

COUNSELING TODAY

August 2011 • Volume 54/Number 2

An American Counseling Association Publication

Rehabilitation counseling & disability issues

Also inside:

- Animal-assisted therapy
- Graduate education in America
- Properly diagnosing ADHD
- 2011-2012 Leadership Directory



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COUNSELING TODAY

August 2011

Cover Story

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By Lynne Shallcross

Rehabilitation counselors make use of a wide range of skills and tools, including psychological, vocational, social and behavioral interventions, to encourage persons with disabilities to assert greater control over their lives and goals.

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By Patricia Nunez

With more rehabilitation counselors branching out to provide forensic and indirect services, clearly defining the distinction between client and evaluatee has become a matter of ethical practice.

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BY THE NUMBERS

Living with a disability

This month's *Counseling Today* cover story is focused on rehabilitation counselors and their role in the lives of clients with disabilities. The occurrence of disability is more common than many might imagine according to statistics cited by the Council for Disability Awareness.

- More than 36 million Americans, or 12 percent of the total population, are classified as disabled. More than 50 percent of those people are in their working years, ages 18 to 64.
- More than one in four of today's 20-year-olds will become disabled before they retire.
- More than one in five workers will be disabled for five or more years during their working careers.
- New Social Security Disability Insurance applications increased 21 percent between 2008 and 2009, rising from 2.3 million to 2.8 million.

For more about rehabilitation counseling, read "Seeing potential, not disability" on page 28.





DON W. LOCKE

Don C. and me

For me, one of the most positive rewards of American Counseling Association membership is the opportunity to network and develop relationships with other professional counselors. I am convinced that through the years, what I have received in friendships and communication has been worth every cent that I have spent on branch, division and ACA memberships. I would like to share with you one of these personal relationships that has been an integral part of my ACA experience.

In the turbulent sixties, I was attending a small college in Mississippi and had the advantage of attending a mock United Nations conference in St. Louis. During a “spin-out” session as a representative of Norway, the country my all-White institution selected to represent, I was seated next to a delegate from Nigeria, which was the country a small all-Black college from Tennessee was representing. After a while, I noticed with interest that the delegate from Nigeria had my name on all his material, so I asked him why. His response was very quick: “What do you mean *your* name? That is my name.” That was my first contact with Don C. Locke. We had a pleasant discussion about our names and then moved on from this brief encounter.

I went on to get my master’s degree in counseling, became a school counselor, joined ACA and then finished my doctorate. Looking for an ACA division that interested me, I joined the Student Personnel Association for Teacher Education, which was one of ACA’s original divisions. I received a call as a first-year professor asking if I would

like to help with the selection of the programs for the annual conference that year. I jumped at the chance and enjoyed my assignment. Upon arriving in New Orleans, I went to the meeting called by Dr. Joe Hollis from Ball State University. It wasn’t long before he asked, “Where is Don Locke?” I raised my hand and Dr. Hollis said, “You’re not Don Locke. Don is a tall, slim Black guy who received his doctorate from Ball State.” That was probably the beginning of the tale of ACA’s two Don Lockes, and it is a journey that has lasted throughout our professional lives.

Don and I both became and have remained active in ACA, so our careers have intersected on many different occasions. We both accepted opportunities to serve in various capacities, which often resulted in our colleagues becoming confused about which Don Locke, as Don C. would say, “is the real Don Locke.” The result was that early on we became known as Don C. and Don W. The rationale was that Don C. was a man of color and Don W. was, as Don C. would say, “a bland White guy with no color whatsoever.” On one occasion when we followed each other with terms on the ACA Governing Council, I arrived at the meeting and could not find my seat location, which was always accompanied by a name card. After I asked where I should sit, someone realized an error had been made, quickly made a new name card and ushered me to the seat that had originally been labeled as reserved for “Don White.” Both Don C. and I could share numerous stories involving mixed-up hotel reservations, mistaken speaking invitations and incorrect materials, but space does not permit this.

What I do want to share is the utmost personal and professional respect that I have for Don C. I am proud to have been a part of ACA with him. We have been fortunate to become true brothers in our profession, and it is my hope that each of you will have a similar opportunity. One of my personal goals during this year is to live up to the expectations that Don C. would have for “us” as leaders in our association. ♦

Counseling Today Staff

Publisher

Richard Yep

Associate Publisher

Carol Neiman

Editor-in-Chief

Jonathan Rollins
800.347.6647 ext. 339
jrollins@counseling.org

Senior Writer

Lynne Shallcross
800.347.6647 ext. 320
lshallcross@counseling.org

Advertising Representative

Kathy Maguire
607.662.4451
kmaguire@counseling.org

Graphic Designer

Carlos J. Soto II
800.347.6647 ext. 377
csoto@counseling.org

CT Column Editors

Washington Update

Scott Barstow
800.347.6647 ext. 234
sbarstow@counseling.org

Counselor Career Stories

Rebecca Daniel-Burke
800.347.6647 ext. 230
RDanielBurke@counseling.org

Resource Reviews

Kelly Duncan
Kelly.Duncan@usd.edu

Private Practice Strategies

Anthony Centore
anthony@thriveworks.com

Spotlight on Journals

Sheri Bauman
sherib@u.arizona.edu

New Perspectives

Donjanea L. Fletcher
dfletche@westga.edu

The Digital Psyway

Marty Jencius
mjencius@kent.edu

Inside the DSM-5

K. Dayle Jones
daylejones@ucf.edu

Learning Curve: Notes From a Novice

Suze Hirsh
ct@counseling.org

Help ACA Complete Our Journal Archives

As part of ACA's new partnership with Wiley-Blackwell, we are compiling back issue archives for full digitalization of the 10 journals we publish. In order to provide this benefit to members and subscribers, we need your help. We are looking for a good quality copy of each of the issues listed below to complete our collection. *All journals are listed by volume and issue number.*

The Career Development Quarterly (NCDA)

19 (2)	22 (1)	23 (1)	24 (1)
19 (4)	22 (2)	23 (2)	
20 (1)	22 (3)	23 (4)	

Journal of Counseling & Development (ACA)

47 (1)	47 (8)	49 (9)	51 (9)
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Counseling and Values (ASERVIC)

16 (2)	24 (2)	27 (1)	28 (3)
17 (2)	25 (2)	27 (3)	29 (3)
21 (2)	26 (1)	27 (4)	30 (3)
23 (3)	26 (2)	28 (1)	31 (3)
24 (1)	26 (3)	28 (2)	

Journal of Employment Counseling (NECA)

3 (1)	IV (1)	11 (3)	17 (2)
3 (3)	V (1)	15 (1)	18 (1)
3 (4)	V (2)	15 (3)	18 (3)
III (1)	VI (2)	16 (2)	18 (4)
III (2)	8 (3)	16 (4)	
III (4)	9 (3)	17 (1)	

Counselor Education and Supervision (ACES)

I (2)	III (4)	V (3)	14 (1)
II (3)	IV (1)	7 (2)	15 (4)
II (4)	IV (2)	12 (2)	20 (1)
III (1)	IV (3)	13 (3)	
III (3)	V (2)	13 (4)	

Journal of Humanistic Counseling (AHC)

1 (3)	4 (2)	10 (3)	28 (2)
1 (4)	4 (4)	11 (3)	39 (2)
2 (3)	6 (4)	14 (2)	39 (3)
2 (4)	7 (4)	14 (4)	40 (3)
3 (3)	8 (1)	23 (2)	40 (4)
3 (4)	9 (4)	25 (2)	

Journal of Addictions & Offender Counseling (IAAOC)

2 (1)	4 (2)	9 (2)	13 (1)
2 (2)	7 (1)	10 (2)	

Journal of Multicultural Counseling and Development (AMCD)

1 (4)	2 (1)	4 (3)	12 (4)
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If you have any of these issues and are willing to part with them for the benefit of the profession, please contact **Carolyn Baker** at cbaker@counseling.org/703-823-9800 x356. Archive contributors will be entered into a drawing to win a \$100 Visa gift card!



DON W. LOCKE

Advocacy: Getting involved, staying involved

In late June, a resolution was introduced in the Michigan Senate that was summarized as “protecting the rights of conscience of students seeking counseling degrees and licensed professional counselors.” In essence, this resolution (S.R. 66) was introduced in reaction to the Eastern Michigan University (EMU) case in which a counselor education program dismissed a student who refused to counsel a gay practicum client. The student indicated that her religious beliefs prevented her from engaging in a counseling relationship with the client. After remediation efforts failed, the student was dismissed from the counseling program, and she subsequently sued the university.

The American Counseling Association provided expert testimony in the case, citing the *ACA Code of Ethics*, which supported the university’s action. The judge in the case ruled against the student, who has now appealed the ruling to the 6th U.S. Circuit Court of Appeals. The proposed Michigan Senate resolution portrays ACA as having a code of ethics that punishes students for adhering to their religious convictions.

Around the country, one will see various challenges confronting professional counselors who are appropriately educated, trained and licensed and who want to practice. In a number of cases, the challenges are based on economics (“It’s cheaper to hire someone who doesn’t have a master’s degree in counseling”) or a core set of religious or spiritual values (as in the EMU case). And in some situations, other groups of helping professionals believe that counselors represent a potential threat to their economic interests (“If counselors get to see clients, our group will lose business”).

Given the extensive need in this country for the good work being done by highly trained and ethically practicing professional counselors, these “challenges” never seem to be based on the most important criteria: education, accreditation, certification, licensure, adhering to a code of ethics, supervision and ongoing continuing education.

In essence, the counseling profession is being picked on by professional bullies who would rather promote an agenda of confusion and doubt as opposed to admitting that millions of adults, children, adolescents, families and couples really do benefit from the good work that you and your colleagues do each and every day.

What are we to do? Get mad? Get even? Get ahead? Get upset?

As comedian Lily Tomlin once said, “I always wondered why somebody doesn’t do something about that. Then I realized I was somebody.”

The time is now for all professional counselors and counselor educators to advocate for the profession to which you have dedicated yourselves. You need to advocate for the profession with as much intensity as you exhibit in advocating for those whom you serve. During the next 15 months, our country will be engaged in the process of electing or re-electing thousands of individuals to serve in government at the city, county, state and national levels. Longer term, some of these elected officials will be responsible for establishing how redistricting is done in all 50 states to determine who represents you. In addition, those serving at the highest levels of government will help to shape our local, state and federal courts for many, many years to come.

Continued on page 43

American Counseling Association

President

Don W. Locke
800.347.6647 ext. 232
locke@mc.edu

President-Elect

Bradley T. Erford
800.347.6647
berford@loyola.edu

Executive Director

Richard Yep
800.347.6647 ext. 231
ryep@counseling.org

Counseling Today (ISSN 1078-8719) is the monthly magazine of the American Counseling Association, 5999 Stevenson Ave., Alexandria, VA 22304-3300; Telephone: 703.823.9800; Internet: counseling.org. Opinions expressed in this magazine do not necessarily represent opinions of the editors or policies of the American Counseling Association.

Subscriptions are available for \$150 for 12 issues. E-mail: cs-journals@wiley.com
Americas: 1-800 835 6770
Europe, Middle East & Africa: +44 (0)1865 778315
Asia: +65 6511 8000
Single copies are available for \$12.50 each by calling ACA in-house fulfillment at 800.422.2648 ext. 222.

Periodicals postage paid at Alexandria, Va., and additional mailing offices. Postmaster: Send address changes to ACA Member Services, 5999 Stevenson Ave., Alexandria, VA 22304. All rights reserved, 2011 by the American Counseling Association.

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Anti-Discrimination Policy

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.



Military intelligence

I just want to thank Lynne Shallcross for a wonderfully informative and applicable article, “Life in transition,” in the June issue of *Counseling Today*. As a recent graduate (Chicago School of Professional Psychology) trying to figure out what’s next, this article gave me good insight into issues I had not previously considered regarding a population I have pondered working with: the military. I appreciated the holistic and multicultural perspective provided by David Fenell’s and Lynn Hall’s experiences. It’s very encouraging for early counselors like myself.

Mishawn Marie White
mmariwhite@gmail.com

Falling off the pace

I read the June article regarding the revision of the *ACA Code of Ethics* (“ACA kicks off major revision of profession’s *Code of Ethics*”). Social media is instantaneous and it’s going to take three years to finish the process? Taking that long leaves me to wonder if the process is too political.

Brenda Lee Roberts, M.Ed., LPC
BrendaLeeRoberts.com
Dallas

Counselors, please stand up

As I round out my second year of employment at a hospital setting, I reflect on my professional identity. Two distinct areas come to mind: continuing education units (CEU) and supervision. Unfortunately, the place where I work and many others like it don’t recognize counselors. I was hired as a professional counselor, but my title is actually “social worker.” Some people and places have a lack of knowledge regarding counselors.

Around the end of my first year of employment, I noticed the organization offered a variety of CEUs. When advertised, some of these programs were approved for social worker CEUs but not for counselor CEUs. I checked with human resources, and someone advised me to “just use the social worker CEUs.” I had to explain that we have different focus areas and that counselors are not

allowed to “just use social worker CEUs.”

I then found the individual responsible for the organization’s social worker CEUs. With her help and the board’s guidelines, I applied for provider status and it has been established now for the next two years! Since my provider status was established, I’ve approved more than 50 programs. It makes a difference being able to attend programs at your own company rather than having to worry about going to an outside agency to pay out of pocket to maintain a license that is required for your position.

As for the area of supervision, I am unsure of others’ paths to becoming independently licensed, but for me it has been a struggle! I’ve been licensed since 2004 as a professional counselor (PC). Over the past six years, most of my positions have not been supervised by a PCC-S (which is required for supervision), including my current one. Long story short, I had to find an off-site supervisor and pay out of pocket. At the end of June, I finally completed all of the required 3,000 hours. If you have been supervised by a PCC-S within a reasonable amount of time to receive your independent license, consider yourself lucky. As a result of my difficulty finding a PCC-S, I am in the process of creating a directory of local supervisors so PCs will now know who in the area is available to provide supervision.

Both CEUs and supervision have been areas of concern for me. It would be nice if some of us — ideally, *all* of us — would work together to make others aware of our professional identity. Counselors do great work, and others need to be aware of our capabilities. So, if you are employed in an organization where you think professional counselors are not recognized as they should be, I challenge you to take the steps necessary to make change. I call all counselors to *please stand up* and let others know we are here and here to stay!

Tiffany M. Darby, PC-S
Euclid, Ohio
tdarby714@gmail.com ♦

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.

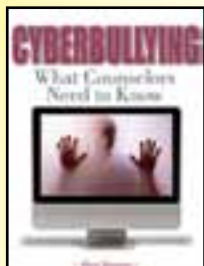
E-mail your letters to ct@counseling.org or write to *Counseling Today*, Letters to the Editor, 5999 Stevenson Ave., Alexandria, VA 22304.

New Ideas, New Attitudes

and Fresh Approaches for Working With Kids and Teens

Cyberbullying: What Counselors Need to Know

Sheri Bauman



Written for counselors, teachers, school leaders, and others who work with children and teens, *Cyberbullying* addresses the real-life dangers students face on the Internet. Includes a discussion of the different types of cyberbullying and cyberbullying environments; an overview of prominent theories of aggressive behavior; practical tips to identify and follow cyberfootprints;

proactive responses to cyberbullying; effective, nonpunitive strategies for responding to cyberbullying; useful information on current technology and popular websites; and much more. 2011 | 215 pgs

Order #72900 | ISBN 978-1-55620-294-0

List Price: \$33.95 | **ACA Member Price: \$28.95**

Counseling Children: A Core Issues Approach

Richard W. Halstead, Dale-Elizabeth Pehrsson, and Jodi Mullen



This innovative book offers a means for practitioners in community, mental health, and school settings to better assess, treat, and monitor children's underlying issues. The diagnostic framework presented helps uncover the nature of children's core concerns and provides guidance on how to address the issues they are struggling with. Includes numerous strategies such as narrative approaches, play therapy,

sand tray therapy, and expressive arts therapy. The book gives suggestions for bringing parents, teachers, and other professionals together as a collaborative team. 2011 | 192 pgs

Order #72901 | ISBN 978-1-55620-283-4

List Price: \$29.95 | **ACA Member Price: \$24.95**

Play Therapy: Basics and Beyond Second Edition

Terry Kottman



Written for use in play therapy and child counseling courses, this extraordinarily practical text provides a detailed examination of basic and advanced play therapy skills and guidance on when and how to use them. After a discussion of the fundamental concepts and logistical aspects of play therapy, Kottman illustrates both commonly used and more advanced

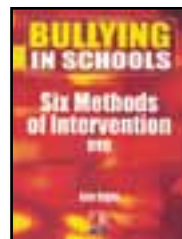
play therapy skills. A new chapter on working with parents and teachers is designed to increase the effectiveness of play therapy. Practice exercises and "Questions to Ponder" facilitate the skill-building and self-examination process. 2011 | 375 pgs

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Bullying in Schools: Six Methods of Intervention

presented by Ken Rigby



This DVD gives clear, practical guidance on how to prevent and respond to bullying in high schools. Using actors and role play, the DVD features a typical bullying scenario and then demonstrates how the following methods can be applied to the situation: the Disciplinary Approach, Restorative Practice, Strengthening the Victim, Student Mediation, the Support Group Method, and the Method of Shared

Concern. By showing the advantages and weaknesses of each method, the counselor or teacher can see how each solution might work. Includes a PDF booklet with a summary of important information and discussion guidelines.

Produced by Loggerhead Films

2009 | 35 minutes | DVD Order #78239

List Price and ACA Member Price: \$129.00



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Michigan Legislature considering bills to override counseling ethics

Having lost in the courts, state legislators in Michigan are attempting to pass legislation that would trample on the counseling profession's ethical standards. In the case *Ward v. Wilbanks et al.*, counseling student Julea Ward was dismissed from her graduate program at Eastern Michigan University (EMU) after she refused to counsel clients who might wish to discuss homosexual relationships or who failed to conduct themselves in a manner contrary to her religious beliefs, such as by having sex outside of marriage.

Ward filed a lawsuit against EMU, charging that her religious rights had been violated. The U.S. District Court for the Eastern District of Michigan disagreed, ruling that EMU was within its rights to require its counseling graduate students to adhere to the *ACA Code of Ethics*, which it described as "the industry standard in the field of counseling." The case has been appealed to the 6th U.S. Circuit Court of Appeals. The American Counseling Association has joined several other organizations in filing briefs with the court in support of EMU.

With the appeals court review in process, religious conservatives have started working in state legislatures to allow counseling students to see only those clients who match their religious sensibilities. Arizona recently enacted such a law, and now legislators in Michigan, where all the fuss started, are getting into the act. Michigan state Sens. Tupac Hunter and Mark Jansen have jointly introduced three bills in this area: Senate Bill 518, Senate Resolution 65 and Senate Resolution 66. S.B. 518 — misleadingly titled the Julea Ward Freedom of Conscience Act — would prohibit public or private colleges and universities from disciplining or discriminating against a student in a counseling, social work or psychology program "because the student refuses to counsel or serve a client as to goals that conflict with a sincerely held

religious belief or moral conviction of the student, if the student refers the client to a counselor who will provide the counseling or service."

S.B. 518 would have the force of law, while S.R. 65 would simply "urge," not require, Michigan's public universities to "protect the religious beliefs and practices of students in counseling, social work or psychology programs who are faced with situations that conflict with their beliefs." Similarly, S.R. 66 urges President Obama and the U.S. Congress "to enact legislation protecting the rights of conscience of students seeking counseling degrees and licensed professional counselors."

The Michigan legislation completely misses the point that the practice of counseling is about the client, not the counselor's personal religious expression. Standard A.1.a. of the *ACA Code of Ethics* clearly states, "The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients," while Standard A.4.b. requires that counselors be "aware of their own values, attitudes, beliefs and behaviors and avoid imposing values that are inconsistent with counseling goals." Standard C.5. states, "Counselors do not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status or any basis proscribed by law."

ACA will continue to oppose efforts to override or tamper with these standards.

DOD misses deadline for issuing TRICARE counselor regulations

Under Public Law 110-383, enacted this past January, Congress instructed the Department of Defense (DOD) to adopt regulations by June 20 to allow at least some licensed professional counselors to practice independently within the TRICARE program. TRICARE, the defense health care program covering

more than 9 million service members, dependents and retirees, requires that counselors operate under physician referral and supervision. The program has long allowed all other mental health professionals to practice independently.

Marcheta Evans, then serving as ACA president, wrote to TRICARE's top executive, Jonathan Woodson, assistant secretary of defense for health affairs, to urge adoption of regulations that would allow all counselors meeting current TRICARE requirements to practice independently. TRICARE participation requirements for counselors include a master's degree in mental health counseling or an allied mental health field from a regionally accredited institution; two years of post-master's experience, including 3,000 hours of clinical work and 100 hours of face-to-face supervision; and licensure in the jurisdiction where the counselor is practicing. The DOD may, however, choose to adopt more-stringent requirements for counselors wishing to practice independently, such as those recommended by the Institute of Medicine (IOM) in a 2010 report. IOM recommended that independent practice within TRICARE be reserved for licensed counselors with a master's degree in mental health counseling from a program accredited by the Council for Accreditation of Counseling and Related Educational Programs and who have passed the National Clinical Mental Health Counselor Examination.

Reports have consistently highlighted the need to improve TRICARE beneficiaries' access to mental health services, suggesting that as many state-licensed professional counselors as possible should be allowed to practice independently. In her letter to Woodson, Evans said that if the DOD chose to adopt IOM's recommendations, it should simultaneously adopt "alternative pathways to practice without physician referral and supervision" for counselors not meeting IOM's standards. ♦



Note: We haven't gained any additional cosponsors on either of these bills since the previous issue of *Counseling Today*, so please take a moment to help fix that! All congressional offices can be reached through the U.S. Capitol Switchboard at 202.225.3121.

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

In February, Rep. Linda Sanchez (D-Calif.) introduced the Put School Counselors Where They're Needed Act (H.R. 667). This bill 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. Sanchez has championed this legislation in previous sessions of Congress as well.

We applaud Sanchez for her continued work in support of school counselors for at-risk youth. The American Counseling Association 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)

Help us improve access to school counseling services to improve students' success. You can identify your lawmakers and see draft text for sending them a letter or an e-mail on ACA's Internet advocacy website at capwiz.com/counseling. You can also contact your members of Congress 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.

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 the legislation.

You can identify your senators using ACA's Internet advocacy website at capwiz.com/counseling, and all senators' offices can be reached through the U.S. Capitol Switchboard at 202.225.3121. The current cosponsors of S. 604 are:

Sen. Mark Begich (Alaska)

Sen. Barbara Boxer (Calif.)

Sen. Daniel Inouye (Hawaii)

Sen. Dick Durbin (Ill.)

Sen. Sherrod Brown (Ohio)

Sen. Tim Johnson (S.D.)

Sen. John Barrasso (Wyo.)

Sen. Kent Conrad (N.D.)

Regardless of whether you call, write or send an e-mail, take a moment to put your request in your own words. Studies show that *one* individualized message delivered in the constituent's own words carries significantly more weight with congressional offices than 100 form e-mails or letters.

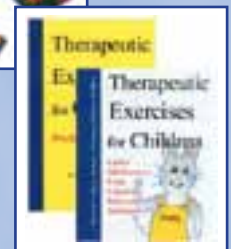
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Marrying a love of counseling and technology

I met Michelle Wade when she asked me about blogging for the American Counseling Association. After some discussion, it became evident to me that she would make a contribution. She later joined me and other ACA bloggers for an informal gathering at the ACA Annual Conference & Exposition in New Orleans. She has also been appointed to the ACA Ethics Revision Task Force, which recently began work on reviewing and updating the 2005 *ACA Code of Ethics* in large part because of issues raised by the rapid growth of social media. Here is her career story.

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

Michelle Wade: Well, there are a few different counseling-related positions that I hold currently. First and foremost, I work as an LCPC (licensed clinical professional counselor) in Maryland doing in-home therapy with Medicaid clients as a contractor. I am also a special projects manager for a group practice a few colleagues and I just started a few months ago. Finally, I am working on my doctorate in counselor education and supervision.

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

MW: My path was a bit convoluted. I started as a marine biology major and realized my sophomore year that the only class I really enjoyed going to was my child psychology class. I took that as a sign to change majors. At the time, no one had really ever told me about the differences between the different mental health professions, so I was steered toward a master's of psychology program focused on psychometrics. I completed that degree and realized that I didn't want to test my whole life, so I checked out the counseling program at the same university. Needless to say, when I entered into that degree program, I finally felt at home. I was always the friend whom everyone turned to in need, and I finally learned to embrace that and found the career path that made me happy.

RDB: You are working on your doctorate. Do you have a subject for your dissertation? How did it evolve?

MW: It feels like I have about three subjects for the dissertation at times. I know it will have something to do with technology and counseling, probably mostly focused on social media. I started out wanting to look at whether there has been a paradigm shift in how we as a society define connection now that social media and technology keep us all connected 24/7. Then I realized I didn't really want to save the world and would like to actually complete the dissertation process. So, I've begun to think about looking at how Gestalt therapy can be applied through technology — for instance, using a Twitter feed to express oneself instead of empty chair.

RDB: What led you toward your interest in computers and the digital side of counseling?

MW: I'm a bit of a tech geek, I'll admit it. I've had a personal computer in my home since I was 5. Technology is a part of my everyday world, as is counseling. It made sense to marry the two. Plus, I have clients who want to text or Facebook. I realized at some point that technology was not going to go anywhere, so how can I use it for the benefit of my clients?

RDB: Is there one theoretical orientation that you gravitate toward more than others?

MW: I tend to call myself a Gestaltist at heart. Gestalt has always been an approach to therapy that challenges people to live authentically and consciously.

RDB: As you look back on your career in counseling, what was your favorite position?

MW: I'm really excited about the Ethics Task Force and helping to figure out how to formulate some ethical guidance on using technology within the profession. Within actual counseling, I would say it was back when I did my practicum in my master's program. I had a really great experience with one of my first clients.

Michelle Wade



He was court-ordered (to counseling) for domestic abuse, and I thought for sure I would not be able to work with him. It turned out to be a favorable experience.

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

MW: The head of my master's program at the University of Louisiana at Monroe, Dr. Charles Pryor, asked me two months before I graduated if I had applied to a Ph.D. program because I'd make a great professor. Four years later, I called him up for a letter of reference for Argosy. He laughed and said sure, but that I was four years late.

RDB: Who are your heroes?

MW: My heroes are my parents and my sister. My parents raised me with the philosophy that you can be and do anything you set your mind to, and I took that lesson to heart. They valued education and they encouraged me to dream. And then there's my sister, this woman who has been a rock for me. Growing up within the Wade household was a recipe for success because I knew I was loved and supported.

RDB: Has studying counseling been transformational for you?

MW: Absolutely! Going back to Gestalt, it was through my counseling studies that I was able to truly accept and acknowledge all that I am. My path to who I am today has been filled with ups and downs, twists and turns, but I would not change a second of it because of the end result.

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

MW: Fighting my true nature and trying to be a marine biology major was the first. If I could change one thing, I might have chosen a different first job within the field. I moved two weeks after finishing my master's and got a job within a month. So, I lost my social support network, and that was a mistake for me.

The only people I was really interacting with were my clients. I lost myself for a while there. I found my rhythm again when I started back to school and got connected to other counselors. The lesson I learned was the power of connecting with other counselors. We need each other to do this job day in and day out.

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

MW: My senior yearbook quote: "When life gets down and dirty, jump in and make mud pies." I was very much a country tomboy growing up. For me, that saying represents that life is going to be messy at times. So, make something fun and wonderful out of it.

RDB: If you could invite any three people in the world, living or dead, to your own personal party, who would you invite?

MW: The Dalai Lama, Sidney Poitier and Jerry Clower. The Dalai Lama is full of such wisdom and has such a peace about him that I think I would just want to soak in his view of the world. I admire Sidney Poitier for the man that he is and the path that he forged, and I imagine he would have stories to tell that would be fascinating. And being a Southern girl, a few Jerry Clower jokes could make me feel at home again and definitely keep us all laughing.

RDB: What ways do you find to take care of yourself and fill yourself back up?

MW: I make time for those I care about. I go watch stupid reality TV sometimes or go meet a friend for lunch or play with my dog Lucy. She is an 11-year-old Jack Russell terrier who loves me unconditionally and keeps me grounded. It can't always be about me or my clients.

RDB: Is there anything I left out about you and your work that you want our readers to know?

MW: This profession as a whole is so open and welcoming and encouraging. I love what I do. ♦

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

Letters to the editor:
ct@counseling.org

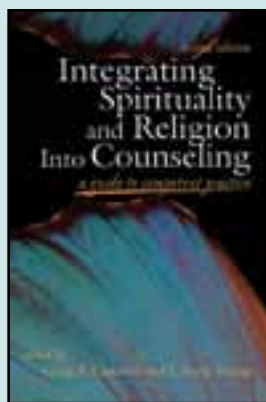
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Shovels and sore muscles: Counseling moves out of the office



The American Counseling Association Annual Conference & Exposition this past March gave counselors and graduate students the chance to give back to the city of New Orleans. The Giving Back to the Community Day and Social Justice Leadership Development Academy aimed to address some of the physical, mental and emotional needs of the city's residents before, during and after the conference.

In this month's column, two doctoral students reflect on their experience with this initiative and the lessons they learned. Emily Donald and Regina Moro are third-year students in the counselor education and supervision program at the University of North Carolina at Charlotte.



Emily Donald and Regina Moro

At 5:45 a.m. on Thursday, March 24, we were soundly sleeping in a hotel room in New Orleans when the alarm went off. What had once seemed like such a great idea — participating in the American Counseling Association Giving Back to the Community Day at Holt Cemetery — suddenly seemed questionable in the early hours of the morning. After briefly grumbling and questioning our sanity, we managed to haul ourselves out of bed. What we had committed to doing was more important than sleep. So, after rummaging through suitcases in the dark and finding our work clothes, we ventured out, eyes barely open and in desperate need of coffee.

Our arrival at orientationally was like looking in the mirror. Sleepy people sporting disheveled clothing peered back at us. Coffee in hand, we listened to our mission for the day. We also learned of the people we'd be working with that day — a diverse group representing many different branches and organizations

within ACA. There were students and faculty members, practitioners and supervisors, as well as assorted family members along for the ride. United in our mission to give back by working with Operation Nehemiah at Holt Cemetery, 162 of us boarded our buses, venturing off tourist maps to a part of New Orleans that some residents don't even know exists, while others actively ignore.

At first glance, Holt Cemetery is unassuming. As with many injustices happening in our society, it is easy to ignore. There are no ornate entrances, no monumental tombstones and few family tokens from loved ones, leaving passersby blissfully ignorant of the true injustices happening there.

We learned some of the history of Holt Cemetery. The site, owned by the city of New Orleans, is a place where those who lived in poverty are buried. It is also a final resting place for numerous African American soldiers known as Buffalo Soldiers. Unlike at other cemeteries in New Orleans, no maintenance is provided at Holt Cemetery. Gravesites are frequently reused by families and can be resold by the city if not maintained. Of all the injustices we heard, this felt the most monumental. At this moment, our true mission became clear. We realized that our work that day would prevent this startling injustice. Mission clarified, to the work shed we went! Gloves and shovels in hand, we headed toward a sea of weeds in the corner. We moved along with a deep concern over snakes and spiders and trying to show an outward confidence that we didn't feel. Intending to work together as a team of two, we quickly got busy. It's hard to identify when or how, but united by a common mission, at some point we melded with three others nearby, evolving into a team of five. This organic process happened

smoothly, requiring neither discussion nor introductions. It was moving to witness firsthand how individuals from different walks of life can come together, work together and make a powerful impact.

As the morning progressed, we chatted while pulling weeds, stayed hydrated and shouted out alerts about fire ants. We learned that our group of five consisted of a counselor educator, two professional school counselors and two doctoral students, coming from across the nation. Much like our team had emerged, slowly and nearly unnoticeable until complete, the gravesites too emerged from the cemetery around us.

After a short break, our team took on one last project, and boy was it a doozy! A simple weeding project took a dramatic turn when we realized we'd adopted a gravesite where two tombstones had been uprooted and left facing each other, unreadable. We quickly realized this left one-half of the double plot vulnerable to being resold. With the clock winding down, our sense of urgency grew. Our group huddled to determine a plan of action. Hard decisions were made, ultimately coming down to a consensus that our mission was to keep gravesites from being resold from under the families of the deceased. After digging, sweating and doubting our chances of success, our group erupted in shouts of joy when we finally separated the tombstones and could read the names of those who rested there.

Today, this remains a symbol to us of the experience of doing social justice work. In that moment, we realized counselors have the ability to work hard with others on something that seems insurmountable and then experience joyful success in the process of restoring dignity to others. At the end of the day,

My life, my story

To nominate an exceptional student or new professional to be featured in “My life, my story,” e-mail dpletche@westga.edu.

This month, counseling student **Luna Medina**, president of the Beta Rho Chi Chapter of Chi Sigma Iota at Florida Atlantic University (FAU), is featured.

Age: 29

Current residence: Coconut Creek, Fla.

Education: Pursuing dual M.Ed. in mental health and rehabilitation counseling at FAU; B.A. in psychology from FAU

Proudest professional accomplishment: My honors thesis as an undergraduate student expanded my insight. I had the honor of working

with a graduate student and faculty member, Amy Gardiner and Dr. David Bjorklund, respectively, who supervised my research. It was a great experience to assess 128 children, ages 5 to 8. I personally experienced the life of a graduate student and performed firsthand the process of conducting research.

Biggest challenge as a counseling student: My own high expectations and strict demands for excellence.

Words of advice for students and new professionals: I believe that if you focus your attention and put passion and enthusiasm into your work, the sky is the limit. I know I still have a



lot to learn. I am open to learning, even from a child who can bring new awareness to me. I can say with certainty and confidence that the field of mental health is my calling, my passion, and I am committed to making a difference in individual lives.

“Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has.” — Margaret Meade

we stepped back to survey the results of our labor and were able to comprehend the impact the entire group had made. Not only was the transformation of our little area evident, but a large part of Holt Cemetery was on its way to being restored. Where neglect and abandonment had dominated, respect and dignity now reigned.

As we reflect on this experience, it is interesting to note how many of the same moments affected both of us, including the stark contrast between Holt Cemetery and the well-maintained cemetery less than two blocks away, the forming of our team, the sense of accomplishment, the overwhelming sense of injustice and the power of seeing social justice in action. We were privileged to be visitors welcomed to serve the forgotten people and families of Holt Cemetery.

It would be easy to sit back and congratulate ourselves, but the truth of the matter is that much work remains to be done. Further, to not acknowledge what we took from this experience would perpetuate the injustices already occurring. To express pride and label this experience as altruism denies the simple

fact that those in Holt Cemetery gave to us, too. Our joyful shouts and sense of accomplishment remain with us, long after the sore muscles have faded. So, in honor of what was given to us that day, the two of us challenge ourselves, as we challenge you, the reader, to unearth injustices in our communities. Having been privileged to witness the impact of 162 counselors in New Orleans, we can only imagine what could be accomplished if we each made a commitment to social justice. ♦

Donjanea L. Fletcher is a student affairs counselor at the University of West Georgia. If you would like to submit a question to be answered in this column or an article detailing the experiences and challenges of being a graduate student or new counseling professional, e-mail dpletche@westga.edu.

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License to kill

Yeah, yeah, yeah. We've all heard that it is called "commencement" because "it is not so much an ending as it is a beginning." As far as I'm concerned, that's just an elegant way of saying you can start panicking now.

Here's the thing: Academia has always been my comfort zone. Reading, researching, writing, spirited classroom discussion. I thrive on it. Midterms? No biggie. Final exams? Child's play. Fact is, those tests cover a finite amount of material delivered in a discrete period of time and for the most part consist of questions written by the instructor based on specific material as it is presented in the course. Students usually even take the exams in the same room where the material was taught, which has empirically been demonstrated to increase test scores.

Not so for our profession's menacing licensure exam, known in industry parlance as the "NCMHCE." Try saying *that* three times real fast. And for extra credit, can you say what the letters stand for *without* the assistance of your 4G smartphone?

In any case, the exam is nothing short of intimidating for umpteen reasons.

The turning of the tassel at graduation isn't just for show. What appears to be a simple knot of silk in reality acts as a lever initiating a massive brain dump. Too bad I hadn't considered that I soon would need to access those facts again. That I had overlooked this crucial detail amounted to nothing more than an unfortunate case of brain freeze. Still, I could tell that at least one part of my brain worked just fine: the amygdala. Which immediately kicked into warp speed.

In that moment, self-knowledge became my saving grace. One thing I know for sure: Making lists calms me. In fact, I have been known to add items already completed — but not included on the original list — simply for the satisfaction of crossing them off. Naturally, in this situation, my instinct was to draft a Licensure To-Do List.

- Complete master's degree: Check!
- Register with state licensing board: Check!
- Find postgrad internship: Check!
- Confirm supervisor is qualified by state: Check!
- Register with National Board for Certified Counselors to sit for NCMHCE, remitting payment by check: Check!

The astute among you will notice that "procrastinate with respect to exam prep" did not appear anywhere on my list. Somehow, this stealth bullet item managed to suck more time and energy than any of the others. I thank Lucy, my coworker and fellow postgrad intern, for so deftly and unintentionally motivating me to uncap my Sharpie and press its black, inky tip to the pad once again.

Here's how it went down: Soon after I arrived one sunshiny May morning at the agency where we both work, I heard squeals emanating from the intake office. Who wouldn't want to be in on that? So, of course, I made a beeline for the fun, already smiling in anticipation of sharing in whatever happy news everyone was buzzing about.

"I passed my licensing exam!" Lucy beamed. "And ... my professor just called me to tell me that my score was The. Highest. In. The. State.(!)"

My first thought was, "I. Hate. Her.(!)" We all know what happens to a bee after deploying its stinger. In that moment, I wished someone would snap a pair of deely-boppers on my head and let nature take its course. Death would have provided welcome relief from the agony of unexpressed petty jealousy. Not to mention that it also would bring eternal respite from having to face my shattered illusion that "I know this stuff already. I don't need to study."

The threat of carpal tunnel syndrome loomed large from making so many check-marks on my to-do list.

- Choose mode of study (Self-study? Online? Study group?).
- Research online exam prep options and sign up.
- Review written materials provided by exam prep program.
- Attend interactive online seminars.
- Complete sample scenarios and study notes.
- Panic again because I am completely tanking on the information-gathering sections.

List making can only take one so far. With just two measly weeks left, I had developed a tic in one eye, insomnia and an acute case of catastrophobia.

If I don't pass this exam now, I have to wait at least three months to take it again. By then the DSM-5 will be adopted, and the exam will be based on all the new diagnostic considerations. But I learned everything based on the DSM-IV, so I will have to relearn EVERYTHING, and I will get it all mixed up, and I won't be able to ever ever ever pass this exam, and so my dream is dead. I never will get licensed. Which means I never will have business

cards printed with my name followed by the coveted initials that no one outside the profession knows what they stand for. This I cannot bear.

It is said that every problem contains its own solution. This is almost as trite as “commencement is not so much an ending as it is a beginning.” Anyway, it dawned on me that I had been cramming for a *mental health counseling* exam. I could cure myself and study all at the same time. Talk about time management. Ooo-rah!

This called for a new list.

- Look in index of study materials for section on “Treatment Planning for Anxiety Disorders.”
- Identify and challenge self-sabotaging thoughts.
- Enlist support of supervisor and broader social support network.
- Balance study with self-care activities.
- Visualize success.

Turns out, all this stuff I’ve been telling my clients really does work. I vented to friends and to my supervisor. Each responded with compassion.

“You’ll do fiiiiiiiine,” Supervisor told me. “You clearly have a handle on the art of therapy.”

“Yessssssssssssss,” hissed Amygdala, “But the exam questions are based on the *science* of therapy.”

Supervisor chuckled. “My money’s on you,” she said. “We both know that a little anxiety enhances performance.”

“The problem is, I’ve got more than just a little anxiety. And,” I countered, “we also both know that according to the Yerkes-Dodson law, too much anxiety torpedoes performance. Knowing that Lucy got the highest score in the state isn’t exactly promoting a sense of inner calm.”

“Yerkes-Dodson law? What the heck is that?” Supervisor asked, frowning her brow in puzzlement. “Suze, are you feeling any need to beat your coworker’s score?”

When she asked me point-blank about competing, I remembered a watercooler conversation Lucy and I had shortly after she shared her great news. I had offered my congratulations, but her response surprised me.

“Thanks, but what difference does it make?” she said through a wry smile. “My

whole life was nothing but studying for months. I didn’t spend time with my kids or my friends. I didn’t exercise. I gained 20 pounds, and I don’t even fit into my clothes. I studied too much. The person who scores a 75 still will have the same license as me.”

Don’t get me wrong, Lucy’s accomplishment is admirable. But the bigger lesson — the one I am most grateful she shared with me — is that sometimes good enough is just that: good enough. Lucy’s success had freed me to aim lower than I otherwise would have.

I paused before answering Supervisor’s pointed question. “Actually, no, I don’t feel the need to score higher than Lucy did,” I said. “I’d be thrilled to score just one point above the minimum passing grade.” And maybe for the first time in my life, I meant it.

I took Supervisor’s words and Lucy’s lessons to heart. I canceled my clients for the week before the exam, refusing to feel guilty about it. I alternated study time alone and fun time with family and friends. I ate healthy foods and carved out time to sweat at the gym. I slept. I meditated. One afternoon, I even planted myself at a table at a sidewalk cafe, nursing a single glass of chardonnay for three-and-a-half hours while poring over a sheaf of sample scenarios. I do not condone alcohol as a study aid. However, my information-gathering scores did increase exponentially during this particular study session. Let’s just say it was a function of the fresh air.

Fast forward to the “Day Of.” I gathered my exam registration paperwork and all necessary photo IDs, plus a sweater just in case the exam room was chilly. I double-checked the address of the testing center, which was located in a neighboring county. I thought I had everything under control at this point. And then, it happened.

I attempted to enter the testing center address into my car’s navigation system, but it would not let me store it. I tried and tried and tried. I failed and failed and failed again. Cue Amygdala.

I’m going to get lost. I don’t know my way around outside of my own county. I’ll be late, and they won’t let me into the testing center. It says right there on the sheet that if you don’t arrive 15 minutes before the test begins, they’ll lock you out ...

Out of nowhere, Voice of Reason piped up. *This is a good sign. GPS won’t allow you to store the address because you’re only going to be going to the testing center this one time. Clearly Car already knows you’re going to pass the test.* (“Where have you been all my life?” I asked Reason.)

Unfortunately, I do not drive a Smart Car. Amygdala was right. Car got me lost.

But as directionally impaired as I am, I figured it out. The wrong turn took me only one block out of my way. I got there with time to spare. There was in fact no need to store the testing center address, because even though it’s not a Smart Car, it was Smart Enough. Just as Car had predicted, I would be visiting this particular destination one time only.

Bottom line: I passed. My score did not even approach Lucy’s. So, my GPS isn’t 100 percent reliable. But my tires are balanced, and so is my life.



Learning Curve: Notes From a Novice explores the unique challenges that fledgling counselors face during their transition from the Ivory Tower of graduate school to the Real World of clinical practice. Students, new professionals, supervisors and seasoned counselors alike are invited to suggest topics, offer comments and share their experiences in future columns. Contact Suze Hirsh by e-mailing ct@counseling.org. ♦

Suze Hirsh completed her master’s in mental health counseling in August 2010 and currently works under supervision as a state registered intern at a not-for-profit community social services agency in South Florida. She has checked off more than half the entries on her Licensure To-Do List, most recently and with unbridled glee Item No. 6: “Pass NCMHCE exam.”

Letters to the editor:
ct@counseling.org



Heavy-duty strategies for silencing negative online reviews

Today, it is easier than ever for clients to vocalize their personal experiences with your practice. Online destinations such as Yelp, Google Places, Insider Pages, Foursquare, Gowalla and the BBB (Better Business Bureau) provide easy ways for consumers to write reviews on everything from restaurants to therapists.

In addition to online review sites, many individuals today manage their own websites and blogs where they write at length about their life experiences. Blogger Jeff Jarvis used his site BuzzMachine to vent about his trouble with Dell's products and customer service, sparking a huge online discussion known as "Dell's Hell." The page became so popular that it showed up on Google when people searched "Dell computers," and the negative online press damaged the company's reputation and sales.

Online press is a double-edged sword. On one hand, there is opportunity for excellent reviews that boost business. On the other, negative press can be deadly — and it's an inconvenient fact that people are more likely to report negative experiences than good ones. Hence, no practice is immune to negative online press from clients. *You* might not have a website, a Facebook account or even a computer, but your clients do. In fact, the question isn't *if* someone will write something negative, but *when* — and how will you handle it?

Fill the vacuum

On the Internet, the only thing worse than negative reviews is having those reviews published in a vacuum. Managers need to take control of the conversation about their companies in advance of any negativity. Here are some strategies one can begin using immediately.

1) Compete for awards and accolades. Winning an award or accolade is like a positive review on steroids.

When a potential client sees that your practice was "Voted best of Portsmouth by Harbor Magazine 2010!" he or she will have increased confidence in your brand. Many publications issue "best of"-type awards to local businesses in a variety of categories. To begin, contact local publications to inquire about the nominations process (perhaps they don't have a category for counseling — yet!).

2) Seek professional endorsements. Ask other health professionals who know your work to provide two- to three-sentence endorsements. You can publish these blurbs on your website, accompanied by the professionals' pictures and full names, to help build credibility. This level of identification is golden in a world in which unscrupulous companies create fake reviews by fictitious customers ("You changed my life, thanks! — Jake, NYC").

3) Own your search results. When people search your business name online, make sure every result on the first page of Google is one you control or have contributed to. How? Publish quality web content: articles, videos, press releases and blogs. Also set up a Facebook page, Twitter page, Google Places page, LinkedIn page and maybe even a Myspace page. This level of online saturation is important because when someone does finally post something negative about you, their negative comment could be so far down on the search results that new potential clients won't see it.

4) Tell your company's story. Telling your company's story will help you to build trust with potential new clients.

Your story isn't a one-time history of your company; it's an evolving narrative about who you are, what you're working on and how you're active within your community. Note: If you don't have anything to write about, then you're not doing enough!

Responding to upset client-customers

Great customer service will reduce client complaints, but it will never eliminate them. *All* businesses get upset customers. Like all companies, you will make mistakes and, let's be honest, sometimes customers are difficult to please. Here's what to do when you learn that you have an angry client-customer.

5) Apologize for their experience. Some counselors have a bad habit of taking a client's negative experience and making it a clinical issue. A client will say, "I'm mad that you were late to our appointment," and the therapist will respond, "Who do I remind you of when you feel like that?" Client complaints are often legitimate customer service issues, plain and simple. Hence, it is appropriate to apologize for clients' negative service experiences — even if the client is wrong! Perhaps you've heard of the customer service legend surrounding Nordstrom. In one account, a sales clerk refunded a customer for a set of car tires, even though Nordstrom has never sold tires! How does your customer service stack up?

6) Listen to their story. Like any customer, angry clients want to be heard. When clients are angry, thank them for the opportunity to learn from their negative experience and then let them talk (off the clock!). Then ask them to tell you more. And then more. And then more! Make sure these clients tell you

their whole story — every perception and feeling about it. Then say, “Now that I know your entire experience, how can I make things right?” After being heard in person, clients will feel less compulsion to rehash their complaints online (plus they’ll appreciate your patient listening).

7) **Set the bar high.** I called my bank the other day, and the attendant answering the phone said, “Thanks for calling Bank of America. How can I exceed your expectations today?” Wow, you just did! Let clients know that your goal is to exceed their expectations. By setting the bar high, if you miss your objective, perhaps you will simply meet their expectations, which is not bad for a “miss.”

8) **Respond to online criticisms politely and directly.** Some consumer sites give business owners the opportunity to respond publicly to customer reviews. Take advantage of this! When someone writes a negative review or comment about your practice, respond in a positive and professional way. Consider that although a negative review may hurt sales in the short term, the constructive criticism gives your company an opportunity to learn and improve for the long term.

Quality and reputation

The preceding “heavy-duty” strategies will help to strengthen and protect your company’s reputation. One word of caution, however. No matter how savvy a business is with reputation management, if the food tastes bad, the restaurant will eventually fail. Hence, these strategies work best when combined with exceptional customer service and quality clinical care. ♦

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

Letters to the editor:
ct@counseling.org

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

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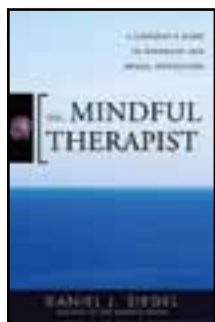


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The Mindful Therapist: A Clinician's Guide to Mindsight and Neural Integration

By Daniel J. Siegel, 2010, W.W. Norton & Co., 320 pages, \$27.95, ISBN: 978-0393706451



If asked, most of us could easily list the essential skills for effective counseling. We know research consistently finds that the quality of the therapeutic relationship is one of the most

robust predictors of success. *The Mindful Therapist* addresses why and how. In this sequel to his groundbreaking work, *The Mindful Brain*, Daniel Siegel offers a unique and inspiring guide to delving into the mystery of psychotherapeutic presence, attunement and resonance.

This book is an intensive seminar in skill building and personal growth through mindfulness practice for counselors and psychotherapists. This is a graduate-level seminar, so be prepared to take notes and stay focused. We will be immersed deeply into Siegel's intellectual world of "interpersonal neurobiology," a tripartite model of human behavior that focuses on mind, brain and relationships.

Like a Zen master, Siegel asks a lot of us — more than most of us ask of our clients. He asks us to enter and extend our window of tolerance for self-awareness, to be in touch with our inner body sensations and to explore any fears we have of connecting with another. He urges and supports us through guided exercises to notice and strengthen our degree of curiosity, openness, acceptance and love. He asks us to release ourselves from the constraints of certainty and to be willing to be surprised at any time. He instructs us to know ourselves, to know our inborn temperament, to be aware of our reactivity and to recognize

our "implicit" memories as the learned reactions that they are, despite their here-and-now feeling. He implores us to "try hard" to practice mindfulness in order to transform mindfulness practices into mindfulness traits. A contemplative neuroscientist from beginning to end, he even dares to entice us with the possibility of achieving *samadhi* through mindfulness practice.

Interpersonal neurobiology, as Siegel conceives it, combines his interests in brain science, attachment theory and mindfulness. His thinking emerged in reaction to the reductionist movement in neuroscience in the 1990s, which perhaps overemphasized neurotransmitters and undervalued talk therapy. Siegel defines the mind not just as the activity of the brain but as "an embodied and relational process that regulates the flow of energy and information." With focused attention, the mind literally changes the quality of synaptic connections with and between structures in the brain. These brain changes correspond to and support greater flexibility both intrapersonally and interpersonally.

The book includes progressively more challenging mindfulness or self-reflective practices — what Siegel calls "mindsight skills" — of observing, understanding and modifying the content and processes of the mind. If you are new to mindfulness meditation, you may enjoy the peace and openness that comes from his introductory lessons in watching one's breath. As we follow the rising and falling of our breath moment by moment, we are practicing — and therefore improving — our attuned and open sense of presence. If you are an experienced meditator, however, you will still find challenges to help you continue to develop your skills. For example, the process of bringing attention to the "spaces" between thoughts, feelings and sensations requires some practice and focus.

Siegel suggests, from current research, but also from speculation, that the reward for this work is to have cultivated

an integration of mind, body and relationship that liberates us to know the "truth" of ourselves. This, he says, frees us to be more connected, open, harmonious, engaged, receptive and empathic counselors.

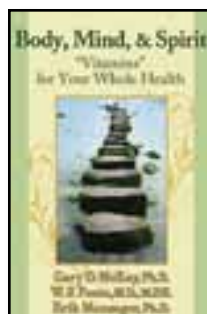
The author has a penchant for mnemonic devices (such as SNAG, which stands for "stimulate neuronal activation and growth," and FACES, which describes an integrated healthy mind as "flexible, adaptive, coherent, energized and stable"). Some readers may find these helpful for remembering complex material, but be forewarned that they can be distracting.

The Mindful Therapist covers a lot of material, and it is rich with references to research in neuroscience, mindfulness, attachment theory and clinical practice. In fact, Siegel seems well on his way to developing a unitary theory of mind — based on nine domains of integration — that explains and defines the entire spectrum from mental illness to mental health to self-actualized states of enlightenment. He is a fascinating author with big, new ideas — a great resource in the field of counseling and psychotherapy.

Reviewed by John J. Kukor, a licensed mental health counselor in private practice in Long Island, N.Y., and adjunct professor, St. John's University.

Body, Mind & Spirit: "Vitamins" for Your Whole Health

By Gary D. McKay, W. F. Peate & Erik Mansager, 2009, Impact Publishers, 320 pages, \$19.95, ISBN: 978-1886230811



Body, Mind & Spirit: "Vitamins" for Your Whole Health is designed as a vitamin for one's whole being, stating that happiness and general well-being are the sum of multiple elements,



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not just one’s physical health. The authors give tips and advice for keeping all three components — body, mind and spirit — in good health.

Practitioners from various fields, including medicine, counseling and psychology, share their experiences and knowledge to show that all three aspects are interrelated. It’s powerfully helpful to see health presented in this way. The blending of their approaches produces a result that is greater than the sum of the parts.

The authors divide the book into two parts. In Part I, the three dimensions of health are explained, as is how they interact to affect physical, psychological and spiritual health. Also explained is how the marvelous human brain is the central driving force of all three dimensions. Learning to change one’s perceptions and thoughts about life will consequently affect physical, psychological and spiritual health.

The authors regard body as the first dimension of health and strongly suggest its influence on an individual’s mental and spiritual well-being. The book specifically discusses the power of the brain and the importance of maintaining health through practices such as continuing to learn, eating right, sleeping well and staying connected. Shifting focus to the second dimension, the book discusses the mind’s influence on vitality of life. Techniques are provided for changing one’s emotions, thoughts and purposes. The book then discusses the power of the spirit and its relationship to fuller living. It covers the impact that beliefs about the meaning of life can have on the body and mind and talks about how to nurture one’s spirituality.

Part II focuses on the application of the three dimensions of health to common human conditions or challenges such as stress, aggression and anger, depression, addiction, chronic illness and aging. In simple language, it explains and suggests useful techniques and strategies for dealing with complex psychological and mental problems in a systematic way. The latter part of the book can help clinicians facilitate the process of identification — how one is functioning, what one can do to improve and how to examine, plan and track one’s progress.

Written in a very simple and informal

manner, this book nonetheless is very well organized, practical and technical in approach. The authors mention various case studies and related experiences from their own practice as professionals and are successful in showing how the integration of body, mind and spirit leads to healthy living. This is a worthwhile read for those seeking health and happiness, and I highly recommend it.

Reviewed by Deeba Khumar, master's student in clinical mental health counseling, Marymount University, Virginia.

Appointment Manager Plus Online Scheduling System

Thumbprint Solutions LLC, 2009, online, cost from \$7 to \$9 per month for single users

Appointment Manager Plus is an online appointment manager that may serve many purposes to keep counseling professionals on task and organized. The software could be beneficial to clinical mental health counselors and school counselors alike. Appointment Manager Plus drives a counselor beyond the average calendar by managing appointments and client information. Even more enticing is the modest price, which is \$9 per month or less. Appointment Manager Plus also uses an https function, so it offers a connection as secure as an online bank account.

Using the appointment management feature of this software allows one to do more than just schedule a time for an appointment. The duration for which the counselor and client will meet is entered, as is the type of treatment, such as marriage, substance abuse, vocational, sexual abuse and so on. What makes this even better is that the counselor can customize the type of treatment. For example, a school counselor may decide to use different categories in this feature such as grief, depression or social skills. The counselor can also list private notes in the appointment manager feature, as well as notes geared toward communication to the client.

The client management feature provides a snapshot of client demographic information such as address, contact information, age, sex, disorder and medications. It also shows the type of counseling the client is seeking. The

counseling professional can see the counselor notes as well as notes written in communication with the client. The appointments the client has attended are also shown in this feature. Once a client has made an appointment, the software will send the client an e-mail with the information.

Other useful aspects of this software are the ability to upload digital documents and produce customizable reports. Payment for the service is via PayPal after the initial 30-day free trial. A counselor might also wish to upload supplemental documents such as additional case notes. Reports can be printed that show a variety of data, such as information about the client, a snapshot of counseling conducted throughout a period of time, payment throughout a period of time and so on.

The most advantageous part of Appointment Manager Plus is that counselors using the software have the flexibility of customizing it to suit their professional needs, whether it is customizing the way appointments are set up or tailoring the client information that is captured. While at first this software seems most useful to counselors working in clinical mental health settings, school counselors might find it useful for scheduling appointments with students or at events such as parent-teacher conferences.

Reviewed by Andrea Diehm and Jennifer Kirchner, school counseling graduate students at the University of South Dakota. ♦

Kelly Duncan is an associate professor of counseling and director of the University of South Dakota Counseling and Psychological Services Center. Contact her at Kelly.Duncan@usd.edu.

Letters to the editor:
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Rehabilitation counseling resources on the Internet

Our master's program is big on "walking in the other person's shoes." Each professor goes about this in a different way, but they all emphasize the intended point. One of the students' least favorite exercises involves spending an entire day in a wheelchair. This is novel for about 10 minutes, then reality sets in. Not only is it impossible to reach anything above counter height, but you also quickly realize that bathrooms and doorways are rarely wheelchair friendly. The point of this exercise is not just to better understand what a wheelchair-bound person goes through, but also to recognize the frustration of a person whose freedom has been restricted in some way, whether for a finite period of time or a lifetime.

Stages of psychosocial development can be seriously affected by a disability, whether congenital or acquired. Depending on the level and extent of disability, identifying resources and individual needs can be difficult tasks for some people. In this instance, the appropriate mental health professionals can make a world of difference. Rehabilitation counselors are trained on the master's level specifically to work with all populations of disabilities. We chose this field of counseling because it offers the opportunity to assist others throughout the rehabilitation process. This assistance may come in the form of counseling, guidance, diagnostic assessment, planning, vocational assessment, treatment, evaluation and case management — all of which support an individual seeking to adjust to the various aspects of disability and to work toward both long- and short-term goals. We are truly supportive of our clients' social, personal and career goals and their desire to live independently.

Professional organizations

Networking and continuing education are just two ways to keep current on

developing topics in rehabilitation counseling. The profession has organizations (graduate student level and professional), commissions and councils to keep counselors aware of various standards, ethics, certifications and memberships. Maintaining certification in rehabilitation counseling requires documented proof of continuing education. Membership in one of the associations is a great resource for reading about educational opportunities and conferences.

- American Rehabilitation Counseling Association (ARCA): arcaweb.org
- National Rehabilitation Counseling Association: nrca-net.org
- Commission on Rehabilitation Counselor Certification: crrcertification.com
- National Council on Rehabilitation Education: bit.ly/iY4MmN
- Council on Rehabilitation Education: core-rehab.org
- National Clearinghouse of Rehabilitation Training Materials: bit.ly/kHv4C6
- National Council on Independent Living: ncil.org

Journals and newsletters

In addition to the American Counseling Association's *Journal of Counseling & Development*, rehabilitation counselors read a plethora of other journals and newsletters to assist in professional development. The best journals offer information on a variety of disabilities while remaining true to the counseling profession.

- ARCA Newsletter archive: bit.ly/jod0sx
- *Rehabilitation Counseling Bulletin*: rcb.sagepub.com
- *Journal of Applied Rehabilitation Counseling*: bit.ly/mu9NFF

- *Journal of Vocational Rehabilitation*: bit.ly/kRIxG1
- *Psychiatric Rehabilitation Journal*: bu.edu/cpr/prj/
- *Journal of Rehabilitation Education*: bit.ly/mkSvbR

Advocacy and legislation

Rehabilitation counselors are strong advocates for clients. Our education puts a healthy emphasis on knowledge of past and present legislation so that we can better serve clients. We are also able to provide education to employers who are considering hiring individuals with disabilities. Employing an individual with a disability does not pose major accommodation efforts or substantial financial strain on a company as some might think.

- National Disability Rights Network: napas.org
- Rehabilitation Services Administration: 1.usa.gov/9uONBt
- Client Assistance Program: 1.usa.gov/brHXAn
- Americans with Disabilities Act of 1990: ada.gov
- Individuals with Disabilities Education Act: tinyurl.com/kstl83
- Rehabilitation Act of 1973: tinyurl.com/cp2cub

Populations

It's important to keep in mind that all disabilities are not apparent or visual. Although the following list is not all-inclusive, it gives an idea of the various disability populations that rehabilitation counselors encounter. To ensure that we have knowledge and personal experience with a population, one of our courses requires spending "A Day in the Life" with an individual from any of these populations. We spend an entire day shadowing an individual to learn about

the person and his or her strengths, challenges and barriers. This firsthand experience sheds new light on our respective choices of population, but more important, we learn how to view the person first rather than his or her disability.

- Stroke: strokeassociation.org
- Learning disabilities: nclid.org
- Traumatic brain injury: traumaticbraininjury.com
- Spinal cord injury: bit.ly/lEJS4i
- Serious and persistent mental illness: bit.ly/5t1eM
- Addiction/substance abuse: samhsa.gov
- Cerebral palsy: cerebralpalsy.org
- Epilepsy: epilepsy.com
- Hearing impairments: bit.ly/jDGhRU
- Vision impairments: afb.org

Assistive technology

A very important part of a rehabilitation counselor's job is to help the client get as close to premorbid functioning as possible. One way this can be achieved is through the use of assistive technology. Assistive technology is constantly evolving to provide the best productivity levels for personal use in home environments and employment settings. By the way, did you know that all computers are programmed with some basic assistive technology tools?

- Microsoft Accessibility Technology for Everyone: bit.ly/aqhE6n
- Apple accessibility: bit.ly/6MLCD
- AbleData: bit.ly/iwxIpa
- AbilityHub: abilityhub.com
- EnableMart: enablemart.com
- Adaptive Technology Resources: adaptivetr.com

Occupational tools

Most adults put significant value on their ability to be productive and earn financial independence. A prime objective for rehabilitation counselors is to get clients back to work, but this goal is approached holistically. Every aspect of the individual's life is taken into consideration before we proceed with job placement. We use various resources to analyze transferable skills and residual functional capacity to determine whether

the individual is able to return to the previous job or should pursue other avenues. The possibilities for finding suitable employment are endless.

- Job Accommodation Network: askjan.org
- O*Net: onetonline.org
- Dictionary of Occupational Titles: occupationalinfo.org
- Occupational Outlook Quarterly: 1.usa.gov/hNGpOR
- "Pre-Employment Testing and the ADA": bit.ly/iiA1ZK
- National Center on Workforce and Disability One-Stop career tools: onestops.info
- United Cerebral Palsy supported employment: bit.ly/kzvwZy

As students, we are excited about the future opportunity to gain employment with a variety of public and private organizations. The career choices for rehabilitation counselors are wide ranging. Whether we choose

specialized areas such as substance abuse or psychiatric care, we are sure to find fulfillment, growth and career challenges in any field.



You can find the links mentioned in this article as well as other links on *The Digital Psyway* companion site at digitalpsyway.net. Did we miss something? Submit your suggestions to column editor Marty Jencius at mjencius@kent.edu. ♦

Amanda C. Young and Tamarah J. Williams are students in the master's in rehabilitation counseling program at the University of South Carolina.

Letters to the editor:
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Despite proposed name change, psychosis risk syndrome is still risky

The *DSM-5* Task Force has proposed that “attenuated psychosis syndrome” (previously called “psychosis risk syndrome”) be added to the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*. The term *attenuated* refers to subthreshold psychotic symptoms that are not severe or disruptive enough to be deemed actual symptoms of psychosis. The new diagnosis would classify prodromal symptoms that occur during the period immediately preceding a psychotic episode, before an individual can be diagnosed with schizophrenia. Research studies have found that a prodrome period with a duration of three to four years occurs in 75 percent of individuals who experience first-episode schizophrenia.

Because of the early onset of schizophrenia and other psychotic disorders, those diagnosed with attenuated psychosis syndrome will most likely be adolescents and young adults. A diagnosis of attenuated psychosis would be based on the presence of mild or subtle positive symptoms of psychosis (such as delusions, hallucinations and disorganized speech); symptoms occurring weekly within the past month; symptoms worsening in the past year;

and distress, disability and/or treatment seeking due to the symptoms.

The *DSM-5* Psychotic Disorders Work Group had good intentions in proposing this syndrome. The new diagnosis would provide a separate classification for the early, mild psychotic symptoms that do not currently fit into any existing diagnostic entity but that indicate considerable risk of a future psychotic episode. The hope is that recognizing and classifying early signs and symptoms of schizophrenia will lead to early detection and preventive treatment.

Unfortunately, the disorder may carry substantial risks in three main areas.

1) The disorder would misidentify many teenagers who aren't really at risk for psychosis.

2) The primary treatment for the disorder would be antipsychotic medication, which, in my opinion, has little proven efficacy.

3) The disorder potentially would subject diagnosed individuals to stigma and discrimination.

Misdiagnosed teenagers

Teenagers will be the main target of this diagnosis because prodromal psychosis symptoms typically occur in adolescence or early adulthood. Furthermore, descriptions of “mild” symptoms that qualify as attenuated psychosis will make

it difficult for counselors to distinguish the disorder from the normal range of thoughts, speech and behavior in adolescents and young adults. For example, attenuated hallucinations are described as “shadows, trails, halos, murmurs and rumbling.” Examples of attenuated delusions include “feeling perplexed, confused or strange; thinking that the self, the world and time has changed; unusual ideas; and overvalued beliefs about philosophy, religion, magic.” Additional descriptions include hypervigilance, guarded behavior and displaying an openly distrustful attitude in the interview.

One can easily see the challenge in differentiating these “attenuated symptoms” from normal adolescent behavior. Labeling odd or unusual adolescent behavior as “psychosis risk” is quite a leap. There are many causes for strange behavior in adolescents other than psychotic risk, including adolescent development issues, rebelliousness, drug use and even normal adolescent eccentricity.

If this disorder becomes official and is publicized, how many parents will “seek help” because of their teenager’s “strange” or “odd” behavior? Research studies have already shown that this proposed disorder has the potential for creating high rates



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of “false positives” — that is, diagnosed individuals who never develop a psychotic disorder in the future. Studies have found false positive rates of approximately 60 to 70 percent among expert clinicians and as high as 90 percent among general practitioners. This means that nine out of 10 individuals diagnosed as having attenuated psychosis syndrome might not really be at risk for developing psychosis.

Antipsychotic medications

For those who are diagnosed, some type of treatment will be implemented to “prevent” the development of a psychotic disorder. The problem is that no clear scientific evidence base exists for the best treatment approach. Despite this fact, the primary treatment approach is most likely to be antipsychotics. Although some propose cognitive behavior therapy as a first-line (and less harmful) treatment, the unfortunate reality is that antipsychotic medication is the treatment of choice for insurance companies and more widely available to this population — and particularly to kids on Medicaid.

In my opinion, the harmful side effects of antipsychotic drugs are well

documented and frightening, ranging from weight gain (up to 20 pounds) to akathisia (physical restlessness to the point of inability to sit still or remain motionless). Because little is known about the long-term outcomes of individuals diagnosed with this syndrome, these young people may be prescribed antipsychotics indefinitely.

Stigma

Imagine the stigma that this new disorder will bring to diagnosed individuals. Teenagers, who are developmentally egocentric to begin with, may internalize stigma and view themselves as bad, defective or unworthy. They may define themselves by their illness rather than simply viewing the illness as something they have. The *DSM-5* Psychotic Disorders Work Group tried to reduce stigma by relabeling psychosis risk syndrome as attenuated psychosis syndrome, but a simple name change will not solve the stigma problem.

Although the work group believes this syndrome is an opportunity to identify subthreshold psychotic symptoms and provide preventative treatment,

the potential consequences cannot be ignored. These include misidentifying as many as 90 percent of the kids who receive the attenuated psychosis syndrome diagnosis, treating them with unproven antipsychotic medication (with all the harmful side effects) and needlessly stigmatizing teenagers who may never go on to develop schizophrenia. ♦

K. Dayle Jones is a licensed mental health counselor and associate professor and coordinator of the Mental Health Counseling Program at the University of Central Florida. She chairs the American Counseling Association’s *DSM* Task Force, which was formed to provide feedback to the American Psychiatric Association on proposed revisions to the *DSM-5*. Contact her at daylejones@ucf.edu.

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Seeing potential, not disability

Disabilities can alter a person's life, but rehabilitation counselors work hard to put clients back in the driver's seat

By Lynne Shallcross

When Chad Better's students want to grasp what it means to have a disability, he shares the story of a former client. The woman had been a nurse for 19 years but developed an allergy to latex as a result of her work.

"By developing this condition, the client not only had to adapt vocationally, given that she could not safely work in any health care environment due to the utilization of latex in many of the medical supplies present, but also had to make drastic changes in her life, including modifying her home, her vehicle and even her wardrobe due to the presence of latex components. She also had to learn to be mindful of her environment when out in public because sitting in a restaurant with balloons in the vicinity could trigger allergic symptoms," says Better, an assistant professor of rehabilitation counseling at Winston-Salem State University in North Carolina.

After working with Better, the client was admitted into a legal training program and found work as a paralegal. She had learned how to manage her disability and became an advocate for health care professionals with latex allergies. "It's a story I share with my students, and it tends to open their eyes to the magnitude of the impact of a disability," Better says.

Rehabilitation counseling is a well-established but sometimes misunderstood part of the counseling profession. "Everyone assumes we're substance abuse counselors," says Better, a member of the American Counseling Association and the American Rehabilitation Counseling Association, a division of ACA. "And while we work with individuals with substance abuse issues because [they are] a disability, we work with all disabilities across the board."

Carolyn Rollins, associate professor in the Department of Counseling and Educational Leadership at Albany State University in Georgia, has also heard the

assumption that rehabilitation counselors focus on one specific area, such as substance abuse. But disability comes in a variety of forms, says Rollins, who is a past president of ARCA.

For example, she says, a rehabilitation counselor might help a student with a disability to get the accommodation he or she needs, whether that means taking a test in a quiet environment or using a computer with voice capabilities. The counselor's role, Rollins explains, is to take a physician's or other evaluator's recommendation of what accommodation is necessary and to assist the school or other institution in implementing that accommodation for the client.

According to the ARCA scope of practice, "Rehabilitation counseling is a systematic process which assists persons with physical, mental, developmental, cognitive and emotional disabilities



Carolyn Rollins

to achieve their personal, career and independent living goals in the most integrated settings possible through the application of the counseling process. The counseling process involves communication, goal setting and beneficial growth or change through self-advocacy, psychological, vocational, social and behavioral interventions."

Tyra Turner Whittaker, a professor of rehabilitation counseling at North Carolina A&T State University, notes that the number of people with disabilities is vastly increasing, particularly as the baby boomer generation ages and as more veterans return home with disabilities incurred during military conflicts.

Rollins adds that improvements in medical care are allowing greater numbers

of people to survive life-threatening situations, but many times, these individuals are left with disabilities. It's no surprise then that the role of rehabilitation counselors is growing ever more crucial, Rollins says. "A person's ability to function independently can be enhanced by the knowledge of rehab counselors."



Tyra Turner Whittaker

Employment ... and much more

One of the primary goals of rehabilitation counseling is to help clients become gainfully employed, says Amos Sales, professor in the Department of Disability and Psychoeducational Studies at the University of Arizona. As a minority group, 13 percent of people with disabilities live at or below the poverty line, and two-thirds of people with disabilities are unemployed, according to Sales. Of those who are employed, only

one in four is employed full time. "You can imagine what that does to a yearly income," Sales says.

Carrie Wilde, president of ARCA and former chair of the Counselor Education Department at Argosy University in Tampa, Fla., says although the roots of rehabilitation counseling are in helping clients find employment, that isn't the sole focus. "Now counselors are taking a more holistic approach," she says. "How are clients doing socially, educationally, how is [a disability] affecting their relationships? It's not just vocational."

Whittaker, a member of ACA, adds to that point. "In the past, unfortunately, what happened in the field of counseling [was that] people tended to view rehab counselors as just employment specialists [rather than] counselors who have an expertise in employment," she says. "For the most part, rehabilitation counselors share the core counseling training that most counseling students have, along with additional training in employment and in the medical and psychosocial aspects of disabilities."

Rehabilitation counselors assist clients with reintegrating into the community,

whether the individuals are dealing with a disability they were born with or one they experienced later in life, Wilde says. She previously worked with clients who had



Amos Sales

brain injuries, using a holistic approach that encompassed working through the clients' perceptions of themselves with the disability, adjusting to the disability, improving their self-confidence and becoming more socially comfortable. Wilde says a holistic approach to rehabilitation counseling can also include working with the client's family members, friends and other support systems.

The issues clients bring with them to rehabilitation counseling are wide ranging, Sales says. In many cases, clients are still working through personal and emotional issues related to having a disability, he says, so a counselor's training in establishing a relationship while demonstrating empathy

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and positive regard is crucial.

On the employment end, counselors might work collaboratively with the client to investigate what he or she wants to do, Sales says, possibly

by administering a personal interest test. If it becomes evident the client needs retraining or additional education to obtain employment, he says those services can be provided through the state-federal vocational rehabilitation services program, which was set up through the federal Rehabilitation Act.

Employment services with rehabilitation counseling clients might begin with an assessment, which may be administered by the counselor or by someone else, depending on the scope of practice in the counselor's workplace, Wilde says. After reviewing the assessment of the client's abilities, she says the rehabilitation counselor might offer the client employment services, such as working on interview skills, or send the client to another agency for additional training or services.



Carrie Wilde

Rehabilitation counselors often work with potential employers or the client's coworkers as well, she adds, helping to set up accommodations for the client in the workplace. The counselor's level of involvement in the workplace largely depends on the client's ability to articulate his or her needs to the employer, Wilde says. "We as rehabilitation counselors do not want to add to the stigma that may already be associated with a disability," she says. "The more we can have clients do for themselves, the less disruptive it is."

In working with an employer, the rehabilitation counselor's goal is to find out what can be changed in the client's environment or support system to allow the individual to do the work, Wilde says. For example, if an employee was injured and can no longer handle heavy lifting, a rehabilitation counselor might work with the employer to modify the person's job description. Wilde had one client who couldn't bend well because of a disability, so she collaborated with his employer to make adjustments to the equipment with which the client worked.

The economy remains a complicating factor, Better says. "Individuals without disabilities are having trouble finding employment," he says. "When there are disabilities, that just compounds it."

Whittaker offers a recommendation to

counselors providing vocational counseling to rehabilitation clients. "Truly listen to the client's story — where they've been and where they hope to go," she says. Clients often want to share their backgrounds as well as their future aspirations, she explains, and counselors should show the patience to first listen before assisting clients in meeting those goals.

Returning power to the client

Sales views people with disabilities as an oppressed minority group — a group that "experiences a particular need to feel more power in their lives." Giving power back to individuals with disabilities is such a passionate topic for Sales that in 2007 he wrote a book about it: *Rehabilitation Counseling: An Empowerment Perspective*, published by ProEd and available through ACA.

"They have been denied power throughout their lives," Sales says of clients with disabilities. "They have dealt with the medical model all their lives where they've been told what they can do and cannot do. Because of mobility issues, they've been denied access. All of those things feed into being in a lower power position. They come to counseling with a need to be more empowered."

Ironically, the field of rehabilitation counseling had very paternalistic

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beginnings, Sales says, with counselors viewed as the “experts” who would determine vocational goals for clients. Thankfully, times have changed, he says, and today there is a greater push toward client empowerment.

The first step rehabilitation counselors can take in empowering clients is to assume the role of partner rather than of expert, Sales says. That’s a paradox in the counseling profession, he says, because counseling students work hard to become knowledgeable about all sorts of emotional issues and how to overcome them. “But where you subtly cause problems and

actually oppress clients is by making decisions for them, by moving them more toward the counselor’s own thoughts and opinions,” he says.

If the counselor acts as the expert, Sales warns, clients are more likely to make choices on the basis of what they think the counselor wants them to do rather than on what they believe would be in their own best interests. “If they’re comfortable with you and they are seeking advice, that’s good,” he says. “But if you move them too quickly based on your thinking and expert knowledge, that’s not good.”

To create a more empowering counseling

process for persons with disabilities, Sales offers several recommendations, including responding to the individual instead of the disability and using the Rogerian approach of empathy, congruence and positive regard. Try to put as much power as possible back into the clients’ hands, he advises counselors, and support clients in assuming more power over their own personal change as well as over their environment. Depending on the individual issues and needs of each client, rehabilitation counselors can use a wide range of effective counseling theories and approaches, but Sales says feminist theory pairs particularly well with an empowerment approach.

Rollins is also an advocate of empowering clients. “Rehabilitation counseling is a profession in which we strongly believe in the autonomy of the client, and the client’s role in the process is very important,” she says. “The client ought to be able to have a role in the outcomes of the treatment and to define [his or her] own needs.” Clients should be actively involved in the rehabilitation process, Rollins says, and counselors should work from a strengths-based model, with the counseling relationship building on the assets the client brings to the table.

Earlier in her career, Wilde remembers empowering a 32-year-old client who was rebuilding his life after a self-inflicted gunshot wound to the head. The client was living in a nursing home when Wilde began working with him, but after approximately two years of rehabilitation counseling, the man found employment and began living on his own again. “It was the belief that he could do more for himself that got him out of the nursing home,” Wilde says. “Empowering clients to do more for themselves and feel good about themselves is central to rehabilitation counseling.”

A complicating factor

For about three years, Betters has been researching the relationship between disability and obesity. The nation’s waistline is growing, and that can complicate the situation for people with disabilities, he says. “As our country is becoming more and more a victim of the obesity epidemic, we are going to have to accommodate this in what we do as rehabilitation counselors because it is

Branching out

Employment isn’t an issue only for rehabilitation clients — it’s also an issue for rehabilitation counselors. To help new rehabilitation counseling professionals looking for work or even seasoned professionals seeking something new, Tyra Turner Whittaker, a professor of rehabilitation counseling at North Carolina A&T State University, offers a rundown of job opportunities for those trained in rehabilitation counseling.

1) One major employment option, Whittaker says, is working for a state agency, whether it’s a state vocational rehabilitation agency or a state agency for the blind or deaf and hard of hearing.

2) Look into opportunities with the Department of Veterans Affairs.

3) Because rehabilitation counselors have special expertise in career and employment counseling, they can consider working as a career counselor or employment specialist, Whittaker says. “You can use that knowledge and skill set to help individuals find careers or assist companies in executing their employment development programs, which are desirable services in this current economic climate.”

4) Work as a vocational expert on behalf of insurers, defendant or plaintiff attorneys, or through the Social Security Administration. “Similar to medical experts utilized in the legal system, vocational experts offer vocational professional expertise on the impact of a personal injury on

the claimant’s future earning capacity,” Whittaker says.

5) Addictions counseling is another option for counselors trained in rehabilitation counseling, Whittaker says, although rehabilitation counselors might need additional licensure and/or training in addictions counseling depending on their state’s requirements. North Carolina A&T offers a certificate program in rehabilitation counseling and behavioral addictions. The program provides specialized training to rehabilitation counselors in the areas of alcohol and drug abuse, gambling addiction, sex addiction, eating disorders and criminal behavior.

6) Life-care planning is yet another option. “This is an area of specialty in rehabilitation in which the counselor works with people with catastrophic injuries or illnesses,” Whittaker says. The counselor’s role would be to develop a care plan that delineates every specific need the individual has or will have, along with the cost of those needs from the point of injury through the remainder of the client/claimant’s life.

7) Finally, Whittaker points to disability management as a rewarding employment option. Rehabilitation counselors would have the opportunity to work with an employer in the areas of disability intervention and prevention within the workplace.

— *Lynne Shallock*

multiplying, compounding and increasing the magnitude of disability that clients are bringing to the table.”

Advancements in health care have helped minimize

obesity's effect on mortality, which is positive, Better says, but the flip side of the coin is that obesity is increasing morbidity, making it more of an issue within rehabilitation counseling. Obesity can complicate rehabilitation after a person suffers a disability, and it can also stem from incurring a disability.

Bettors points to research showing that people who enter workers' compensation programs after an injury come out with higher body-mass indexes than before they began. “Those individuals are then at a greater likelihood of sustaining a re-injury,” Bettors says. “It's almost a downward spiral.” The American lifestyle already promotes obesity, Bettors says,



Chad Bettors

and when someone has a disability, lack of activity, dietary changes from a tighter budget and mental anxiety only increase the likelihood of the person becoming obese.

The implication for rehabilitation counselors, Bettors says, is that job placement for the client becomes even more difficult. The more limitations a person has related to obesity — such as fatigue, taking diabetes medication or dealing with orthopedic pain because of weight — the harder it becomes to find a suitable employment match. Bettors adds that individuals who are obese also face greater employment discrimination. “Obesity's implications compound everything,” he says.

The obesity epidemic isn't going to drastically diminish anytime soon, Bettors tells rehabilitation counselors. In fact, data points to it getting worse. “As rehab counselors, we can't expect clients to come in the door with a game plan that they're going to take responsibility to manage [their weight] or have an action plan during rehab,” he says. “Rehab counselors didn't sign up to work as nutritionists or exercise trainers, but we need to start

including those aspects at least in the discussions if it's relevant.”

Does Bettors recommend that rehabilitation counselors address the issue of weight with clients, even though it remains something of a taboo topic? “If it's going to prohibit or limit their employability, my position is yes,” Bettors says. “It should be treated as any other issue, concern or obstacle in the client's return-to-work process.”

Although rehabilitation counselors aren't experts in diet and nutrition, Bettors suggests opening the discussion by asking clients how obesity might be impacting their disability. Rehabilitation counselors may also be able to assist clients by making appropriate referrals. For example, although it isn't the norm, Bettors says some workers' compensation systems are providing gym memberships to clients to assist them with weight-loss efforts.

Working together

All counselors, regardless of specialty, can benefit from understanding the work of rehabilitation counselors, Whittaker says. “All counselors will encounter individuals with disabilities at some point, whether

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Seeing Potential, Not Disability

1. People with disabilities are likely to be:
 - a) Unemployed
 - b) Abusing drugs
 - c) Abusing alcohol
 - d) Experiencing family difficulties
2. Author and rehabilitation counselor Amos Sales believes that people with disabilities are an oppressed minority, a group that experiences the need for more:
 - a) Training
 - b) Coping skills
 - c) Empowerment
 - d) Social skills
3. What issue is reaching epidemic proportion in people with disabilities?
 - a) Alcoholism
 - b) Drug abuse
 - c) Obesity
 - d) AIDS

Ethics in Rehabilitation Counseling

4. Because there is no traditional "client" in forensic and indirect services, Patricia Nunez refers to the individual being served by the rehabilitation counselor as the:
 - a) Subject
 - b) Evaluee
 - c) Patient
 - d) Consumer

Counselor's Best Friend

5. According to Cynthia Chandler, social contact with animals in therapeutic situations releases what hormone?
 - a) Astobin
 - b) Ritodrine
 - c) Oxytocin
 - d) Vasopressin

6. Chandler identifies which two counseling settings as the ones most likely to benefit from animal-assisted therapy?
 - a) Schools and private practices
 - b) Employee assistance and mental health programs
 - c) Rehabilitation and correctional facilities
 - d) None of the above

Reader Viewpoint: The Challenge of Diagnosing ADHD

7. What proportion of children diagnosed with ADHD grow out of the disorder before adulthood?
 - a) One-tenth
 - b) One-third
 - c) One-half
 - d) Two-thirds
8. People with ADHD have a high rate of comorbidity and are often diagnosed as having:
 - a) Substance dependence
 - b) Depression
 - c) Anxiety and/or learning disorders
 - d) All of the above

CACREP Perspective

9. The authors point to what issue as the heart of much of the controversy surrounding the 2009 CACREP Standards?
 - a) Practicum and internship standards
 - b) Multicultural considerations
 - c) Core faculty requirements
 - d) Credit hour requirements

Inside the DSM-5

10. One of the possible consequences associated with the proposed "attenuated psychosis syndrome" category to the DSM – 5 is that _____ of children will be potentially misidentified.
 - a) 25 %
 - b) 50 %
 - c) 75 %
 - d) 90 %

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the disability is physical, cognitive, mental or developmental in nature. My suggestion would be to have compassion. Often due to burnout or dealing with our own life issues as counselors, the level of empathy toward others can be adversely impacted. It is vital for all counselors to fight for [clients'] opportunities as you would fight for your own children or parents."

Whittaker thinks all counselors should have at least one course that focuses on disability issues but also believes that each counselor should operate within his or her own scope of practice. "If a private practitioner has a client with a disability who presents with issues beyond their scope of practice, I would definitely say refer the client to a qualified rehabilitation counselor," Whittaker says.

If a mental health counselor is working with a client who has an identified disability and isn't progressing as well as he or she should and the reasons why aren't apparent, Rollins recommends consulting with a rehabilitation counselor. "Rehab counselors and mental health counselors work well together," she says. "They can work on a plan to advance the client's goals. The rehab counselor also might be able to come up with other sources of support for that person."

Other counselors may also find a rehabilitation counselor's expertise particularly helpful when trying to determine if a disability exists. Although certain physical disabilities are easy to discern because of the presence of wheelchairs or crutches, Rollins says many clients struggle with "invisible" disabilities that counselors might not readily identify in the absence of client disclosure. "Consequently, some dimensions of the client's behavior or issues may be unclear and remain unexplored," she says. "The counselor may view the client as being unmotivated or uncommitted to treatment, lazy or unwilling to fully engage. Some disabilities may be undiagnosed, or the social stigma attached to some disabilities can affect a client's willingness to disclose disability. A rehabilitation counselor will identify clues from the client's history, as well as behaviors that may suggest the presence of a disability, even though the client has not disclosed. ... The rehabilitation counselor will then explore the impact of the disability issues and assist the

client in addressing those issues to reduce their impact in successfully resolving the counseling issues."

Counselors who don't specialize in rehabilitation counseling would also benefit from understanding the state-federal vocational rehabilitation services system to properly prepare to help clients with disabilities who are seeking employment and other supports, Better says. Many counselors don't realize the vast amount of resources within the system, he says. If the issue is related to finding, maintaining or advancing in employment, the system can provide assistance with medical concerns, education, transportation, retraining and much more.

Above all else, Better says, it's important to recognize clients as individuals with disabilities, not disabled individuals. "They're capable of doing almost anything if they have the appropriate accommodations," he says.

Sales agrees. "You can become more preoccupied in understanding the disability than in understanding the person," he says. "Be very cautious to not address the individual as their disability."

Wilde's most valuable lesson learned as a rehabilitation counselor was to let clients take the lead. "My clients have taught me so much," she says. "They are the experts on their experiences, so I take my lead from there. I'm there to challenge them and support them, but it's looking at what the client has to offer, seeing beyond the disability and seeing the potential for what they're able to do. It's a privilege to work alongside clients as they go through that process."



To order a copy of Sales' *Rehabilitation Counseling: An Empowerment Perspective* (order #72868), visit the ACA online bookstore at counseling.org/publications or call 800.422.2648 ext. 222. The cost is \$39.95 for ACA members and \$49.95 for nonmembers. ♦

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

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Ethics in rehabilitation counseling

In providing forensic and indirect services, understanding the distinction between client and evaluatee is critical

By Patricia Nunez

Traditionally, rehabilitation counselors provide direct services to people with disabilities who need assistance with adjustment to disability, retaining their jobs or finding suitable alternative employment that is consistent with their physical capabilities. This is clearly an advocacy role in which the rehabilitation counselor seeks to assist the individual, known as the client, to achieve his or her goals.

Increasingly, however, the skills and expertise of rehabilitation counselors are in demand in another capacity: forensic and indirect services. In a forensic role, a rehabilitation counselor reviews records, forms an objective opinion regarding a person's employability and submits a report to a third party, whether a court, a judge in a workers' compensation proceeding or an attorney representing the worker or the payer. There may be instances in which a rehabilitation counselor acting in a forensic capacity meets with the individual to conduct tests or interviews; however, no direct services are provided to the person. For this reason, in my view, there is no traditional "client" in forensics. Instead, the person is referred to as an evaluatee.

The Commission on Rehabilitation Counselor Certification (CRCC) defines clients as "individuals with or directly affected by a disability, functional limitation(s) or medical conditions and who receive services from rehabilitation counselors. In some settings, clients may be referred to by other terms such as, but not limited to, consumers and service recipients." The CRCC Code of Professional Ethics for Rehabilitation Counselors defines evaluatees as "subjects

of objective and unbiased evaluations," such as those conducted in forensics.

The distinction made between client and evaluatee is more than just semantics. Rather, these definitions must be addressed within the context of ethical practice. To that end, in its revised ethics code adopted in January 2010, CRCC expanded a section covering forensic and indirect services.

Section F: Forensic and Indirect Services outlines the rights of evaluatees and defines the role of the rehabilitation counselor. It states, "Rehabilitation counselors produce unbiased, objective opinions and findings that can be substantiated by information and methodologies appropriate to the evaluation, which may include examination of individuals, research and/or review of records."

Among the requirements included in Section F is informed consent, which outlines the boundaries of the relationship between the evaluatee and the rehabilitation counselor acting in a forensic capacity. Evaluatees must be informed (preferably in writing) that a report based on the evaluation may be provided to third parties such as attorneys, the court and/or the insurance company. The CRCC Code states, "Written consent for evaluations are obtained from those being evaluated or the individuals' legal representatives/guardians unless: 1) there is a clinical or cultural reason that this is not possible; 2) a court or legal jurisdiction orders evaluations to be conducted without the written consent of individuals being evaluated; and/or 3) deceased evaluatees are the subject of evaluations."

On the basis of complaints brought before the CRCC Ethics Committee, a lack of informed consent can result in misunderstandings on the part of the evaluatee. A common complaint in cases brought against Certified Rehabilitation Counselors (CRCs) is that the evaluatee thought the rehabilitation counselor was providing direct services, not forensic services. Through written consent, such misunderstandings should be greatly reduced.

The CRCC Code also specifies that rehabilitation counselors not disparage other individuals or groups. Regarding critiquing the work of another rehabilitation counselor, such as in a forensic review, the ethics code states that such critiques be limited to specifics of a case and not be viewed as an attack on another professional. The CRCC Code states, "When evaluating or commenting upon the professional work products or qualifications of other experts or parties to legal proceedings, rehabilitation counselors represent their professional disagreements with reference to a fair and accurate evaluation of the data, theories, standards and opinions of other experts or parties." In addition, Section F of the code addresses rehabilitation counselor competency and conduct, forensic practices and forensic business practices.

Given the increase in the number of CRCs involved in forensic and indirect services, CRCC believed it was essential to expand the section of its ethics code addressing this area. This trend reflects, in part, the demographics of an aging workforce, with more people remaining in their jobs until and even beyond retirement age. As these individuals become injured or acquire a disability,

they need rehabilitation counseling services, which can result in a portion of these cases being adjudicated and thus requiring forensic evaluation. On the basis of their specific training and education related to rehabilitation and disabilities, rehabilitation counselors are among the most qualified professionals to address issues such as work-related or function-related abilities.

In addition, changes in the employment picture have contributed to more rehabilitation counselors becoming involved in forensics. Dwindling resources in community-based rehabilitation have resulted in cutbacks in services, which is limiting job availability for rehabilitation counselors. In addition, in some states, including in California, which used to be a mandatory rehabilitation state, regulatory changes have reduced demand for services in the workers' compensation arena.

Against this backdrop, it is understandably appealing for experienced rehabilitation counselors to find new venues in which to apply their expertise. Given the scope of their experience and years of practice, these individuals most likely qualify as experts for forensic work. In short, for CRCs who have matured in the field, it is a natural next step to pursue other opportunities, including forensics.

Although they apply mainly to CRCs, the CRCC Code and Section F on forensic and indirect services are enlightening for all rehabilitation professionals and for counselors in general who are involved in forensic and indirect services. It should be noted that the CRCC Code is partly based on the *ACA Code of Ethics*. CRCC acknowledges both

the American Counseling Association and the International Association of Rehabilitation Professionals for their permission to adopt parts of their ethics codes.

Counselors from other practices who review the CRCC Code will find that it complements the *ACA Code of Ethics*. Although nuances and differences exist, such as the CRCC's focus on disability- and rehabilitation-related issues, there are far more similarities and congruencies between the codes.

As the trend toward increased forensic and indirect services continues, standards must be set to guide these practices and protect the public. Through the expanded language of the CRCC Code of Professional Ethics, with the important distinctions drawn between clients and evaluatees, rehabilitation counselors will find the assurance they need to practice in accordance with high ethical and business practices. This will allow CRCs to distinguish themselves professionally while protecting the rights of evaluatees and other involved parties. ♦

Patricia Nunez is a former commissioner with CRCC, a past CRCC chair and immediate past chair of the CRCC Ethics Committee. She is also the American Rehabilitation Counseling Association's representative to the ACA Governing Council.

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ct@counseling.org

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Photo by Amy Johnson

Counselor's best friend

There's science behind the ability of counselor-pet teams to break down barriers with even the toughest of clients

By Lynne Shallcross

Cynthia Chandler has a secret weapon in her counseling toolbox. He's furry, has four legs and facilitates breakthroughs with clients that Chandler suspects would not happen otherwise. His name is Rusty, and he's one of Chandler's cocker spaniels.

Rusty might not be able to talk, but there's no doubt he connects with people, says Chandler, professor of counseling and director of the Center for Animal-Assisted Therapy at the University of North Texas.

Chandler, who is also one of the facilitators of the American Counseling Association's Animal-Assisted Therapy in Mental Health Interest Network, recalls one boy with whom she worked when doing volunteer counseling at a local detention center. The boy had anger-management problems and often got into fights, and he wouldn't respond to any of the counselors at the detention center. When Chandler showed up with Rusty, however, the boy quickly gravitated toward the dog.

At the request of the detention center, Chandler, along with Rusty, began conducting counseling sessions with the boy. Chandler allowed the boy 10 minutes of play with Rusty, followed by 20 to 30 minutes of counseling and then another 10 minutes of play. During the counseling segment of the meetings, Rusty would rest his head on the boy's lap.

Rusty's presence seemed to enable the boy to interact with Chandler. "He just opened up to me like you wouldn't believe, and he wouldn't open up to the other counselors at all," she says. "So it was Rusty who built the relationship." There was a scientific reason behind the boy's ability to transfer the connection he felt with Rusty onto Chandler, she says, and one that went much deeper than forming a cute, cuddly bond with a dog.

After Chandler got one of her cocker spaniel puppies in 1999, she noticed how people at the park or on the street would approach and ask if they could

pet her dog. Eventually, it clicked for Chandler that if her dog made people feel comfortable enough to approach a stranger, the technique might prove useful in her counseling work as well, serving as an effective icebreaker to lower clients' anxiety levels. After reviewing the available research, she realized her observation only touched the surface.

Science has provided a psycho-physiological explanation for why humans and certain animals feel so comfortable together, says Chandler, the author of *Animal Assisted Therapy in Counseling*, published by Routledge and due out in its second edition in September. Dogs, cats, horses and humans are all mammals and share the same social response system, she explains. Social contact, especially positive physical contact, releases a pleasure hormone called oxytocin, which has a healing, calming, soothing effect.

"That's fantastic for a client who's anxious and nervous and has difficulties in forming social relationships," Chandler says. Anyone who has lost trust in other people, such as emotionally troubled kids who feel betrayed and abandoned, can benefit greatly from contact with a therapy animal, she says. Chandler references studies conducted in hospitals that show that patients who receive visits from pets heal faster, require less pain medication and have less scar tissue than those who don't.

"This is the most important point that people need to understand — it's a science," Chandler says. "Up to this point, a lot of people have not really understood the science behind it and why it's so powerful. It's the release of oxytocin, [which] actually heals the body. It's not just cute and fun; it's science. Animals are here to stay in therapy if people embrace the science."

In the case of the boy at the detention center, Chandler explains that oxytocin was being released as he interacted with Rusty. Because Chandler was present as this was happening, the boy was able to connect her

with Rusty and bond with her, as well. “We cannot forget the science behind [animal-assisted therapy],” she says.

An instant connection

Amy Johnson, who facilitates the ACA Animal-Assisted Therapy in Mental Health Interest Network with Chandler and also directs the online animal-assisted therapy certificate program at Oakland University, has always loved dogs and children. Spending a week at one of the first “dogs-in-prison” programs for youth and witnessing how the kids’ tough exteriors melted away while interacting with the animals inspired an idea in Johnson, who is also a certified dog trainer. In 2005, she started an organization called Teacher’s Pet: Dogs and Kids Learning Together, which pairs at-risk youth with hard-to-adopt shelter dogs for training.

Teacher’s Pet operates in a school for students who are emotionally impaired and in three juvenile facilities for court-adjudicated youth. The organization also runs a summer camp for middle school students and a program for kids with autism on the Oakland campus in Michigan. The average length of each Teacher’s Pet program is 10 to 12 weeks, meeting twice per week for two hours each day. In the juvenile facilities in particular, the kids feel an immediate connection with the dogs because they share similar situations, Johnson says. “It’s kids with behavior problems and dogs with behavior problems, kids who are locked up and dogs who are locked up.”

The students are tasked with training the dogs to get them ready for adoption. The first hour of each session usually involves psychoeducational work with the students, with Johnson teaching them how to understand the dogs’ body language. Dogs and humans have very similar body language and expressions, Johnson says, so this exercise also assists kids in reading other people’s body language and understanding their intentions.

Talking about the dogs’ lives, including whether they’ve been abused, neglected or put up for adoption, often opens up opportunities for



Amy Johnson



Photo by Amy Johnson

The Teacher’s Pet program gives at-risk youth a chance to train shelter dogs for adoption.

Johnson to talk with the students about their own life experiences, which frequently mirror those of the dogs.

During the second hour of each session, the kids train the dogs, which is also effectively teaching the kids how to act and how not to act. For example, Johnson tells the kids that if they’re sitting on the ground, the dogs will view them as peers rather than as leaders. She instructs children who have low self-esteem that the dogs won’t respond to them if they’re hunched over and quiet. “Even if you don’t feel like you know what you’re doing, act like it,” Johnson tells the students. “Raise your voice. Stand up straight.” In the process of training the dogs, she says, the kids are “practicing better ways of interacting with others while getting feedback from the dogs.” Working with the dogs helps the kids to develop empathy, patience and impulse control, while also giving them a confidence boost, Johnson says.

Johnson describes the experience of a girl in one of the detention facilities who had some traits of borderline personality disorder. Both the girl’s mother and grandmother had lost custody of her, and at the detention center, she was prone to fights. The girl was participating in the Teacher’s Pet program and, one day after she got into more trouble, Johnson went to talk with her. “She really didn’t want much to do with me,” Johnson says, “so I changed the subject and asked her to tell

me about the dog program. She said she didn’t want to talk about it, and she didn’t want to be in the program anyway. I knew what was coming even before the girl said it. She said, ‘I don’t want to be attached to that dog and have it taken away from me.’”

Johnson told the girl she was doing something wonderful for someone else by getting the dog ready for adoption and that through her own selflessness, she was helping others. The girl continued with the program, and when it came time for the dogs to “graduate,” she predictably expressed some sadness — but not because the dog she had trained was leaving. Instead, she was worried that the dog would think she had chosen to abandon it. “That was the first time I saw empathy with her,” Johnson says. “I attribute a large part of that to her working with the dog. I truly don’t believe we would have been able to make progress with her in that area without the dog.”

The Teacher’s Pet dogs assist kids in building empathy and perspective-taking, Johnson says, but the program also helps them learn to handle loss because they can’t keep the dogs after they train them. Johnson talks with the kids about their feelings when the dogs graduate. “It gives them a dry run through other losses they’ll have,” she says. “It gives them the skills to know how to deal with it.”

One student who had been removed from his mom and siblings was preparing to say goodbye to his dog. “He told me



Photo by Amy Johnson

afterward, 'It let me know that I can say goodbye to someone I love and it's not the end of the world. It's OK that I was with him only a short period of time, but I can love him forever,'" Johnson says. "If I had said cognitively, this is what we're going to work on, it wouldn't have been the same as experiencing it."

A comfortable relationship

The most popular place to utilize animal-assisted therapy in counseling is in schools, Chandler says, "probably because that's the most awkward social age for humans." Kids from kindergarten on up can benefit, she says, both in special populations and in mainstream populations. She adds that research has found kids are more focused and better behaved in the classroom when an animal is present.

A school counselor might have a dog that kids can come in and pet, and while they're there, the students can talk with the counselor about things that may be bothering them. It helps to normalize the experience of going to see the counselor, Chandler says, and interacting with a pet tends to calm kids.

A second likely place to incorporate animal-assisted therapy is in private practice, Chandler says. A client would come to see the counselor, and a pet would be present, whether a dog, a cat, a bird or another animal. The interaction could include nondirective activities, such as the client simply holding or petting the animal while talking to the counselor, or it could be more directive, such as asking the client to work with the animal to perform a command, which helps to build social skills and self-confidence, Chandler says.

Whether in private practice or in schools, animals help adolescents feel more

comfortable with the counselor, Johnson says, because the animals deflect attention away from the client. In many cases, she says, young clients will watch how the dog interacts with the counselor. If the counselor is nice to the dog, Johnson says the kid might think, "Maybe she'll be nice to me" or "She must be a nice person because the dog likes her."

Kids can also project through the animals, Johnson says. "If the kid's been abused, the counselor might say, 'This is my dog. Do you know he had been abused when we first got him? What do you think he worried about most while living there?'"

"'Oh, I bet he was really scared, like he never knew when he might get hit,' the kid might say. They'll project their own feelings onto the dog."

Horses can be utilized in private practice as well, Chandler says, although clients would most likely visit some kind of therapy ranch to work with them. "It's not just about horseback riding," Chandler says. "Before they ride, the client has to form a relationship with the horse. Everything the counselor does is motivated toward the client building a relationship with the animal, and that helps build the relationship with the counselor."

Children with autism can often benefit from animal-assisted therapy, Johnson says. Working with an animal provides these children a safer audience on which to practice basic actions such as giving and receiving feedback and maintaining eye contact, she explains.

That holds true for a variety of other clients as well, Chandler says. "Mammals provide great practice for developing skills with humans," she says. "The relationship with the animal is simpler for the client, and once they develop it with an animal,

they can transfer that over to humans."

Animal-assisted therapy is also utilized in nursing homes, detention centers, prisons and hospitals. According to Chandler, studies have shown that in prisons that incorporate animal-assisted programs, inmates' self-esteem goes up, while behavior problems go down, and the tendency to return to the judicial system after release is greatly reduced.

Animals provide a safe release for people, Johnson says. "Humans don't tend to always be trusting of each other. With a dog or other animal, you can go and hug them and sob. They won't judge or tell anyone."

Taking the plunge

Counselors interested in integrating animal-assisted therapy into their work have to do their homework, Johnson and Chandler say. Not every client will be comfortable around an animal, Johnson cautions, whether due to fear, cultural differences or allergies, and counselors should never push hesitant clients to work with therapy animals. Chandler adds that counselors should also screen clients to ensure they are emotionally ready to interact with pets appropriately rather than being aggressive or abusive.

On the flip side, counselors must be certain that their animal doesn't pose any type of danger to clients, Johnson says. For example, even if a client gets angry or yells, the animal shouldn't startle and react aggressively. Chandler advises that both the animal and the counselor should receive proper training. She points to the Delta Society, which offers individuals the opportunity to obtain registration as a pet partner. The person goes through a minimum of eight hours of training,

while the pet has to pass a standardized 30-minute assessment. Therapy Dogs International offers an assessment for the pet but doesn't provide training for the handler, which Chandler says is important.

Coverage for liability is another important piece of preparing for animal-assisted therapy. Because Johnson's students train the dogs, she maintains dog training liability insurance on top of her counseling insurance. If a dog is certified through the Delta Society or Therapy Dogs International, those organizations offer liability insurance options as well, Johnson says. In addition, she asks her clients or parents of clients to sign a liability waiver as well as a waiver stating they won't harm the animal and will behave appropriately around it.

Chandler also recommends that counselors pursue additional training in animal-assisted therapy. Her program at the University of North Texas and Johnson's program at Oakland University both offer distance-learning opportunities.

Counselors should always be thinking about the animal's best interests, Johnson adds. Be sensitive to recognizing when the animal is tired, she says, and avoid raising its stress level.

To counselors considering animal-assisted therapy, Johnson says it goes far beyond just having a dog in the room. "It requires having goals and objectives and utilizing the animal as a specific part of treatment," she says. "Once you have goals, there should be a specific modality to obtain those goals, consistency of treatment, measurement tools and evaluation. For example, if you're working with a child on social skills, it's much safer to practice those skills with a dog. For a client who needs a good cry, it might feel less awkward for him or her to hug a dog as opposed to sitting across from someone in silence. Animals offer an opportunity for skin contact, which releases oxytocin, reducing blood pressure, heart rate and decreasing anxiety. When stress is lowered [and] anxieties are reduced, it allows for a safer, more open setting for the client to speak openly and freely."



The ACA Animal-Assisted Therapy in Mental Health Interest Network is an electronic mailing list that offers counselors a chance to ask questions, obtain resource ideas, share literature, problem-solve and



Cynthia Chandler credits her cocker spaniel Rusty for some of her breakthroughs with clients.

more, Johnson says. Visit counseling.org for more information (use the link to "Interest Networks" at the bottom of the page), or e-mail Holly Clubb at hclubb@counseling.org to sign up. ♦

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

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The challenge of diagnosing ADHD

I remember sitting in Ms. Smith's sixth-grade class, in full daydream mode, as she droned on and on in the background. Suddenly, Ms. Smith declared, "Now that I have explained this assignment, I want you all to get right to work on it." My classmates immediately started working diligently at their desks with paper and pencils.

I had no idea what the assignment was because I had been daydreaming through the entire explanation. Trying to remedy the situation, I walked up to the teacher and whispered, "I don't understand what we are supposed to be doing." Ms. Smith immediately became irritated. This was not the first time I had asked her to repeat instructions.

"I just spent several minutes explaining the assignment. *Weren't you listening?*" she demanded in an angry whisper.

"Oh, I was listening, but I don't think you explained it very well," I whispered back in a sad attempt to deflect the blame.

"OK, I'll explain it one more time, but *that's it!*" Ms. Smith hissed in an impatient tone.

Standing up close to Ms. Smith, I took in details about her that I had never noticed from my desk. I could see her scalp through her curly blond hair, and she had an alarmingly large nose. Even worse, she had *huge* pores. "Man," I thought, "you could actually *store* things in there!"

Just as this thought occurred to me, Ms. Smith said, "There, now I have explained the assignment to you *twice*. You should be able to do it perfectly at this point."

As I walked back to my desk, I realized I had not heard a single word of Ms. Smith's explanation. I had been too busy admiring her pores. I returned to my desk and drew pictures until it was time for recess. It was many years before anyone suggested that I may have a form of attention-deficit disorder.

In *Essential Psychopathology and Its Treatment* (2009), Jerrold S. Maxmen, Nicholas G. Ward and Mark Kilgus estimate that 5 percent of Americans have some form of attention-deficit/hyperactivity disorder (ADHD), which is more than 15 million men, women and children. These numbers are slippery, however, because ADHD often goes undiagnosed or misdiagnosed.

Many challenges exist when it comes to getting a proper diagnosis for ADHD. I will examine several of them in this article and provide some suggestions that can help improve diagnostic accuracy.

Attention-deficit/hyperactivity disorder is a misleading term. People who have this disorder might actually have very intense focus when they are interested in a particular topic, sometimes spending countless hours engaged in a favorite activity. This presentation is at odds with the *attention-deficit* part of the term and can cause diagnosticians to erroneously rule out ADHD as a diagnosis. Also, many people have "ADHD, Predominantly Inattentive Type," which often does not include hyperactivity among its features. In fact, a person with that diagnosis often has *hypo*activity.

In other words, a person with ADHD may have moments of excellent attention and absolutely no symptoms of hyperactivity — behaviors that completely contradict the very title of the disorder. In an attempt to remedy this, Edward M. Hallowell and John J. Ratey, in their 1995 book *Driven to Distraction*, suggest it would be a good idea to change the term to Attention Inconsistency Disorder.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) can be misleading when it comes to ADHD. The writers of the diagnostic manual seem to imply that only children have this disorder. They list ADHD in the "Disorders Usually Diagnosed in Childhood" section, and the descriptive criteria include statements such as "Often

leaves seat in classroom or in other situations in which remaining seated is expected."

Only about one-third of children with ADHD grow out of the disorder. The rest take it into adulthood. In addition, a lot of people are not properly diagnosed until adulthood, when they may have symptoms that look different from the ones described in the *DSM*. Adults with this disorder might be quick to get angry or frustrated, often start projects and then abandon them to start other projects, self-medicate in an attempt to manage their symptoms or have a history of underachievement despite possessing a significant amount of talent and enthusiasm.

There is no valid test for ADHD. This is a really interesting issue. As mentioned earlier, many people with ADHD have very good focus when something interests them. As a result, they may get curious when you present them with a test. In those moments, their attention increases and they perform like people who do *not* have ADHD.

To complicate matters further, pharmaceutical companies created some of the ADHD scales. One test in particular has been the subject of lawsuits because it is suspected of being designed to provide marketing information to drug companies. Counselors might want to question any scale developed by people who profit from an affirmative result. If tests are used at all for diagnosing ADHD, it is important that counselors take the results with a grain of salt and consider them as only one of many available pieces of diagnostic information.

People with ADHD are not always the best historians. They may report that they don't have a problem in one area or another, when the people around them might tell you something very different. Diagnosis is best when it combines feedback from family members, school records, records from past therapists and the client's own self-reporting. It is also helpful to get to know a client over

the course of a couple of sessions before making a diagnosis because the client may behave differently or recall different information from one session to the next.

Several disorders (for example, bipolar disorder) look quite a bit like ADHD but require a very different course of treatment. Those other diagnoses must be ruled out before assuming that a hyperactive and/or unfocused person has ADHD.

Environmental and circumstantial factors can mimic ADHD symptoms. We live in a society that bombards us with far too much stimulation, much of it competing for our attention at any given moment. We might also have past traumas that distract or upset us. Relationships can have a similar effect. The chaos of office politics or a dysfunctional family, for example, can reduce focus and create mood instability. Rule out these factors by seeing whether the ADHD symptoms are present in different environments and whether they have been present since childhood.

Certain people could receive secondary gain from this diagnosis. For example, a teacher having trouble managing the behavior of a particular student might feel more comfortable attributing the problem to ADHD rather than to his or her own classroom management skills. In addition, clients might falsely present with symptoms of

ADHD in hopes that it will increase their odds of receiving disability benefits or other entitlements. Be sure to consider possible secondary gains that clients might experience before making your determination.

ADHD has a high rate of comorbidity, which can confuse matters. People with ADHD might also have substance dependence, depression, anxiety and/or learning disorders. It is easy to diagnose clients with these more obvious disorders while missing the underlying ADHD. A mindful, informed diagnostician will keep an eye out for contributing/coexisting factors, including ADHD.

Substance addiction/dependence can disguise or mimic ADHD. As just mentioned, it is easy to be distracted by the issues associated with addiction and to miss the underlying ADHD, which can be a significant contributing factor to the addiction. Conversely, people who are using or in withdrawal from substances often exhibit anxiety, hyperactivity or distractibility that mimic ADHD. In the case of substance abuse/addiction, it can help to delay the diagnosis of ADHD until the client has experienced several months of sobriety.

Diagnosis is complicated by the fact that some medications used to treat ADHD have a high abuse potential. This could possibly motivate some

clients to feign ADHD in order to get drugs. At the same time, people who legitimately have this diagnosis might be denied treatment by mental health professionals who suspect these clients are drug seeking. It is important to consider both scenarios when making diagnostic decisions.

Diagnosis potentially can lead therapists to overpathologize their clients. The goal of diagnosis is not to condemn a person or to give him or her an excuse to fail in life. The goal is to identify the most effective treatments available to help a client address identified problems.

Hallowell and Ratey argue that it may not be accurate to refer to ADHD as a “disorder.” For example, the very elements of ADHD that disrupt life can also cause a person to be spontaneous, creative, intuitive and intelligent. When clients learn to manage the dysfunctional elements of ADHD, they can then also benefit from its positive elements. It is important to identify, celebrate and access these strengths as part of treatment. ♦

Mike Hovancsek is a supervising professional clinical counselor in Ohio. Contact him at therapy@ohio.net.

Letters to the editor:
ct@counseling.org

EXECUTIVE DIRECTOR'S MESSAGE - Continued from page 7

This column is not about encouraging you to support any particular political party so much as it is about asking you to join in being an advocate for the counseling profession. Our advocacy efforts in the public policy arena were once again on display this past month when more than 125 counseling professionals stormed the U.S. Capitol to share details with members of the House of Representatives and the Senate about the work that professional counselors do. This really was an example of advocacy in action.

But you don't need to be in Washington, D.C., to get your point

across. I encourage you to go to the ACA public policy website at counseling.org/publicpolicy to learn about the latest issues that could affect you and those whom you serve. Just as you advocate for your clients and students, we need you to advocate for the profession. I have said it before in this column, and I will say it again: If not you, then who? You are the best communicators when it comes to seeking support for professional counselors.

I know that “counselors care.” In fact, our professional partner, the American Counseling Association Foundation, has just announced that anyone making a donation of \$25 or more during August

and September will receive a “Counselors Care” T-shirt as a thank you. This was a very popular T-shirt a few years ago, and the ACA Foundation is bringing it back. Many counselors wore these shirts when they volunteered to provide service in the aftermath of Hurricanes Katrina and Rita. I hope you will go to acafoundation.org, make a donation of at least \$25 and then wear your “Counselors Care” T-shirt with pride.

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. ♦



Defining the role of graduate education

An ACA interview with Debra Stewart, president of the Council of Graduate Schools

By Frank Burtnett

The Council of Graduate Schools (CGS) is the only national organization in the United States dedicated solely to the advancement of graduate education and research. Currently, CGS membership includes more than 500 universities in the United States and Canada, as well as 16 universities outside North America. Collectively, CGS institutions award more than 95 percent of all U.S. doctorates and more than 78 percent of all U.S. master's degrees annually.

Through the work of the Commission on the Future of Graduate Education, CGS and its partners have sought to define the contemporary role of graduate study in the American higher education enterprise. The American Counseling Association recently spoke with CGS President Debra W. Stewart and asked her to address the work of the commission and other issues associated with master's- and doctoral-level study.

Stewart became president of CGS in July 2000 after serving as vice chancellor and dean of the graduate school at North Carolina State University. She also served as interim chancellor at the University of North Carolina, Greensboro in 1994. Stewart holds degrees from Marquette University, the University of Maryland and the University of North Carolina, Chapel Hill.

What did CGS define as the mission of the Commission on the Future of Graduate Education in the United States?

The Commission on the Future of Graduate Education was a joint initiative of CGS and Educational Testing

Service (ETS) to examine the political, demographic, socioeconomic, educational and financial trends that influence graduate education in the U.S. The assumption underlying this work was that graduate education will play a crucial role in sustaining and advancing the country's global competitiveness and capacity for innovation. The 18-member commission included university presidents, graduate deans, provosts, industry leaders and higher education scholars. The commission guided the development of the report and created a national conversation on how to increase graduate-degree attainment by all segments of the country's population.

What were the major findings and recommendations contained in *The Path Forward: The Future of Graduate Education in the United States*, the commission's original report?

The report identified areas of vulnerability in the U.S. system of graduate education. For example, some studies indicate that the attrition rate in doctoral education is as high as 40 to 50 percent, and the time to degree completion is lengthy. The strong growth in graduate programs outside the U.S. has also shown us that the U.S. must work to remain the No. 1 destination for the world's most talented graduate students.

The report outlined a number of specific recommendations to universities, employers and policymakers. To further the goal of increasing degree attainment, it proposed that universities review and analyze their own completion and attrition patterns and create interventions to increase completion. Graduate

schools were also encouraged to provide appropriate training, mentoring and information about career opportunities in the business, nonprofit and government sectors, in addition to those inside academia. Universities could support this goal, the report indicated, by building upon their strengths in the area of professional development and provide transferable skills that allow doctoral recipients to pursue a larger array of employment opportunities.

Employers, for their part, were encouraged to develop and expand an array of business/university partnerships including, for example, internship opportunities for graduate students, portable individual accounts that finance employee education and training, and tuition reimbursement programs. The report also challenged employers to develop business/university partnerships to promote participation of students from underrepresented groups in graduate programs.

Finally, the report urged policymakers to authorize and implement two new initiatives to support doctoral and master's education:

- A COMPETES doctoral traineeship program that would support doctoral education in areas of national need by providing direct student support through a stipend, tuition and fees, ancillary fringe costs and other costs of education.

- A new competitive grant program that would provide partial funding to create new, innovative master's programs or reinvigorate existing programs. Universities receiving the grants would need to secure at least two-thirds of program funding from other funding sources.

The commission also noted the need for continuing federal government support for existing programs and initiatives. This support would include updating federal training and fellowship programs to keep pace with the increasing cost of graduate education and expanding loan forgiveness programs to other critical fields. The federal government should improve and change the visa process to encourage international students to enroll in U.S. graduate schools and to remain in the U.S. following completion of their degrees.

More recently, CGS has focused on the impact *The Path Forward* has had on graduate education. What have you found that impact to be?

In January 2011, CGS conducted a survey of its college and university membership to learn more about outcomes and impacts from *The Path Forward*. The results, contained in *Steps Taken on the Path Forward*, fell into five broad areas. First, deans told us that the report influenced critical decision processes in their institutions. Actions in this category include helping to shape the strategic plan for graduate education within the university and creating structures to implement the university's graduate education aspirations. Second, the report helped universities change or revise priorities. In one case, for example, it resulted in making graduate fellowships a top priority in a current development campaign.

Third, some institutions found that the report simply invited new channels and strategies of communication within the university itself, resulting in one case in an open letter from the dean

to faculty inviting discussion about graduate education issues. Fourth, many deans told us that the report had shaped the development outcome measures for graduate education and supported initiatives focused on degree completion. Finally, in some cases, the report stimulated the introduction of new programs — both new degree programs and new professional development programs for graduate students. These are just some examples of the kinds of activities that are under way. (The report is available at cgsnet.org/portals/0/pdf/GR_R_CFGESTepsTaken.pdf.)

Where does graduate education fit into the “Winning the Future” agenda set forth by President Obama in his 2011 State of the Union address?

U.S. competitiveness in the global economy hinges on our ability to produce sufficient numbers of graduate-degree holders — people with the advanced knowledge and abilities to address current challenges we face, as well as those we cannot even imagine today. The Bureau of Labor Statistics estimates that by 2018, more jobs will require people with advanced degrees, projecting an 18 percent increase in jobs requiring a master's degree and a 17 percent increase for people with doctoral degrees.

Governments around the world are investing in graduate education as a key component of innovation and competitiveness. Europe already produces more doctorates in science and engineering than are produced in the U.S. China and India are making substantial investments in their graduate education systems. Today, the U.S. must make strategic investments in



Debra Stewart

research and education, especially at the graduate level.



Editor's note: Frank Burtnett originally conducted this interview for publication in the Spring 2011 edition of *ACAeNews for Counselor Educators*. ♦

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.

To opt in to any of the free e-newsletters, contact ACA Member Services at 800.347.6647 ext. 222 or e-mail acamemberservices@counseling.org.

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Professional identity and the 2009 CACREP Standards

With the adoption of the 2009 CACREP Standards, our profession ushered in a framework of preparation guidelines that, at their core, speak to building a strong professional identity for graduates of accredited programs. Perhaps the most profound example of this emphasis is the organization of the standards.

Section I of the standards, “The Learning Environment: Structure and Evaluation,” addresses the institution, the academic unit, faculty and staff, and evaluation. These four elements provide guidelines as to where and how learning will take place. The institution and academic unit standards address the fundamental expectations for minimal learning environments. In addition, they address a crucial point of professional identity development, that being the identity of program faculty members. This section contains standards for the “core faculty,” which is one of the most substantive changes from the 2001 standards. Finally, this section addresses the expectation of a continuous systematic program evaluation and one of the most substantive changes in the standards: a requirement calling for student learning outcomes to be measured.

Section II, titled “Professional Identity,” contains eight common core curricular experiences that were both validated and refined through the standards revision process. This section title was intentional and emphasizes the notion that this common curricular experience is the framework for the development of our profession’s knowledge base.

Section III, titled “Professional Practice,” includes practicum and internship standards and therefore addresses the experiential component of counselor education programs.

One of the fundamental concepts underlying these three sections is the development of a strong professional identity among counseling students. Some of these standards have been controversial, however. Two of the most controversial

standards are Section I. AA, which addresses student learning outcomes, and Section I. W.2, which specifies that core faculty members have earned doctoral degrees in counselor education and supervision, preferably from a CACREP-accredited program, or have been employed as full-time faculty members in a counselor education program for a minimum of one full academic year before July 1, 2013.

The requirement that programs offer evidence of student learning was simply one of following best practice in professional accreditation. Measuring learning outcomes is a standard practice for most higher education accreditation bodies and needed to be infused into our professional standards. It represents a substantive transition for many programs. However, as challenging as the implementation of learning outcome measures are, these standards will provide programs with an opportunity to continuously improve their programs and will eventually lead to improvements and innovations in educating counselors.

Perhaps at the heart of much of the controversy surrounding the 2009 standards are the “core faculty” requirements. These standards call for core faculty members to hold an earned doctoral degree in counselor education and supervision. This is indeed a bold position for the CACREP Board to have adopted. The discussion around these standards during the revision process was exhaustive on the part of the Standards Revision Committee and in the many feedback sessions.

We recognized the contributions made to our profession by individuals holding degrees from fields other than counselor education and supervision. In fact, it is not a stretch to say that some of the giants who have contributed to our profession are individuals holding psychology, social work or other degrees. However, as with most professions, there comes a time to clearly establish our own identity. This stand does not denigrate the historic contributions of those from other professions but rather

marks a time in our history when we must establish our claim as an equal profession. This stand is essential if we are to effectively advocate for our profession. Any confusion as to who we are would undermine these efforts.

With that said, the members of the Standards Revision Committee considered a host of issues that led us to the standard that was ultimately adopted. A look outside our own profession informed us that few (if any) counselor educators are hired in psychology programs or social work programs. As a result, there is a strong likelihood that graduates of doctoral programs within those disciplines will be the ones teaching within their own disciplines and contributing to their professions’ advancement of knowledge. We place our doctoral graduates in a very challenging situation if they must compete not only against graduates from our own profession but also against graduates from other related helping disciplines as well.

Another significant and relevant issue surrounding this standard was who taught in counseling programs and what students learned about professional identity from those outside the counseling profession. When one holds a degree and/or licensure from another profession, how can we be assured that counseling students will not experience role confusion or, in some cases, be told that they are somehow “less than” as professionals? This is certainly not to suggest that this scenario is the norm for those outside the counseling profession, but faculty members who are counselors will be far more consistent in their advocacy of a counselor professional identity than those outside the profession.

The Standards Revision Committee was intentional about establishing a date of implementation that would provide programs and those who plan to teach in counselor education programs ample time to plan for the transition. It also ensured that no faculty members holding a terminal degree from a related profession would be ineligible to continue working in the

profession beyond July 1, 2013.

It is important to emphasize some specifics in order to clear up some confusion regarding the core faculty standards. First, the counselor education degree does not have to come from a CACREP-approved doctoral program; a CACREP program is only recommended. Second, counselor educators with related degrees who have taught full time in a counselor education program for a year may then be a core faculty member in any CACREP-approved program. They are not limited to teaching only in the program in which they gained

their experience. And third, the standards do not preclude an individual with a related degree without prior teaching experience in a counseling program from teaching in a CACREP-approved counselor education program, but rather from being a core faculty member.

We acknowledge that the standards for core faculty are rigorous and specific. We believe that making this move will allow for the enhancement of our doctoral programs, while strengthening the professional identity of our entry-level students. Time will be the judge of these efforts. ♦

Tom Davis and Rick Gressard are CACREP Board members as well as former members of the 2009 CACREP Standards Revision Committee. Davis is a professor at Ohio University. Gressard is a professor at the College of William & Mary.

Letters to the editor:
ct@counseling.org

ACA INSURANCE TRUST UPDATE - By Paul Nelson

Investigating the long-term care insurance market

Americans are living longer than ever, but according to the National Center for Health Statistics, 36 percent of people between the ages of 75 and 84 are limited in their activities because of chronic conditions. The need for long-term care insurance has never been greater, yet that type of insurance might be difficult to find.

The ACA Insurance Trust recently researched this problem and discovered that some large companies have abandoned the market, while other companies are raising rates significantly. The ACA Insurance Trust has aggressively searched for the program that will provide the best benefit while still offering a discount for ACA members. We have also examined the stability of the companies that still offer this long-term protection.

Consider these points. U.S. government estimates indicate that half of all retirees will need care, yet they can't afford it due to the average cost of \$7,000 per month. (That number will change. A MetLife study projects the average annual nursing home cost will rise to \$174,488 by 2025.)

There is another group of retirees who can afford long-term care, but the cost of buying long-term care insurance would be cheaper.

Finally, there are those individuals who realize the purchase of long-term care insurance offers a means of protecting a good share of the inheritance dollars they

wish to leave to their families.

Because long-term care insurance is a relatively new product, the insurance industry is faced with a lack of data. In addition, most policyholders keep this coverage until they need it rather than canceling the policy early. This puts the companies in a bind because they are virtually certain to have to pay benefits.

The problems incurred by companies providing long-term care insurance points to the need for more people to get a long-term care insurance policy. Financial advisers are suggesting this strategy to all their clients, and they also counsel those already insured to maintain their insurance even though the expense seems like a large burden.

The National Association of Insurance Commissioners (NAIC) is tasked with protecting consumers, which sometimes means monitoring the premiums charged to ensure the companies don't fall into financial decline. Therefore, NAIC has established a long-term care insurance model regulation. It requires that professional actuaries certify that the initial rate schedule is sufficient to cover anticipated costs under moderately adverse experience and is reasonably expected to be sustainable over the life of the policy with no future premium increases anticipated. Yet, as mentioned, rates do sometimes increase.

Consumers can order a copy of the

NAIC's free booklet "A Shoppers Guide to Long-Term Care Insurance," by going to insureUonline.org or calling 866.470.NAIC.

There are several things to consider when searching for the right long-term care policy. Depending on where you live, you will need a policy that provides a benefit in the range of \$200 to \$400 per day. The policy should specify that benefits will last your full lifetime. If that option is too costly, then the benefit term should be at least three to five years. Inflation protection should be a benefit. If you are buying the insurance as a couple, look for options that will allow you to share benefits with your partner. Consider your family history and the likelihood of problems such as Alzheimer's.

Long-term care insurance still involves personal dialogue with an experienced agent. You will be able to get advice on what is best for you by discussing your personal needs. You might prefer to remain in your own home, and it would then be important for the policy to provide in-home benefits.

Visit the ACA Insurance Trust website at aca.it.com or call 800.347.6647 ext. 284 if you wish to discuss this further. ♦

Paul Nelson is executive director of the ACA Insurance Trust.

Letters to the editor:
ct@counseling.org

DIVISION, REGION & BRANCH NEWS

NCDA volunteers time helping the homeless

*Submitted by Cheri Butler
cherib@uta.edu*

A small delegation of National Career Development Association Global Conference attendees, led by NCDA immediate past president Cheri Butler, volunteered at San Antonio's Haven for Hope on June 28. Haven for Hope is a nonprofit organization funded through Sam Ministries that provides training and resources for the homeless in San Antonio. Volunteers conducted mock interviews with clients and provided workshops to the staff, including "Responding to the Needs of a Diverse Population" and "Approaches to Differing Learning Styles." The event was an initiative aimed at offering NCDA members' knowledge and expertise to the community hosting the association's Global Conference.

ACCA looks to greener future

*Submitted by MJ Raleigh
mraleigh@smcm.edu*

Look around the space you are sitting in right now. Take a minute to think, "How do I feel in this space?" Ask yourself, "In what way does where I am, right this minute, affect how I feel?"

We are inextricably affected by the spaces where we live, work, play, argue, love, study and simply breathe. We continually interact, emotionally and intellectually, with our environment. When a student walks into a therapy space, the design can trigger thoughts of "This place is warm and inviting" or "This space is scary and unsafe."

Students may find that the therapy room is one of the only campus spaces where they find emotional restoration. Recovery from mental fatigue is something a natural restorative environment — an outdoor space that triggers calming/soothing — can easily provide. So, helping students restore mental energy and emotional resilience can be as simple as going outside. Walking therapy, healing gardens, outdoor mindfulness exercises and many other active outdoor therapy techniques help the pressured academic to regain balance.

As president of the American College Counseling Association, I hope to bring

the outdoors into therapy and make human-nature interactions a topic that college and university counselors are talking about. I hope to move our organization toward decreasing our carbon footprint and becoming a more sustainable organization. I will continue our move toward making journals, conference registration, educational resources and all ACCA materials available predominately in electronic formats. Our college students live online. My hope is that during the coming year, we will be willing to go outside and online with them.

NECA highlights workplace wellness

*Submitted by Kay Brawley
kbrawley@mindspring.com*

Michael C. Lazarchick, a past president of the National Employment Counseling Association, has been presenting wellness workshops for years. He has more than 40 years of experience helping people function more effectively within the world of work. It is not surprising then that he chose "Wellness in the Workplace" as the theme for the 2011 NECA Summer Institute, being held Aug. 16 in Annapolis, Md.

The Summer Institute, which will be at the Annapolis Yacht Club, will be an incredible day that promises rejuvenation for those in attendance. You will hear about, experience and learn techniques to make your energy a truly positive force

in the universe. The institute will be jam-packed with inspirational messages, healing thoughts and experiential processes to expand your consciousness.

Keynote speaker Gina Myers will empower you with her story of overcoming workplace stresses, while Sandy Lundhal will help you understand your workplace style using the Enneagram. Additionally, a panel of successful entrepreneurs will address wellness in the pocketbook, covering ways to get hired and promoted, expand income options, successfully compete for government jobs and secure contracts with the federal government.

With Lazarchick leading the institute, you can rest assured you will be entertained, while simultaneously consuming practical information in an easy-to-understand format. Lazarchick will open the event by describing a universe composed of interrelated flowing energy. We'll explore releasing trapped emotions, charkras (life force centers), a little qigong, the effective use of visualizations and even a powerful short meditation.

The institute has been designed with a mix of lecture and interactive experiences. Expect to have fun and learn techniques to heal your body, mind and spirit — anywhere, anytime but especially at work. Register through the NECA website at employmentcounseling.org. For exhibit space, contact Kay Brawley at kbrawley@mindspring.com. ♦



ACA Executive Director Richard Yep presents Marcheta Evans with a framed photo collage commemorating her successful year as ACA president. Her term as president ended June 30.

JCD calls for proposals for special issue on men in counseling

The *Journal of Counseling & Development*, the flagship journal of the American Counseling Association, invites submissions for a special issue focused on men in counseling. Although existing data indicates that men experience significant distress, research clearly indicates that males from all backgrounds and across the life span are less likely to attend counseling sessions than are females. This special issue will publish articles relevant to best practices for working with men and boys. These articles will be of interest to counselors, counselor educators and other counseling-related professionals working across diverse fields.

The special issue welcomes article submissions that address male-specific concerns or perspectives on the impact of early childhood conditioning, bullying, role models, career counseling, fathering, intersection of masculinity and other cultural identities, couples counseling, social justice work with men, men and depression/anxiety, addictions and strength-based work with men. Guest editors Marcheta Evans, Thelma Duffey and Matt Englar-Carlson are soliciting practice-based, theoretical and empirical articles, including single-case studies, qualitative studies and quantitative research. Scholars and practitioners are invited to send proposals.

Proposals should include a title, abstract (one- to two-page summary of the proposed manuscript) and, for conceptual manuscripts, a detailed outline of the manuscript. In addition, in one page, authors should indicate how their article will contribute to the professional counseling knowledge base, relate to one or more of the identified goals for the special issue and address implications for practice for professional counselors. Authors should indicate for which section they would like their manuscript considered: theory, practice, assessment and diagnosis, or best practices. Proposals should be submitted electronically to Marcheta Evans (Marcheta.Evans@utsa.edu) by Sept. 1.

Nominate deserving members for ACA National Awards

The ACA Awards Committee has announced the start of the nominations process for the 2012 ACA National Awards, which will be presented in March at the ACA Annual Conference in San Francisco.

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, organizational affiliates, branches, chapters, regions or committees can also submit nominations. All nominations must be postmarked by Nov. 18.

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

CT, ACA win multiple awards

Four separate articles published in *Counseling Today* in 2010 were recently cited for writing excellence. In the APEX (Awards for Publication Excellence) competition, senior writer Lynne Shallcross earned honors in the how-to writing category for her July 2010 cover story "Confronting the threat of suicide." Editor-in-chief Jonathan Rollins received an APEX award in the feature writing category for "Learning the ropes of rural counseling" (April 2010).

In the ContentWise Magnum Opus Awards, Shallcross and Rollins each received honorable mention for "Best Feature Article in a Print Magazine," Shallcross for "Men welcome here" (August 2010 cover story) and Rollins for "Reconnecting the head with the body" (January 2010).

In addition, ACA graphic designer Carlos Soto won an APEX award for his design of the 2011 ACA Exhibitor Prospectus & Media Kit. ♦



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ACA Parliamentarian

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robert.smith@tamucc.edu

ACA Executive Director

Richard Yep
ryep@counseling.org

AACE Observer

Joshua Watson
jwtatson@meridian.msstate.edu

ADA Representative

Catherine Roland
rolandc@mail.montclair.edu

ACC Representative

Thelma Duffey
tduffey@satx.rr.com

ACCA Representative

Perry Francis
pfrancis@emich.edu

ACEG Representative

A. Robert Iverson
ari52632@hotmail.com

ACES Representative

Craig Cashwell
cscashwe@uncg.edu

AHC Representative

Michael Walsh
mw Walsh787@hargray.com

ALGBTIC Representative

Joy S. Whitman
joywhitman@me.com

AMCD Representative

Cirecie A. West-Olatunji
cirecie@ufl.edu

AMHCA Representative

Nancy Heller Moskowitz
laughlady55@aol.com

ARCA Representative

Patty Nunez
patricia.nunez@cna.com

ASCA Representative

Brenda Melton
meltonbrenda@msn.com

ASERVIC Representative

E. H. Mike Robinson III
erobinso@mail.ucf.edu

ASGW Representative

M. Carolyn Thomas
mthomas@aum.edu

CSJ Representative

Hugh C. Crethar
crethar@okstate.edu

IAAOC Representative

Todd F. Lewis
tflewis@uncg.edu

IAMFC Representative

Loretta J. Bradley
Loretta.Bradley@ttu.edu

NCDA Representative

Pat Schwallie-Giddis
drpat@gwu.edu

NECA Representative

Kay T. Brawley
kbrawley@mindspring.com

Midwest Region Representative

Kelly Duncan
Kelly.Duncan@usd.edu

North Atlantic Region Representative

Kelley Romaine Kenney
kelleyrkenney@comcast.net

Southern Region Representative

Annette Bohannon
acasrbhannon@wildblue.net

Western Region Representative

Joseph D. Dear
joedd@frontiernet.net

Student Representative

Blair S. Mynatt
bmyatt@utk.edu

REGIONAL CHAIRPERSONS

Midwest Region Chair

Christopher P. Roseman
Christopher.roseman@utoledo.edu

North Atlantic Region Chair

Holly Branthoover
Holly.Branthoover@IUP.edu

Southern Region Chair

Tammy Romines
tammyromines@aol.com

Western Region Chair

Paul Fornell
pformell@aol.com

DIVISION PRESIDENTS AND EXECUTIVES

Association for Assessment in Counseling and Education (AACE)

Danica G. Hays
dhays@odu.edu

Association for Adult Development and Aging (AADA)

Gary R. McClain
garymack@aol.com

* Association for Child and Adolescent Counseling (*organizational affiliate rather than division)

Randall L. Astramovich
ced@unlv.edu

Association for Creativity in Counseling (ACC)

Heather C. Trepal
heather.trepal@utsa.edu

American College Counseling Association (ACCA)

Mary-Jeanne "MJ" Raleigh
mr Raleigh@smcm.edu

Association for Counselors and Educators in Government (ACEG)

Grey H. Edwards Jr.
grey.edwards@us.army.mil

Association for Counselor Education and Supervision (ACES)

Gerard Lawson
glawson@vt.edu

Association for Humanistic Counseling (AHC)

Michelle Perepiczka
mperepiczka@gmail.com

Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling (ALGBTIC)

Amney Harper
harpena@uwosh.edu

Association for Multicultural Counseling and Development (AMCD)

S. Kent Butler
skbutler@mail.ucf.edu

American Mental Health Counselors Association (AMHCA)

Gray Otis
contact@drgrayotis.com

W. Mark Hamilton
Executive Director
Mhamilton@ambca.org

**American Rehabilitation
Counseling Association
(ARCA)**

Caroline "Carrie" Wilde
cwilde4@gmail.com

**American School Counselor
Association (ASCA)**

Alan Burkard (starts Oct. 1)
Alan.burkard@marquette.edu

Richard Wong
Executive Director
Richard@schoolcounselor.org

**Association for Spiritual,
Ethical and Religious Values
in Counseling (ASERVIC)**

Mark E. Young
meyoung@mail.ucf.edu

**Association for Specialists
in Group Work (ASGW)**

Niloufer Merchant
nmmerchant@stcloudstate.edu

**Counselors for Social Justice
(CSJ)**

Manivong J. Ratts
vongratts@yahoo.com

**International Association
of Addictions and Offender
Counselors (IAAOC)**

Trevor J. Buser
tbuser@rider.edu

**International Association
of Marriage and Family
Counselors (IAMFC)**

Stephen Southern
Southern@mc.edu

Robert L. Smith
Executive Director
robert.smith@tamucc.edu

**National Career Development
Association (NCDA)**

Deb Osborn
osborn@coedu.usf.edu

Deneen Pennington
Executive Director
dpenn@ncda.org

**National Employment
Counseling Association
(NECA)**

Tom Ayala
talk@people-solutions.us

John Hakemian
Executive Director
sailorjohn@mindspring.com

ACA COMMITTEES

Audit

Thelma Daley
ttd_1@msn.com

Awards

Cheryl Moore-Thomas
cmoore4@loyola.edu

Branch Development

Mary Libby
marylibby@nisd.net

Gwen K. Hitt
gwenkhitt@aol.com

Bylaws and Policies

Don McCormick
donmac46@erfwireless.net

Ethics

Anastasia Henning
stacyhenning67@webster.edu

Michael Walsh
mwalsh787@hargray.com

Ethics Appeal Panel

Summer Reiner
sreiner@brockport.edu

Financial Affairs

Brian Canfield
briancanfield@saumag.edu

Graduate Student

Heather C. Trepal
Heather.Trepal@utsa.edu

Human Rights
Angela D. Coker
cplera@umsl.edu

Richard W. Williams
williari@nsuok.edu

International

Barbara Herlihy
bherlihy@uno.edu

Bogusia Skudrzyk
BSkudrzyk@fairfield.edu

Nominations and Elections

Marcheta Evans
Marcheta.evans@utsa.edu

Professional Standards

Jill Duba
jillduba.sauerheber@wku.edu

Public Policy and Legislation

Bill Braden
bradenkca@fewpb.net

Publications

Danica Hays
dhays@odu.edu

Research and Knowledge

Dale-Elizabeth Pehrsson
dale.pehrsson@unlv.edu

ACA TASK FORCES

Crisis Response Planning

Gerard Lawson
glawson@vt.edu

DSM-5 Proposed Revision

K. Dayle Jones
daylejones@ucf.edu

Ethics Revision

Perry Francis
pfrancis@emich.edu

School Counseling

Lynn Linde
llinde@loyola.edu

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clawson@nbcc.org

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casey.barrio@gmail.com

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tjsweeney@csi-net.org

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BULLETIN BOARD

COMING EVENTS

AAACE National Conference

Sept. 8-10

Forth Worth, Texas

The Association for Assessment in Counseling and Education National Conference, themed "Assess. Advocate. Create. Empower," will focus on how professional counselors can use assessment and evaluation to advocate for services and resources, create knowledge for the profession and empower clients and communities. Hotel discounts are available through Aug. 7. For more information, visit theaaaceonline.com/conference or contact Casey Barrio Minton at casey.barrio@unt.edu.

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.

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.

FYI

Call for submissions

The Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling invites submissions for *The Journal of LGBT Issues in Counseling*. The journal publishes articles that are both relevant to working with sexual minorities and of interest to counselors, counselor educators and other counseling-related

professionals who work across diverse fields. Topic areas include new research, new/innovative practice and theoretical or conceptual pieces (including literature reviews) that reflect new ideas or new ways of integrating previously held ideas. The journal is distributed quarterly. For detailed submission guidelines, contact editor Ned Farley at nfarley@antiochseattleu.edu.

Call for papers

The Journal of Poetry Therapy: The Interdisciplinary Journal of Practice, Theory, Research and Education is an interdisciplinary journal seeking manuscripts on the use of language arts in therapeutic, educational and community-building capacities. The journal's purview includes bibliotherapy, healing and writing, journal therapy, narrative therapy and creative expression. For more information and submission guidelines, e-mail editor Nicholas Mazza at nfmazza@fsu.edu.

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 (for example, the deadline for the October issue is 5 p.m. ET on Sept. 1). ♦

PRIVATE PRACTICE: Starting or Expanding?

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The American Counseling Association and Walsh and Dasenbrook, have formed a collaborative initiative as a new service to members to bring timely information on private practice issues to the membership. Please log on the ACA's website www.counseling.org for the latest private practice information. Look for Walsh and Dasenbrook's question and answer column, Private Practice in Counseling, in *Counseling Today*.

American Counseling Association

CLASSIFIEDS

◆ 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.

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NATIONAL

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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 Work-

ers, Psychiatric Nurses nationwide. Visit us at www.VAcareers.va.gov to learn more or to apply. EOE/AA, M/D/F/V

CHRYSALIS

Clinical Director / Therapist

Chrysalis is a small therapeutic boarding school located in northwestern Montana, just 5 miles from the British Columbia border. The school sits on 65 acres, nestled between Carpenter Lake and the Kooicanusa Reservoir. Our beautiful campus is home to adolescent girls ages 13 to 18. The typical stay is between 18 and 24 months, but is individualized for each resident's needs. Students live "family-style" in one of three homes, hold each other accountable for actions, and become responsible for themselves. Our supportive home environment encourages girls to build on personal strengths, while they examine and challenge old patterns which have prevented growth.

Qualifications

- Must be fully-licensed Masters level therapist or Ph.D.
- Experience in working with adolescents and mental health issues
- Familiarity with experiential approaches to working with families
- A minimum of 5 years related experience, with at least 3 years in a residential setting
- Demonstrated track record of working effectively with professional, collaborative groups
- Demonstrated ability in providing individual, group and family therapy
- Strong written and verbal communication

- Proven ability to make and sustain excellent interpersonal relationships
- Strong, flexible and results-driven experience
- Excellent leadership skills

Responsibilities

- Act as clinical director with a team of staff and students • Ensure that the therapeutic goals of the program in general and the individual therapeutic plans for the students are realized.
- Provide individual, group and family therapy
- Provide clinical supervision regarding students' needs and their therapeutic treatment plans.
- Ensure the appropriate, accurate and timely flow of reports and communication with parents and students.

We offer competitive compensation, and the opportunity to be part of an exciting and innovative program. For more information please see our website at www.chrysalisschoolmontana.com. Interested candidates should email their resume and salary requirement to: cj@chrysalisschool.net or fax to 406-889-5576.

WISCONSIN

UNIVERSITY OF WISCONSIN STOUT

Assistant Professor/Academic Year

A tenure track, full-time, 9-month Mental Health Counseling faculty position is available in the Department of Rehabilitation and Counseling at the

University of Wisconsin-Stout to begin January 13, 2012. A doctorate in counseling or education from a CACREP accredited program is desired. Consideration will be given to candidates who are ABD, although degree must be completed within one year of the contract date. Two years of employment experience in the mental health counseling field is required. Preference is given to candidates with graduate teaching and supervisory experience in social and cultural issues in counseling, group counseling, counseling theories and counselor skill development. Successful teaching experience at the graduate level and a record of professional and scholarly productivity are desired. Full position description available. Submit a letter of application summarizing your qualifications, copies of graduate transcripts, a vita and five listed references to Search Committee, Attn: Julie Harmon, Department of Rehabilitation and Counseling, University of Wisconsin-Stout, Menomonie, WI 54751. Phone 715-232-2125; E-mail harmonj@uwstout.edu; Fax 715-232-2356. Applications must be date stamped by September 1, 2011. EEO/AA Employer. Employment contingent upon passing a criminal background check. The University reserves the right to contact additional references with notice given to the candidates.



Department of
Veterans Affairs

MENTAL HEALTH CAREER OPPORTUNITIES

The Department of Veterans Affairs (VA) is one of the largest, most technologically advanced health care systems in the United States. We have opportunities for Counselors, Psychiatrists, Psychologists, Social Workers, and Psychiatric Nurses nationwide. Visit us at www.VAcareers.va.gov to learn more or to apply. EOE/AA, M/D/F/V

A counselor's story...

- 8:00 a.m.** Get to the office early. Start the coffee. Check voice mail. Leave a brief message for my client Brad. *Don't want his wife over-hearing anything confidential.*
- 9:00 a.m.** First client, Mark. Dealing with depression. Lost his job of 15 years. Body language anxious. *Admits he is contemplating shooting his ex-boss.*
- 10:00 a.m.** Christine has a long-running drug and alcohol problem. Making great progress. *Offers to clean my house in return for counseling sessions.*
- 11:00 a.m.** Mary gave me a big hug, again. She wants me to testify at her son's child custody hearing. Let's me know husband is going to subpoena her records. *She invites me to dinner.*
- 12:00 p.m.** Grab lunch at desk. Check email. Sign up for CE class on crisis management.

Read an article on lawsuits filed over 'client confidentiality.' It is important to know when to protect a client's privacy and when it's required by law to report certain behavior.

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LEARN FROM THE EXPERTS



Janis Frankel, Ph.D.

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

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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.

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