today*.



Two sides of social media

Although we have covered social media in past “Digital Psyway” articles (see August and November 2009), this column is being cowritten by two counselors who use social media in different venues. Michelle has written for the American Counseling Association blog (my.counseling.org) and uses social media tools in her practice. Marty is a counselor educator who uses social media as part of his counselor training. We hope this mix provides multiple perspectives on how social media can be utilized in our field.

Our experience with workshops on social media tells us that counselors have a broad view of what social media is and an even broader view of what constitutes permissible and problematic usage. Social media developed as a natural outgrowth of the change from a static to an interactive web. The web was once essentially a large group of private pages of text information that users could read and get information from but could not interact with (Web 1.0). Few people had the skills to contribute to the content that made up the early renditions of the web. With advances in software and hardware, technology made possible an interactive web (Web 2.0) that permitted users to react to content and made the creation of content easier for the common user. Suddenly, the Internet was “social” — and counselors understand how to be social.

Types of social media

The typology of social media is easily divided on the basis of the kinds of content being shared and the boundaries of the platform being used. Typically, using social media involves posting text and pictures on a platform, but social media has recently expanded to include video, audio and even location tags. One does not have to know the inside workings of the platform to be able to use it, but you do have to know what

level of privacy you can construct around your content. Most failures in social media use (those popular scary stories we hear every time we do a workshop) are failures on the user’s part to set privacy. Keep in mind that stories of tragic failure related to social media are more titillating than stories of the millions of successful connections created each hour.

What follows are the most common social media platforms along with some helpful links for educators and practitioners.

Social networks

Social networks such as Facebook, Myspace, Google+, Tumblr and StumbleUpon are simple webpage formats tied to a large user database. Users create their own pages and allow those they select to have various levels of access to their sites. Social networks allow users to see the content of other users who have given them permission to view that content (or “friended” them). Social networks exploded during the past five years as a way for current and old friends to have a connected and shared digital life. Counselors and counseling agencies can use social networks as a means to market services. Counselors and counselor educators often create one open-access page for their professional personae and then a second private page that they use for friends and family.

- Facebook’s privacy policy: on.fb.me/1qoIuir
- Facebook security quiz: facebook.com/security
- Online social networking with clients: bit.ly/khCx3c
- To accept or not accept friend requests: bit.ly/owvORf
- Practitioner’s guide to social media: bit.ly/pLaXGL
- StumbleUpon: stumbleupon.com
- Tumblr: Tumblr.com

Microblogging

Microblogging is a way for individuals to communicate thoughts, feelings and actions within a limited number of characters. When thinking of microblogging, one tends to think of Twitter first. Twitter allows individuals to use 140 characters or less to communicate with their “followers.” Practitioners and counselor educators can use Twitter to communicate information and links to those who follow them. Reportedly, counseling and therapy groups have also used Twitter to conduct “feelings check-ins” throughout the week. These check-ins allow group members to communicate outside of physical group interaction.

- ProffHacker: “How to Start Tweeting (and Why You Might Want To)”: bit.ly/cOtmB0
- Northwestern University Newscenter: “Why More African Americans Turn to Twitter”: bit.ly/lJHHw4
- Keely Kolmes: “Managing Twitter as a Mental Health Practitioner”: bit.ly/oym4OQ
- ACA Twitter feed: twitter.com/#!/CounselingViews

Wikis and blogs

Blogs are commonly defined as online journals. This definition can be expanded professionally to include educated discussion and opinions about a topic presented online. ACA has a blog series in which numerous counselors, educators and students write about a variety of topics relating to the field of counseling. Blogs can be used to help other professionals understand emerging as well as common experiences within the field of counseling.

Wikis are websites that pool the knowledge and resources of multiple contributors regarding a given topic. In layman’s terms, a wiki is a one-stop shop for information. Counselors could

refer clients to a reputable wiki to learn more about their diagnosis and possible interventions.

- Online Therapy Institute wiki: onlinetherapy.wikispaces.com/
- ACA blogs: my.counseling.org/
- ProfHacker: "Using a Blog in an Independent Study": bit.ly/q1aae3
- ProfHacker: "Integrating, Evaluating and Managing Blogging in the Classroom": bit.ly/hjw4xc

Virtual worlds

Virtual worlds (Second Life, OpenLife Grid, Virtual Worlds Grid) provide a social milieu in which users enter a three-dimensional environment that allows their avatars to interact with other concurrent users in an open space. Users can either text or speak in their real voices (through their computer microphones) to hold real-time conversations in the environment. Virtual worlds have been demonstrated to empower marginalized clients by providing a virtual platform where they can practice social interactions through their avatars before attempting them in real life.

- BBC: "Virtual gym 'helps weight loss'": bbc.in/kYw9eC
- Counselor Education in Second Life: SL.CounselorEducation.org
- Thesis therapy through Second Life: bit.ly/nIOWle
- "Online Therapy Institute Expands Efforts in Second Life": bit.ly/ddfePc

Uses for social media

Education and training

Social media can be used effectively in counselor education to create an interactive and continuous experience that goes beyond the weekly class meeting. Whether it be a social network page dedicated to the class, a wiki, student blogs, a class Twitter feed that everyone follows and contributes to, or virtual world simulations of counseling, incorporating a social media technology into counselor training activates creative and cooperative learning in trainees.

- ProfHacker: "Professors With Personal Tweets Get High Credibility Marks": bit.ly/hZ3L82

- edSocialMedia: edsocialmedia.com
- Huffington Post Education: "Social Networking In Schools": buff.to/hJ4agy
- Mashable: "The Case for Social Media in Schools": on.mash.to/ddAhKq

Professional counseling practice

Social media *can* be used therapeutically; counselors just need to be wise about it. Clinicians can use social media as a way to explore the public persona of a client and to introduce discussion about boundaries and the appropriateness of shared information. Counselors can also assign blogs instead of the old paper-and-pen method of journaling. Social media can also have a powerful impact when it comes to advertising and growing one's business.

- NJ Social Media: "Social Media Is Helping Behavioral Health Clients as a Professional e-Tool": bit.ly/qtSZ8v
- ScienceDaily: "In Therapy With Avatars": bit.ly/pU7mjt
- TherapyToday.net: "The self set free": bit.ly/pZB4cO
- Social Media for Therapists: "Social Media Marketing Success": bit.ly/pGlmZo

Ethics and social media

Regarding ethics and social media, counselors and counselor educators need to be very aware of informed consent and establishing boundaries. Clients and students need to know how social media is going to be used and informed of social media's confidentiality limitations. For instance, if a counselor is going to have a professional page but maintain a policy of not friending a client, the client needs to understand that from the outset of counseling to reduce the risk of harm.

Also with social media, the boundary lines between "professional" and "personal" tend to become blurred. The counselor has the right and responsibility to establish firm ground rules regarding how he or she will respond to social media interactions. Clients need to be able to opt in to those therapeutic interventions in a very informed manner. Among the issues a social media policy should cover are the limits of confidentiality, privacy settings and how social media will be used (for example,

is the therapist going to use Facebook postings that the client does not bring up in session?).

- Carenetworks: "Social Media and HIPAA": bit.ly/fqYTSj
- Facebook's Health Insurance Portability and Accountability Act (HIPAA) survival guide: on.fb.me/pWA5Qq
- Facebook: "HIPAA and Social Media": on.fb.me/nvMoI1
- KevinMD.com: "Facebook friends with patients can violate HIPAA privacy laws": bit.ly/aRLySd
- Dr. Susan Giurleo: health care social media etiquette: bit.ly/kjW5hc
- *Boston Globe*: "For Doctors, Social Media a Tricky Case": bo.st/kvA6rZ
- American Academy of Pediatrics: "Talking to Kids and Teens About Social Media and Sexting": bit.ly/15EO3T

Social media providers and platforms keep increasing and have gone mobile. Numerous apps for smartphones and tablets allow access to your social media platform from anywhere. Interactive communication is becoming standard for counselors, clients, educators, families and friends.



Did we miss a good resource link? Let us know about it at mjencius@kent.edu. Find these links and other resources online at DigitalPsyway.net. ♦

Marty Jencius is an associate professor in the counseling and human development services program at Kent State University.

Michelle E. Wade is a doctoral candidate at Argosy University, Washington, D.C., and a private practitioner in Maryland.

Letters to the editor:
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Finding technology's role in the counseling relationship

A growing number of professionals say it's time to embrace the potential that social media and other emerging technologies show for helping clients and counselors-in-training

By Lynne Shallcross

It wasn't talk therapy that Michelle Wade's client needed most during crisis. It was text therapy.

The safety plan for Wade's adolescent client dictated that she call Wade, a private practitioner in La Plata, Md., whenever she felt like cutting herself. But instead of calling, the client kept texting Wade. When Wade responded by calling the client back to try to de-escalate the situation, the girl would hang up on Wade, insisting she didn't want to talk. The client would then explain the whole situation via text. "I clearly had an ethical obligation to communicate with her, [but] I needed to do it in a way that she was going to be receptive to," says Wade, a member of the American Counseling Association who also works in a group counseling practice and is working toward her doctorate. "We had a discussion about the lack of confidentiality regarding [texting] and my uneasiness about it, but the fact of the matter was, I had to do what was in the best interest of my client. And in that situation, it was to text and calm her down that way."

"I had to meet my client where she was at in that moment," Wade continues. "She could not and would not communicate via voice, but she was willing to follow through with the safety plan and communicate her feelings with me [via text]. If I had fought that simply because it was 'new and technical,' the rapport and trust that she had with me would have been negatively impacted, if not destroyed. She was unwilling to listen to me via voice, so really I was only allowed to be helpful and effective through her chosen medium of communication."

Generally, Wade tries to limit texting with clients to simply verifying or rescheduling appointments. But she acknowledges that she uses the technology when necessary, even giving each of her clients an individual code to send her so she can verify their identities. As for other technologies, Wade uses her iPad to play games with younger clients because she has found the approach keeps them entertained, engaged and talkative. She thinks Facebook can be a great avenue for counselors to advertise their services and says the social media site also holds potential as a tool to help clients talk in session about how others may perceive them. Wade has also heard of using Twitter to perform feelings checks with group members. While counselors must always keep in mind issues of confidentiality, Wade says the possible uses of technology and social media in counseling are limited only by the professional's level of creativity.

Wade isn't alone among counselors in trying to utilize emerging technologies in an effort to more effectively serve and reach clients. With the technological landscape continuously expanding and with social media, smart phones and iPads quickly becoming a part of everyday life, a growing number of counselors are looking to incorporate new technologies into their work. These technologies aren't yet free of potential drawbacks or ethical considerations, but many counselors contend that if used properly, they could open up a whole new horizon for the profession.

Being social

Social media's popularity has grown exponentially in recent years, with almost every business imaginable beckoning the

public to follow it on Twitter or “like” it on Facebook. Counselors should make sure they’re not left out of the trend, says Marty Jencius, an associate professor of counseling at Kent State University and column editor for “The Digital Psyway” in *Counseling Today*. According to Jencius, people spend 22 percent of their online time using social media. “That’s where your clients are going right now,” he says. “That’s where they are, and that’s where you need to reach them.”

Nathan Gehlert, a counselor who works at the Imago Center in Washington, D.C., agrees. Two-thirds of the global Internet population already visits social networks, Gehlert says, and time spent on social networks is growing at three times the overall rate of time spent on the Internet. “If you want to connect with those people and have their business, you really need to be there,” says Gehlert, who offers social media consultations to mental health professionals.

Jencius points to a wide variety of social media, including social networks such as Facebook; wikis and blogs; microblogging sites such as Twitter; podcasts; video sharing sites; and virtual worlds such as Second Life. The term *social media* generally implies that information is sent out to a group of people, and those people then have the ability to respond to that information in some way, making it more interactive than past technologies have been, explains Jencius, a member of ACA.

Social media offers counselors a valid advertising and networking platform, Jencius says, providing a venue where they can introduce themselves and the counseling profession to potential clients, while also supplementing their work with existing clients. Gehlert, also a member of ACA, echoes that point. “It’s a great way for counselors to put themselves out there and build a tribe of followers,” he says.

Social media can help counselors connect with members of the community who aren’t already clients, Gehlert says. By getting conversations started on social media venues about particular topics in counseling, counselors can effectively position themselves as “gurus” on those topics, Gehlert says. By doing this, he adds, followers on social media are more likely to think of these counselors when they need help or when they want to refer someone else for help.

Counselors shouldn’t overlook their current clients when using social media either, Gehlert says. For example, counselors might post articles relevant to their clients’ issues on a professional Facebook page, allowing current clients access to additional helpful information outside of session. Counselors can write these posts themselves or link to other articles and websites it would benefit clients to read. Counselors could also post book reviews, top 10 lists related to certain topics, links to community resources and links to videos.

Social media can also be put to good use as part of counselors’ advocacy efforts, Gehlert says. For example, counselors can post to their legislators’ Facebook pages before an important vote comes up, explaining why the topic is significant to counselors and why the legislator should vote yes or no. One of the advantages of advocating in this manner is that the message doesn’t just go to someone’s inbox, Gehlert says. “It’s very public that way by posting to Facebook.”

In addition, because an estimated 25 percent of people search for health information online, Gehlert believes counselors have a responsibility to share reliable information, address misleading information and help the public attain an accurate understanding of mental health issues.

Social media is also an effective networking tool that allows counselors to connect with other professionals in their communities, Gehlert says. This can be helpful both in making referrals and in allowing counselors to advertise their own expertise and services to other colleagues, he says.

Wade says social media can prove useful in session as well, including using virtual worlds with clients to offer therapeutic healing. “Autistic clients can learn social skills in a nonthreatening way [in virtual worlds] by having to interact in normal, everyday situations,” she says. “PTSD [post-traumatic stress disorder] clients can reenact their trauma through programs like Second Life or other virtual worlds so that they can create a new narrative.”

To get their feet wet with social media, Gehlert recommends that counselors seek out workshops or find someone in their area who offers consultations. Then,

start small. Facebook is an easy place to start, he says, because most people are already familiar with it. Counselors can establish a professional Facebook page for their practice. But because the page automatically will be linked to any personal Facebook page that the counselor might have, Gehlert warns that counselors should maintain the highest level of security on their personal pages.

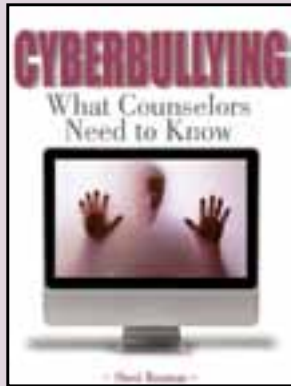
Bridging the distance

Telephones have allowed counselors to reach clients at a distance for years, but today there are a host of additional options for distance counseling. DeeAnna Merz Nagel, a private practitioner in Atlantic Highlands, N.J., and cofounder of the Online Therapy Institute, says online therapy is defined as therapy delivered via technology, including by phone, e-mail, discussion forums, chats, instant message, videoconferencing and virtual worlds. Nagel, who is managing coeditor of *TILT Magazine — Therapeutic Innovations in Light of Technology*, points out that online counseling is not a modality but rather a method of delivery. Within that delivery, she says, a counselor can utilize various modalities.

Nagel sees the benefits of online counseling as wide ranging. One of the primary advantages is that it allows practitioners to reach a larger client base, including clients who live in rural environments, those who have disabilities, those who are afraid of potentially bumping into other community members at a counselor’s office and those with social phobias who might not leave home. On the negative side, Nagel says counselors should be aware of online therapy’s “disinhibition effect,” which can cause clients to disclose too much personal information too quickly and then leave a session feeling very vulnerable.

Counselors interested in offering online counseling should know up front that it is unlikely to make up 100 percent of their business, Nagel says. “A lot of therapists think they can hang their virtual shingle and the clients will come in droves, and that is not the case,” says Nagel, a member of ACA’s task force on cyberspace and technology. She recommends counselors begin online work as an adjunct to their brick-and-

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E-mail therapy can be challenging, Nagel says, because it requires counselors to have excellent command of the language, both to minimize the number of possible misunderstandings and to clarify those that inevitably arise. E-mail therapy probably has the steepest learning curve, she says, with online chats being a little more similar to face-to-face communication and video conferencing even more so. But the online therapy that Nagel thinks offers both the most potential and the most risk is avatar therapy using virtual worlds.

Some counselors are beginning to conduct therapy in Second Life, an online virtual world. Nagel doesn't recommend this because Second Life is not secure and encrypted, but she says other platforms are being created that will be more geared toward health care delivery. Nagel uses Second Life as a tool in session with clients only if they want to show her the worlds they've created, which she equates to bringing a journal entry to session.

Supervision is another element of counseling that can be aided by technology and conducted from a distance. However, Nagel, who conducted online supervision for about six years while living in Georgia, says using online clinical supervision for the purpose of obtaining licensure can be tricky. She recommends checking with state boards ahead of time to ensure the hours will count. Go to the board and explain very specifically how the online supervision will occur, she says, and then ask the board to approve or disapprove it. Nagel says the Online Therapy Institute offers two courses on the topic for counselors interested in starting online supervision.

On the positive side, Wade says, technology offers opportunities for live supervision without the supervisor needing to be in the next room. “I see technology as a way to bring back live supervision versus having to watch tapes or have a play-by-play of the session,” Wade says. “With web-conferencing programs like WebEx, in theory, a supervisee could have a session with a client and be observed by his or her entire practicum/internship class regardless of the classmates’ locations. ... The students could log in to the WebEx location

and be able to view the webcam of the session.”

Wade adds that the ability of video-conferencing programs to offer live, face-to-face supervision through webcams negates one of the criticisms of technology-based supervision: the loss of nonverbal communication. She also points to sites such as *voicethread.com*, where videos can be uploaded to a secure server. “Say a supervision assignment is to videotape a mock therapy session. One can post the video into the *voicethread.com* class account, and the supervisor and peers can comment either by text, webcam or audio,” Wade says.

Three years ago, Jencius developed the Counselor Education in Second Life training center, a virtual world that offers training workshops throughout the year and which features areas that simulate client environments. Wade has found past role-play training in the virtual play therapy room particularly helpful. For instance, she says, the virtual setting can help a supervisee practice a counseling session with a child. “I, as the supervisor, could change my avatar [a virtual representation of an individual] to look more like what a 5-year-old would look like and interact with my supervisee in the same manner I might role-play within a classroom setting, but my supervisee is now getting a visual cue to his or her brain that it is an actual 5-year-old in front of him or her rather than a graduate student. It can help trick the brain in some form or fashion into interacting in a more authentic way with the type of client who is being visually represented.”

Integrating technology into supervision requires careful thought and preparation, Wade says. “I think the thing to keep

in mind as a supervisor is whether or not technology is useful and how to use it in the best possible way to train, not just to use technology because you can.” The major challenges with distance supervision include ensuring security and confidentiality, she says, as well as acquiring the necessary knowledge to use the technology effectively and preparing a backup plan in case the technology fails — for example, in a power outage.

With supervision that happens over e-mail, instant message or even text message, it can be easy to read into something or misinterpret what is being said, Wade warns. “The important thing to remember is that one does need to be cognizant that tone is missing,” she says. “So, when the supervisor or supervisee has questions about the true intent of the e-mail, there needs to be a level of trust and respect on both [sides] to ask what the true intent was. Admit that you may have misread the e-mail and just wanted to clarify.”

The pros (and cons) of being plugged in

One positive effect of technology’s integration into counseling is that it has reduced the stigma for some clients. “Think about what we as counselors ask our clients to do — trust a complete stranger with their darkest secrets that sometimes they don’t even express to themselves,” Wade says. “There is an almost implied safety within the anonymity of technology and not having to be face-to-face with someone who is that perceptive of one’s inner turmoil.”

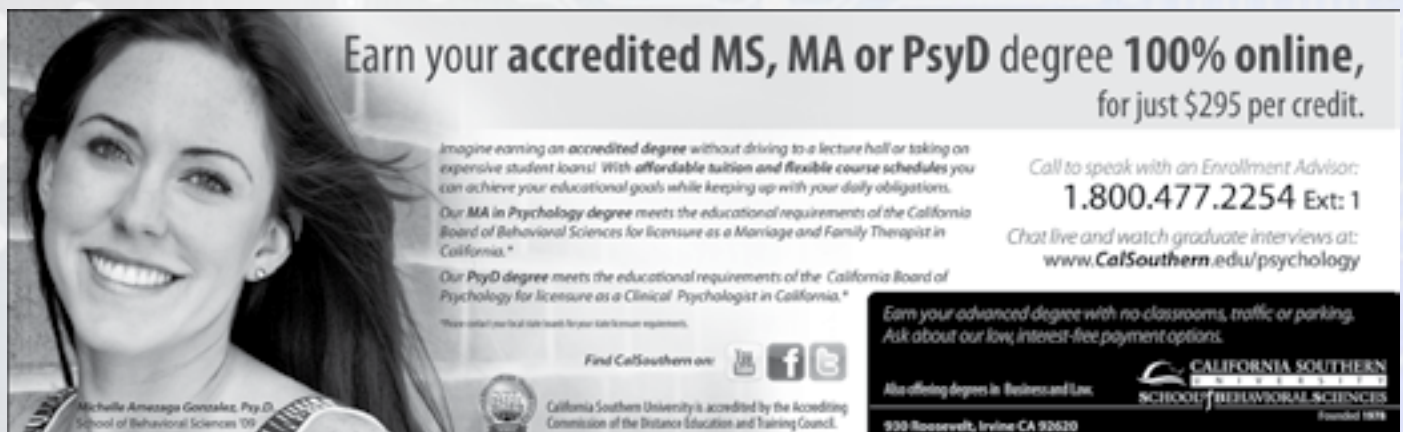
Another benefit is that counselors can post resources and information online that might encourage the public to feel more normal about seeking help,

Jencius says. For example, if a counselor posts information about phobias and an agoraphobic person comes across the information, that person might feel less stigmatized about working with a counselor on that issue.

Confronting stigma is one of the most important reasons for counselors to maintain a strong presence online, Gehlert says. “If you think about the online world as a marketplace, there’s a big conversation going on in that marketplace. The more mental health counselors who are engaged in that conversation, putting out more and more informative information, normalizing issues that people are struggling with, the more stigma can be reduced.” If someone comes across a counselor talking about the issues that person happens to be struggling with, it might provide that individual a sense of normalcy and an impetus to get help, he says.

Promoting yourself online or offering online counseling also tends to break down some of the barriers that typically prevent potential clients from showing up at the office door, Jencius says, whether because they feel stigma about a particular problem or simply because they don’t necessarily take notice of a counselor’s office in casually passing by. In addition, Jencius says, opening communication with a counselor online can feel less threatening to some clients who wouldn’t reach out otherwise. “Sending an e-mail or a Facebook message might be easier than starting with a 15-minute introduction or dropping by the counselor’s office,” he says.

Online counseling also allows for more flexibility, both for the counselor and the



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client. The same holds true for online supervision. “I live in the [Washington] D.C. metro area,” Wade says. “For me to drive in for supervision at school, it was a minimum of 45 minutes with little traffic. With heavy traffic, an hour and a half. So, for an hour of supervision, I’ve had to allot two and a half to three hours of my day, whereas during Skype supervision, I just had to allot the scheduled hour. Also, there are a number of clients out there who may hesitate to do therapy because they travel a lot. Technology gives those clients the ability to access services in nontraditional ways and in ways that work for their schedule.”

The advent of social media allows counselors to become their own advertising specialists instead of hiring one, Gehlert says. “It means that anyone can engage in advertising or reaching out to the community. It used to be that you had to have some knowledge about marketing or you’d get an expert to help you, and they would put things in the newspaper or other older forms of marketing. But now everyone can do it with relative ease and without experience.”

At the agency where Gehlert works, counselors use another facet of technology in their work: storing electronic medical records with the free iPad app called drchrono. The program allows them to complete a variety of tasks, including billing, scheduling appointments and taking notes, using a tablet instead of waiting to boot up their computers. “It really does streamline the process,” Gehlert says.

With all the positives that technology offers also come a few negatives, and counselors generally agree that boundary issues belong at the top of that list. “This has become a 24/7 sort of society, and with that comes the blurred lines of boundaries,” Wade says. “Clients do not understand why it’s not necessarily appropriate to ‘friend’ their counselors, for example. Also, if [a counselor is] going to do texting, being aware that you would not answer your office phone at 10 p.m., so what makes you reply to a [client’s] text that late? The communication ability is so easy and fast, it is very easy to set unknown expectations. Also, I think there is a lack of understanding of the hidden messages we might send when

using the technology. For example, I am a night owl. I have to be very aware at times to not write professional e-mails at 2 a.m., even if that is my best functioning moment, because what does that say about me?"

This is why some counselors take issue with new technologies, Jencius says — because they're worried clients will expect them to be available at all times and expect responses to anything clients post via social media. But Jencius says counselors can establish their own individual boundaries about what is right for them in professional practice.

He does, however, caution counselors to pay close attention to privacy settings and to "do a good job of editing themselves before they push the post button." If photos of a counselor doing shots at a friend's party surface on Facebook, it's entirely possible that could affect the counselor's employment status and reputation down the line, Jencius says.

Dabbling in technology can be positive or negative, says Gehlert, who adds that the outcome is the counselor's choice. "If you have a positive digital

footprint, I think it's really going to be helpful to a counselor when it comes to clients deciding to work with you or your colleagues ... that you're someone they can respect and trust. The larger presence you have, the better — it gives you greater credibility. The flip side of that, though, is that if your footprint is negative or questionable, there's a real possibility that that can harm you."

Two other challenges Jencius mentions related to online counseling: the concern over whether the client really is who he says he is and the task of setting up an emergency plan. But both of those hurdles also exist in face-to-face counseling, he points out. "We don't always know what we're getting when a client walks in, and we don't always know they're being truthful," Jencius says. "And we always have to figure out what to do in emergencies. It's just a little different doing it from a distance."

Gehlert also cautions that self-care can be negatively affected if counselors who rely on technology aren't careful. With social media, iPads, smart phones and other tech tools, it's incredibly easy to get sucked into being connected to your

work at all times, he says. "I think that's really dangerous because we need to have that experience of going home at the end of the day and turning that off, [then] having our personal lives and engaging in things that are healthy."

An ethical gray area

When the *ACA Code of Ethics* was last revised in 2005, social media wasn't the popular and powerful societal force it is today. In part to address social media's ethical implications as they relate to counseling, ACA announced earlier this year that it is undertaking a major revision of its ethics code. The goal is to release the revision in its final form in spring of 2014.

Until then, counselors who are embracing the use of technology in their practices must use their best judgment. "I think the things to constantly ask ... [are] 'Am I doing this as ethically as possible?' and 'What is the worst-case scenario?'" says Wade, appointed as a student member to the ACA Ethics Revision Task Force. "Encryption and secure servers and virus protection are essential, but so is technological competency. And

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technological competency is not simply understanding how the technology works, but also how to present oneself through the technology.”

Regarding social media, Wade says counselors must take time to understand privacy settings and to stay on top of if and when those settings change. “Informed consent needs to be inclusive of all the threats to confidentiality and how the counselor is trying to protect all of the client’s information,” she says. “Also, I strongly suggest that if you are going to have a presence in social media, have a social media policy regarding whether you are going to friend or follow

a client and vice versa. The client deserves to know from the start where you stand on that, so when you do refuse that friend request, the client does not take that as a personal offense but rather just as part of the counselor’s policy.”

Let clients know your policies and boundaries concerning how you’ll connect with clients online, Gehlert says, and stress that the reason for those boundaries is to protect their confidentiality. Counselors using electronic medical records should let clients know their information is being stored that way in the informed consent and explain the level of security

protecting those records, he adds.

Gehlert also advises that counselors should never search on Google or social media sites for information about their clients. A counselor’s natural tendency is to be as helpful as possible, so looking for information to better understand clients might seem like a good idea. But it’s not, Gehlert insists. “It’s up to the client to decide what to bring in [to counseling],” he says.

Nagel says the Online Therapy Institute offers a number of ethical frameworks for the use of technology and social media in the mental health fields. She recommends counselors desiring to integrate technology into their work seek training on a variety of topics, possibly including crisis intervention, handling yourself online in a professional manner, transferring your face-to-face skills online and understanding cyberculture. In addition to trainings offered through the Online Therapy Institute, Nagel points to opportunities at the ACA Annual Conference & Exposition as well as the Distance Credentialed Counselor training offered by the Center for Credentialing and Education.

The No. 1 question Nagel gets regarding distance counseling is whether practicing across state lines is ethical. “What I recommend is that in order to practice solid risk management, they stay within their state lines,” Nagel says. “But if they choose to practice outside their state lines, they need to check with their state board, they need to check with the client’s state board, they need to check with their malpractice insurance and, overall, they need to have legal consult in terms of setting up their online practice.”

Nagel agrees that a counselor’s informed consent policy needs to cover as much information as possible, including social media presence, online record storage and security. Nagel’s own informed consent says she will only communicate via encrypted channels, which means she doesn’t talk to clients calling from cell phones. Counselors who choose to communicate with clients on cell phones need to inform clients about the security risks, Nagel says.

Life online

Technological advances aren’t only affecting counselors’ practices, of course. They’re also affecting counselors’ clients,

Self-teaching for students

Kelly Erney, one of Beto Davison Aviles’ former counseling students at Bradley University, first introduced him to video self-modeling when she showed her peers in Davison Aviles’ internship class some videos of her preschool students using video self-modeling to learn. Davison Aviles, an associate professor of education and coordinator of Bradley’s professional school counseling program, was hooked, and the pair ended up presenting on the topic at the American Counseling Association Annual Conference & Exposition in New Orleans earlier this year.

“School counselors can use video self-modeling to help students learn pro-social behaviors and develop academic success skills, like following directions and improving time on task,” says Davison Aviles, a member of the American Counseling Association and the American School Counselor Association, a division of ACA.

The idea was developed by Jessica Roberts, author of *Success Stories: Using Video Stories to Connect, Communicate and Create True Success With Your Students*, for use with kids who are developmentally delayed, Davison Aviles says. A school counselor can “direct” a short video clip, walking the student through an appropriate social interaction or

task while taping it. Then, when the student needs help accomplishing that task the next time around, the student can watch himself or herself complete the task in the video, whether on a laptop, a smart board or somewhere else in the classroom.

“School counselors seeking to improve pro-academic behaviors such as following directions and increasing time on task can use video self-modeling,” Davison Aviles says. “Video self-modeling can also be used to teach social skills, the ability to play with others and the ability to initiate and engage in conversations.” In ways not yet fully understood, video stories seem to help students who have not responded to traditional face-to-face or group interventions, Davison Aviles says.

Taking the approach one step further, Davison Aviles suggests a school counselor could post a video story on a social networking site so parents could access the video to help their child after school hours. Another opportunity tied to social media is to have parents use video-conferencing programs to connect to their child’s schoolroom during the day, Davison Aviles says. The parents can then see the child accomplish certain tasks and provide real-time reinforcement, he says.

— Lynne Shallcross

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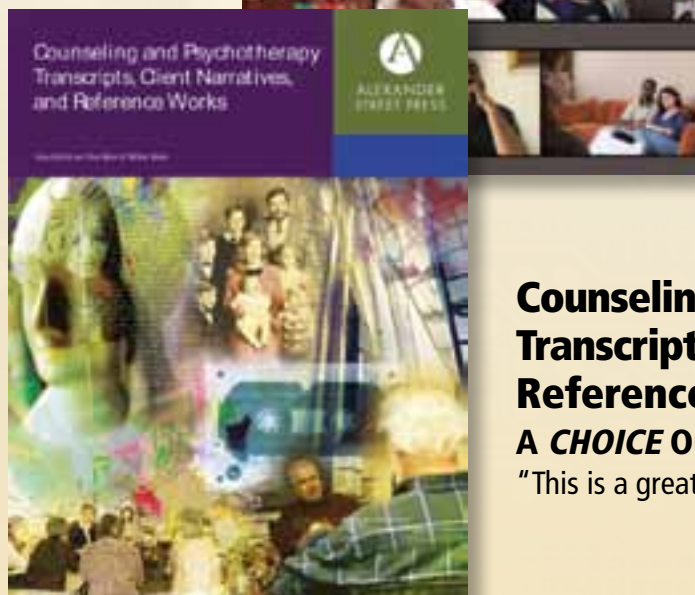
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Finding Technology's Role in the Counseling Relationship

1. What percentage of the global Internet community currently visits social media networks?
a) One-tenth c) One-half
b) One-quarter d) Two-thirds
2. Social media can be the counselor's ally in which of the following:
a) Providing an advertising and networking platform
b) Connecting with potential clients
c) Advancing advocacy efforts
d) All of the above
3. What form of technological connection is most challenging for the counselor and represents the steepest learning curve?
a) Telephone
b) Videoconferencing
c) Email
d) Online chats
4. Technological competency does not simply mean understanding how technology works, but also how to present oneself through the technology.
a) True b) False

Big Screen Therapy

5. The use of movies in therapy is called:
a) Media therapy
b) Cinematherapy
c) Play therapy
d) Cinemadrama
6. Which of the following films resonates with families having trouble processing their emotions?
a) *Melvin and Howard*
b) *The Shining*
c) *Ordinary People*
d) *To All a Good Night*

7. *Stand and Deliver* is on Bret Hendricks' list of movie favorites for its ability to promote:
a) Multicultural understanding
b) Peer relationships
c) Self-awareness and self-concept
d) Team building and workplace relationships
8. Counselors using a film that might evoke strong emotions must:
a) Prepare clients
b) Show the film in a group environment
c) View the film with the client
d) Require the client to critique the film

Private Practice Strategies

9. Which of the following is causing private practice counselors to be more accepting of health insurance?
a) Counseling is established as an important medical service and thereby viewed as coverable by health insurance
b) Mental health parity has raised the stature of counseling as a health care benefit
c) Clients have less discretionary cash to spend during difficult economic times
d) All of the above

Making the Case That Counselors Are Essential to Education Reform

10. PEN President Wendy Puriefoy specifically cites what as a vital tool in setting high expectations for children and promoting student success?
a) Talented counselors
b) Expanded funding of schools
c) School-community partnerships
d) Parental support for education

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whether they walk through the virtual door or the real one. "I see technology as a way to enhance clients' lives, but also in some way as increasing isolation," Wade says. "It is incredibly easy to get lost in a game like *Angry Birds* and waste numerous hours not engaged in social activity."

Technology has also raised unrealistic expectations among some people regarding how quickly they should be responded to by friends, family members and acquaintances, Wade says. "Because it is so easy to quickly respond, when one doesn't, the other person can feel a sense of abandonment or feel as if he or she is being ignored, when [it's probably because] the battery is dead or something not related to the response."

Maintaining relationships online can also come with complications, Gehlert says. "I'll hear clients say they were offended by something someone said online, or they'll say, 'This happened. Should I defriend this person?' There is sort of a lack of established etiquette in our culture about what's the right and wrong thing to do. It can be confusing to people."

On the side of enhancing lives, Wade says the amount of information available and the ease with which it can be obtained is phenomenal. "I remember having to use my World Book Encyclopedia in elementary school for projects, and now information is a Google search away. Also, people are not limited to their own geographical locations anymore. For example, that small town gay male does not have to feel alone in the world because he can connect with an LGBTQ (lesbian, gay, bisexual, transgender, queer/questioning) community online."

There is also a wealth of information available online that empowers people to take charge of their own self-care, Nagel says, ranging from a plethora of self-help websites, blogs and articles to encrypted journaling websites to self-paced programs for insomnia and depression. "In many ways, there is more available to the average person to assist with a mental health issue than ever before," she says. "The more counselors know about that, the better help we'll be to our clients."

Understanding the web culture of clients is a counselor's responsibility, Nagel emphasizes. "The relationships

that occur in virtual worlds are real relationships," she says. "The relationships between people on Facebook who don't know each other or on Twitter are real. If we can't wrap our minds around how those are real, then we'll have a hard time establishing a genuine relationship with the client or understanding them. It doesn't mean they're good or bad relationships, but they're real."

Although conceding it's possible for someone to become immersed in a virtual world or another technology that is ultimately bad for them, Nagel says counselors should avoid jumping to the worst conclusions. The advent of television and telephones worried many people at the time, says Nagel, adding that with every new technological breakthrough, society first tends to swing to an extreme before eventually finding a balance.

Nagel recommends that counselors screen for the possibility that technology is having a negative impact on their

clients, but she says counselors should also be aware of the wide variety of potential benefits. In particular, counselors need to remain open to clients' web cultures, Nagel says. "It's not that we're less social people now; we're socializing in different ways. While I might choose not to socialize online, just as we learn in a multicultural class, it would be really inappropriate for me to judge a person's culture without understanding them." ♦

Lynne Shallcross is a senior writer for *Counseling Today*. Contact her at lshallcross@counseling.org.

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Toy Story 3 - A Disney • Pixar film

Big screen therapy

Sure, movies are known for offering an avenue of escape, but as part of counseling, they can also wake clients up to the reality of their lives

By Lynne Shallcross

With a Coke and a tub of buttery popcorn in hand, a comfy seat to lean back in and a larger-than-life screen to take you somewhere new, movies provide a great escape from life. But, helping professionals say, movies can also come in handy in counseling by offering clients a window into their own lives.

Bret Hendricks, an associate professor of counselor education at Texas Tech University, points to the 1980 movie *Ordinary People* as one of his go-to movies for families in counseling. A past president of the International Association of Marriage and Family Counselors, a division of the American Counseling Association, Hendricks says *Ordinary People* often resonates with families having trouble processing their emotions. “Rather than telling clients they need a ‘feeling language,’ I can let them watch the movie,” Hendricks says. “All of a sudden, they’re seeing things about their own family that they’ve never really looked at before.”

Ordinary People centers around a mother, portrayed by Mary Tyler Moore, closed off to sharing any positive emotions regarding her son. “Her son, who feels responsible for his older brother’s accidental death, desperately needs affirmation from his mother,” Hendricks says. “Instead, she is unapproachable and affectively distant. When her son wants to receive affirmation from her, she responds with an impassive facial expression and cold criticism.”

According to Hendricks, a number of relevant questions emerge from the movie that a counselor could ask clients: What do you think the son needs to hear from his mother? If you were the mother of this son, what would you share with him

to encourage him? As you observe this mother, what do you feel? How was your own family similar or different from the family in the movie?

“In order to create a feeling language, a client or family might be given a list of feeling words and describe how these feeling words might be integrated into the movie family’s experience,” Hendricks says. “For example, they could be asked to stop the movie while watching it and describe what the family members are feeling at these points. Then, you could ask them to describe times in their own history when their families experienced similar things and, using the feeling word list, describe the feelings that they felt at these times. Thus, you have helped the individual or family develop a feeling language using the movie as the catalyst.”

Using movies in counseling, also known as cinematherapy, isn’t just for families; movies can be just as helpful with individuals in counseling, says Hendricks, who also works in private practice in Lubbock. “We always want to use interventions that are as close to what people normally use for their own therapeutic interventions,” he says. “Many times, people go to the movies to be entertained and to look at life in a different way. It’s a venue that people are already using in a therapeutic way, many times without even realizing it.”

Counselors should incorporate things that people already use or do in their everyday lives into therapy, Hendricks says, in part because this increases their comfort level. That’s why movies can be so appropriate as a tool in counseling. “It’s difficult to reach someone and really be effective through counseling sessions for one 50-minute session a week,” he says. “So we need as many adjunct things as

possible, and it's not hard to get people to watch a movie. It's something that you can use to extend your therapy."

A different perspective

Cinematherapy involves requesting clients to watch movies or movie clips with themes or situations similar to those the counselor and client are working on, with the purpose of discussing the movie themes in session, says Mary Ballard, a professor in the Department of Counseling and Human Development at Southeastern Louisiana University. Using movies in counseling can be time intensive, Ballard says, because counselors must screen the movies beforehand to determine which ones might be a good fit for their clients.

But the payoff can be significant as well, Hendricks says. Instead of simply talking about their issues with a counselor, when clients watch a movie, they process the issues and emotions affectively, he says. For instance, Hendricks might ask a client struggling with an addiction to watch *Changing Lanes*. In the movie, one of the main characters is in recovery but is still exhibiting many of the behaviors associated with addictions, including rationalization and thinking about drinking. "The character calls his sponsor, and the sponsor tells him something to the effect of even though you're working the 12-step program, you're really still a drunk," Hendricks says. "What it does is help the client to identify with the character. Rather than looking at it through the filter of denial that they have a problem, they're really living through the character [and] identifying with the struggles he's dealing with." That scene gives addicted clients an opportunity to see themselves, Hendricks says, and might ease them into working with the counselor on some of their issues surrounding denial.

Clients often gain a much deeper perspective on their personal issues by observing how the characters in a movie are affected by or attempt to handle similar issues, Hendricks says. When clients watch movies, he says, they're "not processing it in their head; they're processing it in their heart."

Ballard says that, generally, clients are better able to begin talking with a counselor about a movie character's struggles than about their own issues, even if those issues mirror each other.

"[With movies], clients get to view others experiencing similar problems and situations," says Ballard, who is also a past president of IAMFC. "This takes them out of the line of fire and lowers their defensiveness, making them much more likely to open up and discuss alternative ways of being. It's always easier to see what's wrong with others."

It can be difficult for clients to talk about themselves and the role they play in the problems in their relationships, Ballard says, but when they watch the same issues occurring in the lives of others, it's sometimes easier to recognize and discuss. "In other words, it's not threatening at all for me to talk about a woman who makes one bad decision after another and keeps ending up in the same depressed state time and time again," Ballard says. "I may talk at length about how she doesn't seem to care enough about herself to stay away from people who continually choose to mistreat her. Or I may talk about a mother who is clearly obsessed with living her unfulfilled life through her daughter. Similarly, families may laugh and joke about a dysfunctional movie family that continues to meddle in each other's lives, absent of any healthy boundaries. Once clients have discussed movie themes, the counselor may have them talk about how they are similar to or different from the movie characters."

Watching someone else's issues in a movie can make all the difference for clients, Ballard says. "It's all about backseat driving. It's much easier to see and understand the problems that others are having than to recognize some of the same issues in your own [life]. Distance creates perspective. Movies provide that distance. Counselors can then bridge this distance through the use of interventions that fit their own personal counseling style."

When people get "stuck," Hendricks says, it's often because they're too close to the issue to see it clearly or because they've developed resistance or denial. Movies help clients externalize the issues with which they're struggling rather than holding those issues internally and remaining unaware or in denial about them, he says. Movies also allow clients to look at their issues from a more objective viewpoint. "Then the client can come to an innate level of awareness of the issue by watching the movie rather than the counselor hammering it home,"

Hendricks says. "To me, that's a much deeper level of awareness."

A common element of family struggles is being too close to a situation to recognize that an issue exists, Hendricks says. Movies can help families externalize what they're a part of, he says. "If a family is unaccepting and critical of one another, a film such as *The Blind Side* might be used to illustrate a system that is accepting and supportive," he says. "Instead of the therapist pointing out to a family that they are not accepting of one another, which may lead the clients to have feelings of defensiveness, the family will instead [watch the movie and] identify their communication issues from their own viewpoint. When they do this, they are accepting responsibility for their own actions. Thus, the clients' defensiveness is reduced and they have a much more authentic and less threatening counseling experience."

I'm not alone

A wide variety of clients can benefit from cinematherapy, but Ballard says families experiencing difficulty transitioning from one stage of development to another in the family life cycle make especially good candidates. "Certain developmental

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tasks are associated with each stage of development,” Ballard says, “but when couples and/or families fail to accomplish these tasks, they can become ‘stuck’ and unable to move to the next stage, which can create heightened stress reactions and an inability to successfully communicate. For example, a parent who becomes stagnant in [Erik] Erikson’s ‘generativity versus stagnation’ stage may be unable to separate and differentiate from teenage children, thus prolonging the launching

stage of the family life cycle and delaying the middle-aged stage. This could potentially delay the social and emotional development of the young adult child and postpone the parent’s experience of the empty nest, which is paramount to the middle-aged stage.”

Ballard says the best movie she’s seen addressing this family situation of late is *Toy Story 3*. “The entire movie builds toward the main character leaving home to attend college,” she says. “It is sure to

arouse powerful emotions for any parent or teenager approaching this stage of family development.”

The *Shrek* movies are another solid choice to use with families and couples, Ballard says. “In one of the sequels, Fiona faces introducing her new husband, Shrek, to her less-than-approving parents,” Ballard says. “New couples struggling to assimilate family members and each other’s single friends into the newly formed couplehood will relate wildly to these scenes. The scenes are filled with humor that really lowers defenses and gets couples talking.”

In the most recent movie in the series, *Shrek and Fiona* tackle parenthood. “We see how conflicted Shrek is about taking on the role of father and the many sacrifices it requires, none of which he seemed to have anticipated,” Ballard says. “The loss of intimacy troubles him, but Fiona seems to be totally consumed with the role of being a new mother. Couples, no matter what stage of development, will relate to the adjustment issues surrounding role changes brought on by a major life event.”

Using movies in counseling can also help with one of the major tasks of adolescence — building empathy, Hendricks says. “Empathy, the ability to internalize another’s feelings, is the fundamental building block of conscience development,” he says. “Movies enable adolescents to see things from another’s viewpoint and give them insight into the way another person feels and thinks. When an adolescent sees someone, particularly someone whom they admire — think of Eminem in *8 Mile* — they learn to view life through another’s viewpoint, thereby gaining valuable insight into how others think, react and behave. Thus, they are able to gain insight into how their own actions influence others’ behaviors and feelings. When Lindsay Lohan’s character in *Mean Girls* gets her feelings hurt by her peers, teens can gain insight into how people feel when they themselves bully others.”

Movies can also aid counselors in getting at emotions with male clients, Hendricks says. “I might ask, ‘If you were the character in the movie, how would you respond to that situation? And what do you think the character was feeling along the way?’ After talking about the movie,

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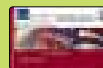


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it's safer for them to come around to how it might resonate in their own lives.”

Cinematherapy also provides an alternative way for counselors to address topics that are difficult to approach, Hendricks says, such as internalized homophobia or racism. For example, a counselor might assign parents whose child is coming out as lesbian, gay, bisexual or transgender a movie with LGBT themes to see what feelings the film stirs. Hendricks is excited about the recent release *The Help* because of the opportunities it will open to discuss internalized racism or persecution with clients.

No matter the client, Hendricks says, cinematherapy can also instill a sense of hope and optimism. Movies often have happy endings, he points out, and even if a character does something with which a client disagrees, the counselor can ask the client what he or she would do differently to secure a different outcome. “It might give the client hope that it could turn out differently for him or her,” Hendricks says.

Movies can also generate a feeling of universality, Hendricks says. “We all experience the same emotions. It's the feeling of, ‘Wow, this person on the screen is feeling the same thing that I felt and I'm not alone. I'm not the only person who ever felt this.’ That in itself gives a sense of hope.”

The potential is also there for a client to become emotionally connected to the story line in a movie, Hendricks says, and that emotional connection can transfer into stronger motivation for change.

Ballard agrees that cinematherapy can be motivating. “Movies give clients the opportunity to see others with similar problems, even if only metaphorically presented, using different thoughts and behaviors to work through their problems,” she says. “This, in essence, models for clients alternative ways of being and oftentimes motivates them to pursue their own solutions.”

Delving in

Counselors interested in integrating cinematherapy into their work should first seek training, Hendricks says. Workshops and books on the topic are available, he says, and counselors might also consider joining the Association for Creativity in Counseling, a division of ACA.

Both a love of movies and the willingness to invest the time and energy to screen movies for potential use with clients are necessary, Ballard advises. In addition, counselors must take care in determining if cinematherapy is an appropriate match for clients, whether individuals, couples or families. Clients who have experienced recent trauma, couples with a history of violence, clients who are mentally ill or those who cannot distinguish fact from fiction are not good candidates for cinematherapy, Ballard says. “Counselors need to be mindful of inappropriate language, sexual content and violence level when assigning movies, especially if young children will be participating,” she says. “Religious beliefs and cultural backgrounds should always be assessed to avoid assigning movies with offensive content.”

In addition, Ballard says counselors should never assign a movie that might evoke strong emotions without first preparing clients. “For example, movies with themes of death and dying can be very therapeutic but also very difficult for clients to view,” she says. Ballard also encourages counselors to build their own DVD libraries because clients are more likely to watch a movie for homework if the counselor provides them with the film.

From a practical standpoint, Hendricks recommends allowing clients enough time to process the movie. “Don't rush clients in their processing,” he says. “You might want to get through all the questions in one session, but it might take the client a few sessions. You need to follow the client's lead.”

If counselors prepare carefully, movies can add significantly to the effectiveness of therapy, say Hendricks and Ballard. Case in point: In a recent discussion Ballard led with a group of children ages 10 to 12, the conversation turned to the new movie *The Smurfs*. “When I asked what if any lesson was learned from the movie, many of them replied with themes of always be yourself, follow your heart and don't let others change your mind when you know you're right,” she says. “I'd say those are some pretty powerful lessons.” ♦

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Movies for addicted youth

Bret Hendricks, an associate professor of counselor education at Texas Tech University, has done extensive work with adolescents in the juvenile justice system who are dealing with addictions. Through the use of movies and movie clips, he believes his clients have made significantly greater progress than they would have with talk therapy alone. After watching relevant movies, some of Hendricks' adolescent clients have expressed a desire to reach out to their families, those they have victimized or even their probation officers. Hendricks shares a few of his favorite movies to use with addicted adolescents and the reasons why he likes those movies:

- **28 Days:** An excellent film illustrating treatment and recovery.

- **My Name Is Bill W.:** A film about the founder of Alcoholics Anonymous.
- **Stand and Deliver:** Excellent for promoting self-awareness and self-concept.
- **Drumline:** Great film about self-concept and reaching one's potential.
- **Clean and Sober:** Another film that illustrates recovery and treatment.
- **The Wizard of Oz:** Great for addictions. What journey did Dorothy have to experience to come to realizations about her own life?

— Lynne Shallcross

Membership statistics for Fiscal Year 2011

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

The table shows ACA membership in divisions and regions by month for the previous fiscal year, and the mean total, numerical and percent change in total ACA membership for each entity. The chart presents that information for Fiscal Year 2011. The chart does not reflect the information for AMHCA and ASCA because they maintain and publish their own membership figures.

ACA began the year with 43,522 members and ended the year with 46,506, a 7 percent increase of 2,984 members. The mean for the year was 45,110. Six divisions (ACES, ALGBTIC, ASGW, AHC - formerly C-AHEAD, CSJ and IAAOC) and all four regions (Midwest, North Atlantic, Southern and Western) realized an increase in membership during FY 2011.

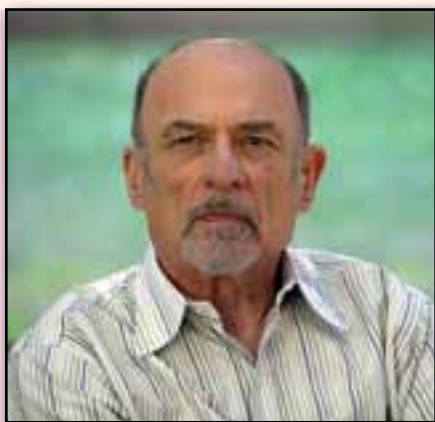
Organization	2010		2010		2010		2010		2011		2011		2011		2011		2011		#	%	Change vs Mean	%	Change vs Mean	
	31-Jul	31-Aug	30-Sep	31-Oct	30-Nov	31-Dec	31-Jan	28-Feb	31-Mar	30-Apr	31-May	30-Jun	7/1/10	7/1/10	7/1/10	7/1/10	7/1/10	7/1/10						Mean
ACA	43,522	44,045	44,153	44,266	44,954	44,937	45,247	45,741	45,661	45,944	46,342	46,506	2,984	6.86%	45,110	1,588	3.65%							
AACE	374	368	363	356	362	359	361	354	358	358	349	344	(30)	-8.02%	359	-15.17	-4.06%							
AADA	451	450	439	432	442	438	429	422	420	424	420	416	(35)	-7.76%	432	-19.08	-4.23%							
ACC	829	845	847	837	864	846	835	832	831	823	830	827	(2)	-0.24%	837	8.17	0.99%							
ACCA	1,261	1,273	1,258	1,231	1,250	1,238	1,228	1,232	1,222	1,210	1,223	1,227	(34)	-2.70%	1,238	-23.25	-1.84%							
ACEG	221	225	224	224	226	220	215	223	224	223	219	218	(3)	-1.36%	222	0.83	0.38%							
ACES	2,378	2,372	2,346	2,327	2,379	2,389	2,369	2,356	2,342	2,357	2,405	2,419	41	1.72%	2,370	-8.08	-0.34%							
ALGBTIC	670	683	665	676	686	697	700	701	706	712	714	725	55	8.21%	695	24.58	3.67%							
AMCD	960	952	947	949	967	951	948	952	936	935	936	928	(32)	-3.33%	947	-13.25	-1.38%							
ARCA	594	608	591	571	586	583	584	584	592	595	580	588	(6)	-1.01%	588	-6.00	-1.01%							
ASERVIC	1,156	1,154	1,133	1,124	1,127	1,113	1,101	1,103	1,094	1,087	1,074	1,063	(93)	-8.04%	1,111	-45.25	-3.91%							
ASGW	743	751	735	740	755	761	762	767	749	753	764	772	29	3.90%	754	11.33	1.53%							
AHC (CAHEAD)	285	293	287	280	279	277	287	282	276	281	289	289	4	1.40%	284	-1.25	-0.44%							
CSJ	524	539	524	526	547	551	547	540	530	542	551	553	29	5.53%	540	15.50	2.96%							
IAAOC	695	697	693	683	680	673	662	678	693	690	690	696	1	0.14%	686	-9.17	-1.32%							
IAMFC	1,343	1,340	1,327	1,297	1,315	1,299	1,277	1,248	1,247	1,246	1,262	1,243	(100)	-7.45%	1,287	-56.00	-4.17%							
NCDA	1,164	1,168	1,150	1,126	1,140	1,121	1,121	1,112	1,118	1,099	1,087	1,081	(83)	-7.13%	1,124	-40.08	-3.44%							
NECA	255	254	239	229	232	228	228	222	211	207	228	229	(26)	-10.20%	230	-24.83	-9.74%							
Midwest Region	10,228	10,347	10,398	10,397	10,551	10,553	10,661	10,670	10,627	10,650	10,740	10,724	496	4.85%	10,546	317.50	3.10%							
No. Atlantic Region	9,243	9,284	9,247	9,289	9,389	9,355	9,371	9,387	9,384	9,434	9,489	9,435	192	2.08%	9,359	115.92	1.25%							
Southern Region	15,689	15,947	16,053	16,097	16,429	16,422	16,556	16,858	16,825	16,913	17,026	17,125	1,436	9.15%	16,495	806.00	5.14%							
Western Region	7,902	8,015	8,012	8,055	8,148	8,166	8,278	8,381	8,385	8,503	8,631	8,761	859	10.87%	8,270	367.75	4.65%							



Irvin Yalom set to share insights with counselors

Influential theorist and author of popular “teaching novels” returns to keynote ACA Conference in San Francisco

By Heather Rudow



Irvin D. Yalom

When Dr. Irvin D. Yalom takes the podium to deliver the opening keynote at the 2012 American Counseling Association Annual Conference & Exposition in San Francisco next March, it will mark something of a repeat performance. But having previously keynoted ACA’s Annual Conference in Atlanta in 2005, the influential theorist, best-selling author and expert on group therapy promises to deliver a much different message.

Known for identifying the primary “curative factors” (now therapeutic factors) in group therapy and for writing what he terms “teaching novels,” Yalom in Atlanta discussed the use of literature and creativity in teaching psychotherapy. He referenced what was at that time his most recent work, *The Schopenhauer Cure*, a story revolving around the inner workings of a therapy group. But in San Francisco, where Yalom maintains an office for his part-time private practice for individual therapy (he has another office in Palo Alto, Calif.), he says he plans to impart more real-world knowledge to conference attendees.

“I’m going to try very hard to say things that are useful for people in their practice,” says Yalom, professor emeritus of psychiatry at Stanford University. “I’ve been going through my notes and thought, ‘What are the things I want to leave therapists with? What are the things I want to say?’”

The insights Yalom will present at his ACA keynote will be based largely on notes he has collected from sessions and research throughout his career as well as powerful comments he has received from colleagues and clients during his years in the field. Many of these tips will eventually become part of a new book he is in the process of writing. As yet untitled and still in the early stages of

development, the book, Yalom believes, will resemble a combination of two of his previous works, *Love’s Executioner & Other Tales of Psychotherapy* and *The Gift of Therapy: An Open Letter to a New Generation of Therapists and Their Patients*. Written more than a decade apart, both books provide suggestions for counseling practice, while including anecdotes from Yalom’s own experiences as a therapist. Yalom says he looks forward to providing counselors with more practical knowledge, both with his new book and at his keynote speech at the ACA Annual Conference. “I’ve already talked a lot about the theories,” he notes.

Yalom was born in Washington, D.C., to Jewish parents who immigrated from Russia after World War I. He grew up in one of the city’s poorer, rougher neighborhoods and says he spent much of his childhood reading fiction as a way to escape the harsh realities of where he was living. Yalom has previously said that his childhood spent with books, in combination with a lack of counseling or any semblance of direction for youths in his neighborhood, influenced his writing and therapy styles.

Yalom wrote his first book, *The Theory and Practice of Group Psychotherapy* (now in its fifth edition), in 1970. The *American Journal of Psychiatry* cited it as one of the 10 most influential psychiatry publications of that decade. In 1980, Yalom wrote another well-received textbook titled *Existential Psychotherapy*. “But after that,” Yalom said in a 2009 interview at the Vienna Book Fair, “I began to feel I could teach more about that idea . . . by presenting it in story-form.” He went on to write another textbook in 1983, *Inpatient Group Psychotherapy*, which became a benchmark for the subject, before truly exploring his literary side with *Love’s Executioner*

in 1990. He has since authored a variety of works, including his three teaching novels: *When Nietzsche Wept*, *Lying on the Couch* and *The Schopenhauer Cure*. He has been quoted in interviews as saying that writing a novel is “one of the finest things a person could do.”

Well known for his personal model of existential psychotherapy, Yalom is highly celebrated in the counseling profession for his pioneering role in constructing group counseling principles. He is also a strong proponent, as evidenced by his writing in *The Gift of Therapy*, that each client should receive a unique therapy experience because each person has his or her own unique story.

“We are pleased that our members who attend the conference in San Francisco will have the opportunity to spend time with Dr. Yalom,” says ACA President Don W. Locke. “He has made significant contributions to the knowledge base that so many have studied through the years. It is exciting to know that conference attendees will have the opportunity to hear him in person and hear his insightful and thought-provoking presentation.”

Samuel Gladding, who was serving as president of ACA when Yalom spoke at the annual conference in Atlanta, believes Yalom’s keynote in San Francisco will be highly anticipated. “[Yalom] was incredibly well received and was very personable,” Gladding recalls. “He takes the profession of counseling very seriously, but he is most modest as a person. I know he works very hard on his writing and on his counseling. I think our attendees will find him engaging and deep. He is modest but as competent as the day is long. His writing and his speaking are very engaging.”

ACA Executive Director Richard Yep says that in addition to being extremely knowledgeable about counseling, Yalom possesses a captivating speaking style. “Given the impact that Irvin Yalom has had on the profession of counseling, I know that his presentation will be insightful, engaging and something that all of our members will find quite interesting,” Yep says. “I don’t use this phrase lightly when I say that Dr. Yalom is truly one of the giants in the field. I think that his presenting during our 60th anniversary conference will make the event even more special.”

Yalom says his keynote will also touch on the questions of how therapy helps and how counselors can know that therapy helps. One of the reasons he believes counseling is so successful with clients is because there are positive effects from the counseling relationship that occur outside the office and manifest in ways the counselor never devised.

“Improvement comes about in ways we could have never predicted,” he says. “If we can establish a caring holding relationship, then the patient may improve in a myriad of ways. For example ... one of my female patients enrolled in a self-defense workshop, which helped her self-confidence and set off an adaptive spiral. Sure, I hadn’t recommended the workshop, but in some indirect way, our relationship allowed her to reach out and use external opportunities that were always there. I always find it useful to spend time with patients as they are ending therapy to find out their views of what helped, and I am very often surprised and edified by what they tell me.”

When Yalom’s patients need existential psychotherapy, he says it is because they are in distress concerning whether their life has purpose. One of the beauties of being a counselor, he says, is working in a profession in which that question has already been answered.

“I think there’s something intrinsically meaningful in what we do,” he says, “which is helping people find meaning in their lives and helping them grow.”

A book signing will immediately follow Irvin Yalom’s keynote speech at the Moscone West Convention Center. He will also be presenting a session on the topic of psychotherapy novels at the conference, during which he will discuss his teaching novels, including the soon-to-be-published *The Spinoza Problem*. The title refers to the Dutch rationalist philosopher Baruch Spinoza.

To attend the ACA Annual Conference & Exposition in San Francisco (March 21-25) at the lowest available rate, register by Dec. 15. For more information or to register, visit counseling.org/conference or call 800.347.6647 ext. 222. ♦

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

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Making the case that counselors are essential to education reform

An ACA interview with Wendy D. Puriefoy, president of the Public Education Network

By Frank Burnett

Wendy D. Puriefoy has been president of Public Education Network (PEN), the nation's largest network of community-based school reform organizations, since 1991. Under her visionary leadership, PEN has grown into a national network of local education funds reaching some 8 million children.

At PEN, Puriefoy has successfully advocated for and implemented systemic reform initiatives related to school finance and governance, curriculum and assessment, parent involvement, school libraries and school health. A Washington-based organization, PEN's central mission is to ensure equal education opportunities in public schools for all children and youth through the engagement of the public.

Tell readers a little about PEN's mission and history, as well as your current priorities.

PEN is a network of 81 local education funds throughout the United States and internationally. Created in 1983, the local education fund (LEF) concept was developed by the Ford Foundation in response to the *A Nation at Risk* report, which Ford noted [had] omitted the critical role of the public in improving public schools. All LEFs are located in districts representing low-income and minority children living in urban and rural communities. The LEFs are:

- Local nonprofit organizations
- Independent of their school districts
- Facilitating resources investment from local governments, businesses and philanthropic foundations
- Serving as community brokers in bringing together all segments of the community

Wendy D. Puriefoy

- Building civic capacity and school and district capacity to implement reforms

Today, the LEFs are involved in teacher urban residency programs; teacher and principal quality; promoting use of data for school improvement; changing local, state and national policy; family engagement; and encouraging the linkage of nonacademic with academic programs and the supports necessary for teachers and students to succeed. In 2009, the network agreed to a single goal — to increase the number of students who are college and career ready — and many of the LEFs are working with their communities and school districts to achieve this goal.

What role does PEN foresee for professional school counselors, and the comprehensive school counseling programs they implement, in ensuring that our children and youth are ready to learn, lead healthy lives and progress satisfactorily through the pre-K-12 experience?

We see an increased role for fully prepared counselors in supporting the school's academic program. In order to ensure student success, a safe, respectful, democratically informed and inclusive school climate is essential for the core academic program. While teachers are key to student academic success, they cannot do this job by themselves but require a coordinated set of supports, both within the school and outside in the community, to converge in helping the highly challenged students, whether they be low-income, ELL (English language learners), special education or in low-performing schools.

PEN has been working with the American Counseling Association in supporting a national bill called DIPLOMA — Developing Innovative Partnerships and Learning Opportunities that Motivate Achievement Act — which is designed to eliminate the

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programmatic “silos” developed in many school districts and rather to encourage partnerships between the various programs. We see a future where counselors, based on valid and reliable diagnostic data, will be key in coordinating these supports, bridging the gap between families and the school, and ensuring that students get special help in accessing college or a career.

Numerous national leaders, including President Obama, have been calling for greater career and college readiness by students. How do you envision school counselors contributing to this objective?

The nation seems to be focusing on increasing the number of poor and disadvantaged that are ready for college and a career, which is also the focus of PEN. This goal is the “equity challenge” of the next phase of education reform. Counselors are essential in working with students to ensure that they are on the right “course” track, identifying those students who need special help and support, working with parents and families in communicating the importance of postsecondary education and helping them to help their students make the right choices.

Currently, our LEFs are telling us that having a professional school counselor to keep students on track, and starting early in the educational experience, as well as engaging parents in setting high expectations for their children, is an important element in advancing student success. One systemic concern that I have is that sometimes we make policy judgments at the 30,000-foot level without giving thought to the ground truth. If you believe our public schools are facing immense challenges, then we have to ask ourselves, what tools do we need to get the job done? Talented counselors are one of those tools.

Currently, the average student-to-school counselor ratio in the nation’s schools is 457:1, almost double the 250:1 recommendations of the counseling community. The ratios are highest in urban and rural communities and those with limited resources to support student services. Do you envision a time when an appropriate number of counselors will be in place to address such issues as the achievement gap and the dropout crisis, while helping students with their career and college readiness?

We know that this will be very difficult to achieve without an engaged public, supportive parents and educators, informed policymakers, and a cohesive and involved ACA. Clearly, in the short term, we have our work cut out for us. Where we have enlightened leaders and policymakers, I think that we can reach the lower ratios. But it will require all of us coming together and making the case.

In an *Education Week* article, Columbia University Teachers College professor Jeffrey Henig and Massachusetts Secretary of Education S. Paul Reville conclude that “in polite education circles, drawing attention to community and other non-school factors is met with impatience, resigned shrugs or a weary rolling of the eyes. ... [But] the vision of future education reform is simple: American schools won’t achieve unless they attend to the non-school factors.”

We agree. The case needs to be made that counselors are not a “soft” element of education reform but an essential part of the student academic team.

To this end, PEN created the National Commission on Civic Investment in Public Education, a bipartisan panel chaired by former U.S. Secretary of Education Richard Riley, which released a report on a set of civic recommendations this spring. They

concluded: “The case for civic investment is clear. Schools in America today face greater challenges than ever before: students arrive at schools with the broadest range of needs; schools and districts face financial pressures not seen in over six decades; and, in the face of these challenges, schools are expected to meet higher standards and better prepare students than ever.”

If this does not make the case for the need for counselors, I don’t know what does.



See the National Commission on Civic Investment in Public Education report at publiceducation.org/pdf/20110525_Commission/Full_Report.pdf.




Editor’s note: Frank Burtnett originally conducted this interview for publication in *ACAeNews for School Counselors*. ♦

Frank Burtnett is the editor of *ACAeNews* and ACA’s four special focus e-newsletters for school counselors; counselor educators; counseling students and new professionals; and mental health, private practice and community agency counselors. Contact him at fburtnett@counseling.org.

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Richard Nongard
LMFT/CCH

Look out — and beyond: The Singularity is coming

Robotic counselors. Virtual solutions. Personality uploading.

These are not science fiction fantasies but real possibilities that lie just beyond the horizon for the field of counseling. According to some futurists, a trend of great historical magnitude is unfolding: the exponential growth of technological development leading to an event referred to as the Singularity.

Ray Kurzweil, author of the 2005 best-seller *The Singularity Is Near: When Humans Transcend Biology*, predicts that the pace of technological development is becoming so rapid that the rate of progress will become vertical by the middle of this century. Then, in a short period of time — perhaps in one single moment — the world may be transformed beyond recognition. It is this special point in time that is referred to as the Singularity.

The Singularity could change everything as we know it, and the implications for counseling are significant. The Singularity may challenge us to reconsider the multicultural dimension that is a defining feature of our profession. The Singularity may take disciplines such as neuroscience to a new frontier. The Singularity may also challenge the fundamental question, “What does it mean to be human?”

What is the Singularity?

The cause of the Singularity would be the creation of greater-than-human artificial intelligence (AI). As a result of advances in the development of AI and complex networked supercomputers, a positive feedback loop would result whereby smarter computers are capable of designing even smarter computers. This feedback loop would be so sudden and rapid that AI would eventually develop. In effect, machines would have consciousness and act like real people and, conversely, humans would transcend

their own biology by augmenting themselves with AI.

Some futurists question if the Singularity will happen at all. In particular, some question whether a computer will ever be able to attain human intelligence. But not Ray Kurzweil! He developed the theory of accelerating returns, which holds that the rate of technological progress is exponential rather than linear. Most humans, according to Kurzweil, are linear thinkers. We understand progress as occurring in single, incremental steps (for example, $1 + 1 = 2$, then $2 + 1 = 3$, then $3 + 1 = 4$, and so on). In contrast, exponential progress occurs when the growth rate is in proportion to current and subsequent values ($1 + 1 = 2$, then $2 + 2 = 4$, then $4 + 4 = 8$, and so on). Consider that it took about 30,000 years for humans to develop agriculture, but it took only a quarter century for the first computers, which took up the size of a large room, to be condensed into a hand-held gadget. And in only five years since its development, social media has become ubiquitous.

It is astonishing to trace exponential technological progress throughout human history and to consider where it might lead. Increasingly, people have used technologies as extensions of the self — for example, eyeglasses, the Sony Walkman, pacemakers and prostheses. As a result of technological advances, it is foreseeable that some humans might be almost entirely nonbiological within the next 50 years. Progress in the field of biotechnology may even make it possible for humans to someday achieve immortality.

The changing nature of humanity

The Singularity may change human nature itself and raise questions about who we are and what we will become. Since the beginnings of counseling, the field has developed numerous theories of

human nature. In particular, counseling has been influenced by a tradition that conceptualizes and values the self. For example, psychoanalysis theorizes that there are conscious and unconscious parts of the self. Person-centered therapy holds that there is a social self and a real self. Although these and other counseling theories disagree about how to conceptualize and intervene in relation to the self, most agree that the self is a central locus of problems and change.

Coinciding with the postmodern movement, a marked shift occurred in the field, with the self being situated in conversational, cultural and relational domains. From a postmodern perspective, the self is understood as a narrative phenomenon that is socially constructed. As technology develops exponentially in the 21st century and humans become increasingly augmented by technology, the nature of humanity itself may change and two new types of human beings could emerge: transhuman and posthuman.

Transhuman refers to a person who has become so significantly augmented by technology that, in effect, he or she has transcended the original definition, based on biology, of what it means to be human. Some people already consider themselves to be transhuman. Transhuman also refers to a human in transition who seeks to learn about new technology and might be preparing to become posthuman.

Posthuman refers to a completely synthetic entity with AI. Such beings likely could appear in the middle of this century. A posthuman is a superintelligent robot, but not the type we have become accustomed to in science fiction. Posthumans would be able to share their experiences with one another, change their bodies into data forms and choose to reside in computer networks. They might be able to think, feel and behave very much like real people. It

As a result of future technology, people might even possess the capability of recreating the self in ways that are unimaginable today ... presenting new challenges and opportunities for clients and counselors alike.

is also conceivable that humans and transhumans will be able to transform themselves into posthumans. When considered in this way, the relationship between humans and posthumans is not about “us” and “them,” but rather about how humans may gradually transform into increasingly posthuman beings.

Implications for counseling

Many questions arise, especially for the field of counseling, if we imagine a world in which humans, transhumans and posthumans coexist. The question of what it means to be human may be thrown into critical relief as machines perform more complex human functions and as we ascribe human qualities to these machines. Even today, we refer to some of our machines as if they have personalities. For example, one might refer to his or her car as “my baby.” If computers possess AI and become superintelligent, there would be a real convergence between biology and machine. Biology would no longer necessarily define humanity. Instead, a set of characteristics and capabilities might determine what it means to be human. Among the questions that may arise for the counseling profession:

- How might counseling be changed in a world coinhabited by humans, transhumans and posthumans?
- What unique opportunities and problems might humans, transhumans and posthumans face in this new world?

- How might counselors, who themselves may become transhuman or posthuman, prepare to meet these new challenges?

One possible scenario is that a human counselor encounters a transhuman or posthuman client. Or a posthuman counselor might provide counseling to a human or transhuman client. As a result of future technology, people might even possess the capability of recreating the self in ways that are unimaginable today. Software uploading to the brain, which is already being done for individuals with Parkinson’s disease, could allow one to experience and manifest alternative personalities. Personality uploading may permit an individual to be anyone or anything he or she wishes to be, presenting new challenges and opportunities for clients and counselors alike. This would challenge the traditional assumption that an essential self exists that is “just there” and instead support the postmodern understanding that the self is an evolving, fluid phenomenon.

Reconsidering our mission, ethics code and multicultural competencies

The Singularity may also challenge the American Counseling Association to one day reconsider its mission and the *ACA Code of Ethics*. ACA’s current mission statement is as follows:

The mission of the American Counseling Association is to enhance the quality of life in society by promoting the development

of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity.

If we accept that transhumans and posthumans may someday inhabit the world, then ACA’s mission might need to be revised to account for these new beings. Moreover, a review of the *ACA Code of Ethics* and the Association for Multicultural Counseling and Development’s Multicultural Counseling Competencies may be needed to address the coexistence of these multiple, diverse forms of humanity. In particular, these guidelines would need to address diversity and multiculturalism from a broader perspective. The scope of diversity and multiculturalism has already been expanded beyond race, ethnicity and gender to include other domains such as age, family structure, sexual orientation and disability. As people become increasingly augmented by technology, new opportunities will arise for counselors to promote respect for the dignity and diversity of transhumans and posthumans as well as humans.

In the future, our mission, our ethical imperatives and our multicultural competencies may in some respects be no different than they are today. The Singularity may, however, require what philosopher Peter Singer refers to as expanding our circle of empathy. According to Singer, human progress has involved an expanding moral circle.

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Through time, the circle of whom we count as members of our group has expanded to include other races, other sexes, other religions and other species. It is not a stretch to imagine humans

Suggested websites

Nick Bostrom
nickbostrom.com

Ray Kurzweil
kurzweilai.net

Singularity Hub
singularityhub.com

Transhumanist FAQ
extropy.org/faq.htm

Suggested readings

Human Enhancement edited by Julian Savulescu and Nick Bostrom

Radical Evolution: The Promise and Peril of Enhancing Our Minds, Our Bodies — and What it Means to Be Human by Joel Garreau

The Age of Spiritual Machines: When Computers Exceed Human Intelligence by Ray Kurzweil

The Singularity Is Near: When Humans Transcend Biology by Ray Kurzweil

accepting and embracing transhumans and posthumans. But work still needs to be done in the area of social justice strategies aimed at promoting respect for the dignity and diversity of human beings. It follows that the inclusion of transhumans and posthumans in the world would present society with challenges that counselors need to be prepared to address.

What now?

Kurzweil suggests the pace of technological change will become so fast in the next 40 years that you will not be able to keep up unless you enhance your own intelligence with AI. Already today, it is essential for many of us to access the Internet on a regular basis. Some people feel they would be lost without their smartphones. The good news is that more and more people are able to access the new technologies, and the playing field will continue to level. But are people prepared for the exponential technological change that may be coming?

Counselors are all too aware of the importance of preparing for change. Change is the business of counseling. But there has never been a change in human history like the change occurring now — a change that may culminate in the Singularity. If you observe closely, you will find many people are being affected by the sudden, rapid increase in technological change. Sociologist and futurist Alvin Toffler came up with a name for this condition, which served as

the title of his 1970 book, *Future Shock*. In this seminal book, Toffler predicted that people would become disconnected, overwhelmed and “future shocked” as a result of accelerating technological and social change. The cause of this condition, according to Toffler, is “too much change in too short a period of time.” Basically, technological evolution is outpacing our biological capability to manage it.

We need to find ways to help others with these new challenges. Already, many counselors are dealing with technology-related issues such as online counseling and Internet addiction. But this is only the beginning. New possibilities, some of which are unimaginable today, are closer than you may think. Counselors, educators and especially students, the future of our profession, need to be willing and prepared to look out — and beyond. The Singularity is coming! ♦

Jeffrey T. Guterman is associate professor of counseling in the Counseling Department of the Adrian Dominican School of Education at Barry University in Miami Shores, Fla. Contact him at jguterman@mail.barry.edu.

Letters to the editor:
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LETTERS

Continued from page 9

Inattentive Type” (2000), both of which were published in the *Journal of Counseling & Development*, very helpful.

The valid Conners 3rd Edition and the Conners Comprehensive Behavior Rating Scales are innovative instruments that assist with differential diagnosis and intervention and monitoring of ADHD symptoms. Both tests contain internal consistency, test-retest reliability, inter-rater reliability and factorial validity. If counselors are interested in a more

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with valid ADHD testing by assessing client abilities with digit span and letter/number sequencing and memory functioning. Finally, counselors can use the Achenbach Child-Behavior Checklist and the ADHD Rating Scale-IV.

I concur with Hovancsek that we need to identify and celebrate client strengths, and these tests can assist counselors with achieving this important counseling goal.

Jason King, LPC, CCMHC, ACS
jking0964@msn.com ♦



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Civil unrest, technology multitasking combine to raise anxiety levels in Egypt

On Jan. 24, I was sitting in the break room of my office in a human rights organization in Cairo, Egypt, where I work as a counselor for African refugees. As the oldest person in the office, I argued that the demonstrations scheduled for the next day would probably be like past demonstrations in Egypt: poorly attended and quickly dispersed. My younger colleagues were quick to disagree.

That day I cofacilitated the first session of a women's group that would address grief and loss through creative work on cultural genograms. It was a lively session, and we were very encouraged by the feedback we received.

The next day, the White Revolution officially began with a massive demonstration in Tahrir Square in downtown Cairo that began peacefully but quickly became violent. During the next three weeks, those of us who stayed in Egypt — foreigners and Egyptians alike — experienced a veritable roller coaster of emotions. The security apparatus was quickly dismantled, leaving Cairo, a city of 18 million people, without police. Chaos reigned during the three weeks it took for the Egyptian army to finally and firmly establish its dominance. Months later, we continue to have a crime rate 200 percent above normal and no clear understanding of whom we should look to for protection.

During this period, I observed an interesting type of anxiety that I myself experienced and am only beginning to shake off. It has also been rather interesting to see firsthand the ways various populations within Egypt have handled, or rather are still handling, the anxiety. In addition to counseling African refugees, many of whom suffer severe symptoms of post-traumatic stress disorder, I also have a private practice in which I counsel Egyptians and English-speaking expats from different countries. Then, of course, there is my own family's experience in dealing with the stress of this very unusual uprising.

The Twitter phenomenon

The demonstrators in Egypt were initially recruited from a Facebook page titled "We Are All Khaled Saeid," set up in remembrance of a young Egyptian man who allegedly was tortured and beaten to death by State Security. When the Egyptian government blocked Facebook from its Internet service, users turned to Twitter to discuss where to meet up and to give real-time updates about what was happening throughout the country. Even our (now former) U.S. State Department spokesman, P.J. Crowley, used Twitter to communicate widely regarding the events unfolding quickly throughout the region.

Then the Egyptian government began sending text messages to all cell phone users, even though that service was disrupted for any other use. The messages were often cryptic, and for some reason, they always seemed to be sent in the middle of the night. Many of us found the texts somewhat alarming. Once the regime fell, the army began using Twitter and Facebook and also text messaging to announce their communiqués — their Orwellian method of handing down proclamations.

Although the protests lasted for three weeks, the daily pattern that emerged saw most people congregating around midday, events escalating throughout the early evening and most violent outbreaks occurring late at night or into the early hours of the morning. During this period, I found myself going to bed with my iPhone so I could receive Twitter updates and e-mails throughout the night. I felt a desperate need to know what was happening, even as I tried to sleep. Because I was in a different time zone than many of my friends and family members, that meant I was constantly hearing the "beep" that signaled the arrival of a new text message, e-mail or Twitter alert.

I was not alone. Later, after clients returned to therapy sessions and when I discussed what was happening with friends, I discovered we were all being awakened throughout the night, receiving little

squirts of adrenaline with each ping of our handheld devices. When the government turned off our cell phones and Internet access, we substituted live streaming from Al Jazeera and other news organizations. Still, we felt a tremendous ache to have our Internet capabilities back.

For the next several weeks, colleagues, clients and friends all complained of the same symptoms: inability to focus, hypervigilance, irritability and other symptoms connected to anxiety. But what I heard then that I hadn't heard with past clinical experience was the complaint that all of these people continued to wake up multiple times throughout the night to check their cell phones, to refresh their Twitter pages, to check in on Facebook or, in the case of my refugee clients, to check for SMS messages.

I was reminded of an NPR interview I listened to in 2010 on *Fresh Air* with Terry Gross. The interview was with Matt Richtel, a journalist who covers technology for *The New York Times*. He was introducing his "Your Brain on Computers" series, which focused on how multitasking with computers and handheld devices such as BlackBerries and iPhones can cause people to become distracted, alter the way the human brain processes information and lead to other possible brain changes.

The antidote

During his interview, Richtel talked about a group of scientists who went into the wild for a few days without any of these technological devices. It took them three days for the effects of those devices to wear off — to feel part of their surroundings again and to be less distracted. Their finding was that more study needs to be done.

Meanwhile, I was conducting my own little informal study in Egypt. Recognizing that our family was caught up in this same anxiety-producing cycle, we made the decision to spend long weekends at a beach house on the Red Sea coast, a place where there was no Internet or cable

TV. As a group, we also decided to turn off the sound to all message alerts on our handhelds and to answer calls only from family members.

We opened our balcony windows at night, and instead of listening for the alarmist beeps of our cell phones, we listened to the rhythmic in and out of the tide, a naturally soothing sound I will always connect with those healing weekends.

Finding such relief for our own sleeplessness and distractibility made me consider what suggestions I might provide to my clients. Once we resumed sessions for the refugee women's group, it became immediately and painfully clear that we needed to take a step back from remembrance to safety in our trauma treatment because the women had been retraumatized by the ongoing events in Egypt. We left the conference room table covered with genograms and art supplies to go sit in a circle on the floor, where we practiced progressive muscle relaxation and simple breathing meditation. I also used guided meditation to incorporate the images and sounds of the sea with our rhythmic breathing.

We discussed the difference between spending a lot of time discussing our fears about what might happen and spending time exploring the personal strengths that make us survivors. We talked about the need to use cell phones, TV and other modes of communication to help us stay safe, but we also discussed the danger of using technology to spread rumors and how that action keeps our anxiety elevated.

I introduced mindfulness practice with some clients, stressing the importance of focusing on one task instead of returning to the multitasking we all had engaged in earlier. I printed out the transcripts of the



Photo by Diane Tayeby

Tahrir Square in downtown Cairo served as the nexus for daily demonstrations.

interviews between Gross and Richtel and shared them with clients, all of whom were a little surprised and yet reassured to see that research was being done on this subject. In addition, just being able to say that it seemed to take three whole days without technology to make the symptoms go away had a positive effect for those who gave it a try. Unlike with other addictions, it seems this one will be short-lived, especially among those of us who became aware of how round-the-clock access to technology fed our anxiety levels, creating alarming symptoms in individuals who had not experienced them before.

As I write this, the elections in Egypt are looming, the trials of the main government players are about to be held and protests continue to be organized on a weekly basis. In what has become a new normal climate, my clients have returned to a regular schedule, and we've managed to make our way back to the issues we were exploring pre-revolution. The women's group, all thoughts of loss and grief and heightened anxiety tossed aside for just a moment, spent their most recent session sharing nail polish and looking over courses offered

in the community on topics including English and handcraft. A section of our office is arranging a self-defense course that will empower these women to feel a bit less afraid in this uncertain environment. We're all practicing breathing a little deeper, being mindful and living in the moment.

I am typing this document on my laptop *offline* to avoid being distracted by incoming e-mail. I now put my cell phone to sleep at night before I go to bed. I watch the news only once in the morning and once in the evening, finding time in between to catch a couple of cooking shows. I will be closely following future research related to technology multitasking. ♦

Diane Tayeby is an ACA member who practices counseling psychotherapy in Cairo, Egypt, both in private practice and with a human rights organization. Contact her at dianetayeby@aol.com.

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Q&A with ACA president-elect candidates

The six candidates vying to become the American Counseling Association's next president-elect were asked to provide answers to several questions about issues of relevance to the association and the counseling profession. This month, their answers to the first two questions appear. Answers to the remaining questions will be published in the November issue.

Additional information for each candidate, including biographical information and goals statements, will appear in the December issue. That issue will also feature biographical information and goals statements for those running for office at the division and region levels.

Editor's note: The following answers are printed as they were submitted by the candidates, without editing of any kind.

ACA is becoming an increasingly diverse organization, both among our members and the specialty areas and practice settings that they represent. Additionally, over 50 percent of ACA's members do not belong to a division. Under your leadership as ACA president, what would the association do to meet the specific and varying needs of these members and at the same time meet the needs of all members?

Michael D'Andrea: Two of the ways that organizations can more effectively meet the specific and varying needs of its members is by: [a] increasing their level of transparency and [b] implementing concrete strategies to ensure democratic participation by its members.

Organizational transparency includes making information easily available to members about the issues that governing bodies address in their decision-making meetings. This includes sharing information about the ways that governance bodies plan to better address the specific and varying needs of its constituents.

The primary decision-making body in

ACA is the Governing Council. Although the written minutes of Governing Council are made available on the ACA website, I would make sure that monthly podcasts are made available to all the members of ACA that discuss decisions that have been made by the Governing Council as well as issues to be discussed and potentially acted upon in future meetings.

The second strategy that is useful in effectively addressing the specific and varying needs of the members of any organization involves the promotion of new mechanisms to foster increased democratic participation by persons at the grassroots of our professional association. I detail how I would implement such a strategy in the following section (see below).

Kelly Duncan: First and foremost, I believe it is important for us to remember that we are all counselors. Our core training and philosophy is our common bond and it is what distinguishes us in many ways from our colleagues in other helping professions. While we may choose to focus our expertise and talents in a variety of work settings, we recognize ourselves as counselors.

I would strive for us to look to our current members to ascertain what they want from their membership organization and to respond to those needs. Additionally, I would want to investigate those counselors who do not belong to ACA to find out what deters them from joining. Are there needs we can meet that might encourage more to belong and to become active?

I would also want to focus upon what ACA needs to do to meet the needs of the consumers that counselors serve. ACA needs to be the primary voice for counselors in the legislative and other public arenas. ACA can be the driving force behind recognition by the public about what it is that counselors do and how to assist those with whom we work to enhance their lives.

Gerald A. Juhnke: Especially as a former president of two ACA divisions and three state, branch divisions, I believe vibrant division, branch, and regional memberships are essential to ACA's overall health. I view these interactive and intertwined relationships as symbiotic and mutually helpful to one another. Thus, I will work with division, branch, and region leaders to do whatever reasonably possible to strengthen ACA's relationships with members in an effort to gain increased political, social, and economic strength, promote a unified professional counseling voice, and encourage interactive support. This is best for ACA and the divisions, branches, and regions, as well as professional counseling as a whole. Specifically, I would work with divisions, branches, and regions to encourage joint memberships that will benefit our members, strengthen our connections, and seek ways to reduce potential costs while increasing joint membership services.

Michael M. Kocet: By utilizing the experiences and worldviews of the culturally diverse membership in ACA, we can discover innovative solutions to problems and uncover possibilities that help the profession grow. While I strongly support having specialty areas and divisions within ACA, I sometimes become concerned that we have become too splintered and fractured. Even the title 'Divisions' used within ACA places an emphasis on separateness. Regardless of our different specializations or practice settings, we need to focus more on the common characteristics we all share as counselors, rather than how we are different. As ACA President, I would foster more collaboration among divisions and encourage members who are not part of any division to play a more active role on committees, task forces, and other leadership roles. As President I would propose a "Practitioner's One Day Pass" at the annual ACA Conference. For members unable to attend a full

convention, members would have the ability to attend the convention on one single day and pay a reduced rate for the day they attend. Some counselors do not receive professional development funds and therefore pay for conferences from their personal budget. Our goal should be to increase member attendance at national conferences.

E. Christine Moll: As I consider the history of ACA, attempts to meet diverse specialty areas and practice settings resulted in the creation of our divisions and interest groups. Review of recent Governing Council minutes suggest that this continues with the creation of the Association for Child & Adolescent Counseling (ACAC) as an Organizational Affiliate of ACA.

ACA members who choose to belong only to ACA may do so for a variety of reasons. It is possible those members who belong to ACA only do so because they see no need to spend the money to join a division.

Member needs do vary across geographic regions. There is no “one size fits all” solution. However, as ACA President I intend to:

- Offer bi-monthly teleconferences available to all ACA members;
- Personally communicate with Branches, Divisions, and students to invite
 - Submission of agenda items for Governing Council meetings,
 - Input for Counseling Today, electronic newsletters, and presidential messages, and
 - Needs for leadership development meetings (COPARC and Regionally); and
- Advance “partnership” agreements with institutions (agencies, universities etc.) to collaborate professional development opportunities that might save money for all, increase media attention, promote the profession and the training program.

Cirecie West-Olatunji: In order to meet the needs of ACA members within specific interest areas as well as the members as a whole, I would: (a) customize member benefits, (b) augment the use of technology to allow for

networking within interest groups, (c) provide discounts for multiple division memberships, and (d) make resources more accessible for special interest areas. By bundling member benefits, individual members can have greater flexibility and selection of services that meet their individual needs thus avoiding the “one size fits all” approach. By increasing the use of technology, ACA can enhance the delivery of services to members for more dynamic, fluid communication via blogs, eNews, webinars, social networking (i.e., Facebook & Twitter), and podcasts. Given the current economic climate, providing discounts for multiple division memberships would minimize the financial burden for member involvement and participation. Finally, ACA resources need to be available to special interest areas to facilitate members’ communication and exchange of information.

Social media is changing the landscape of how people communicate and share information. How do you think ACA should utilize social media such as Facebook, Twitter and LinkedIn?

Michael M. Kocet: I believe ACA can use social media in a number of capacities. Given that many newer professionals and graduate students use Facebook, Twitter, and LinkedIn on a daily basis, we should recognize that these technology vehicles have numerous possibilities to foster community, communication, and information about the association. As President I would hold Twitter virtual town hall meetings throughout the year, open to any ACA member interested in sharing an idea, offering a suggestion, or raising a concern. I also think social media is an important way to talk about key issues impacting the counseling profession, such as ethics, multiculturalism, and counselor self-care, just to name a few. It is also critical for ACA to offer workshops and virtual discussions on how counselors can utilize social media in an ethical and professional manner. For example, ACA leaders could pose a question for members to debate on Facebook. Social media could also be used as a clearinghouse for resources such

as websites, books, articles, and other tools for counselors to use with clients. Because technology changes and grows at lightning speed, it is important for ACA to provide current leadership on the benefits and challenges that social media presents.

Cirecie West-Olatunji: For ACA members, the use of Facebook, Twitter, and LinkedIn, for example, can serve to create more dynamic interactions among members as well as between members and ACA leaders. The use of social media can

ACA’s online voting for 2012 elections

Last year’s online election for ACA officers was a huge success. We saved trees and saved money, and more members voted. In fact, it was our highest voter turnout in five years.

To enhance the online voting experience this year, ACA will post a voting link in the members-only section of the ACA website at counseling.org. When you sign into the ACA members-only site and click the voting link, you will be automatically redirected to the Votenet site to enter your confidential votes. You will not need to enter any additional user IDs or passwords.

Online voting for all ACA elections will begin on Friday, Dec. 2, at 12:01 a.m., and will close Monday, Jan. 31, at 11:59 p.m. ET. Only members in good standing as of Nov. 1, 2011, will be eligible to vote. If you are unable to vote online or would prefer a paper ballot, please call ACA’s Member Services at 800.347.6647 ext. 222. If you choose to complete a paper ballot, the deadline to receive your ballot at Votenet headquarters is the same as it is for online voting: Monday, Jan. 31, 2012.

Watch for additional announcements and reminders about voting in *ACAeNews*. In addition, all members for whom we have an e-mail address will receive e-mail reminders.

be used to share information immediately after critical incidents that occur.

Finally, social media can be used for job placement networking. ACA needs to more effectively utilize social networking tools to facilitate communication within the membership to allow for exchange of ideas and resources. Further, many members are not sufficiently familiar with ACA leaders and initiatives within the organization. Additionally, the use of social networking tools can make ACA initiatives more transparent and encourage dialogue between ACA leaders and members. Secondly, recent natural and human-made disasters have increased on the local, national, and international fronts. Counselors have been both affected and solicited to serve as responders. ACA needs to utilize social media tools to facilitate rapid response to the most needed areas. Thirdly, as counselors navigate the workforce arena, they need to have access to information about available positions and opportunities nationwide. Use of social media tools can assist recent graduates as well as seasoned professionals in their job searches.

Kelly Duncan: ACA staff and leadership have done a great job of listening to member feedback about what resources they most desire and how they want to access information. I have appreciated the blogs, podcasts, webinars, use of Facebook and the continuing education options ACA has made available and I would support the continued use of these technologies. The networking and educational outreach social media provides can prove very meaningful for many of our members in rural areas.

Social media also allows us to market the profession of counseling in new ways. I would encourage investigating how we may be able to utilize these avenues more as an association. I think our student members and our members who have really embraced technology can provide us with some ideas about how we might continue to best meet the needs of members in terms of their need for information and how we might also provide consumers appropriate and accurate information about the role that counselors can serve in their lives. ACA's

move to hire a staff person whose primary role will be to focus on use of social media shows commitment to being on the cutting edge of meeting member and consumer needs.

E. Christine Moll: "Social media" can suggest that one is an alternative to the other, and one consistent management strategy can apply. Facebook, Twitter and LinkedIn are different educational platforms with different goals: one as private space to connect with friends/family, another is a micro blogging platform to promote NEWS, and the last is for professional networking.

Therefore, each of these initiatives needs to be well branded and connected. ACA members need to easily find ACA on all three platforms, and each need to link back to the ACA website.

Their three platforms are technological "gifts" for all members to advocate for and within ACA.

In addition:

- Facebook can educate "friends" to market events/webinars etc.
- Twitter can educate, retweet (spread) similar ideas, among ACA members, legislative, corporate, and media members, and
- LinkedIn can educate, network with potential advocates of the profession (congressional members, media links, etc.) as well as provide a career network for members.

Various computer programs can create automated ACA generated posts, thus eliminating management time. However, a consistent message across these and other social media venues is essential.

Gerald A. Juhnke: I believe social media has significant potential to engage, empower, and inform ACA members as well as the public. I like the idea of utilizing social media to provide information on topics of current interest such as "Bullying". Psychology Today's website does something similar to this and utilizes volunteer experts who write blogs on specific topics of interest. Knowing the expertise of our ACA membership, we could create something even better. Concomitantly, we could use social media sites such as Facebook and Twitter to inform ACA

members of pressing issues ranging from legislative alerts to the need for ACA counseling professional volunteers to help survivors of natural disasters like the Oklahoma twisters. Although I utilize social media, I am not an expert. During my division presidencies, I learned ACA has many creative and ingenious members, who know far more than I do. Thus, I would seek members with social media expertise, establish an ACA Social Media Committee, ask them to devise a practical, ACA friendly Social Media Strategy Plan, and encourage implementation of same. Then, I would marvel at their incredible accomplishments, and applaud them for helping ACA create the very best social media for our membership.

Michael D'Andrea: As ACA President, I would make various forms of technology (including but not limited to Facebook, Twitter, and LinkedIn) central to my efforts to promote democratic participation and free professional/organizational development training initiatives. To accomplish these goals I would:

[a] host monthly electronic town hall meetings in which all ACA members would be invited to discuss how ACA could build on its strengths to better meet the specific and varying needs of its members;

[b] convene a special Social Media Task Force during my president-elect year at the 2013 ACA Conference that would begin the planning of a state-of-the-art social media action plan to be implemented at the beginning of my presidential year and serve as a model for other professional mental health organizations, and

[c] use electronic town hall meetings and other forms of technology recommended by the new Social Media Task force to increase the voice and connections among all ACA members as well as encouraging other counselor educators, practitioners, and students to join the ACA family as new members in our association. ♦

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To buy insurance or not

Every counselor needs professional liability insurance protection, and I have spent my entire career advising individuals and companies concerning the importance of liability coverage. A counselor without insurance protection risks losing everything she or he has worked to achieve in the event of a lawsuit where a client has done something violent and negligence is proved on the part of the counselor. Even the best professionals sometimes face legal actions from clients who think the court system is the only avenue for shifting blame in a sad development. Insurance provides the legal defense needed in every case, regardless of whether any fault lies with the professional.

Auto insurance is critical when accidents occur, and personal liability insurance is vital to every homeowner who experiences a guest falling or a tree limb breaking and damaging a neighbor's property.

Insurance is offered for all sorts of contingencies, and the wise consumer will consider whether it is truly needed. Here are some examples.

Accidental death and dismemberment insurance

Employer plans sometimes cover this, so it may not be necessary to purchase on your own. Accidental death or dismemberment might also be covered as part of your life insurance protection and health or disability policies. Despite the low premiums offered for accidental death and dismemberment, the payments still can add up over time.

Comprehensive and collision insurance on old cars

When the value of your car is high, you need protection for collision damage, fire, theft, falling objects and vandalism.

Once the Kelley Blue Book value goes down to a level that is within your means to pay without insurance, it is time to consider dropping collision and comprehensive protection.

Mortgage life insurance

This insurance can be very expensive, so perhaps it is not the solution to the payment of your mortgage in the event of your death. Mortgage lenders like to see this type of coverage because the benefits would come to them. It is more cost-effective to have adequate term life insurance because your beneficiary can easily take care of the mortgage payout from the proceeds of this insurance.

Travel insurance

The US Travel Insurance Association reports a 35 percent increase in sales in recent years. Approximately 120 million people have purchased this coverage in the past decade. Complications associated with travel are becoming greater. Consider the tsunami in Japan or the volcanic eruption in Iceland that interrupted air travel for weeks. Most policies cover nonrefundable airline tickets, hotel rooms, lost baggage and medical evacuation due to illness or accident while traveling.

When considering this insurance, assess your overall health and susceptibility to falling. Insurance may not be needed if you're traveling to visit family somewhere in the United States, but it could prove extremely valuable when going to a distant country. Also consider whether the company offering the protection is licensed and financially sound. Check the policy so you know what is covered. It is also advisable to review travel protection under your health insurance, credit card, auto and homeowners policies.

Mini-med insurance

Limited benefit health insurance plans are becoming more popular and may be especially tempting to migrant workers or persons who work part time. Prices are low enough to attract individuals who believe a little protection is better than none at all, but these policies leave the consumer in a precarious position if a serious surgery is needed or an extended illness arises.

Rental car insurance

If you have auto insurance on your owned vehicle, it should cover you when you're driving a rental car. Certified public accountants suggest there should be no need to buy this extra insurance. The exception is if you will be driving outside the country.

Divorce insurance

This is another product gaining popularity, due to the high percentage of couples who end up being divorced. It might not be a good idea to start a marriage by planning for failure, however. Divorce insurance policies have a waiting period of as long as four years. That means you could be paying a great deal of premium before ever seeing any benefit. Higher benefit policies also have higher rates. A cost versus benefit evaluation needs to be done carefully before deciding to purchase this insurance.

The ACA Insurance Trust is constantly evaluating the products offered to counselors. Please visit the website at aca.it.com for details on current programs in effect. Call the ACA Insurance Trust staff at 800.347.6647 ext. 284 anytime a question or concern arises. ♦

Paul Nelson is executive director of the ACA Insurance Trust.

DIVISION, REGION & BRANCH NEWS

ASGW seeks award nominations

Submitted by Lorraine Guth
lguth@iup.edu

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

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

- Nominee's scope of practice (to include type of group work, client population served and practice setting)
- Nominee's innovations in group work practice
- How the nominee has disseminated group work skills through workshops, conference presentations, supervision and/or training
- Evidence of the nominee's significant contribution to group work practice

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

The Eminent Career Award is intended to recognize major contributions made to the field of group work by an ASGW/American Counseling Association member. Credentials and letters of recommendation for the nominee should convey the national and/or international influence the individual has had on group work over a period of time.

The Professional Advancement Award recognizes the outstanding activities of an individual who has helped advance the field of group work through any one of the following: research, development of a new technique or theory, public relations, legislative activities or group work practice.

Electronic submissions for all awards are preferred and may be submitted via e-mail

(attachment) to lguth@iup.edu. Submissions via regular mail should be sent to Lorraine J. Guth, Indiana University of Pennsylvania, Department of Counseling, 206 Stouffer Hall, Indiana, PA 15705. Applications (nomination letter and supporting letters) must be received by Jan. 31. The award recipients will be announced at the ASGW Luncheon at the ACA Annual Conference & Exposition in San Francisco.

ACCA announces election nominees, previews 2012 conference

Submitted by Sylvia Shortt
sshortt@westga.edu

Elections for the following 2012-2013 American College Counseling Association positions will begin in December. Look for information about online voting through ACA. Our current slate of nominees is running unopposed.

- President: Josh Gunn
 - Secretary: Joyce Thomas
 - Member-at-large: Taffey Cunnien
- Nominations are currently being accepted for the following positions; these officers will begin their terms July 1, 2013. Please send all nominations to Brian Van Brunt at brian.vanbrunt@wku.edu.
- President (three-year term: elect, active and past president)
 - Treasurer (two-year term)
 - Member-at-large (three-year term)
 - ACA Governing Council representative (three-year term)

In other news, make your plans now to come to the sixth ACCA Conference in Orlando, Fla., Oct. 3-6, 2012, at the Disney Contemporary Resort. The call for programs is posted on our website (collegecounseling.org/conference), and the deadline for program submission is Nov. 15, 2011. We are particularly interested in programs that emphasize LGBT topics, bullying and working with marginalized students. We also encourage community college counselors to submit a proposal.

The conference theme will be "College Counseling: A Whole New World." Our past five conferences have been extremely successful, so I encourage you to reserve

these dates for next year. This is an event you will not want to miss, especially since we are at Disney!

Colleen Logan, a nationally recognized speaker and past ACA president, will be our keynote speaker. She is a dynamic and impressive speaker, and you will not want to miss her. We also plan to have preconference workshops, including the new "Orientation to College Counseling: A Four-Module Certification Course" and "Acedia," presented by Tom Balistreri.

Stay tuned to our website for more information, and if you have any questions, do not hesitate to contact Sylvia Shortt at accaorg@mindspring.com. We hope to see you there!

CSJ announces events at ACA Annual Conference

Submitted by Manivong J. Ratts
vong@seattleu.edu

As president of Counselors for Social Justice, I would like to use this month's column to announce activities we have scheduled for the ACA Annual Conference & Exposition in San Francisco. We don't yet have all the details such as room numbers and costs for some of the upcoming events, but I wanted to share a general outline of scheduled events that I hope you will consider attending.

CSJ Awards Luncheon: Friday, March 23, 11 a.m.-1 p.m., room and pricing TBD. Please join us in honoring CSJ Awards recipients at the Second Annual CSJ Luncheon. Last year's luncheon was a success, and we hope to make it two years in a row.

CSJ Social Justice and Ethical Codes Town Hall Meeting: Friday, March 23, 2:30-4 p.m. ACA recently announced members of the ACA Ethics Revision Task Force, whose charge is to work on a revised *ACA Code of Ethics*. This town hall meeting will be an opportunity for CSJ members to discuss how they would like to see social justice and advocacy integrated into the *Code of Ethics*. Input from this town hall meeting will be shared with the ACA Ethics Revision Task Force for consideration as it revises the code.

CSJ Day of Learning: Saturday, March 24, time and location TBD. There will be four education sessions:

- “Diffusion of Innovation: A Framework for Gaining ‘Buy-In’ for Social Justice in Counseling and Psychology”
- “*ACA Code of Ethics* and Social Justice: A Panel Discussion on Integrating Social Justice Into the New *ACA Code of Ethics*”
- “ACES Presidents and Social Justice: ACES Leaders Discuss the Relevance of Social Justice in Counselor Education and Supervision”
- “Dreaming of Possibilities: A Look Into the Future of Social Justice and Advocacy in Counseling”

I am very excited about what we have lined up for the ACA Annual Conference in San Francisco. I hope you are as well. More to come in the future!

NECA promotes need for GCDF instructors

*Submitted by Kay Brawley
kbrawley@mindspring.com*

The Global Career Development Facilitator (GCDF) certification is fast becoming the standard in the employment counseling arena. The National Employment Counseling Association, in partnership with Life Strategies, offers “Working Ahead, Moving Forward,” a completely online curriculum certified by the Center for Credentialing and Education. As an employment counseling association, NECA ensures that it provides a special emphasis on helping people find truly worthwhile employment.

The online structure attracts students from a variety of distances and with diverse backgrounds, creating a rich learning

environment. The 14-week course includes one week for each of 12 topics and two breaks of one week. Students read the included resource materials and respond to questions posed by the lead instructor. Because the course is not in real time, students (and instructors) can access the site anytime day or night, think about what they want to say and make their contributions. The instructors engage students, answer student questions or pose their own questions to facilitate the discussions. Students also have assignments, graded by the lead instructor.

There are many potential students. We are limited only by the effectiveness of our marketing and the availability of instructors. Our team approach allows us to run concurrent sessions and expands the opportunity for instructors to share in the revenue. NECA will ensure that instructors are well trained and get the opportunity to teach.

Lead instructor Michael Lazarchick has more than 40 years’ experience in the field. He brings a wealth of knowledge both to students and instructors from his experience in the government sector.

NECA will be offering a two-week course for instructors during November. Instructors will become familiarized with the curriculum and instructional platform. The cost is \$500. Graduates will be added to NECA’s cadre of instructors and will be offered weeks of instruction in upcoming shared GCDF classes. Interested? Contact Kay Brawley, GCDF(I) master instructor and NECA professional development director, at kbrawley@mindspring.com.

Yes, you can recruit and run your own class once you become a certified instructor on a percentage royalty basis, paid to NECA and Life Strategies, owners of the curriculum. ♦

EXECUTIVE DIRECTOR’S MESSAGE

Continued from page 7

to enhance, improve and advance the counseling profession.

But my question is whether we are meeting your expectations. More important, on the basis of what we are asking you to do — namely, continue your membership in ACA — what do we need to do to meet your expectations as we head into 2012?

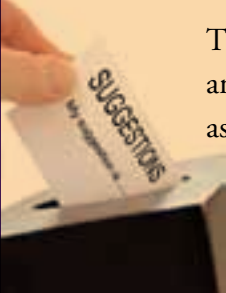
Rather than simply delivering what we always have (which is a good menu of services and benefits in comparison with those provided by many other professional organizations), we cannot rest on our laurels. To continue to succeed, ACA will need to be innovative, creative and, most of all, in touch with what you want us to be!

What I can tell you is that in 2011-2012, you can count on an ACA that will continue to work toward improving the services you have identified as being valuable. I will also let you know that during the next several months, we will roll out new products, services and professional opportunities that I hope will meet (and exceed) your expectations. We are dedicated to providing “value adds” for our membership at the lowest possible costs.

I guess it is all about expectations. Please contact me with any comments, questions or suggestions that you might have via e-mail at ryep@counseling.org or by phone at 800.347.6647 ext. 231.

Thanks and be well. ♦

Call for Input on Revising the *ACA Code of Ethics*



The American Counseling Association has begun the process of revising its *Code of Ethics* with an anticipated completion date of 2014. ACA members, counseling organizations (defined as those participating in *20/20: A Vision for the Future of Counseling*), and state counselor licensure boards are invited to submit suggested changes to the following website:

www.counseling.org/ethics/feedback/index.aspx

The website will accept comments through December 1, 2011.

SAMHSA Voice Awards honor those who promote behavioral health

The American Counseling Association joined the Substance Abuse and Mental Health Services Administration (SAMHSA) in a national award program on Aug. 24 to recognize TV and film screenwriters and producers and community leaders for their awareness and advocacy efforts to promote behavioral health. Held in Hollywood at Paramount Studios, the 2011 Voice Awards also paid tribute to Ron Barber, district director for Rep. Gabrielle Giffords (D-Ariz.), with a Special Recognition Award. Barber, Tucson Mayor Robert E. Walkup and his wife Beth were honored for promoting civility and public understanding of mental health issues in the wake of the mass shooting that took place in Tucson, Ariz., this past January. ACA has served as a program partner for the SAMHSA Voice Awards for the past several years.

Emmy and Golden Globe nominee Peter Krause, who stars in NBC's *Parenthood*, hosted the event. Now in its sixth year, the Voice Awards convened representatives from the entertainment industry and the behavioral health community for an evening of education and awareness about the societal contributions of people living with behavioral health problems. This year, SAMHSA emphasized awareness about the impact of trauma and the significant effects it can have on individuals, families and friends, and communities across the country.

The TV shows winning Voice Awards for featuring the strength, bravery and resilience of people living with mental and substance use disorders were *Glee*, *Grey's Anatomy*, *Harry's Law*, *Mad Men*, *Parenthood*, *Private Practice*, *The Pacific* and *Treme*.

Recipients in the film category were *It's Kind of a Funny Story*, *The Beaver*, *The Fighter* and *The King's Speech*.

Honorees in the documentary category were *Dad's in Heaven With Nixon*, *If God Is Willing and da Creek Don't Rise*, *Lost Angels* and *Wartorn 1861-2010*.

SAMHSA's Lifetime Achievement Award was presented to Jacki McKinney of Philadelphia. A survivor of early childhood abuse who experienced co-occurring mental and substance use disorders, homelessness and interactions with the criminal justice system, McKinney has for the past 21 years been a vital force in the consumer/peer support movement, particularly for people of color and women. She has been referred to as the "cofounder of trauma awareness in America."

Nominations open for committee appointments

ACA President-Elect Brad Erford is seeking nominations for ACA committee appointments. For each committee, he will be appointing professional members to serve a three-year term and a student representative to serve a one-year term.

Positions on the following committees will be available beginning July 1, 2012: Awards, Branch Development, Bylaws and Policies, Ethics, Graduate Student, Human Rights, International, Interprofessional, Professional Standards, Public Awareness and Support, Public Policy and Legislation, Publications, and Research and Knowledge.

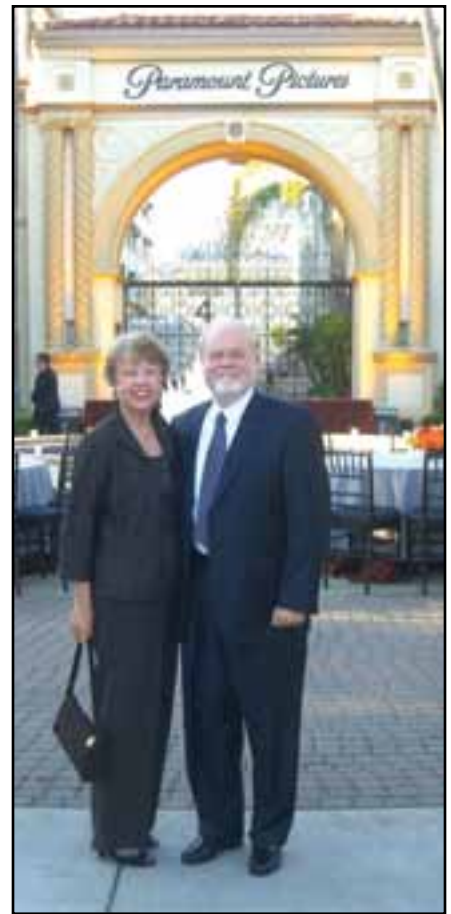
ACA members may nominate themselves or be nominated by another ACA member. Nomination packets are available on the ACA website at counseling.org. All nominations must be submitted electronically by Dec. 1 to Holly Clubb at hclubb@counseling.org.

For more information about the nominations process, call 800.347.6647 ext. 212.

Nominate deserving members for ACA National Awards

Nominations for the 2012 ACA National Awards are being accepted through Nov. 18. The awards will be presented at the ACA Annual Conference & Exposition in San Francisco in March.

ACA members are encouraged to nominate one or more ACA members who have made noteworthy contributions to the counseling profession at the local or state levels. ACA divisions,



ACA President Don Locke (right) and Dean Porter, executive director of the California Association for Licensed Professional Clinical Counselors, were all smiles at Paramount Studios, which hosted the Voice Awards in August. The event recognized outstanding efforts by consumer leaders and the entertainment industry to increase public understanding of mental health issues.

organizational affiliates, branches, chapters, regions and committees may also submit nominations.

Complete information about the nominations process is available on the ACA website at counseling.org under "Resources." A 2012 National Awards Packet is also available on request by calling ACA Leadership Services at 800.347.6647 ext. 212. Nominations should be submitted electronically to Holly Clubb at hclubb@counseling.org. ♦

BULLETIN BOARD

COMING EVENTS

WVCA Fall Conference

Oct. 6-8

Sutton, W.Va.

The West Virginia Counseling Association Fall Conference will be held at the Days Hotel Conference Center at Flatwoods. Keynote speaker Hazel Ryner will speak about multicultural counseling competencies. For more information, visit wvcounseling.org or contact Marilyn Smith at 304.283.4106 or laughsmith2009@yahoo.com.

FCA Annual Convention

Oct. 13-16

Orlando, Fla.

Come to the Sunshine State for the 62nd Florida Counseling Association Annual Convention at the Embassy Suites Orlando-Lake Buena Vista. Be a part of "Our Foundation, Our Future" as counselors from across the state use this opportunity to earn CECs and PDIs, present, network, build relationships, discuss advocacy and interact with like-minded individuals, all benefiting our future. Register online at flacounseling.org.

WCA Annual Conference

Oct. 16-17

Spokane, Wash.

The Washington Counseling Association will host its annual conference, themed "Igniting Professional Counselors: Fire It Up!" on Oct. 16 (preconference) and Oct. 17 (full-day conference) at Gonzaga University. John Sommers-Flanagan, author of *Tough Kids, Cool Counseling*, will give the preconference keynote speech on working with challenging youth and parents. The full-day conference features two speakers: Alan Unis will present on collaboration in approaching clients across the life span, and Randy Walker will present on holistic helping by merging science and common sense into comprehensive treatment planning. The agenda includes breakout sessions and poster presentations. CE and clock hours are available, including a three-hour ethics session. For more information, visit wacounseling.org or e-mail Suzanne Apelskog at sapelskog@msn.com. Also find us on Facebook.

OCA Annual Conference

Nov. 3-5

Bend, Ore.

The Oregon Counseling Association is hosting its annual conference at the

Riverhouse. Join us for continuing education and networking with your fellow professionals. The theme of this year's event is "How We Serve," with sessions on DBT, PTSD, returning military veterans and more. Visit or-counseling.org to register or to view more topics and speakers.

APCP Annual Convention

Nov. 8-10

San Juan, Puerto Rico

The Puerto Rican Professional Counseling Association (La Asociacion Puertorriquena de Consejeria Profesional) will host its 34th Annual Convention at the Puerto Rico Convention Center. The theme will be "Mental Health: Diversity of Scenarios, Models and Counseling Strategies." For more information, e-mail apcpconvencion2011@gmail.com.

Neuroscience 2011

Nov. 12-16

Washington, D.C.

Neuroscience 2011, the Society for Neuroscience's Annual Meeting, will offer more than 16,000 study abstracts on new discoveries in aging, stress, mental illness, learning, disease and more. Economist and author Robert Shiller, whose work has addressed the influence of psychological factors on economic decision-making, will discuss behavioral economics. For more information, visit sfn.org.

International Symposium on Addictive Disorders, Behavioral Health and Mental Health

Jan. 29 - Feb. 1

Colorado Springs, Colo.

Psychotherapy Associates and Educational Supporters host this annual symposium featuring more than 40 training and educational sessions provided by a faculty of recognized professional clinicians. A diversity of program presentations address such topics as PTSD, trauma, mood disorders, brief solution-focused therapy, psychopharmacology, cognitive behavior therapies, ethics, sexual disorders, eating disorders, evidence-based psychotherapy, residential/IOP treatment, self-help recovery, relapse prevention, family intervention and virtual/online counseling. CEUs (approved), CMEs (applied for) and exhibits are available. For more information, e-mail addicteduc@aol.com or visit ggforrest.com.

ASGW National Convention

Feb. 9-12

Albuquerque, N.M.

The Association for Specialists in Group Work will host its 2012 National Convention at the Sheraton Albuquerque Uptown Hotel with a theme of "Creating Cultures of Caring: Using Group Work to Heal Ourselves, Our Communities and the World." The keynote address will be given by Lee Mun Wah, an internationally renowned educator, community therapist, director of the film *The Color of Fear* and founder/CEO of StirFry Seminars and Consulting. We invite you to share your practice and research related to the use of group work across topics such as wellness, holistic health, trauma, community building, disaster- and crisis-related work, multicultural and social justice issues, prevention and conflict mediation. CEUs will be available. The call for proposals is available at asgw.org.

SCCA Annual Conference

Feb. 23-25

Myrtle Beach, S.C.

The South Carolina Counseling Association is hosting its 48th annual conference at the Marriott Resort at the Grand Dunes. Themed "South Carolina Counselors: Making the Connections," the conference will be loaded with great workshops on numerous topics related to mental health. We are currently accepting proposals for workshops. CEUs for workshop attendance will be available. For more information, visit sccounselor.org or contact Mary Jane Anderson-Wiley at manders9@aug.edu.

FYI

Bulletin Board

submission guidelines

Items for the *Counseling Today* Bulletin Board must be submitted via e-mail to lshallcross@counseling.org with "Bulletin Board" in the subject line. Limit submissions to 125 words or less. The deadline for submissions is the first of the month at 5 p.m. ET for publication in the following month's issue. If the first of the month falls on a Saturday or Sunday, the deadline is 5 p.m. ET on Friday. (Please note this special exception: The deadline for the December issue will be 5 p.m. ET on Friday, Oct. 28.) ♦

◆ 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 e-mail at kmaguire@counseling.org.

Phone: 607.662.4451

Fax: 607.662.4415

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

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

CLASSIFIEDS

MERCHANDISE/SERVICES

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This book is now available from www.Lulu.com For questions, contact wgwargo@academicinfocenter.com

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Complex trauma history, parenting concerns, anxiety and depression. All ages. 802/451-9557 or laurah.tta@gmail.com. Tall Trees Associates

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Office space for 2 mental health professionals (large group room). Near Scottsdale Osborn Hospital. Close to 101 and 202 Freeways for easy access to the East Valley and Phoenix. For Sale – Owner will carry. Lease – Minimum 3 year lease. Call – Mon-Fri – 10:00 a.m. – 5:00 p.m. @ 480-994-4119 - Ask for Marcia or email: info@lovephd.com

EMPLOYMENT

NATIONAL

The Department Of Veterans Affairs (Va) Mental Health Opportunities Nationwide

The Department of Veterans Affairs (VA) is one of the largest, most technologically advanced health care systems in the United States. Our employees work at 154 medical centers, 875 ambulatory and community-based outpatient clinics, 136 nursing homes, and many other facilities, such as domiciliaries and readjustment counseling centers. More than a century ago, President Lincoln made a promise to America's servicemen and women,

pledging the care and concern of a grateful Nation for the sacrifices they made to preserve freedom. Since 1930, VA's mission has been to keep that promise.

Veterans' mental health is a top priority at VA. After returning from combat, many veterans struggle to readjust to life at home. Our mental health care providers play a critical role in helping these veterans reclaim their lives by providing cutting-edge care. VA supports this mission by ensuring that our mental health professionals have the most innovative technologies, facilities, and training at their fingertips. When you join VA, you will be a core member of our interdisciplinary care team structure, collaborating with both primary care and other mental health professionals to establish the right course of treatment for patients. VA has health care facilities in all 50 states, the District of Columbia, and Puerto Rico. Should a mental health professional desire to relocate, he or she may seek employment at any location where there is a vacancy and, if hired, transfer without loss of benefits. Only one active, unrestricted state license is needed to practice in a VA facility in the above locations.

We have opportunities for Counselors, Psychiatrists, Psychologists, Social Workers, Psychiatric Nurses nationwide. Visit us at www.VAcareers.va.gov to learn more or to apply. EOE/AA, M/D/F/V

ALABAMA

TROY UNIVERSITY

School Counseling Position

The Assistant/Associate/Full Professor position of Counseling & Psychology

in the College of Education at Troy University is a tenure-track, twelve-month faculty appointment. Rank is open and will be dependent upon experience and training. This position is in the CACREP accredited Department of Counseling and Psychology located on the Troy, Alabama campus. Responsibilities include teaching school counseling courses, supervising interns and teaching other core counseling courses. Additional duties include development of a research agenda; committee service at all levels; involvement in service to regional schools and the community; advisement of counseling students and other responsibilities determined by the department, college and university. Minimum Qualifications include: An earned doctorate in Counselor Education, preferably from a CACREP accredited institution and experience as a school counselor and professional identity as a school counselor. Troy University is an Equal Employment Opportunity and Affirmative Action employer. Interested applicants should go to www.troyuniversityjobs.com

ALASKA

YOUTH ADVOCATES OF SITKA, INC. Clinician (Residential Focus)

Youth Advocates of Sitka, Inc. (YAS) is seeking a full-time clinician to provide therapeutic services to youth ages 5 to 21 during the afternoon and evening hours. This clinician is responsible for providing individual, family, and group therapy for clients in residential treatment, thus

overseeing continuity of care for clients transitioning between residential programs within the agency. The clinician is also responsible for providing clinical direction to YAS staff and treatment team members. The minimum qualification for this position is a Master's degree in Psychology, Social Work, or a closely related field.

YAS is a non-profit community mental health agency located in Sitka, Alaska. The agency provides a continuum of therapeutic services to its clients, including outpatient care, inpatient residential treatment, therapeutic foster care, transitional living support, and in-school support services.

YAS is located in the temperate rainforest of Southeast Alaska, where wildlife is abundant and mountains meet ocean in a majestic landscape. Join our team of qualified mental health professionals in our efforts to empower youth to grow into productive members of our community.

To apply for this position, please send a resume to [hiring@sitkayouth.org](mailto: hiring@sitkayouth.org) or contact us at 907-747-3687 for more information.

ARKANSAS

THE UNIVERSITY OF ARKANSAS

Mental Health Clinician

Counseling And Psychological Services seeks a candidate for a Mental Health Clinician position to begin by August 2012.

RESPONSIBILITIES: Primary responsibilities will be in providing individual, couples, family, and group counseling with students, faculty and staff. Additional responsibilities will include: assessment, crisis intervention, outreach and consultation, and supervision of graduate students from a variety of professional training programs.



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Veterans Affairs

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QUALIFICATIONS: Doctorate in clinical or counseling psychology (APA accreditation preferred), or closely related discipline; Master's in counselor education is acceptable but Doctorate is preferred (CACREP accreditation preferred); or MSW from accredited social work program. Within 18 months of hire, must secure licensure in Arkansas for independent practice in one's discipline.

FOR MORE INFORMATION:
Go to <http://hr.uark.edu/jobdetails.asp?ListingID=6594> or contact Rosalyn Davis @ rdd05@uark.edu

Applications completed by Dec. 31, 2011 will receive full consideration. Late applications will be reviewed as needed to fill the position.

This position is subject to a pre-employment criminal background check. A criminal conviction or arrest pending adjudication alone shall not disqualify an applicant in the absence of a relationship to the requirements of the position. Background check information will be used in a confidential, non-discriminatory manner consistent with state and federal law.

The University of Arkansas is an Affirmative Action/Equal Opportunity employer. All applicants are subject to public disclosure under the Arkansas Freedom of Information Act and persons hired must have proof of legal authority to work in the United States.

ILLINOIS

EASTERN ILLINOIS UNIVERSITY **Assistant Professor**

The Department of Counseling and Student Development invites applications for a full-time tenure-track position at the Assistant Professor level for a nine-month appointment with possible summer teaching. The department focuses on excellent teaching and is student-oriented with a supportive faculty culture. Responsibilities involve teaching graduate courses in a CACREP accredited Counseling Master's program. Candidate must have an earned doctorate in Counselor Education and Supervision, preferably from a CACREP accredited program (or evidence that the doctorate will be completed by June 1, 2012). Starting date: August 16, 2012. Screening begins on October 15, 2011.

Send letter of intent, a current vita, and three letters of reference with contact information to: Dr. Catherine Polydore, Chair, Search Committee, Department of Counseling and Student Development, Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920-3099. (E-mail: cpolydore@eiu.edu) For full description: <http://www.eiu.edu/~ceps/employ.php> AA/EOE

KENTUCKY

LINDSEY WILSON COLLEGE **Assistant Professor, School of Professional Counseling**

Lindsey Wilson College is seeking applicants for an Assistant Professor of Counseling and Human Services to teach in graduate and undergraduate programs. Qualifications include a terminal degree in Counseling Education and Supervision or related mental health field. Applicants must also be eligible for licensure. Interested individuals should send a cover letter and current vita to Karen Wright, Director of Human Resources; Lindsey Wilson College; 210 Lindsey Wilson Street; Columbia, KY 42728; wrightk@lindsey.edu.

LWC and The School of Professional Counseling welcome applications from individuals of ethnic and cultural diversity.

PENNSYLVANIA

MOUNT ALOYSIUS COLLEGE **Faculty, Community Counseling**

Mount Aloysius College, a private, Catholic, liberal arts College, invites applications for a full-time faculty position in the newly developed master's program in Community Counseling to begin January 2012.

Teaching duties include a variety of graduate courses (and possibly undergraduate courses) in counseling and psychology. Successful candidate will advise students, participate in division/committee activities, college service, and other related activities as necessary. Reports to the Program Coordinator and Department Chairperson. Doctorate degree in counselor education/counseling psychology required; ABD considered. The successful candidate will have

practical/applied counseling experience and be a Licensed Professional Counselor in PA. This position offers a 9 month appointment and Faculty rank is contingent upon qualifications.

Please visit our website at www.mtaloy.edu for more information and to apply. Mount Aloysius College is an Equal Opportunity Employer. Founded in 1853 - a private, Catholic, regionally accredited, comprehensive college. In the tradition of the Sisters of Mercy A Just and Caring Environment Where Hospitality and Compassionate Service Flourish.

TEXAS

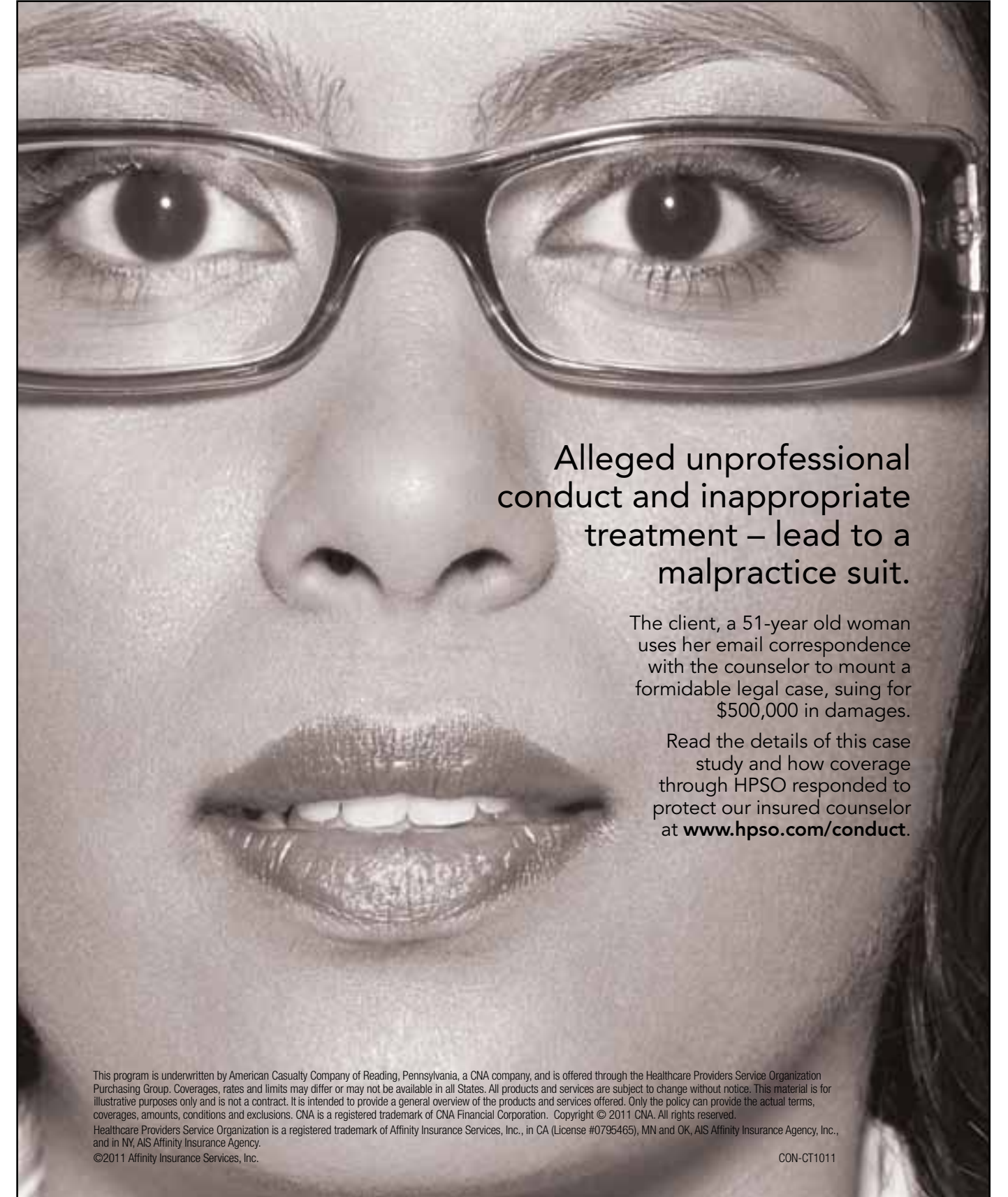
CATHOLIC CHARITIES **Bilingual Clinician**

Catholic Charities is seeking a Bilingual Clinician in Houston, TX. Responsible for providing psychotherapy to children at St. Michael's Home for Children, as well as providing trainings to direct care staff on psychosocial issues affecting children in placement. Requirements: Master's degree in social work, counseling, or other mental health field with Texas professional licensure in good standing (LCSW, LPC, or LMFT); 3-5 years experience in psychotherapy; and native fluency in Spanish and English. Send resume and salary to hr@catholiccharities.org

WASHINGTON

CENTRAL WASHINGTON UNIVERSITY **Assistant Professor**

Mental Health Counseling, Department of Psychology
Tenure-track assistant professor position in mental health counseling, beginning September 15, 2012. Responsibilities: Teach counseling-related courses at the graduate level in addition to undergraduate psychology courses; supervise counseling practica and internships, and serve on master's thesis committees. Applicant screening begins November 4, 2011 and will continue until position is filled. See full announcement at www.cwu.edu/~psych/; apply at: <https://jobs.cwu.edu>. For inquiries, contact Dr. Jeff Penick (509-963-3669 or penickj@cwu.edu). CWU is an AA/EOE/Title IX Institution.



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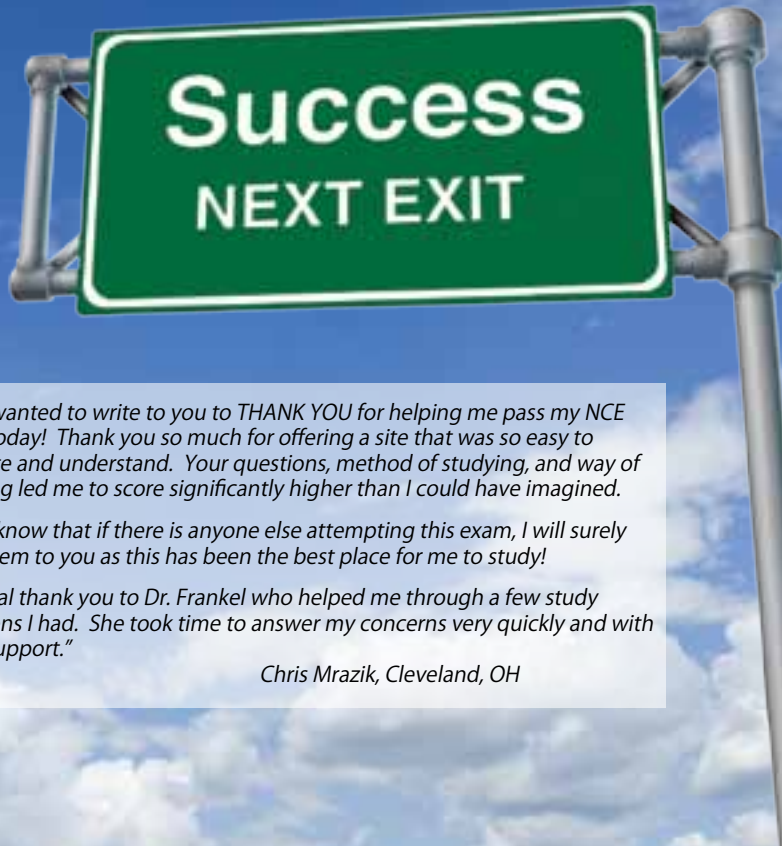


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Please know that if there is anyone else attempting this exam, I will surely refer them to you as this has been the best place for me to study!

A special thank you to Dr. Frankel who helped me through a few study questions I had. She took time to answer my concerns very quickly and with great support."

Chris Mrazik, Cleveland, OH

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Ph.D.**

Also known as "Dr. J," Dr. Frankel has been preparing candidates for licensing exams for 25 years. After completing

her undergraduate degree at the University of California, Berkeley, she earned her Ph.D. in Clinical Psychology. Dr. J has many years of experience as a private practitioner, making her full-time consulting work for AATBS as an Educational Consultant a benefit to participants in our programs.

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