Counselor identity

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Smith chosen as ACA’s next president-elect

Robert L. Smith of Texas A&M University-Corpus Christi and executive director of the International Association of Marriage and Family Counselors, has been elected by the ACA membership to serve as the association’s 63rd president. A complete list of election results will appear in the April issue.

See what you’ve been missing online

If you haven’t visited the Counseling Today website at ct.counseling.org lately, you’re missing out on articles you won’t find here in the magazine — like one about a group of counselors, counselor educators and counseling students who recently traveled to rural India and met the Dalai Lama.

Sachin Jain, an associate professor of counseling at Oakland University, led the trip and says the venture pushed the counselors to experience a different lifestyle.

An excerpt from the article appears below; read the full version at ct.counseling.org.

The Dalai Lama’s talk focused on education of students and how teaching should have the broader goal of emphasizing the individual’s path to spirituality and inner peace and the individual’s role in world peace efforts. Afterward, attendees were given the opportunity to ask the spiritual leader questions.

Jain describes the experience as “mesmerizing.”

“You are in a totally different dimension,” he says. “Being in his presence is like being on autopilot.”

The Tibetan counselors who attended the conference — and who follow mostly Eastern counseling practices — used the gathering to gain a better perspective of Western approaches to counseling and to enhance their professional development. But Jain says the conference provided his fellow American attendees with the opposite experience, showing them the importance of integrating Eastern practices into their counseling approaches.
We all come from diverse cultural and experiential backgrounds, and we draw strength from this diversity, both singly as individual counselors and collectively as a profession. How each of us got here is like a confluence of small streams flowing into what is now a major river of the counseling profession. Our past shapes our future and how we make sense of the present.

I majored in biology as an undergraduate. Yes, my mother got a deathbed promise that I would become a doctor (she just didn’t say what kind of doctor). I still remember the class discussions concerning how biological systems are defined and operate. A viable system must establish and maintain a clear boundary to protect itself from harm. But the system’s boundary must also remain permeable to outside influences so that it can exchange substances needed for growth and survival. If the system becomes rigid and impermeable, it will atrophy and eventually die. The counseling profession is a system, and we need to remain permeable to outside influences to thrive, even while protecting ourselves from harm.

At the core of our professional identity are specialized educational standards, knowledge and training in a number of essential areas. Our core principles are focused on wellness and strengths so that our clients and students not only become “not sick,” but also actually become healthy and thrive. These core principles, among others, form our identity as professional counselors.

Growing pains inevitably will occur, but there is a reason why they are called growing pains — we are growing and developing, becoming different and better than we were. In just the past few years, we have wrestled with and are still in the process of overcoming a number of developmental challenges, including requiring all core faculty in CACREP-accredited counseling programs to have degrees in counselor education, standardizing counseling degree programs by moving to 60 credits for all...
ACA Webinar Series

Depression: New and Emerging Treatment Strategies
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Regardless of when you register, you will have access to past sessions on-demand.

February 6
Assessment Tools for Depression
presented by Deb Legge, PhD, CRC, LMHC
Deb Legge is a private practice mentor who helps counselors build successful and sustainable businesses. She has been in private practice for 20+ years and is the founder of Influential Therapist

February 13
Treating Depression in Older Adults
presented by Carlos P. Zalaquett, PhD, LMHC
Carlos P. Zalaquett is a professor in the Department of Psychological and Social Foundations at the University of South Florida and coordinator of the Mental Health Counseling Specialization and the Graduate Certificate in Mental Health Counseling.

February 20
Depression Treatment for Girls and Women
presented by Laura Choate, EdD, LPC, NCC

February 27
Depression Treatment for Men: An Ecological Perspective
presented by Ken Oliver, PhD, LPC
Ken Oliver has been a clinical mental health counselor in mental health, residential, and educational settings for the past 15 years. He is Assistant Professor and Program Director in the graduate counseling program at Quincy University in Illinois.

March 6
Treating Depression with Mindfulness and Creativity
presented by Marianela Medrano-Marra, PhD, LPC

March 13
Treating Depression with Neurofeedback and Nutrition
presented by Deborah Stokes, PhD, LPC
Deborah Stokes is a licensed psychologist and licensed professional counselor who provides fulltime clinical neurotherapy services to individuals with disorders of affect, attention, anxiety, stress, and pain (TheBetterBrainCenter). Dr. Stokes also has 2000+ hours of post-doctoral training and supervision in Neurofeedback and Biofeedback and is a frequent presenter at neurofeedback and biofeedback conferences on her work with migraine clients.

6 CEs, $119 for ACA Members, $159 for Non-Members
Register at counseling.org/resources/webinars.aspx
A warm, welcoming smile that still shines

Richard Yep

L ast month, I received the sad news that ACA past president Gail Robinson had passed away. Gail was our 45th president and served during the 1996-1997 program year. You can read more about Gail’s role in the association on page 62. In addition, I am going to share with you some things I will remember about my friend.

Many people remember Gail’s smile. It was what made you gravitate to her. It invited you to chat with her, laugh with her and respond with a smile of your own. She was tireless in her work to make ACA a better organization — for our members and for those whom our members serve. Her warmth, humor and creativity served her well as our chief elected officer. I would also use another word to describe her, and that word is courageous. Gail had the courage to take on many different issues and projects, whether she wanted to or not. She found the courage to face adversity and obstacles, while never losing her humor, compassion and commitment.

When she was elected president of ACA, Gail had the courage to pack up her belongings and leave her beloved Oregon so she could move to Washington, D.C. This was not a common practice for ACA presidents, but Gail felt the need to be part of our physical community. Her desire to work closely with ACA staff and know how the political process affected the counseling profession were part of her motivation to live here in the nation’s capital.

When faced with a serious illness during her presidency, Gail asked that we not make a big deal out of it, and she continued on with a grueling travel and meeting schedule. So, we had a president who had moved across the country, was in a new city, had been diagnosed with a critical illness and still soldiered on to meet the responsibilities of her elected office. Another example of her courage.

This year, ACA launches the fourth major redesign of its website. More than 15 years ago, Gail was instrumental in helping to find the talent and expertise needed to create the very first ACA website. This wasn’t just something that happened during her presidency; Gail actually took a very active role in this endeavor because, even back then, she knew how important the Internet would be to ACA and its success.

Outside of her “ACA life” as our president, few knew that Gail drove a bright red sports car. We all came to learn that when she lived in Oregon, in addition to working in private practice as a mental health counselor, Gail was a race car driver. No wonder she was able to navigate the streets and highways of the Washington metropolitan area. Again, courage.

In her post-presidential years, Gail continued to hone many of her other creative and artistic talents. In my home on a display shelf sits a round decorative box. This was handcrafted by Gail and given to me after she served as ACA president. Who has the talent, much less the patience, to make boxes that are also pieces of art? To say she was talented and creative would be an understatement.

If a person’s life is measured by her experiences, connections, friendships and impact on her chosen profession, then I would say that Gail Robinson led a life that was quite full. I will miss Gail, but I am so incredibly honored to have known her, worked closely with her and witnessed all the good that she brought to ACA and the profession that she loved so dearly.

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

Be well.
Welcome exposure for career development

Lynne Shallcross’ article, “Making life work,” based on her interviews with genuine career development champions and appearing in the January issue of Counseling Today, is excellent. I wish it would appear in The New York Times, The Washington Post, The Globe and Mail, and many more newspapers, then be followed up by interviews with Skip Niles, Roberta Neault, Rich Feller, Cheri Butler et al. on The View, CNN, CBC, NPR, etc.

Hats off to Lynne for a terrific article and to my heroes for their insights and wisdom.

Phil Jarvis
Career Cruising

Words worth remembering

I, too, am influenced by certain writings in which I find nuggets that help articulate the meaning of life. As a collector of such gems, I would nominate the last sentence in Samuel T. Gladding’s January “Pages of Influence” article: “Although beliefs — like people — evolve, good ideas — like virtuous individuals — never go out of style.” That should be framed and hung prominently on the wall.

Bob Selser, M.A.
Imperial, Pa.
selser2604@gmail.com

Talking Freud, Adler, Jung … and Rogers

I am compelled to respond to Shannon Hodges’ “Through a Glass Darkly” column (“The continuing evolution of ‘great’ counseling”) featured in your December 2012 issue. Mr. Hodges wrote: “Freud’s famous students, Alfred Adler and Carl Jung, broke with their mentor and created radically different schools.”

Adler and Jung broke with Freud and created their own theories, but those schools of thought hardly qualify as being “radically different” than their mentor’s. Every theory after Freud’s has been a carbon copy with some changes.

Adler took what he learned from Freud and integrated it to conceptualize his theories. Adler agreed with Freud that we are limited to the choices we can make because of our biology. Yes, Adler’s theory focuses on the conscious, but in agreement with his mentor, he also recognized the impact of experiences during the first six years of life.

Jung’s theories are based on the unconscious — the tenet of Freud’s theories. In agreement with his mentor, Jung believed in the limitations we have because of our biology and the impact of early experiences. Jung’s approach can be categorized as metaphorical but not as “opposed to [a] deterministic” focus. Deterministic means the unconscious is believed to be the primary driver of behavior. Jung argues that symbols and metaphors are a representation of the unconscious.

The client-counselor relationship is “paramount” for Carl Rogers and Abraham Maslow. But it is also paramount for Freud and Jung. Jung wrote about this in his book Memories, Dreams, Reflections. Referring to Freud, Jung said: “He saw with the patient’s eyes, so to speak, and so reached a deeper understanding than had hitherto been possible. … He was able to penetrate into the real psychology of his patients.” Freud was a neurologist who became a psychiatrist in an effort to cure neurosis. He disagreed with the treatment offered to those suffering from depression.

Regarding Rogers, he failed to give credit to Karen Horney, a psychoanalyst and Freud protégé, who greatly influenced him (false self, real self, incongruence and actualization). Rogers built his theories criticizing psychoanalysis. Thus, it is very likely he didn’t give credit to Horney because it would have made him appear incongruent. “Let us toss the baton” to the pioneers who paved the way for Rogers to become Rogers.

Martha Nodar
M.S. Clinical Mental Health Counseling (candidate)
Mercer University, Atlanta Campus

End-of-life care and counselor preparedness

I appreciate the insights and resources provided in Lynne Shallcross’ enlightening October 2012 Counseling Today article, “Preparing for the final chapter.” The article represents a positive movement forward, and I encourage counselors to engage in the gift of this article on end-of-life care planning.

Noteworthy in the article is Thomas Nickel’s admonition to counselors to focus on humanistic aspects of the end-of-life process, calling it “the heart” of the matter. He asserts that “the use of extreme technology at end of life has come to be the default approach.” He also notes that when end-of-life care
Policymakers focus on school and mental health proposals in wake of shooting

Following the tragic mass school shooting in Newtown, Connecticut, policymakers at the national and state levels are considering policies both to restrict access to guns and to increase access to mental health and student support services. Most notably, President Obama released a broad set of proposals in mid-January that included steps to increase the number of counselors, psychologists, social workers and resource officers available in schools; to foster a national dialogue on mental health services aimed at reducing the stigma associated with seeking treatment; and to issue final regulations implementing the Mental Health Parity and Addiction Equity Act to improve private sector coverage of behavioral health services. Although gun control proposals such as restricting access to assault rifles and large ammunition clips are facing fierce opposition from pro-gun groups, proposals to increase access to mental health services appear so far to be enjoying relatively broad support. However, increasing public spending on mental health services will be difficult in the current legislative environment, which assumes deep spending cuts must take place to reduce federal deficits.

Several aspects of the president’s proposal are of interest to counselors, and to school counselors in particular, including:

- A new Comprehensive School Safety program that would give $150 million to school districts and law enforcement agencies to support the hiring of as many as 1,000 additional school resource officers, school counselors, school social workers and school psychologists. In addition to hiring staff, school districts could use funds from the program to purchase school safety equipment, conduct threat assessments and train “crisis intervention teams.”
- A commitment to release, later this year, a set of model emergency management plans (EMPs) and best practices for use by schools and universities, and a call for Congress to provide $30 million in one-time grants to help states work with school districts to develop EMPs.
- A request for a new $50 million initiative to help schools train “teachers and other school staff” to implement school climate improvement strategies. The administration proposes that this initiative will help 8,000 schools nationwide to develop school climate programs.
- A new “Project AWARE” (Advancing Wellness and Resilience in Education) initiative to provide training for teachers and other adults to recognize young people who need help. This initiative would include $15 million for training for teachers and others who deal with youth, and $40 million to help school districts work with law enforcement, mental health agencies and other organizations to ensure that students with signs of mental illness get referred to treatment.
- New funding of $50 million to help train more than 5,000 additional mental health professionals, including counselors, social workers, psychologists and other mental health professionals. Support would come in the form of stipends and tuition reimbursement.
- Grants of $25 million to support innovative state-based strategies to help young people ages 16-25 with mental health or substance abuse issues, and a $25 million program to help schools provide mental health services for trauma or anxiety, conflict resolution and other school-based violence prevention strategies.
- Launching a national conversation, led by Health and Human Services Secretary Kathleen Sebelius and Education Secretary Arne Duncan, to increase understanding of mental health and to combat stigma surrounding treatment.

Most of these items require congressional approval, and members of Congress have already started holding hearings related to mental health policy. The Senate subcommittee on Health, Education, Labor and Pensions held a hearing Jan. 24 on the state of the U.S. mental health system. (Tellingly, it was the first such hearing held by the committee in seven years.) That same week, Rep. Grace Napolitano (D-Calif.), vice chair of the House Democratic Gun Violence Prevention Task Force, co-hosted a briefing and panel discussion focused on mental health access and violence prevention. She was joined by Sen. Al Franken (D-Minn.) and Reps. Mike Thompson (D-Calif.), Bobby Scott (D-Va.), Ed Perlmutter (D-Colo.) and Ron Barber (D-Ariz.).

The American Counseling Association strongly supports investing in our nation’s schools and its mental health delivery system. We have begun meeting with members of Congress and administration staff regarding these and other proposals. Several members of the House of Representatives and the Senate, including Napolitano, Franken and freshmen members, are developing legislation in this area. As President Obama's proposal states, it should be as easy to obtain mental health treatment as it is to obtain a gun.

ACA members invited to take part in advocacy webinar

On Feb. 26, ACA, in partnership with the Congressional Management Foundation, will host a webinar for all ACA members interested in participating in grass-roots efforts. The webinar will focus on citizen advocacy on Capitol Hill and discuss the way congressional offices use various forms of communication to understand the opinions of their constituency. The webinar will also offer tips for influencing senators and representatives.

If you are interested in participating in the webinar or have questions, contact Art Terrazas at aterrazas@counseling.org or 800.347.6647. We will post more information on the public policy section of the ACA website (counseling.org) before the event. ♦
Reenvisioning a new counselor identity

Most of us became counselors in the first place because we want to save the world. We want to make a difference in the lives of those who are most in need. We believe strongly in advocacy, working on behalf of the marginalized and oppressed. We feel a strong commitment to make things better for our communities — and the world at large.

I have been teaching classes on social justice for some time, attempting to inspire young people and beginners in the field to become actively involved in altruism beyond their professional responsibilities. Yes, I know social justice is part of our ethical codes and moral obligations. You’d have to have your head in the sand not to know that this is a primary thrust of our counseling organizations and mission statements.

There is a lot of talk about advocacy and social justice in our field but precious little sustained action, especially in communities around the world that are most impoverished and neglected. I don’t like to be scolded or admonished by anyone on a high horse, in an ivory tower or standing behind a pulpit, so I don’t intend to do that here. Most of us already have enough to do in our work just keeping our heads above water in these challenging times. We have our clients to serve and paperwork to complete, not to mention the political and systemic squabbles to navigate in our workplaces. Oh, yes: We also have to take care of ourselves and our loved ones. The last thing we need is additional pressure to do something more, especially work that takes a significant bite out of our time, resources, energy … even our souls.

With that said, I have completely redefined my identity and role as a counselor these past few years. I have been intrigued by the ways we can translate and adapt our skills to make a difference as community activists and social justice advocates who are actively involved in direct service to groups that would otherwise never receive help. Like many of my friends and colleagues (and many other American Counseling Association members), I have collaborated with others to launch projects that involve reaching out to far-flung places across the continent and the globe, effectively reenvisioning what it means to be a counselor. I believe this is a path that will become even more prominent in the future.

A global focus

It’s not that individual counseling or group and family modalities have become obsolete; they are just necessarily limited by the settings and context in which they take place. In most places in the world — and for that matter, within many communities in North America — traditional counseling just doesn’t fit the cultural context of people’s experiences. The whole idea of talking in a private office to a perfect stranger — however well-trained that stranger may be — seems ridiculous when you think about it.

I’m reminded of when a Bushman shaman whom I was interviewing in southern Africa turned the tables on me through our translator and said he understood that I was a shaman among my people. When I nodded in agreement, he asked me about the healing rituals we used in our village back home. I explained that someone comes to my “hut” and we have a conversation about what is most bothersome, and then we try to work out ways to improve things together. The shaman was quite puzzled by my explanation, especially considering that we don’t dance with our clients, we don’t invoke the spirit world, we don’t chant with the whole community present, we don’t light fires, nor do we prescribe difficult trials to complete. I explained that, basically, we talk with each other.

The shaman fell over laughing. When I regained his breath, he asked me if I’d ever helped anyone doing that. I’ve been wondering ever since. On one level, it does sound absurd to think that talking — by itself — makes any kind of difference, especially if the goal is to reach out to people who have such desperate needs that talk can’t touch.

I have spent the past few years working with groups of volunteers around the world. I have taken teams to several countries in South Asia, Africa and South America, as well as regions of the United States. Yet, I really wonder if our attempts to do good — like so many well-intended projects — are merely misguided efforts to appease our own guilt and consciences as members of a privileged caste. It is lovely that we might donate time to a cause that touches our hearts, or volunteer to work with a disadvantaged group, but sometimes we may do more harm than good, despite the best of intentions. We are cautioned repeatedly to develop multicultural competencies, to be respectful and sensitive to cultural practices and rituals, to work in concert with members of the community who have been empowered as partners in the process. That is a start but still not nearly enough.

Sometimes the path chooses you

I believe the future of our field will be guided by the ways that we expand our roles and identities to make room for lasting, sustained programs specifically designed to help those who never imagined anything in their lives could be any different. I would be less than honest if I said that I chose this path. Rather, it chose me.

I worship the gods of intentional choice. My ambition and drive have led me to make a series of strategic decisions, each of which was designed to further my career and feed my hunger for new goals and opportunities. Yet my current path was altered by serendipitous events I never would have anticipated, much less planned.
I spend a significant period of time every year working on a project in Nepal called Empower Nepali Girls. The project involves groups of students, colleagues, friends and other volunteers collaborating on a program to identify at-risk girls from the lower caste and provide support so they might remain in school and out of harm’s way. We have been doing this for about 12 years, beginning with a single girl. The program has since expanded to more than 200 children in almost a dozen villages around Nepal. We have no office, no paid staff, no hierarchical structure.

People frequently approach me with new ideas for raising money for scholarships or with interventions we might initiate with the children to mentor them. My response is usually, “That’s a great idea. I think you should do that.” Many people are big on ideas but a bit hesitant when it comes to following through. More than anything else, we desperately need sustained action — the kind of interventions that will be continued until such time that they are fully integrated into daily life, a time when marginalized and neglected girls will be protected and provided opportunities for education and careers that might transform their country.

But this project is only one example of the kinds of efforts many other ACA members have been involved with through the years. Matt Englar-Carlson, Jon Carlson and I have just spent the past year collecting and profiling more than two dozen stories of counselors who have been involved in long-standing service projects to address poverty, abuse, trauma, neglect, racism and other forms of oppression. It really intrigues me how such projects not only help others but also utterly transform our lives in the process. In many ways, our clients become our best teachers.

**Changing the world, changing ourselves**

A body of research exists that supports the notion of a “helper’s high,” suggesting that altruism is good for the soul, if not for longevity. People who routinely help others, especially without thought of intrinsic satisfaction, are happier, more content and feel greater sense of meaning than those who only pursue personal ambition, kudos and wealth. For any of you who have been involved in volunteer service projects, you will no doubt remember feeling more intensely alive than ever before. I feel a kind of spiritual transcendence, a deep connection to people and the earth, that I have not experienced any other way. I am so overwhelmed with feelings during these times that they often flow out of me in the most unexpected ways. Sometimes I just start giggling or crying, skipping or laughing. Sometimes I am so filled with things I can’t or don’t understand that I can’t hold it all. At the strangest times, I sometimes break out sobbing, and I don’t know why. It frightens me to my core.

Many of us became counselors in the first place because we are so hungry to learn new things — about others, about the world, but mostly about ourselves. Through the years I have become desensitized, if not immune, to the potential power of standard change agents — books, workshops, continuing education, even counseling or supervision as a client. I know how to hide. I know how to stay safe, or else...
take risks within comfortable parameters. But when I am in the field, when I am working in communities and unfamiliar environments, I am testing myself in ways that I could not possibly anticipate — or imagine.

I think the one reason I so enjoy being involved in service projects in my community and abroad is because it often takes relatively little effort to produce such amazing results. I have a level of influence in these places that I can’t approach back home. Almost no one listens to me in my normal staff meetings, and even if they do, I have remarkably little impact on what decisions are made. Yet I can go to a place off the beaten path, where nobody even knows me, and voice an opinion or make a suggestion that is acted upon immediately as if handed down from the mountaintop. Such is the power of privilege, whether based on race, gender, class or perceived expertise as a guest and stranger.

But this is my journey. These are my issues. This is my confession — not yours. My goal in writing has not been to instill guilt or be critical of those who don’t have the time or inclination to become involved in projects outside their usual professional practice. Whether working in remote villages, the poorest neighborhoods within our communities or even in our own offices, it is through service to others that each of us finds meaning and fulfillment in our life’s work. That is our past and present, but more than ever, it is also our future. ♦

Jeffrey Kottler is a professor of counseling at California State University, Fullerton and president of Empower Nepali Girls (EmpowerNepaliGirls.org). He is the author or editor of more than 80 books, including Helping Beyond the 50-Minute Hour: Therapists Involved in Meaningful Social Action. Contact him at jkottler@fullerton.edu.

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

Letters to the editor: ct@counseling.org
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Applying horse sense to counseling

Note from Rebecca-Daniel Burke: It is with great happiness that I begin sharing this column with a remarkable young counselor. We hired Danielle Irving at the American Counseling Association to assist with our many professional projects and career services. Beginning this month, we will alternate in interviewing ACA members and sharing their career stories. You can still reach me at rburke@counseling.org.

In November, I had the pleasure of meeting Lisa L. Krystosek. She was interested in becoming involved in the ACA blog project to discuss the utilization of equine-assisted and other animal-assisted methods in counseling. I was immediately intrigued because equine-assisted therapy is becoming more prevalent in the counseling profession. I thought it would be a great idea to bring awareness to such a successful and creative methodology.

Danielle Irving: For those currently unaware, could you give a brief description of equine-assisted therapy and the origin of its background?

Lisa L. Krystosek: Equine-assisted therapy is a term that encompasses several different therapeutic methods that utilize horses in the treatment protocol. The most common methods, hippotherapy and therapeutic horsemanship — sometimes called adaptive riding — require clients to ride a horse during each session.

Hippotherapy literally means “horse therapy” and uses the horse’s movement to provide physical therapy to clients with disabilities. This type of therapy can actually be traced back to ancient Greece and has been a widely used practice around the world for centuries. Therapeutic horsemanship developed as a form of recreational riding for people with disabilities. The goal of this type of program is to build horsemanship and horseback-riding skills in the hope that what is learned may be transferred into useful skills for everyday life. The main difference between therapeutic horsemanship and hippotherapy is that the former requires the rider to take a more active role in controlling the horse’s movement than would be required in the latter.

In recent years, an increasing number of practitioners have started using horses in the treatment of mental health issues. Many therapeutic horsemanship programs have expanded to include clients with developmental issues such as autism spectrum disorder. In addition, equine-assisted psychotherapy and equine-assisted learning programs have grown in popularity. Both of these methods are experiential in nature, and most have clients work with horses from the ground instead of in the saddle. These methods are designed to help clients work through issues that are often faced in traditional counseling environments, such as depression, anxiety, grief, posttraumatic stress disorder, addiction and behavioral issues.

DI: How are horses able to assist in the therapeutic healing process?

LK: As a counselor, horses help me relate to my clients on a level that I have not found to be possible through traditional talk therapy methods. Overall, I have found the various equine-assisted therapy methods to be effective when used on their own or in conjunction with traditional counseling methods.

Working with horses on the ground or in the saddle provides a unique challenge to clients that can help them work through anxiety and fear issues to gain confidence, overcome behavioral issues and improve focus, tolerance and impulse control. Further, riding a horse at a walk will cause the rider’s body to go through motions similar to walking on the ground. This is not only therapeutic for riders with physical disabilities but may also be soothing and stress reducing for many clients. Current research also suggests the movement of the horse may be helpful in the utilization of other counseling techniques such as EMDR (eye-movement desensitization and reprocessing).

I believe one of the greatest benefits horses bring to a counseling session is their keen sense of awareness. After all, horses are prey animals, and we humans are predators. I like to think of the horse as a mirror that reflects what my clients are thinking and feeling, even if they aren’t saying a word. Horses are completely honest in their reactions to people and may provide significant clues into what is going on with clients behind the scenes.

In addition, horses are social creatures, just like us. They have unique personalities, likes and dislikes. They prefer to be around other horses and live in the hierarchical structure of a herd, similar to a family. Some horses are leaders; others follow. Some are serious and all business; others are clowns and like to play. These traits in horses may actually help people learn and grow as individuals and within relationships. Interacting with different types of horses may also provide the opportunity for reflection that some clients have defined as a deeply profound experience.

DI: Is there a specific population to which this form of therapy is tailored?

LK: Equine-assisted therapy techniques can be used with just about any popula-
tion and are beneficial to both individuals and groups. I have found the child and adolescent populations to be very receptive to horses and animals in general. In addition, many clients with military backgrounds have told me that working with horses provided them with a greater benefit than [did] traditional counseling methods.

My only caveat would be to make sure you have an idea of who your client is before suggesting equine-assisted therapy. Medical conditions, allergies or fear may prevent some clients from participating and gaining the full benefit of an equine-assisted session.

DI: What sparked your initial interest in being an instructor of equine-assisted therapy?

LK: Horses have been a significant part of my life for as long as I can remember. I am an avid rider and competitor in the areas of dressage and jumping. My involvement with horses is a big reason I developed self-esteem, confidence and a sense of responsibility.

I believe that having a bond with a horse, or any animal, is like having your own personal counselor. I just assumed everyone knew about the psychological benefits that working with animals can provide. But as my counseling career has progressed, I have realized that I am in a unique position. I have the ability to combine two important aspects of my life into one powerful way to help people improve their lives.

DI: Discuss your education and experience in counseling as it relates to equine-assisted therapy.

LK: In addition to my experience with horses, I hold a master’s degree in counseling. Before I started to incorporate horses into the counseling process, I spent many hours working with clients in the traditional office setting.

I believe it is essential to be confident as a counselor in the general sense before delving into a specific specialty like equine-assisted therapy. The presence of horses during a session will not make up for an incompetent counselor. After all, the horse’s job is to help bring issues to the surface. I still need to use my counseling skills to help the client navigate [his or her] way through these issues.

I consider myself a lifelong learner, and I find the various counseling theories, methodologies and processes to be
fascinating. I also make an effort to learn as much as possible about what is on the horizon in the counseling profession to keep my perspective fresh and innovative. This helps me identify potential courses of action for each client. Sometimes this will include the horses, sometimes not.

The most important thing I have learned is to keep my personal views out of things to ensure the process is client-driven. Whether we are in the office or the arena for a session, I remain cognizant that it is the client’s view of the situation that matters. I am not there to give advice or a recipe for improvement. That is the client’s responsibility.

**DI:** How would individuals in the counseling profession become trained and qualified to provide this therapy?

**LK:** As I mentioned earlier, there are several equine-assisted methodologies, ranging from therapeutic horsemanship and riding programs to groundwork programs that utilize the horse as a mirror to reflect what the client is experiencing. Personally, I am a certified practitioner through the Equine Assisted Growth and Learning Association (EAGALA). I am also an active member of the Professional Association of Therapeutic Horsemanship (PATH) International. The certification process for each organization requires counselors to be properly licensed in the state [in which] they practice. They both also encourage counselors to gain a certain amount of experience handling horses and knowledge of horse behavior. Once certified, continuing education requirements must be met to remain in good standing.

In addition, programs like EAGALA utilize a third person in the therapeutic process, known as the equine specialist. This person is charged with the responsibility of monitoring the horses’ behavior so the counselor can concentrate on the needs of the client. Many counselors, including myself, are qualified to be in the counselor role or the equine specialist role during a session. For new practitioners with horse experience, acting as the equine specialist is a great way to learn the process by working with a seasoned counselor.

On the other hand, I am always learning something new from the equine specialist I work with on a regular basis. She has significant experience with horses and is also a teacher with certification in special education. I value her opinion, and I have never had a client complain about having both of us present during the session. Of note, I have a detailed informed consent process during which I include a discussion about the equine specialist’s role. The client has the option to include or exclude the equine specialist.

**DI:** How valid and reliable is equine- or similar animal-assisted therapy?

**LK:** There is a significant amount of research supporting the effectiveness of hippotherapy in the treatment of clients with physical disabilities. To date, however, there have been no definitive studies with regard to the experiential equine-assisted psychotherapy techniques. Current research does suggest that these methods are effective with at-risk adolescent populations. I also know of several scientifically based research projects that focus on other populations, but the results are still pending.

That said, there is an abundance of supporting anecdotal evidence. To me, this makes sense because improved mental health status is often subjective and qualitative in nature. That can be difficult to translate into hard data. In any event, I look forward to being on the forefront as evidence is gathered to support the positive findings qualitative research has produced thus far.

**DI:** Can you recall and describe a success story in which a client saw positive results from participation in this therapy?

**LK:** I recently worked with a male client who was referred to me from another counselor. This man had participated in traditional counseling for several months in an attempt to work through anger management issues. His former counselor advised me that talk therapy methods had not been successful and that he was willing to try equine-assisted counseling.

During the first two sessions, the client interacted with three horses and performed some introductory groundwork exercises with moderate success. Throughout each session, he described the horses as “stubborn,” “mad” and “difficult to work with.” We closed the second session by giving him the opportunity to reflect on the two sessions and process, either verbally or internally, what he thought about the whole thing. He remained silent for a couple of minutes, gazing at the horses. He then turned to me and appeared to be overcome by emotion. He said he had been very frustrated with the horses during each session because they would not cooperate and follow his lead. He then said he had just realized that he was the one experiencing frustration, and he believed it prompted the same response in the horses. At that point, he identified the similarities between the way the horses reacted to him and the way his colleagues treat him at work.

Through his interaction with horses, this client has taken ownership of his feelings and is working toward achieving emotional congruence. He is now able to recognize when his temper is starting to flare and is starting to implement strategies to control his anger. He is making good strides toward his goal of replacing frustration with more positive and productive thoughts and feelings. This case is exciting to me because it shows how a handful of sessions with horses gave a client a boost over a hurdle that he did not even recognize through traditional counseling methods.

**DI:** ACA has 52,000-plus members. Is there anything I have left out that you want our members to know about you and your work?

**LK:** I would be happy to provide further information to anyone interested, and I would like to hear from others who use horses and other animals in their counseling practices. My blogs can be viewed at my.counseling.org, and I can be contacted through my website (lisabrystosek.com). For more information, view the following resources: PATH International (pathintl.org) and EAGALA (eagala.org).
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A Tale of Two Counselors (or what it takes to succeed in private practice)

In recent months, I have been spending a lot of time on the phone with clinicians from all across the country who are either in private practice or aspiring to start a practice. No matter how many consultations I give, I am repeatedly shocked at the disparity between some counselors’ success and other counselors’ lack thereof. To illustrate, I offer two vignettes of counselors with whom I consulted recently.

Brian (name and some details changed to protect his privacy) is aspiring to open a private practice in Nashville. He is on one insurance panel and is in the process of getting on more. After months of stalling, he is just now signing a lease for office space. He plans to hire a medical billing company but doesn’t want to sign up until it “makes sense.” Brian won’t start a website or begin marketing his practice because, without being on more insurance panels, he says he will “lose clients.” As I consult with Brian, he quashes every recommendation I make. Brian’s practice is going nowhere fast.

Two months ago, Emma decided to relocate from Cincinnati to a place she had never been — Boston. A little more than a month later, she made the actual move. Today, Emma is seeing 20 clients a week (most at $120 per session) and earning revenues of approximately $10,000 a month.

How is this possible? One month in advance of her move, Emma began marketing her practice. She recruited six clients who agreed to wait until she arrived in Boston to begin therapy. At the same time, she began searching for a single office and signed a lease ($650 a month) just prior to her move. She furnished the space her first week in Boston. Emma isn’t widely known, and she doesn’t have any special connections. She doesn’t even accept insurance. Yet, she competes head-to-head against thousands of long-standing licensed clinicians in Boston, and she’s winning!

A counselor can have a number of advantages when starting a practice: clinical experience, business acumen, community reputation, investment capital, luck and so on. However, more often than not (as is the case with Brian and Emma), what separates a successful counselor from a struggling one is something different altogether.

Constant forward motion

When I was starting my company, the best piece of advice I received was summed up in three simple words: [always have] “constant forward motion” (CFM). CFM means to always be taking actions that will move you closer to your goal.

When starting a practice, the number of tasks that must be completed before the doors open can be daunting. A counselor who practices CFM realizes that the only way to get to opening day is to do the next thing on the list, and then the next thing, and then the next thing. It’s akin to the adage about how you eat an elephant: one bite at a time.

Emma did this. “Because I’m a planner,” she explains, “I tried to think ahead and research what someone needs to start a practice.” Emma executed a low-cost marketing plan and started blogging specifically for her new practice in Boston (she writes weekly about her specialty, which is sex therapy). Emma began calling other providers and potential referral sources around Boston. She researched the rules about practicing in Boston. “I am especially cautious when it comes to legal and liability issues,” she says. “I wanted to attack those kinds of things first to make sure my practice would run well and was up to code.”

Moving to a new city is overwhelming. Competing against Harvard-trained professionals (they are everywhere in Boston) is unnerving. Although her training is solid, Emma isn’t from the Ivy League. “I thought, ‘Oh my gosh, I’m really intimidated,’” Emma admits. “But there is a part of me that has always been very ambitious. I tell myself, ‘You can do this,’ and I act with confidence — even more than I really have. People see this and they want to be a part of what I have to offer. I pretend I am on the same playing field — and I actually am.”

Confronting the Catch-22s

Brian, like many counselors, feels stuck in some common Catch-22s. The way Brian sees it, he can’t get an office until he gets clients, and he can’t get clients without an office. The irony is that if he doesn’t do either, he will never make any progress. Either he will begin marketing and perhaps need to refer some clients until he gets his office up and running, or he will get an office and carry the costs until he starts building a caseload. But he needs to do something!

When Emma rented her office, she had only a few tentative clients. Still, at $650 a month, her maximum loss over a six-month lease was only $3,900. Emma realized that having even one weekly client would come close to paying her entire rent. She assessed the risk and refused to be stuck in a Catch-22.

Progress over efficiency

To Brian, the idea of spending money on marketing before he is fully credentialed with insurance companies is wasteful. Brian knows that some potential clients will likely decide not to schedule with him because he does not yet accept their insurance, so he won’t market his practice until this is rectified.

Emma sees marketing the exact opposite way. Emma’s marketing endeavors produce six to eight inquiries a week. About half of these potential clients decide not to schedule with her because she doesn’t accept insurance. Fine by her! With a 50 percent conversion rate, Emma knows that every week her marketing will generate three to four new clients.
Is Emma’s marketing efficient? No! But the goal of marketing for Emma isn’t to convert 100 percent of all leads. Her goal is to convert enough leads so that she can fill her caseload and receive a positive return on her investment. And she is accomplishing this goal.

Multiple CFMs
To make timely progress, one needs to have many things in motion rather than just one thing at a time.

Brian wants to wait until his medical credentialing is finished before signing up with a billing company, even though no downside exists to starting early. Therefore, medical billing is going to stay on his list of things to do. This one-thing-at-a-time progression makes it difficult to get through all the items and details of starting a private practice.

In contrast, during a conversation with Emma, it is hard to keep up with the many things she is doing to run and grow her practice: from blogging to networking to engaging in social media efforts to connecting with potential clients by telephone. She is busy! Even though she is in session 20 hours a week, 60 percent of her time is spent building her business.

“You need to put it on your calendar and force yourself,” Emma says of her strategy for tackling these long days. “It’s important that you have a passion and enjoy what you’re doing. Otherwise, it’s going to be hard to get out there and increase your business. I have business in my blood.”

A Tale of Three Counselors
Two counselors, at basically the same starting place. Two stories, with two different approaches to the business of counseling. Two very different outcomes.

With whom do you most resonate, Brian or Emma? How will you grow your practice? ♦

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

Mental health professionals are now able to post and access online a wide variety of interventions and activities. Thanks to the joint collaboration by ACA and the Association for Creativity in Counseling, counselors have a new, invaluable resource! This collection serves as an idea and information exchange for mental health professionals in all categories of counseling:

- mental health/private practice
- rehabilitation counseling
- counselor education
- school counseling

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Activities/Interventions can be posted by both members and non–members

Located in the ACA online library

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When Counseling Today contacted me and asked me to write an article for its new “Pages of Influence” column, my interest was piqued. Memories of books read in years past immediately began to run through my mind, and YES! came out enthusiastically in response to the invitation. Knowing I would be following Sam Gladding, who wrote the inaugural article, of course reminded me of the Avis commercial — “We’re No. 2, so we try harder!” I vowed not to read Sam’s reflections until my own had been written.

With favorite books chosen and my article written and ready to send to Counseling Today, I finally sat down to learn what books had most influenced one of the most influential leaders in the counseling profession and a man whom I admire and respect both personally and professionally. To my great surprise, one of his chosen favorites was also my top choice — Viktor Frankl’s *Man’s Search for Meaning* — and another book Sam praised (although it didn’t make his “official” Top 5) was also on my list — Carl Rogers’ *On Becoming a Person*, which was my first textbook in my entry-level counseling program.

My mother was a teacher who had taken Latin and knew the root words and meaning of just about any word I could imagine. She encouraged me to read, and when I ran across a word I did not know and asked her the meaning, her answer was always the same: Look it up in the dictionary. So, a large, heavy book that was always with me was my dictionary. I was thrilled when I started college and was given not only a dictionary but also a thesaurus to take to class with me each day. I got to build muscle and neurons at the same time! These two books remain among my favorites, now disguised as “google” and “apps” on the small iPhone that is with me always. Though there are now fewer chances to build muscles, technology has provided me with infinite prospects for building new neural pathways.

As an early almost adolescent, my friends began reading romance novels. I cannot recall reading even one. Instead, I discovered Cherry Ames, a young, vibrant, intelligent, curious and creative nurse who was the central character in a book series written by Helen Wells and Julie Tatham. I stayed with Cherry through her nursing school, student nursing, private nursing, Army nursing, long-term care nursing and you-name-it nursing — all the way through the 27 books in the *Cherry Ames series* (1943-1968). Each book presented a new mystery for Cherry to solve, and in each book she found new ways to reach out and help others. She was a true servant leader. What inspired me at the time was her unwavering and selfless interest in the needs of others and her commitment to promoting wellness and human dignity in all with whom she came in contact.

I discovered Albert Schweitzer around fifth grade. I was in a class for gifted and talented students, and we did not have a curriculum. Instead, we had encyclopedias and full access to the library and were encouraged to follow our interests. I was so taken with Schweitzer’s ideas that I wrote about them in a 50-word essay for the *Oakland Tribune* on the person, living or dead, who most influenced me and why. This resulted in the first-place award of a set of Britannica Junior encyclopedias, which were heaven to a curious learner. Not only were there new words to learn, but glossy color photographs opened new worlds of exploration and expanded my worldview beyond my local context.

Schweitzer was a physician, scholar of theology and philosophy, and world-renowned interpreter of Bach’s music. At age 30, he left a successful and affluent lifestyle to respond to an appeal to help the people of French Equatorial Africa and devoted his life to altruism, reverence...
for life, brotherhood and peace. Gunnar Jahn, chairman of the Nobel Committee, in presenting Schweitzer with the 1952 Nobel Peace Prize, observed that he “… will never belong to any one nation. His whole life and his work are a message addressed to men regardless of nationality or race.” He had a “deep compassion for every living thing, and the belief that people who live happy lives owe much to those less fortunate and thus have an obligation to help them … saying, ‘The thought of all the misery in the world has been a source of pain to me.’”

Three books in my office are especially tattered because they have been read multiple times, are marked with numerous strips of paper and sticky notes, and have been loaned often over the years to others. Carl Rogers, Viktor Frankl and Erving Goffman are three men who have changed my life.

I am one of the lucky people who owns a hardbound copy of Rogers’ On Becoming a Person: A Therapist’s View of Psychotherapy (1961). I would never be able to sell the book because it seems to feature as many of my own underlinings and notes as it does Rogers’ words. Though profoundly impressed with this book as a first-semester counseling student, I found it even more impactful upon rereading it the first time at the end of my initial year in the field. To my great surprise, the book seemed targeted not at beginning students but at me as a professional! Such is the nature of great works. They speak to us at different times and in different ways, always extending our horizons of meaning, always challenging us in new areas of growth.

While still a counseling student, I also was profoundly influenced by the writings of William Glasser, notably Positive Addiction. Glasser created a vision best described as future pull. Through his book, I was able to see myself practicing positive life behaviors that would become self-sustaining and health promoting. I began jogging, judo, karate, meditation, healthy eating and self-development, rapidly learning that wellness, once chosen, was self-reinforcing and a philosophy to share with others — although it was many years later that the term wellness found a home in my vocabulary. Glasser was ahead of current research findings in noting that positive addictions can create new neuronal connections that increase our ability to solve problems and think creatively.

As a student, and later as a rehabilitation counselor educator, Erving Goffman’s Stigma: Notes on the Management of Spoiled Identity (1963) was required reading. It is among the most difficult books I have read, but the ideas presented within form the core of who I am and who I want others to be in their counseling practices with persons who — for whatever reason — are “different.” Goffman taught me about the challenges to self, social relationships, employment and other areas that are faced by persons who are different than the cultural norms in some way. His definition of stigma is simple, profound, and powerful: “the process by which the reaction of others spoils normal identity.” Can there be

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a stronger message about the impact each of us has on others through what we say, what we do and simply who we choose to be?

I will never forget my doctoral orals, which were not a pleasant experience. Apparently, I talked all around a key point but could not articulate that point. My chair sent me home to read Frankl’s timeless book, *Man’s Search for Meaning* (1946). It is the most read and reread book in my collection. My awe for Frankl’s ability to make meaning out of ultimate suffering cannot adequately be described. My commitment to counseling and advocacy for persons with disabilities and older adults has been guided by Frankl’s ideas since the day I first picked up his book and was unable to set it down until it was finished. I was and remain riveted by the power of his experiences, philosophy and incredible courage in the face of unspeakable tragedy. As counselors, we are challenged to help each client find that core of meaning that enables that individual to transcend daily life and, as Rogers might say, “become a person.”

The most recent book that inspired significant change for me was *Adlerian Counseling and Psychotherapy: A Practitioner’s Approach* by Tom Sweeney, now in its fifth edition (2009). Upon giving me the first edition, Tom suggested that all of my talk about Glasser and my approach to rehabilitation counseling strongly suggested that I was an Adlerian. Hearing a lecture at which Glasser spoke to Adler’s influence on his work was additional evidence. I read an early edition of this book in one sitting, on a plane from Ohio to Tokyo, and emerged in Japan thinking I had finally found a philosophy and guidelines for practice that brought together most everything I had learned in counseling.

Adler’s wellness-based, holistic and positive philosophy has provided grounding for my clinical work, teaching and research since that time. Though he is seldom quoted, Adler’s work is often used. I discovered that studying Adler allowed me to more easily understand other theoretical approaches and integrate them into my repertoire of knowledge and skills. Reflecting on my choices for this article, it became clear to me that all of my favorite authors share a strong orientation to the centrality of meaning and purpose in life and the need to live in connection and harmony with others and our natural environment, which are both foundational precepts in Adler’s thinking. Studying Adler brought the ideas of my favorite authors together, while presenting a set of techniques and methods to help them come alive in counseling sessions, thus promoting positive client change (and counselor change!) more quickly and effectively.

“Pages of Influence” is a new column in which counselors discuss the books that have shaped them professionally, personally and philosophically. Send suggestions of counselors to feature in this column to Counseling Today Editor-in-Chief Jonathan Rollins at jrollins@counseling.org.
Counselors should stay abreast of possible new reporting duties

**Question:** I am a licensed mental health counselor in the state of New York. I heard on the news that the laws regarding guns are changing in response to the school shooting at Sandy Hook Elementary School in Connecticut and that mental health professionals will be required to report certain dangerous patient or client behavior. Will this law affect counselors?

**Answer:** Whether by conscious decision or oversight, the text of the New York law passed on Jan. 15, 2013 (S. 2230, the New York Secure Ammunition and Firearms Enforcement Act of 2013) does not explicitly mention counselors. For purposes of the law, the term “mental health professional” was defined to include physicians, psychologists, registered nurses and licensed clinical social workers.

Under the new law, “when a mental health professional currently providing treatment services to a person determines, in the exercise of reasonable professional judgment, that such person is likely to engage in conduct that would result in serious harm to self or others, he or she shall be required to report, as soon as practicable, to the director of community services …” That agency is, in turn, mandated to report the identity of the mental health patient to the division of criminal justice services if it supports the mental health professional’s opinion. The information may be used for determining whether a firearms license should be revoked or suspended. Law enforcement would also be authorized to confiscate firearms owned by an allegedly dangerous patient.

Critics, including prominent mental health professionals, have claimed that the New York law will erode important confidentiality protections. The caution is that for some mental health patients with homicidal or suicidal ideation, the mere possibility of being reported to local authorities — regardless of whether the patients own weapons — may deter them from seeking treatment. Another concern is that the law could prevent patients from honestly sharing their thoughts with their therapists.

The New York law does not require a mental health therapist to take action if that therapist, using reasonable professional judgment, determines that action would endanger himself or herself or increase potential danger to the victim(s). Furthermore, civil and criminal immunity applies to the reporting therapist for his or her decision regarding whether to disclose, if done reasonably and in good faith.

The new law extends beyond some existing state laws that provide immunity from lawsuits to mental health professionals who “warn” a potential victim, handle the issue clinically or notify police in instances in which a patient/client has made specific threats against a specific identifiable victim. Ascertaining a specific threat is quite different from making a generalized determination of what constitutes a “dangerous” client. The New York statute, while well intended to prevent gun violence, may unintentionally create a new source of litigation against mental health professionals regarding what actions are “reasonable” and made in “good faith” to invoke the immunity provisions.

What can counselors, whether in New York or elsewhere, do at this time? First, stay abreast of new legislative proposals on both the state and federal levels because they may impose new duties on mental health professionals. Counselors should be prepared to weigh in on new legislative efforts so that reasonable efforts are made to protect confidentiality and privacy while attempting to eradicate the threat to human life posed by guns. Second, consider participating in dialogue with fellow counselors regarding how such new laws may affect your practice. Third, if laws pass that require new reporting duties, or that add counselors to the list of mandated reporters, carefully consider how to amend your informed consent process and documents to reflect these changes.

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

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

**Letters to the editor:** ct@counseling.org
THE STUDY OF PSYCHOLOGY IS THE KEY. HANDS-ON EXPERIENCE IS WHAT TURNS IT.

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The Chicago School of Professional Psychology admits students of any race, color, and national or ethnic origin.
One of my first professional counseling presentations was at the South Carolina Counseling Association more than 20 years ago. I was a graduate student and chose to present on the topic of humor in counseling. It was a niche topic, and I thought I might have an embarrassingly small audience for the large room mistakenly scheduled for me. I had overprepared, as all first-time presenters do, so I had plenty of content and a few gags thrown in to match my sanguine personality. I drew heavily from Harold Mosak’s book, *Ha Ha and Aha: The Role of Humor in Psychotherapy*, for content and applied it to working in clinical situations. I also brought “therapeutic” stress relief toys to toss out to the crowd in case my presentation got too didactic.

As it turned out, the room filled to capacity, with attendees sitting on the floor or standing against the accordion walls. I was nervous, but the humor of the situation helped me keep my composure and relieved the pressure surrounding my presentation.

“Don’t try to be funny,” my spouse often counsels me in social situations. “Half the people don’t get your humor, and the other half are offended.” But humor is one way in which I view the world, so presenting my genuine self to a client includes my use of humor. My humor is observational and relational. I cannot tell jokes because I cannot remember jokes to tell. But I can remember the personal observations and significant experiences in my life, so my humor emerges from that perspective.

Using humor in the process of counseling presents both benefits and risks to the therapeutic relationship. One of my strong suits as a counselor is recalling clients’ previously discussed experiences and relationships and then making connections (sometimes humorously) between those recollections. But as is the case with any therapeutic narrative that you are trying to help a client navigate, you should have developed a trusting relationship with the client before using humor. I have had my share of therapeutic failures by using humor before establishing a sound relationship with a client. But when humor works, it leaves a lasting therapeutic remembrance.

**Elements of humor**
What do people find funny? How have we classified humor? These questions might prompt you to think about how broad the concept of humor is. You may have already determined that you don’t use humor in your work with clients, but after reviewing the following resources, you might discover that you use it more than you ever realized.

- Theories of comedy: tinyurl.com/coxjx8z
- Types of humor: tinyurl.com/23vm43f
- 20 forms of humor (DailyWritingTips): tinyurl.com/bpa2b7e
- A theory of comedy (Richard Taflinger): tinyurl.com/b66q8hv
- “One professor’s attempt to explain every joke ever” (Wired): tinyurl.com/3fx6yvq

**Scholarly writings**
Despite my interest in humor as a factor in the counseling process, it is difficult to find scholarly writings on the topic freely available online. The following list is a combination of master’s theses and doctoral dissertations that look at the topic of using humor in a therapeutic setting.

- “Using Humor in Offender Counseling and Supervision” (Rand Kannenberg): tinyurl.com/6jxp27
- “The Use of Humor in Psychoanalysis” (Nancy Ronne): tinyurl.com/cb4ac8
- “To Wit or Not to Wit: The Use of Humor in Psychotherapy” (Robert M. Gordon): tinyurl.com/bp8yom
- “Humor Within the Therapeutic Relationship: Mental Health Therapists’ Experiences and Understandings” (Rhonda Wolf-Wasylowich): tinyurl.com/bplnymu
- “The Relationship Between Therapists’ Use of Humor and Therapeutic Alliance” (Kevin J. Meyer): drc.ohiolink.edu/handle/2374.OX/5678

**Online resources**
Online counseling enthusiasts have put out a plethora of content on the subject of humor and therapy, some derived from scholarly writings, some derived from personal experience and some that is simply reflection and opinion. Glancing through this material may be helpful in your practical application of humor in the counseling relationship.

- “The Use of Humor in Counseling: How Funny Is Too Far?” (Sharon Dahlmeyer and Amanda Diehl-Lelyveld): tinyurl.com/dy8q6b
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“Humor in Counseling” (Stephanie Adams on ACA blogs): tinyurl.com/24zmqre
“Humor in Psychotherapy” (Positive Psychology News Daily): tinyurl.com/yeqzar6
ACA Online Professional Education: Search for “Humor” at tinyurl.com/cxogam7
“Using Humor in the Counseling Relationship” (Therapeutic Humor With Dr. Steve): tinyurl.com/7qcwp8c
“Humor in Counseling: The Light, the Bright and the Serious” (Samuel Gladding keynote): tinyurl.com/cxn2ym7
The health benefits of laughter: (HelpGuide.org) tinyurl.com/rcgj7
Humor therapy (Joyful Aging): tinyurl.com/bmcjubq

Jokes about helpers and the helping process
Laughing at yourself and the work you do is a great way to decompress from what is at times a stressful job. Here are some websites that contain jokes about therapists and counseling situations.

Mental health humor (BoulderTherapist.com): tinyurl.com/lmsh7
Therapist jokes: (Ahajokes.com): tinyurl.com/ma5pkv
Therapy lightbulb jokes (Uncommon Knowledge): tinyurl.com/by8y3y
Psychology jokes: tinyurl.com/45nx6mo
Jokes about psychologists and psychiatrists: workjoke.com
Psychiatry jokes: tinyurl.com/crop9oy
Counselor jokes (Joke Buddha): tinyurl.com/d9mngx
Therapeutic cartoons (Psychotherapy.net): tinyurl.com/cpgtre8

Just by noticing the differences between what makes you laugh and what makes others laugh, you realize that humor is a personalized experience. Should you use humor when you work with clients, make sure you have a good counseling relationship with them before venturing into the laughs.

Find complete links from this article or contribute your own suggestions on “The Digital Psyway” companion site at digitalpsyway.net.

Marty Jencius is an associate professor in the counseling and human development services program at Kent State University. Contact him at mjencius@kent.edu.

Letters to the editor: ct@counseling.org
Unmistaken identity

By Lynne Shallcross
What constitutes the identity of a counselor? Perhaps the answer, in its simplest form, can be found in the way that counselors introduce themselves.

Martin Ritchie keeps it simple: “Hello, I’m Martin Ritchie, and I’m a professional counselor.”

“I learned this from Sam Gladding,” says Ritchie, professor and chair of the Department of School Psychology, Legal Specialties and Counselor Education at the University of Toledo. “I have been to several [of his] presentations and workshops. He always makes a point at the beginning of introducing himself as ‘I am Sam Gladding, and I am a professional counselor.’ He then explains that it is an expression of pride and often leads to a discussion about what a counselor is and what a counselor does.”

Thankfully, Gladding says, the frequency with which he must follow that introductory sentence with an explanation decreases with each passing year. When Gladding, professor and chair of the Department of Counseling at Wake Forest University, does still feel the need to expand on who he is and what he does, he starts by “talking about what the profession of counseling is, and then I’ll talk about how I go about educating those who are going into the profession, about how we work and about how [counseling] differs from some other [helping] professions. I would say counseling is a proactive, positive mental health profession that seeks to work with individuals, groups and families in a transformative way so that they are able not only to cope with the stress and distress of life, but [also] to thrive in the environments in which they are in or even to change those environments.”

How to define who counselors are and what they do is a topic that 20/20: A Vision for the Future of Counseling, an initiative spearheaded by the American Counseling Association and the American Association of State Counseling Boards, has delved into deeply in recent years. In 2006, delegates from 30 (now 31) counseling organizations came together to work on the initiative, and in 2008, they released seven “Principles for Unifying and Strengthening the Profession.” In 2010, the 20/20 delegates reached consensus on a common definition of counseling: “Counseling is a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education and career goals.”

The 20/20 initiative brought a variety of counselors together in a way that was as apolitical as possible, says Gladding, the original facilitator for 20/20 and a past president of ACA. He says being part of the initiative allowed these diverse counselors to adopt the mindset of, “OK, even though I identify with this one specialty more than another, who are we and who am I when the specialties are taken away?”

Arriving at a common definition of counseling that almost all ACA divisions and several other counseling organizations agreed on will further the profession, Gladding says. “We’re identifying who we are rather than having other people say who they think we are. It’s more proactive,” he says.

Sylvia Nassar-McMillan, professor and program coordinator of counselor education at North Carolina State University, has hopes that the consensus definition will further unite the profession. “With … constituent input into this definition, I would hope that most, if not all, [ACA] divisions support and identify with this definition as a statement of their respective and unified identity.”

The counseling profession has worked hard to carve out a unique space within the landscape of the helping professions while also trying to define itself clearly, both for the public and for its own constituents. Reaching a shared definition of counseling was a significant milestone, but much more remains to be accomplished.
Growing pains

The profession has come a long way since the 1970s and ’80s, when the question “Who are we as counselors?” was more common, Gladding says. Over time, counselors have stood up to say, “Here is who we are as a profession.” As a result, he says, all 50 states now have counselor licensure.

But Nassar-McMillan says the past few decades haven’t been without struggle. “Evidence of this is the divisions splintering or nearly splintering off from ACA, such as the American College Personnel Association and the American School Counselor Association,” says Nassar-McMillan, an ACA member who co-authored the book *Developing Your Identity as a Professional Counselor: Standards, Settings, and Specialties* with Spencer Niles. “Deliberations and decisions at state levels have paralleled the national dynamics with the same or different players. For example, in North Carolina, the North Carolina Counseling Association (NCCA) was shaken up when a large subset of the membership decided to break off and form the Licensed Professional Counselors Association of North Carolina. Initially, this weakened NCCA, but over time, the two organizations have become allies and occasional collaborators. While lines have been drawn and, at times, uneasy truces negotiated, I believe the counseling profession as a whole has moved forward in terms of defining itself as a unified profession.”

Potential splintering within the profession is something that concerns Ed Neukrug, professor of counseling at Old Dominion University in Norfolk, Va. Neukrug says he was troubled when ASCA and the American Mental Health Counselors Association, both divisions of ACA, seemed to move closer to semi-independence. “I think we have enough in common to keep us together. We’re stronger politically and have a stronger voice when we’re together,” says Neukrug, an ACA member who has written eight books, the most recent being *A Brief Orientation to Counseling: Professional Identity, History, and Standards*.

Neukrug believes the efforts of the 20/20 initiative have been helpful in defining the profession more clearly, but he still sees topics that the profession needs to navigate, including the role of diagnosis, the role of assessment and the importance of one of the foundational elements of counseling.
— a focus on career. (Counseling Today’s January cover story, “Making life work,” looked at the ways that career topics can and should find their way into a variety of counseling settings; access the article by visiting ct.counseling.org and clicking on “Cover Stories.”)

Nassar-McMillan agrees that diagnosis is an area the counseling profession hasn’t quite reconciled. A decade ago, when Nassar-McMillan served on ACA’s Professionalization Committee, she says the role of diagnosis consistently floated to the top of discussions. “Now, 20 years later, serving on the Council for Accreditation of Counseling and Related Educational Programs Standards Revision Committee, a typical discussion revolves around which standards should go into the ‘core’ versus ‘program areas’ — i.e., addictions counseling, career counseling, clinical mental health, school counseling, etc. — with diagnosis-type standards once again being perhaps among the most difficult to place. In other words, the concept of diagnosis seems to be a sticking point for our profession. Rather than accepting that diagnosis is done in all settings but to different degrees and in different setting-appropriate ways, we continue to be caught up in whether counseling ‘does’ diagnosis or whether it ‘does not.’

Another topic that is generating and will likely continue to generate “identity” discussions among counselors is the field of coaching, “I think the air is full of confusion around this term,” Gladding says. “I would like to see it become a specialty in counseling. I think it is a lot like consultation … in that many different disciplines are involved and it is an atheoretical process. Although counseling cannot control what other disciplines do, it would be helpful if we had standards. I think the National Board for Certified Counselors has moved in this direction. The important point is that in the future, there needs to be a uniformity of education and experience if coaching is going to be a respected part of the helping professions, especially counseling.”

Know thyself

The importance of counselors possessing a strong professional identity is akin to individuals having a strong sense of self before putting themselves out on the dating scene, says Elizabeth Mellin, an associate professor in the Department of Educational Psychology, Counseling and Special Education at Pennsylvania State University. “When counselors leave their training program and go out into practice, it’s common that they’ll be working with others in other helping professions. It’s important that we know who we are and what we are bringing to the table,” says Mellin, a member of ACA who co-authored the 2011 article “Counselor Professional Identity: Findings and Implications for Counseling and Interprofessional Collaboration,” published in the Journal of Counseling & Development. “When people aren’t clear on what they do and how that’s similar or different to what others do, it seems more often than not [that] stereotypes get enacted. We have to be very clear about who we are so that we can voice that in the work we do with others.”

Having a solid professional identity allows counselors to emerge from school and go into work settings feeling self-assured and capable of clearly articulating who they are and what they do, Mellin says. On the other hand, not having a clear, pre-existing idea of their own identity as professional counselors can lead to that identity being dictated and formed by their workplace instead, she says. Counselor educators are responsible for socializing new counselors into the profession, she says, and a large part of that socialization process is helping new counselors form their professional identities.

On an individual level, a strong professional identity is crucial to the self-esteem and attitude of each counselor, says Ritchie, who has been researching the topic of counselor identity for many years. “Asserting a strong professional identity sends the message that you are competent and that your services are important.”

In turn, counselor self-assurance benefits clients, Neukrug says. “When clients view you as an expert, [research shows] they tend to have better outcomes,” he says. “If they know you because there is an identity that goes along with ‘counselor,’ the client will say, ‘This is a field, this person has expertise, and I feel comfortable in sharing with this person.’”

In teaching her Introduction to Counseling and Human Development class, Mellin pushes her students to think deeply about what it means to be a counselor. She often asks them to consider why a client would choose a counselor over a social worker or a psychologist, thereby also eliciting what drew those students to the counseling profession in the first place. “That gets into a gray area,” Mellin says. “Many of them don’t have any idea why they chose the program they did.” Although those students knew clearly that they wanted to be in a helping profession, their choices may have been based more on the schools they wanted to attend rather than on the draw of a specific program, she explains.
Mellin asks her students to look into the code of ethics, the training standards, the course work and the scope of practice for each of the helping professions, searching for places where the professions overlap and diverge. Students often tell Mellin they feel frustrated because, at first glance, they don't notice significant differences. She views that frustration as a good thing. “It pushes them to focus, to figure out what is unique about our profession,” Mellin says. “It prepares them to advocate [for counseling] in a thoughtful way instead of just regurgitating what they read in a textbook.”

Mellin holds her own ideas about what counselor identity means and what counselors stand for, but she lets her students walk away with their own views. Some align with positive-oriented counseling theories, she says, while others identify with wellness or some other aspect of counseling. Although the 20/20 delegates worked hard to develop a common definition of counseling, Mellin believes professional identity remains a very personal thing. The professional identity that each counselor creates and clings to is ultimately an individual decision, she says. What her students walk away with and what they choose to emphasize in their individual work as counselors will be up to each of them, she says.

Even so, Mellin identifies a number of ways that counselors as a whole can build and strengthen professional identity, including understanding the history of the counseling profession, reviewing the work of the 20/20 initiative, reviewing the ACA Code of Ethics and comparing it with the ethics codes of other helping professions, and educating themselves on counseling’s scope of practice versus the scopes of other professions.

Nassar-McMillan points to a dissertation from Angela Shores, one of her recent doctoral advisees. Shores researched the professional identity of counselors-in-training, asking participants to rank the influence of a variety of factors on their professional development. “Among the top factors rated by students were being enrolled in a CACREP-accredited counseling program, exposure to professional organizations and conferences, and having faculty with strong counselor identities — [for example], degrees in counseling/counselor education, focused discussions on counselor identity, etc.,” Nassar-McMillan says. “Clearly, the shared history of the counseling profession as a whole, as well as knowledge about the history of the subprofessions, is an inherent aspect of understanding what the profession is today.”

Gladding agrees. “If you don’t know your history, the profession becomes a mystery for you,” he says. “Then you wonder, ‘Why am I doing this? How did this get to be this way?’” Gladding draws parallels to a person knowing his or her personal family heritage. “Counseling is the same way,” he says. “We are family in that respect. If you know your history, you’re empowered.”

Nassar-McMillan says Shores also found that mentoring, networking and collaborating with faculty and other counseling professionals played important roles in fostering professional counselor identity. “Thus, counselors-in-training would be well served to develop their professional networks and seek mentorship to support this development,” Nassar-McMillan says. “For new professionals, mentors undoubtedly continue to be important. Conversely, seasoned counselors and counselor educators need to take the role of mentorship seriously and intentionally seek to invite students and new professional counseling colleagues to collaborate and network. All of these collaboration efforts and networks will strengthen the profession of counseling at large.” (As a result of findings from a 2011 survey of ACA graduate student members, the ACA Graduate Student Committee kicked off a mentoring program last year. For more information on the program, email mentoring@counseling.org.)

Counselors with a robust sense of professional identity often take part in activities that further promote counselor identity, says Ritchie, a co-founder of the International Association of Marriage and Family Counselors, a division of ACA. Counselors who possess this strong identity are more likely to advocate for their clients and the profession, he says, and to supervise counselor trainees and mentor new professionals, which in turn stands to strengthen the professional identity of those budding counselors. Counselors with a healthy professional identity are also more likely to be active members of professional associations, attend professional conferences and keep up to date in their work, Ritchie says. The result is a stronger profession for all counselors. “By joining professional associations like ACA, they increase the political clout of the association and the profession,” he says, “which can result in greater recognition of counselors.”

A unique space on common ground

Counseling is still the new kid on the block compared with other helping professions such as psychology and social work. Perhaps for that reason, Gladding says, some counselors seem to lack confidence when speaking about their own profession. “Sometimes people in the profession are unsure others will understand who they are if they just say counselor. Thus, they are sometimes hesitant to claim the profession as their identity,” Gladding says. “There have also been those who think they must initially modify the word counselor
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with adjectives. I think the best solution is to say something like, ‘I am a counselor. My specialty is …’ working with children or adults or with mental health issues, etc. By stating the name of the profession and the special interest or skills you have, others will understand. It is detrimental to claim you are ‘something like’ some other helping professional because then you have to backtrack, and you create a lot of confusion in the process.”

Mellin conducted a study with colleagues a few years ago mapping and comparing the competencies and training standards of counseling, social work and psychology. All three professions had competencies in seven shared areas, but each profession also had other areas in which it distinguished itself. For instance, Mellin says, social work stood out in the area of public policy and law, psychology stood out in evidence-based practices and counseling stood out in the area of cultural competence.

Although Mellin insists none of the three professions should be pigeonholed or stereotyped — for instance, she says, not all psychologists focus solely on pathology — she also points out that each profession’s training program is indeed a little different. “All three of these professions have a similar base of knowledge and information,” she says, “but we do have places where we can contribute in unique ways.” For example, Mellin points out, even though the current insurance reimbursement system still places more emphasis on pathology, counselors are trained to keep overall client wellness in mind, regardless of whether that focus officially makes it into the treatment plan or the paperwork submitted to insurance.

Neukrug sees counseling’s historical focus on career counseling and the perspectives of wellness, development and multiculturalism as unique among the helping professions. That doesn’t mean that other helping professions ignore those perspectives entirely, he emphasizes, or that counseling somehow needs to lay sole claim to those perspectives to justify their inclusion at the core of counselor identity.

Although counseling and other helping professions sometimes seem to parallel one another, Nassar-McMillan sees something distinctive about a counseling approach. “If people, including my students, wonder about the difference between counselors and social workers or psychologists, I explain that we all might end up in similar settings or even positions, but that the training and philosophy of counseling is different,” she says. “To simplify, I might explain that psychology tends to follow more of a medical model, in which the psychologist is the expert, guides the therapeutic intervention and focuses primarily on diagnosis and treatment. The social worker often focuses on contextual factors and systems in an effort to identify and engage support systems for the client and/or family. While counselors’ tasks might also be described in similar ways, the underlying assumption in counseling is that the client is the expert and that the counselor’s role is to facilitate clients’ self-understanding and self-empowerment and that there tends to be a greater focus on counselor-client relationship. Thus, while counselors can and do provide diagnosis and treatment, the orientation is on developmental tasks and crisis intervention rather than pathology.”

When conversations concerning the differences between counselors and other helping professionals take a more biting and aggressive tone, Neukrug admits to feeling a sense of frustration. “I think we’re different, [but] I don’t think we’re dramatically different. The conversation feels old to me,” he says. “There’s this animosity toward psychologists, but we’re all mental health professionals with degrees that cover more or less the same things. I don’t think psychologists are sitting around talking about counselors, [so] how come we’re always worried about them? I get the sense that a lot of people think psychologists are out to get rid of counselors today. They certainly have done things to undermine counselors over the years, but for the most part, they don’t sit around worrying about counselors and they don’t mind the coexistence of counselors. Counselors have found their own place in the mental health field. [I just want] to say, ‘Let it go.’ We know who we are. It’s separate from
The case for an undergraduate counseling major

Martin Ritchie, professor and chair of the Department of School Psychology, Legal Specialties and Counselor Education at the University of Toledo, thinks an earlier start to counselor education may be one key to strengthening professional counselor identity.

“For instance,” Ritchie says, “licensed psychologists who majored in psychology as undergraduates referred to themselves as psychology majors by their second or third year in college. They continued for another six to eight years as psychology students working toward their doctorate and licensure. They had eight to 10 years of thinking of themselves as psychologists-in-training and being inducted into the profession. They identified with their instructors and supervisors, most of whom were psychologists.”

As those in the counseling profession know, students do not major in counseling as undergraduates. Instead, they get their bachelor’s degrees in another field before pursuing a graduate degree in counseling. “They only have a few years as a master’s student to be inducted into the counseling profession and develop a professional identity,” Ritchie says. “In some cases, their training and supervision is performed by professionals who themselves do not identify as counselors. Some counseling master’s students already identify with another profession, such as teaching. Previous professional identities, lack of time in training and lack of mentors, educators and supervisors with counselor professional identities can all contribute to a weak professional identity.”

Ritchie says graduate counseling programs might want to consider the creation of an undergraduate counseling major or minor, which could potentially help to attract students to graduate counseling programs. If the school also offers a doctoral program, undergraduate classes could be taught by doctoral counseling students, he points out.

Ritchie has seen how this model works firsthand. “We have an undergraduate [counseling] minor at the University of Toledo that attracts hundreds of undergraduates and serves as a feeder to our master’s programs,” he says.

— Lynne Shallcross

psychologists and social workers, but it’s [also] similar in many ways, and we’re all in this together.”

In fact, Neukrug says, it is important for counselors to recognize that counseling is intertwined with the other helping professions. He wants counselors to know what their profession has adapted from social work (a view on systems and elements of casework), from psychology (early theories, skills and research) and from psychiatry (diagnostic systems and psychopharmacology). In turn, he says, counselors should understand and be proud of how their profession has informed the other respective helping professions on perspectives regarding wellness, career, development and multiculturalism.

Ritchie, an ACA fellow, takes a different view. “Over the years, counselors have attempted to address [counselor identity] by defining philosophies or techniques that are supposedly unique to counselors,” he says. “So you hear some folks state that counselors work from a wellness model as opposed to a sickness model, that we stress social justice or multiculturalism. In reality, many psychologists and social workers follow the same philosophies and use the same techniques as counselors.”

What truly separates counseling from the other professions, Ritchie says, are the training standards and scopes of practice as defined by licensure. He believes this needs to be addressed for the sake of counselors’ overall professional identity. “Psychologists are trained and supervised by psychologists and attain a doctorate from an [American Psychological Association]-approved program to be licensed. Social workers are trained and supervised by social workers in a Council for Social Work Education-approved program. Counselors are licensed at the master’s level but are not required to have graduated from a CACREP-accredited program. If the training program is not accredited by CACREP, it is possible that many of the instructors and supervisors [in that program] are not counselors.”

“While the scope of practice of psychologists and social workers is fairly standard,” Ritchie continues, “the scope of practice of licensed professional counselors varies widely from one state to the next. In some states, licensed counselors can diagnose and treat independently, while in other states they may have to be credentialed as a ‘limited licensed psychologist.’ Until counselor licensure boards follow suit with other health professions and require graduation from a CACREP-accredited program, the profession will remain fragmented and lack a clear counselor professional identity.”

Licensure education requirements and counselor scope of practice are two areas the 20/20 initiative is attempting to address currently. At the ACA Annual Conference in San Francisco last year, the 20/20 delegates endorsed a preference for having a single educational accrediting body. In addition, a work group of 20/20 delegates has been reviewing a content analysis of counselor scopes of practice across all 50 states in an effort to develop a consensus scope of practice statement that will reflect not only what tasks counselors are already performing but also those tasks that counselors might be trained for but are not yet allowed to carry out. The goal is for the 20/20 delegates to reach consensus on both standard licensure education requirements and a standard counselor scope of practice at the ACA 2013 Conference & Expo in Cincinnati in March.

Counselor first

If the goal is to secure one overall professional counselor identity, where do counseling specialties fit into that equation? Do these specialties strengthen or complicate the idea of professional counselor identity? The answer to the second question, Mellin believes, is both.

In an individual counseling setting, Mellin says a counselor’s identity as a “specialist” — for example, as a school
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Counselor — can offer more detail concerning what that counselor offers in that particular setting. On a broader level, however, it can lead to confusion for the public, she says. For example, questions are likely to arise about whether being a school counselor (or any other type of “specialty” counselor) means going through the same training as other counselors.

Considering that the word counselor is already used generically in many other settings — financial counselor and diet counselor being just two prominent examples — a great deal of confusion already exists at the public level, Mellin says. She thinks identifying as a professional counselor first, rather than by specialty, is the way to go. “Our title is already split and misunderstood in so many ways,” she says. “When we use our specialization over our general title, we contribute to that confusion.”

Gladding agrees. “The noun has to come before the adjective,” he says. “Counselor has to come before whatever modifier — I’m a counselor who works this way or is involved in this area. But first and foremost, I’m a counselor. If you go specialty first, then you become fragmented. You become less of a profession.”

In an effort to communicate one core counselor identity, the 20/20 delegates voted in favor of adopting “Licensed Professional Counselor” as the designated licensure title for counselors at the 2012 ACA Conference in San Francisco.

Returning to an earlier point, Nassar-McMillan says that specialty groups splintering off from ACA would further impede the broader professional identity that counselors across all settings need to be successful. “For example,” she says, “the lack of agreement about whether school counselors are ‘the same as’ versus ‘different from’ other counselors has caused rifts within the school counseling profession [and], thus, the whole profession of counseling, thereby weakening the profession [and making it susceptible to] attack by outside entities who are quick to attempt to overtake turf that is not firmly defended. For example, the National Board for Professional Teaching Standards has in the last decade created and supported a counseling credential, which some states now recognize [and] consider in pay grades and the like. This credential was developed without input from our professional
organizations or counseling professionals and [only] requires a bachelor's degree. The creation of this credential has made it much easier and more convenient for state-level entities to undermine and dismantle the standards set by counseling organizations themselves.”

Psychology and medicine each have a host of different specialties, Ritchie points out, yet their practitioners maintain a firm identity as psychologists or doctors first. “We should aspire to the same [level of] strong identity as professional counselors,” he says. “It will begin by states standardizing training and other requirements for licensed professional counselors. This will allow for portability and will result in a national legal definition of a licensed professional counselor. Under that umbrella, counselors can pursue specialties that are within their scope of practice. Subgroups that do not possess a strong professional counselor identity, such as graduates with master's degrees in psychology, currently pursue licensure as counselors, particularly when they cannot be licensed or recognized by their own professions. This will not strengthen the professional identity of counselors and will impede efforts for uniform licensure. Specialties that do identify with counseling, such as school counseling and marriage and family counseling, can take similar steps to [pursue] uniform licensure and certification, which will result in greater recognition and a stronger professional identity.”

‘United we stand’

Looking ahead, Gladding believes professional counselor identity must crystallize for the profession to continue making gains within society and at the legislative level. “Legislators want to deal with professions [and] society wants to deal with professions,” Gladding says. “If you don’t have that professional identity, you really don’t have people who want to work with you or know who you are. All you have is confusion.”

Nassar-McMillan says enhanced counselor identity and unity stand to benefit not only counselors but also society. The profession must know itself in order to communicate that “self” effectively to consumers and potential clients, she says. “Frankly, I am amazed by the strides that have been made in terms of achieving counselor parity within large-scale organizations such as

[the Department of Veterans Affairs], TRICARE and other major medical insurance providers and panels, despite the divisiveness within the profession over its history, and especially in the past decade or two. The education of the public and subsequent deeper understanding of counseling as a profession have served to benefit all counselors across settings and divisions. I worry about dialogue that continues to splinter the profession, such as the notion of two separate doctoral degrees in counseling. I continue to believe that the profession needs to focus on the ways in which we are the same, not different. That holds true for counselor education as well as counseling.”

The costs are too high for counseling not to aim toward greater unity and a common identity, Ritchie says. “United we stand, divided we fall. There are other helping professions competing for our clients and our positions in the workforce. They already have strong professional identities and high membership in their professional associations, which results in effective lobbying and political clout. We have witnessed this time and again in our attempts for counselor licensure and recognition. We are making headway, but as long as counselors are confused about their identity, unwilling to join their professional associations and unable to speak with one voice, we will be marginalized.”

The profession has further to go in this effort, Ritchie says. “Historically, counseling has had a big-tent approach where everyone is welcome regardless of their training or primary professional identity. One can become a ‘professional member’ of ACA without holding a degree in counseling. Unfortunately, all the inclusiveness has resulted in role confusion, multiple voices and divided loyalties. As a result, the public is not sure of who we are and what we do. Consequently, the public is less likely to recognize us as qualified to provide services. Recognized criteria for a profession include ethical standards, standards of accredited training and licensure. All other helping professions meet these criteria. Counseling has ethical standards and all states have counselor licensure, but [our] requirements and scopes of practice are far from standardized and do not require graduation from a CACREP-accredited program. If we want to be recognized as approved providers, we have to develop standards of training and scopes of practice that are uniform and recognized by the public. Only then will we develop a unified, strong professional counselor identity.”

As the field presses on, tackles these issues and seeks answers to complicated questions, Gladding says the key is to keep the lines of communication open so that all counselors will better understand their own profession. “It is important for professional counselors to have an identity that is strong and respected. The only way to get there is through continued dialogue,” he says. “Counseling is past its adolescence and into adulthood. It is important for all counselors to know the history of the profession and how we evolved, and to claim what we are now as well as where we are going. Those counselors who do not know the history of the profession are confused [about] who they are ... what the profession is and where we are going. I think this is less a problem than it [once] was, but it is still out there. Education is enlightening. Conversations on identity are educational and worth having. We are moving forward and need to make sure we are stronger yet by helping those who do not understand the profession to become more grounded.”

To contact the individuals interviewed for this article, email:

- Sam Gladding at stg@wfu.edu
- Elizabeth Mellin at eam20@psu.edu
- Sylvia Nassar-McMillan at snassar@ncsu.edu

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

Letters to the editor: ct@counseling.org
Grown-up bullying

By Lynne Shallcross
It may come as a surprise to some that bullying continues into college and even the professional world, but counselors say it is far from uncommon — and just as important to address as childhood bullying.

**Editor’s note:** This is the second article in a two-part series examining the culture of bullying at various stages throughout the life span. The first article, which appeared in the February issue, addressed bullying among children and adolescents.

When you think of bullies, do you envision them on the quad of a college campus or in a university dorm room? Perhaps you should, says Brian Van Brunt, former director of counseling at Western Kentucky University (WKU) and now senior vice president of professional program development at the National Center for Higher Education Risk Management.

Aren’t college students, most of whom are entering adulthood, finally past the actions and insults typically associated with childhood bullying? No, says Van Brunt, a past president of the American College Counseling Association, a division of the American Counseling Association. “They’re not beyond that. Bullying has grown up and gone to college.”

Indeed, in a 2011 study, researchers at Indiana State University found that 15 percent of college students reported being bullied, while almost 22 percent reported being cyberbullied.

“It can come as a surprise to some when the cruelty, cliques and popularity contests of high school are now propagated into the college classroom and dormitories,” says Van Brunt, author of the book *Ending Campus Violence: New Approaches to Prevention*, which was published by Routledge in 2012. “Some may also be disappointed that these kinds of behaviors continue in an academic setting where the pursuit of knowledge and the preparation for a future career should be the focus of students’ attention. There can be an anger and resentment from other students, faculty and staff when they are placed in a position of witnessing bullying behavior or are required to stop their own academic pursuits and jobs to deal with a problem they thought most people should have outgrown by this stage of their lives.”

The college environment presents an added wrinkle to bullying, Van Brunt says. College students are often far from their families, home communities and friends with whom they grew up, so targets of bullying on college campuses can feel particularly isolated because they lack the built-in support network of home. At the same time, Van Brunt notes, these bullying targets potentially have easier access to weapons, alcohol, drugs and other substances and may turn to these outlets in an effort to cope. The increased risk of violence or substance abuse resulting from bullying during college makes this a critically important problem to address, Van Brunt says.

Similar to school-age bullying, the root of college-age bullying often boils down to how someone is different, according to Van Brunt. Targets might include a student with an autism spectrum disorder, an undergrad who is overweight or a classmate who is viewed as being the professor’s favorite. On certain campuses, college students may be targeted for being too smart, while at other schools, students may be bullied for not being smart enough, he says. The prospect of elevating one’s social status is another common motivating factor for bullying in college, Van Brunt says, just as it is in secondary and elementary school.
More concerning, Van Brunt says, is when college-age bullies are motivated by the prospect of power and the urge to control others through fear. “The pleasure at causing harm to others [and] dominating nonconsenting others in a relationship are both risk factors present for those who move on to larger forms of violence, such as campus shootings,” he says. “It often contains an objectification of the target that increases the risk of more serious violence.”

Another less common motivation for bullying on college campuses is when groups “gang up” on someone because of what they deem to be a righteous cause, he says. In some instances, these groups may have a history of being picked on or treated poorly themselves. For example, Van Brunt says, a small group of lesbian, gay, bisexual or transgender (LGBT) college students might band together and bully another student who has spoken out against LGBT causes.

As is the case with bullying at younger ages, bullying at the college level can take a variety of forms, from cyberbullying via text messages and social media to more traditional tactics such as teasing, making fun of, isolating or physically intimidating someone, Van Brunt says. Van Brunt views hazing on college campuses as a potential form of bullying as well, although he acknowledges that others hold hazing in a different light because the targets voluntarily submit themselves to poor treatment temporarily in order to become part of a particular organization. It is possible that the effects of hazing might be less severe than the effects of traditional bullying, he says, because the targets can look back on the treatment they received and know they endured it to obtain something they desired. Still, Van Brunt says, “It doesn’t give permission for the behavior.”

DUAL FOCUS

Van Brunt says the work of college counselors in combating bullying is twofold: providing education about bullying across campus and working with individual students who have been targeted. In educating members of the campus community, Van Brunt says counselors should reach out to faculty and staff, talk with leaders of student clubs and organizations, and offer classroom trainings with students. Education should include what to look for, why bullying isn’t acceptable and how to report it, he says.

In recent years, bystander intervention has become an increasingly popular way to combat bullying, Van Brunt says. At WKU, a Green Dot program (livethegreendot.com) works to empower incoming first-year students by giving them the skills to effectively address those who objectify, target and bully others and engage in behaviors that lead to sexual assault, he says. The overall focus of the program is involving campus community members in efforts to reduce harmful behavior.

“It addresses the problem from a systemic and group perspective,” Van Brunt explains. “The solution is broader than educating potential victims. Instead, it involves enlisting the community to address unwanted behavior.” Incoming first-year students at WKU are educated about factors that contribute to an atmosphere where negative behavior is acceptable. “At its center,” Van Brunt says, “bystander intervention is a social norming campaign — teaching students about appropriate behavior and avoiding falling into the trap that ‘everyone just behaves this way.’”

Engaging the student community extends the reach of anti-bullying efforts. College students spend a significant chunk of time socializing with each other in dorms, at parties and at a variety of other campus activities where staff and faculty members aren’t present, Van Brunt points out. “The bullying behavior often occurs away from the common areas on campus, so by adopting a community responsibility standard, we increase the number of individuals willing to confront disruptive behavior at the point of origin, whether this be sexual assault, objectification, teasing, bullying, cyberbullying or substance abuse.”

Van Brunt points to five major ways that college counselors find out about individual cases of bullying:

- Self-referral, with a targeted student coming to the counseling office and seeking help on his or her own
- Notification by the parents of the student being targeted
- Notification by faculty or staff
- Notification by resident assistants
- Notification by behavioral intervention teams. These teams are composed of campus staff members, such as the dean of students and the director of counseling, who meet regularly to discuss at-risk student behaviors, Van Brunt says

When a target of bullying comes to the counselor’s office, the counselor’s first step should always be to listen, Van Brunt says. “There is nothing more important than listening to the person’s story,” he says. The student should be allowed to share what is going on without the counselor jumping to quick conclusions or making rash decisions, he emphasizes. Next, Van Brunt advises, help the student review possible options. What can the counselor do for the student? What can the student do for himself or herself?

What support is available on campus?

When working with a college student who is being bullied, Van Brunt gravitates toward narrative therapy techniques because they allow the student to share his or her story. “The central concept is helping your clients develop an ability to own their individual story, take responsibility for what they can change and learn to not beat themselves up for things that are out of their control,” he says. “The narrative approach is also helpful to externalize the negative experience of being bullied and work toward a separation from the negative emotions attached to that narrative.”

When it comes to addressing bullying, Van Brunt says, college counselors would benefit from trainings on threat assessment, both to assess bullies for their potential to escalate to other violent behavior and to assess targets of bullying for their potential level of explosiveness, especially if they have been holding in emotions connected to the experience of being bullied. The National Behavioral Intervention Team Association, for which Van Brunt is president-elect, offers a yearly training based on the principles of threat assessment.

Suicide prevention must also be on the minds of college counselors, Van Brunt says. “Not every student bullied will become suicidal,” he says, “but that can be an ultimate choice, and there is no second chance.” Van Brunt is trained in QPR, which stands for Question, Persuade and Refer. Counselors trained
in QPR can also train others on campus, better enabling peers, resident assistants and others in the campus community to intervene, he says. Using this method, the person intervening would question the suicidal student about how he or she is feeling, try to persuade the student to get help and then refer the student directly to a person or place equipped to offer that help.

When it comes to the college environment, Van Brunt stresses that simply educating victims and equipping them with ways to fight back against bullying isn’t enough. Instead, he says, educating the campus community and pushing to create an environment in which bullying isn’t acceptable will go much further to eradicate what many consider to be a “childhood problem” from higher education.

**Bullying in the workplace**

Unfortunately, graduating from college still doesn’t guarantee an end to bullying. A 2010 survey commissioned by the Workplace Bullying Institute (WBI) found that 35 percent of the U.S. workforce — an estimated 53.5 million Americans — report being bullied at work. An additional 15 percent said they had witnessed co-workers being bullied.

These statistics are all too familiar to Jessi Eden Brown, who serves as WBI’s administrator and also runs a private counseling practice in the Seattle area. About half of her clients deal with issues related to workplace bullying.

One such client, a 51-year-old woman, came to Brown’s counseling practice after receiving the first negative performance evaluation in her 20-plus-year career. “She told me she had a new supervisor — a woman in her 30s who seemed overeager to please executive management from the start,” says Brown, a member of ACA. “My client mentioned the relationship with her supervisor started out well, but within six weeks, she noticed a distinct shift in the supervisor’s behavior toward her.”

The client’s workload increased dramatically, and her relationships with her husband and kids began to suffer as long nights at the office became the norm. The supervisor started criticizing the woman’s work in staff meetings and threatening to demote her if all of her tasks weren’t completed on time and free of errors. After receiving the negative evaluation, Brown says, her client was given an improvement plan and was required to meet twice weekly with her supervisor. The client reported to Brown that, among other things, the supervisor berated her behind closed doors and isolated her from her co-workers.

“By the time the client sought my help, she was in a state of crisis,” Brown recalls. “Her blood pressure was dangerously elevated, she was unable to sleep most nights, she’d gained over 15 pounds, and she reported symptoms of severe anxiety related to work, including tremors and vomiting during her morning commute. My client’s relationship with her husband was so strained that he’d recently brought up the idea of divorce with intent to seek custody of the kids. She told me she’d missed so many of her children’s recitals, soccer games and special events that she felt they were beginning to resent her.”

After listening to the client’s story, Brown thought it was clear that workplace bullying was an important contributing factor to the situation, so she began educating her client on the topic. “You could see a rush of relief wash over her,” Brown says. “All this time she thought she wasn’t working hard enough. She’d worried that she had lost her mind.”

Like many targets who experience workplace bullying, this client blamed herself, Brown says. “In truth, her work performance wasn’t the problem — it was her boss,” Brown says. “She consulted with an attorney, but because the harassment wasn’t age related and they were both women, my client’s legal remedies were limited. She approached human resources (HR) and her supervisor’s boss, but they were not helpful. There was not a policy against what was happening, and my client said HR and upper management discounted her report immediately. They stood behind the improvement plan and reminded my client of the possibility of termination if she was noncompliant.”

Brown says her work with the client focused on addressing her health, finding a sense of safety at work and reestablishing connections at home. “I worked closely with her doctors as they introduced antianxiety and blood pressure medications into her treatment...
regimen,” Brown says. “We explored the client’s options for creating safety at work, but in the end, it was clear the best choice would be to help her move on from that job. We worked on her self-esteem, practiced coping skills and also focused on her relationships at home. Her husband and children attended a couple of sessions so we could address the strain and conflict introduced into the home by my client’s job-related stress. We also worked on fine-tuning her résumé, soliciting letters of recommendation, honing interviewing skills and other specific tasks designed to boost her confidence and facilitate the process of securing new employment.”

After a couple of months, Brown’s client found a new job. “During that transition, the client’s husband and children noticed her efforts to change the situation at work, which subsequently reduced the stress at home,” Brown says. “Also, she described a greater degree of support and understanding from her family after they learned about workplace bullying. My client tells me she is much happier now. A few months ago, she emailed to inform me she’d won an award at her new job.”

Abuse with little recourse

According to Brown, WBI’s definition of workplace bullying includes repeated, health-harming mistreatment of one or more targets by one or more perpetrators in the form of verbal abuse, offensive conduct or behaviors that are threatening, humiliating or intimidating, and/or work sabotage, which prevents work from being done.

Unfortunately, Brown says, workplace bullying is illegal in only about 20 percent of cases, such as when the behavior violates civil rights or whistleblower protections. In most other cases, workplace bullying is considered status-blind harassment, for which there is no legal recourse, she says. “Few employers have specific policies to address workplace bullying, so internal remedies are often limited as well,” says Brown, who in her role with WBI provides professional coaching services over the telephone each year to hundreds of individuals — nationally and internationally — who have experienced workplace bullying.

Brown calls workplace bullying a form of psychological violence. “Although popular media frequently portray the workplace bully as a volatile, verbally abusive boss, in actuality, the behaviors tend to be more subtle, insidious and persistent,” Brown says. “Examples include stealing credit for others’ work, assigning undue blame, using highly public and humiliating criticism, threatening job loss or punishment, denying access to critical resources, applying unrealistic workloads or deadlines, engaging in rumors and gossip, endeavoring to turn others against a person and deliberate attempts to sabotage someone’s work or professional reputation.”

Stacee Reicherzer, the assessment coordinator for Walden University’s School of Counseling and Social Service, echoes Brown in saying that workplace bullying tends to be based in nonphysical forms of aggression. “Whereas physical violence does of course occur, these types of incidents are generally less problematic over the long term because companies tend to have policies that address workplace violence, in addition to the legal consequences that occur for people who commit assault,” says Reicherzer, a member of ACA who has also done consulting work with organizations on this topic.

One common form workplace bullying can take is relational aggression, in which bullies use tactics such as gossip to create experiences of rejection and diminished worth, Reicherzer says. When a target’s supervisor is involved in the gossip, Reicherzer says, this can lead to the target feeling that he or she has no power to remedy the situation.

Certain environmental factors in the workplace can add fuel to the fire, Brown says. For example, professional climates and cultures that emphasize competition for resources and status may end up rewarding workplace bullies with public recognition and promotions. Additionally, the current high level of job insecurity across many industries, combined with demands for increased productivity, can create “boiler room” environments that heighten stress and set the stage for bullying, Brown says.

Reicherzer agrees that the economic turmoil can bring out the worst in people in the workplace. What further complicates the situation, she says, is that in this economy, those who are targets of workplace bullying often feel they can’t simply leave a bad situation because it won’t be easy for them to find a new job.

It is the fact that these bullying behaviors are repeated again and again that make them especially damaging, Brown says. “The cumulative effects and prolonged exposure to stress exact a great toll on the bullied individual,” she says.

“There is a significant body of research linking workplace bullying to physical, mental, social and economic health harm for the bullied target,” Brown says. Studies have linked repeated exposure to stressful events such as bullying to severe physical ailments, including cardiovascular disease, gastrointestinal problems and increased levels of cortisol, among other things, Brown says. The psychological harm from bullying can be just as devastating. “Panic disorder, general anxiety disorder, major depression, substance abuse and dependence, acute stress disorder and posttraumatic stress disorder are but a few of the diagnoses encountered when working with targets of workplace bullying,” Brown says.

And then there are the effects on the targeted person’s relationships outside of work. “WBI conducted an online study of targets in 2010 to examine the effect of the bullying on the target’s primary support relationship — spouse, parent, child, best friend, etc. The majority of respondents — 76 percent — reported negative consequences for that relationship, indicating it was marked by more conflict and stress or had been completely dissolved since the onset of the bullying.”

‘Believe them’

It is rare for a company to invite a counselor to assist with a comprehensive response to workplace bullying because in most cases, Brown says, employers and employees look to HR for a solution. But she points out that a recent WBI online survey found that respondents who identified as targets of workplace bullying said HR helped them satisfactorily resolve the situation only 47.7 percent of the time.

A more likely entry point for counselors, Brown says, will be through individual counseling, which bullying targets may seek on their own as they deal with the stress of the bullying or as
Article: Unmistaken identity

Learning Objectives: Reading this article will help you:

1) Understand what constitutes the identity of a professional counselor

2) Reflect on how professional counselors can educate individuals outside the profession about what counseling is and what counselors do

Continuing Education Examination

1) Which initiative, beginning in 2006, has been helpful in clearly defining what it means to be a professional counselor?
   a) Counselors for a Better Tomorrow
   b) ACA Foundation
   c) ACA’s Professional Standards Initiative
   d) The 20/20 initiative

2) According to the article, the counseling profession still needs to clarify the role of counselors in which area?
   a) Couples, marriage and family counseling
   b) Diagnosis and assessment
   c) Child and adolescent counseling
   d) Social justice

3) Factors that strongly influence professional identity among counselors-in-training include:
   a) Enrollment in a CACREP-accredited counseling program
   b) Exposure to professional organizations and conferences
   c) Having faculty with strong counselor identities
   d) Networking and mentorship
   e) All of the above

4) Counselors with a robust sense of professional identity do not need to engage in activities that further promote their own counselor identity.
   ______ True   ______ False

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Brown says counselors have the empathy and skills necessary to help these clients. “First, and most importantly, we can believe them when they tell us about the mistreatment at work,” she says. “The stress and exhaustion that targets endure is often isolating and paralyzing. After all, it is generally the bully’s goal to disarm the target. Even when they do speak up, targets of workplace bullying tell us their employers, family and friends do not often believe them or understand how it could be so distressing. As counselors, we can listen to the story, convey a sense of belief and offer a distinctly different response than the target has received thus far.”

It is imperative not to blame these clients in any way for the abuse they have experienced, Brown says. “In most cases, the target has done nothing to deserve the treatment [he or she is] receiving,” she says. “The bully chooses the target, timing and tactics. Also, the target may have very little control or influence over these factors. The responsibility to stop the abusive behavior rests with the employer. Teaching your client to be more assertive or to stand up to the bully is not the answer. Most of the time, this only makes the situation worse. Remember, 72 percent of bullies are bosses, and standing up to the boss can easily be misinterpreted as insubordination.”

The therapeutic recipe is fairly simple, according to Brown. “The best support a counselor can offer targets of workplace bullying is to help them prioritize their health, explore ways to heal from the psychological injuries associated with the abuse and examine realistic solutions to the problems they face,” she says. “Do not ask too much from these clients. The unrelenting stress they’ve experienced may be quite debilitating. Be patient, be accepting, be encouraging [and] be a resource for them.”

Promoting self-care and enhancing social support are imperative, Brown says. “This may mean helping the client figure out a way to take time off from work, teaching new coping skills and encouraging time spent with loved ones — time that is deliberately not focused on recounting the situation at work.”

Counselors can also offer psychoeducation to clients, Brown says, allowing them to learn about the phenomenon of workplace bullying, giving a name to what they have been experiencing and helping them to find relevant resources. In working with these clients, it is also important for counselors to keep the focus on the present and the immediate future, Brown says. “Many of the targets that come to counseling arrive in a state of crisis. Their physical and emotional health, personal relationships, finances and job may be in jeopardy. Counseling approaches that focus heavily on the past — family of origin, childhood memories, etc. — will not provide the immediate support and direction these clients need,” she explains.

Taking a goal-directed and strengths-based approach will also prove helpful, Brown says. She advises counselors to listen for the client’s assets, strengths and past successes, and then design interventions that keep the client in touch with those qualities.

Reicherzer also advocates for a strengths-based approach and adds that the particular course of counseling will vary by client. “When we have an understanding of the client’s demonstrated strengths and resources across her or his history, it’s helpful to draw from these in reminding the client of personal capabilities,” she says. “Remediating a bullying situation is really based on the needs of the client. For some, it’s simply beginning a new job search and making a plan to leave the current job. For others, it’s about having the courage to report the problem to a manager or human resources or to pursue legal action when the organization has failed to resolve the matter satisfactorily.”

Brown adds that she does a fair amount of role-playing with her clients. “In session, they try out new responses, process the success or failure of the steps they are taking to address the situation at work, rehearse coping skills we’ve identified, etc. I strive to create a safe place to practice and experiment with new skills and behaviors.”

WBI research indicates that once targeted, an individual has a 77.7 percent chance of losing the job, Brown says. “After exhausting their options, many targeted workers choose to transfer or quit,” she says. “The decision to leave on one’s own terms can be empowering and frequently results in better emotional health than being fired or laid off.”

Not surprisingly, Brown says, career counseling techniques can play a vital role in working with these clients because the approach helps them to explore alternative career possibilities and plans for seeking employment elsewhere.

But perhaps no intervention is as effective or helpful as simply listening. “Targets tell us few people really listen to them,” Brown says. “There is immense power in this simple act.”

Brown encourages both new and seasoned counselors to get relevant training before working with clients who are experiencing workplace bullying. Clinical supervision may be helpful as counselors develop knowledge and skills specific to this population, she says, and ongoing consultation is a good idea.

Simply being mindful as a counselor that workplace bullying exists is crucial, Brown says. “In the U.S., there are deep connections between one’s career and his or her identity,” she points out. “Work-related stress is a common topic of discussion in the counseling relationship. With nearly half of all working Americans reporting direct experience or witnessing bullying in the workplace, it cannot be overstated how important it is for counselors in all settings to be aware of this phenomenon.”

To contact the individuals interviewed for this article:

- Email Jessi Eden Brown at jessi@eden-therapy.com
- Visit Stacee Reicherzer’s website at dstacece.com
- Email Brian Van Brunt at brian@ncherm.org

For additional information about the Workplace Bullying Institute, visit workplacebullying.org.

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

Letters to the editor:
ct@counseling.org
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All trauma is not the same

By Tara S. Jungersen, Stephanie Dailey, Julie Uhernik & Carol M. Smith
To provide the best care to trauma survivors, counselors must understand how clients may react differently to natural versus human-caused disasters that affect entire communities.

Your first client of the day recently survived a Category 4 hurricane, while your next client reports that she survived a mass school shooting several years ago. Both clients have experienced trauma in the form of a collective community disaster. Nevertheless, the causes, symptoms, courses of treatment and counseling interventions may look different for these two clients. Counselors who do not know the difference risk providing inadequate or harmful services to each type of trauma survivor.

Disaster defined

Although many formal definitions exist, the term disaster is often described as a potentially traumatic event that is experienced collectively, has an acute onset and originates from natural or human factors that overwhelm local resources. This definition highlights the categorical differences of disaster — namely, a natural or human agent — and places emphasis on trauma-inducing events, indicating that emotional responses are not uncommon during these ecosystemic crises. It also implies by the word potentially that not all individuals have the same reaction to disaster events. This definition eliminates traumatic events experienced by a single individual (for example, domestic violence, sudden bereavement or injury-causing accidents) and focuses on events such as hurricanes, earthquakes, acts of terrorism and mass shootings that affect entire geographic communities.

Emotional reactions

Counselors working with survivors of either natural or human-caused disasters witness a wide range of reactions common to both types of crisis. Following a disaster event, most survivors experience physiological and psychological reactions that include an acute physical stress response (fight, flight or freeze) as well as behavioral, cognitive, spiritual and emotional reactions. Somatization is the most frequently reported physical manifestation. Back or muscle pain, fatigue, gastrointestinal upset, problems with task performance, lack of appetite and sleep dysfunction are common physical challenges that disaster survivors report.

Although behavioral responses to disaster may involve aggression, domestic violence or increases in substance use, these behaviors are not typical unless they were pre-existing issues for the survivor. Common adverse behavioral stress reactions include isolation, withdrawal and developmentally inappropriate feelings of dependency (regression). Cognitive difficulties following a disaster are not uncommon and may include intrusive thoughts, flashbacks, memory problems, impaired concentration, dissociation, depersonalization, derealization or time distortion.

Common emotional reactions include feelings of fearfulness, anxiety, psychological and physical distress, depression, irritability, frustration or significant fear regarding one’s sense of safety and security. It is also not uncommon for some survivors to feel heroic, euphoric or invulnerable, especially during or immediately following the disaster event, because they have survived. Conversely, a feeling of psychological “numbness” is not unusual. Post-disaster
disasters lack human involvement and are little or no advance notice. Natural vs. human-caused disasters
The aftermath of natural reactions to abnormal events.

Mary Tramontin refer to as "common opposed to what James Halpern and risk of longer term trauma reaction, as these events can help. Moreover, better understanding the categorical differences of disaster (natural versus human caused) and the associated emotional impact of these events can help. Moreover, better understanding of expected emotional reactions associated with the different types of disasters can help counselors identify which survivors might be at risk of longer term trauma reaction, as opposed to what James Halpern and Mary Tramontin refer to as "common reactions to abnormal events.”

The aftermath of natural vs. human-caused disasters
By definition, natural disasters are seen as uncontrollable and affect whole communities or entire populations with little or no advance notice. Natural disasters lack human involvement and are less likely than human-caused disasters to produce long-term adverse psychological effects in survivors.

Similar to natural disasters, human-caused disasters vary greatly in scope but can be divided into two types: technological accidents and acts of mass violence. Examples of technological disasters include transportation accidents, structural failings, fires and toxic waste accidents. Considered "acts of omission,” these events are typically the result of errors in system design, construction or management and most commonly the result of greed, negligence, poor planning or mismanagement.

Acts of mass violence, on the other hand, are considered malicious "acts of commission” and include the 9/11 terrorist attacks, the 2007 shooting on the Virginia Tech campus and the recent shooting at Sandy Hook Elementary School. The distinction between acts of mass violence and technological accidents is that during an act of mass violence, humans have intentionally premeditated significant brutality.

Disasters of human origin, particularly those that evoke fear, uncertainty, helplessness and loss of control, have greater emotional consequences than disasters that are not preventable. Not surprisingly, these events tend to produce higher levels of emotional distress than any other natural or human-caused disaster. As a result of human-caused acts of mass violence, trust within one's community is broken. Furthermore, unlike natural disasters, which have a beginning and an end, human-caused disasters involve a seemingly ongoing danger that is unpredictable and potentially everywhere. Coping takes longer as people consider retaliation, seek justice, feel a need for equity and struggle to rebuild trust within their communities. Halpern and Tramontin state that "because fairness and justice are commodities that are not easy to achieve, recovery will be more difficult if they are requirements.”

Case studies
Counselors working in schools, community settings or private practice may be called upon to assist clients suffering from the trauma that results from natural or human-caused disasters. Studies have shown that individuals often experience symptoms of posttraumatic stress disorder (PTSD) for many years before seeking therapy, although counselors may also encounter clients

Join the ACA Trauma Interest Network
The Trauma Interest Network (TIN) is a group composed of American Counseling Association members dedicated to greater understanding of traumatology and promotion of this special area of counseling.

Currently, the TIN is a Listserv resource that welcomes all who are interested in learning and sharing about traumatology — the study and treatment of trauma. The Listserv provides a forum for sharing trauma-based interventions, practical clinical interventions, trauma-focused research and trauma trainings.

The TIN promotes awareness and understanding of traumatology because we believe that it requires focused training and supervision. Although the concept of trauma may be uncomfortable for people — even for counselors — the TIN hopes that the associated stigma may be reduced by providing awareness and resources for counselors. Counselors should be aware of events in clients’ lives that may have a negative impact on their healthy functioning, including experiences such as combat stress, traumatic loss or cyberbullying. We can move beyond our fears as counselors and develop trauma-informed clinical competence.

Although the Council for Accreditation of Counseling and Related Educational Programs requires traumatology to be infused into the education process, many counselors — seasoned and newly licensed alike — have not received adequate training to deal with the various elements of trauma they encounter in practice.

Recent events such as Hurricane Sandy and the mass shooting at Sandy Hook Elementary School underscore the need for additional research on trauma-based therapies and interventions. The TIN can be a clearinghouse for information and training opportunities.

The TIN plans on becoming more immersed in the ACA community through leadership and knowledge-based activities. Please take this opportunity to get involved with the TIN by contacting Holly Clubb at hclubb@counseling.org and joining the Listserv. And please join us for our Networking Meeting at the ACA 2013 Conference & Expo in Cincinnati.

Healing is promoted by a community. Please join ours.

— Chantelle Taylor & Venessa Farn
who are in the more recent stages of trauma following a community disaster. The private practice case examples that follow illustrate the complexity of presentations by clients with complex trauma from disasters.

The first client, Sam, is 78 years old. He lives out of state but has come to counseling at the urging of his daughter, whom he is visiting for the holidays. Sam's daughter is concerned that Sam seems sad and "just not himself." She is surprised, yet glad, that Sam agreed to talk with a counselor for a brief counseling session. She adds that Sam has been grieving the loss of his wife, who died eight months ago. He had appeared to be coping well until recently, but now seems listless and withdrawn.

When the counselor meets with Sam, Sam is pleasant, articulate and expressive. He speaks of his grief at his wife's passing but also mentions learning to handle day-to-day tasks that his wife formerly performed. He says to the counselor quietly, "What really bothered me was, the other night, I woke up in the middle of the night at my daughter's house and didn't know where I was. I was alone in the dark … just like I was when Sandy went through." The counselor, in looking at this case through a "brief counseling" lens and a focus on grief, had missed indicators of possible trauma and subsequent PTSD. Sam explains that he lives alone in a house in New Jersey. He proudly tells how he safely rode out the storm but mentions that he was alone in the dark at night for several weeks because the electricity was out.

A counselor working with Sam would be aware of the role of natural disaster-induced trauma in designing appropriate interventions. Sam experienced the perceived loss of life and property during the hurricane, followed by isolation from support and basic services during the rescue and recovery phases. Counseling interventions would focus on building a relationship with Sam in order to allow him to tell the story of what he experienced. Additionally, the counselor would brainstorm with Sam about how to reconnect with scattered social supports who may have relocated after the storm as well as ensure that he has the resources to meet his immediate shelter and other basic needs.

The counselor would also process Sam's feelings about the hurricane and the resulting upheaval of his life and belongings. The counselor would provide encouragement and validation of Sam's strengths, resources and resilience, noting prior successful coping episodes. Sam might be experiencing a heightened sense of sadness due not only to facing hurricane reconstruction without his wife, but also because he may feel he would be a burden to his children or neighbors if he asks for help. He may also be experiencing frustration and anger at the slow speed of recovery and delivery of logistical support by local and federal agencies. However, he may also feel some solidarity in knowing he is not alone in experiencing this community disaster. Counselors should acknowledge the powerlessness natural disaster victims sometimes feel, while channeling the emotions into life- and safety-affirming actions such as drawing up plans for new living spaces or putting together an emergency "go box" of critical documents and items.

The second case involves Sue, a young wife and mother in her 20s who comes to counseling for help coping with stress related to chronic illness. Sue talks with the counselor about her irritability with her family and her frustration at coping with chronic fatigue syndrome. When the counselor inquires about her past symptoms and coping skills, Sue mentions offhandedly that she was a student at Virginia Tech during the shooting tragedy in 2007. She says she saw a counselor briefly after the shooting and acknowledges how that had been helpful at the time. But until now, Sue has not considered how her traumatic experience more than five years ago might still be reverberating in her life.

The counselor working with Sue needs to understand her presenting complaints of stress and irritability not only within the context of her previous trauma at Virginia Tech, but also within the context of the media's current coverage of another mass school shooting (Sandy Hook Elementary School). As with Sam, who survived a natural disaster, counseling interventions with Sue would focus on relationship building, telling the story of the event, reconnecting with social supports and validating her previous successes and record of resilience. However, the counselor must also process the added layer of moral injury that Sue may be experiencing resulting from a seemingly preventable trauma. The counselor would process any feelings of guilt that surface with Sue, whether related to survivor's guilt or lingering blame for the perpetrator or rescuers.

One helpful intervention for guilt is to allow the client to process what she wished to see happen or what her intentions were with a particular action or inaction. Another intervention would be for the counselor to collaborate with Sue to identify acts of justice and fairness in her community. This serves as a step toward re-establishing Sue's sense of trust. Sue's experience of this human-caused disaster may result in a longer episode of care because she must overcome the overriding perception of danger that surrounds her in her community, even as she simultaneously manages her medical condition.

Understanding both Sam's and Sue's experiences as they relate to post-disaster trauma provides a different framework for assisting them. For Sam, for Sue and for so many others who will seek counseling for trauma experiences, the counselor can be a lifeline for healing. The learning and trauma training required of counselors is ongoing and sometimes arduous. However, we owe our best to our clients and our colleagues in providing the trauma work we are called to do.

Tara S. Jungersen (Nova Southeastern University), Stephanie Dailey (Argosy University/Washington, D.C.), Julie Uhernik (private practice) and Carol M. Smith (Marshall University) are members of the ACA Trauma Interest Network. Send correspondence regarding this article to tj290@nova.edu.

Letters to the editor: ct@counseling.org
Evaluating cloud-based practice management systems, Part 2

By Rob Reinhardt
Before counselors rush into the purchase of a cloud-based system, they should give careful consideration to several important features.

In my previous article (see the February issue), I introduced the concept of the cloud-based practice management system and began to detail how it can help counselors achieve a paperless office. I covered tracking of client data, scheduling, clinical notes and the Health Insurance Portability and Accountability Act (HIPAA). This month, I will discuss the remaining important features and list some current products on the market.

Billing

In our endeavors to make our work profitable as counselors, having an effective billing system is important. First, counselors need to understand the difference between billing solutions and accounting solutions. A billing solution is focused on the creation of invoices and collection of payment. A typical billing system won’t fulfill all accounting needs such as bookkeeping and tax-related items. At this writing, I am not aware of any cloud-based practice management solution that includes a full accounting package. For now, a practice may still need a program such as QuickBooks and/or an accountant. I don’t foresee that changing anytime in the near future because programming a full-featured accounting solution is a significant undertaking.

With that in mind, the billing solution should allow creation of an invoice for an individual session or for any outstanding balance. It should allow entry of payments received from clients or insurance companies as well as production of receipts. It should allow creation of a statement for a client (covering a range of dates) that includes charges, payments and amounts due. All of this information should be easily accessible in a way that allows tracking of what has been paid and what is owed (accounts receivable).

The true power and point of comparison for a billing module lies in how well integrated and easy to use it is. The more quickly a counselor can access and understand the information, the more time and money the business is likely to save.

Billing features to consider include:

- **Other charges or credits**: These “non-session” charges might include fees for paperwork or consulting. Credits can occur when a copayment turns out to be less than originally reported by the insurance company.

- **Integration**: Being able to pull up a client’s record and immediately see an account balance is a significant time saver and a great tool in helping practitioners collect what is due to them. Being able to enter payments while viewing an appointment or note is very efficient.

- **Fee schedules**: A fee schedule allows entry of rates for various services that are automatically charged to a client when services are performed. Robust systems will allow creation of more than one fee schedule.

- **Insurance tracking**: Being able to enter contracted insurance rates allows a practice to see at a glance what payments it should expect to receive in the coming weeks. This feature is integral to producing accurate reports.
Client aging reports: This report displays every client that owes money, how much the client owes and how long the client has been carrying the balance.

Insurance aging reports: This report shows all insurance payments that have yet to be received and how long it has been since a claim was filed.

Superbills: This feature allows a practice to provide a value-added service by offering clients a document that includes all the information needed to file a claim.

CMS-1500: The CMS-1500 is the standard filing form for insurance claims. Although the vast majority of insurance companies now require electronic claims, some still accept this paper form.

Revenue reports: Although a billing system isn’t an accounting system, the ability to produce revenue reports may provide information a practice needs to enter into its accounting system.

Batch statements: This is especially useful to larger practices that bill for services. Being able to produce statements for all clients who are carrying a balance with a couple of clicks is a huge time saver.

API: An API (application programming interface) allows one piece of software to communicate with another. Although this can be useful in all modules of a system, it is particularly beneficial in the billing module for pulling information into an accounting package.

Electronic claim filing

When effectively integrated into the rest of a system, insurance claims can be filed in mere clicks. This means that within seconds of finishing a session note, a claim could already be on its way to the insurance company electronically. Did I mention that claims submitted electronically tend to get paid faster?

Practice management software, through electronic data interchange (EDI) standards, can allow users to electronically file their claims without having a direct relationship with a clearinghouse. A good system will act as an initial “scrubbing” machine, alerting you to the omission of required information and other error warnings that likely would elicit a rejection from the clearinghouse or insurance company. Feature-rich systems will also track claims from submission to payment, importing the ERA (electronic remittance advice) and applying the payments to the correct clients/sessions.

Claim filing features to consider include:

Insurance providers: It is important to verify that credentialed insurance companies are supported by the solution and its clearinghouse.

Integration: Being able to submit claims as part of work flow is efficient. This flow is usually best achieved by having a claims submission button attached to an appointment on the schedule or the session note itself.

Contracted rates: Entering contracted rates with each paneled insurance company can decrease the time spent on data entry because the system will automatically pick up what payment to expect.

Batch submission: Some systems allow review and submission of all claims as a batch at the end of a workday.

Tracking: A system should give status information on filed claims, indicating when they have been sent to the insurance company. It should also give notification of a rejection, including the reason for the rejection.

Clearinghouse integration: The more clearinghouse information accessed directly within the software, the better. This access may include the ability to check claim status, verify benefits and have ERAs automatically imported and applied to the correct clients/sessions.

Client portal

How much time and money might a practice save if it didn’t have to manage appointment reminders? If it no longer had to print intake forms and assessments? If clients could pay their bills or reschedule appointments online? These are some of the potential components in a client portal, one of the least common but most sought after features in a cloud-based practice management system.

A client portal consists of a website where clients have unique accounts that allow them access to their information (and to their information only). This information comes directly from the practice management system. After logging in, clients may be able to see all of their currently scheduled appointments, send the counselor a secure message, pay their bills and more.

Client portal features to consider include:

Website integration: This refers to whether the client portal is integrated into an existing site.

View appointments: This feature allows clients to see currently scheduled appointments.

Schedule appointments: Some systems allow clients to schedule their own appointments. They can see available appointment times and then choose one that is open.

Complete paperwork: This feature, currently one of the most rare in practice management systems, allows clients to complete forms (intake, informed consent/HIPAA, assessments) via a web browser. Upon submission, the forms are immediately part of the client’s system record.

Customizable forms: Some systems allow customization of online forms and even creation of completely new ones. With this feature, any form you have clients fill out could be completed online.

Secure messaging: This feature allows the client and provider to send secure messages to each other through the system, eliminating the need for email (which is not a secure delivery system).

BillPay: This feature allows clients to view invoices and statements and to pay outstanding balances via the portal. Some systems even allow clients to pay their session fees in advance.

Journal: Although this can be created in any system that allows for customizable forms, some provide a separate journaling option with distinctive features. This allows the client to keep an online journal as part of the therapeutic process.

Miscellaneous

Following are some important items to consider that don’t fit conveniently into any of the previous categories.

Clinician groups

In many cases, private practices involve a group of clinicians who may want to use the application. In such cases, evaluating whether and how the product can handle groups is important.

Data portability

Consider how difficult it would be to move data should migration to a different practice management system become necessary. Consider how a solution provides for exportation of data and importation from another program.
**Graphic user interface/user experience**

Graphic user interface (GUI) refers to the actual look of the application — the colors, the buttons, the arrangement of fields and so on. User experience (UX) refers to the overall feel and flow of the application. For example, are buttons/functions where they are expected? Is there a natural flow to data entry?

**Tablet friendly**

Related to the GUI/UX, and important to a growing number of counselors, is the question of whether the application is easy to use on a tablet computer (iPad, Android or Windows).

**Support**

Apart from testimonials, it can be difficult to evaluate technical support for a product until a practice is using that product and a problem arises. Fortunately, many applications offer either a free trial or a 30-day refund policy. It is a good idea to ask some questions during this time because it offers the best chance to gauge how responsive the technical support will be.

**Reliability**

Product reliability is also difficult to measure without personal experience using the product or hearing a lot of feedback about the product. Knowing an application will be available when needed and that data is secure and backed up provides peace of mind.

**Data storage**

Most of these applications provide the opportunity to upload documents. One question to ask about any service is whether there is a limit to the amount of data storage available.

**Integration**

Consider whether the system allows for integration with other software through an API. For example, will it allow billing information to be exported into an accounting program? Will it allow scheduling information to be imported into another calendar application (typically through iCal)?

**Current options**

Following is a list of cloud-based practice management systems targeted to mental health providers in private practice.

- Therapy Appointment ([therapyappointment.com](http://therapyappointment.com))
- CounSol ([counsol.com](http://counsol.com))
- TherapyNotes ([therapynotes.com](http://therapynotes.com))
- CarePaths/eRecord ([carepaths.com](http://carepaths.com))
- Argonaut ([argonautsoftware.com](http://argonautsoftware.com))
- MHPOffice ([mhpoffice.com](http://mhpoffice.com))
- Office Ally ([officeally.com](http://officeally.com))
- TherapyCharts ([therapycharts.com](http://therapycharts.com))
- ICANotes ([icanotes.com](http://icanotes.com))
- Therabill ([therabill.com](http://therabill.com))
- My Clients Plus/Healthconnx ([myclientsplus.com](http://myclientsplus.com))
- TheraSoft ([therasoftonline.com](http://therasoftonline.com))

Choosing a cloud-based practice management system is not something to rush into. Care and attention need to be paid to myriad factors, including privacy and security mandated by HIPAA, requirements of licensing boards and insurance companies, current and future business practices, and features and costs. It is likely that a practice will continue with the same system for a long period of time, so there are significant benefits to finding the right fit the first time.

This article and the article in the previous issue were distilled from a 12-part series that the author originally published at tameyourpractice.com/blog.

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Rob Reinhardt, a licensed professional counselor and ACA member, is a private practice and business consultant. Before becoming a professional counselor, he worked as a software developer and director of information technology. Contact him at rob@tameyourpractice.com.

Letters to the editor: ct@counseling.org

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HPSO is a proud sponsor of the new ACA website

[Malpractice insurance protection from the industry leader](http://hpso.com)
Heather Tustison walks the walk when it comes to personal responsibility. Having benefited from the training and mentoring she received as an intern, Heather felt compelled to give back once she received her professional licensure. So she created her own intern training program at the non-profit where she worked, and ultimately empowered 10 interns to pursue their licensure! Determined to one day effect change for her profession, she also pursued the path of leadership and worked her way up to President of the Idaho Counseling Association and Chair-elect of the Western Region of ACA. Today, in her private practice, Heather also embraces the concept of personal responsibility in relationships through her focus on Gestalt therapy. In Cincinnati she plans to take advantage of couples and family-based education, Counseling in Action demonstrations, and other opportunities to gain new perspectives for her own practice. Heather is also looking forward to the Presidential reception, which she credits with inspiring her to step up over the years, the National Awards Ceremony, and cuttin’ a rug at the Opening Night Celebration!

Get to know Heather and thousands of other dedicated counseling professionals at the ACA 2013 Conference & Expo in Cincinnati (March 21-24).
Make 2013 a Year of LEARNING
Shape your career path at the ACA 2013 Conference & Expo

Each year, the ACA Conference & Expo is designed to offer as many opportunities to learn and connect as possible during five days (including Pre-conference Learning Institutes). This affords a customizable experience for each attendee. Take a look ...

American Counseling Association

Congratulations to Kate Walters, the winner of our professional New Year’s resolution conference contest! Kate will graduate in May with a Master’s degree in clinical mental health counseling and substance abuse counseling certificate. Already a board-certified music therapist, Kate is presenting a poster session at the Expo on the effective uses of music in substance abuse treatment as part of her goal to spread the word about this versatile tool. Kate, we look forward to seeing you in Cincinnati!

Runner-up – Melody Agbisit
As a counselor educator-supervisor in training, my goal is to go back to my roots in many aspects in my life. Specifically to ACA, it means getting back to my love of clinical counseling using CBT and expressive techniques. I also love to teach by example, so I will use the expo and the workshop sessions for opportunities to help me grow as a clinician, counselor educator, and supervisor. Each conference I attend, I pick a topic to focus my session attendance. Previous topics have been expressive techniques, supervision, spirituality in counseling, neurocounseling, trauma, etc. This conference in March, I’d like to focus on techniques that will not only expand my toolbox, but will be tangible enough to assist my practicum students’ skill sets.

Kate Walters

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American Counseling Association

Of the 40 Pre-conference Learning Institutes that occur during the two days preceding the ACA 2013 Conference & Expo in Cincinnati, these 5 are most popular.

- Sharpening Your Skills as a Clinical Mental Health Counselor: Transitioning from the DSM-IVTR to the DSM-5
- Trauma-Informed Expressive Arts Therapy 101: A Primer for Counselors
- Counseling Theory in Practice
- Essentials of Disaster Mental Health and Crisis Counseling
- Neuroscience, Constructivism, and Creative Arts: Exploring Movement. Music and the Imagination in Counseling

Review all education topics and register at counseling.org/conference

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ACA Author Book Signings!

Thursday, March 21 • 5:30 p.m. – 6:30 p.m.

- Sheri Bauman, Cyberbullying: What Counselors Need to Know
- Ellen Cook, Understanding People in Context: The Ecological Perspective in Counseling
- Gerald Corey, Patrice Moulton, and Michelle Muratori, Clinical Supervision in the Helping Professions, Second Edition and Creating Your Professional Path (Corey)
- Richard Halstead, Counseling Children: A Core Issues Approach
- Courtland Lee, Multicultural Issues in Counseling, Fourth Edition
- Mark Pope, Casebook for Counseling Lesbian, Gay, Bisexual, and Transgender Persons and Their Families and Experiential Activities for Teaching Multicultural Competence in Counseling
- Anne Marie “Nancy” Wheeler and Burt Bertram, The Counselor and the Law, Sixth Edition

Friday, March 22 • 4:00 p.m. – 5:00 p.m.

- Craig Cashwell and J. Scott Young, Integrating Spirituality and Religion Into Counseling, Second Edition
- Laura Choate, Eating Disorders and Obesity and Girls’ and Women’s Wellness
- Danica Hays, Assessment in Counseling, Fifth Edition
- Tom Hohenshil, Norm Amundson, and Spencer Niles, Counseling Around the World
- John West, Donald Bubenzer, Jane Cox, and Jason McGlothlin, Teaching in Counselor Education

ACA Bookstore • Booth 110 • Duke Energy Center
<table>
<thead>
<tr>
<th>No.</th>
<th>Restaurant Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>1</td>
<td>Campanello's</td>
<td>414 Central Ave, 721-9833</td>
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<td>2</td>
<td>Mainstay Rockbar</td>
<td>301 W. 5th St, 721-7625</td>
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<td>3</td>
<td>Plum Street Café</td>
<td>425 Plum St, 651-1434</td>
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<td>Velvet Red Room</td>
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<td>Caffe Barista &amp; Deli</td>
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<td>6</td>
<td>Head First Sports Café</td>
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<td>7</td>
<td>Launch/Lunar Lounge</td>
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<td>8</td>
<td>Jimmy G's</td>
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<td>9</td>
<td>It's Just Crepes</td>
<td>151 W 4th St, 632-7373</td>
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<td>10</td>
<td>Izzy's</td>
<td>200 E 4th St, 721-4241</td>
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<td>Sung Korean Bistro</td>
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<td>Papa John's Pizza</td>
<td>132 W 7th St, 333-0103</td>
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<td>13</td>
<td>FBs</td>
<td>120 W 6th, 246-4333</td>
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<td>14</td>
<td>Bistro On Elm</td>
<td>Millennium: 150 W 5th, 352-2189</td>
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<td>Findlay's</td>
<td>306 W 5th St, 579-1034</td>
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<td>Café Martin</td>
<td>Garfield: 2 Garfield Pl, 421-3355</td>
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<td>Blue Wisp Jazz Club</td>
<td>700 Race St, 241-9431</td>
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<td>18</td>
<td>Fins &amp; Feathers Bar BQ</td>
<td>3 Garfield Pl, 621-3467</td>
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<td>19</td>
<td>Jean-Robert's Table</td>
<td>713 Vine St, 621-4777</td>
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<td>Skyline Chili</td>
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<td>The Palace</td>
<td>601 Vine, 381-3000</td>
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<td>Palomino Restaurant &amp; Bar</td>
<td>505 Vine St, 381-1300</td>
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<td>23</td>
<td>Orchids</td>
<td>Grille / Bar at Palm Court</td>
<td>381 W 5th St, 421-9100</td>
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<td>Hathaway's Coffee Shop</td>
<td>Carew Tower: 441 Vine, 621-1332</td>
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<td>25</td>
<td>Abby Girl Sweets Cupcakeray</td>
<td>41 W 5th St, 335-0898</td>
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<td>Penguin Dueling Piano Bar</td>
<td>441 Vine St, 651-2800</td>
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<td>Local 127</td>
<td>412 Vine St, 721-1345</td>
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<td>Tazza Mia</td>
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<td>Morton's Steakhouse</td>
<td>411 Vine St, Stea 2A, 621-3111</td>
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<td>Bali Na Braza</td>
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<td>Sports Page Restaurant</td>
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<td>Istanbul Cafe</td>
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<td>Hot Dogs</td>
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<td>Gilpin's Bagels &amp; Deli</td>
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<td>35</td>
<td>Scene Ultra Lounge</td>
<td>639 Walnut St, 381-4327</td>
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<td>36</td>
<td>Nicholson's Tavern</td>
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<td>Akash Indian Restaurant</td>
<td>24 E 6th St, 723-1300</td>
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<td>38</td>
<td>Chipotle</td>
<td>On Fountain Square, 579-9900</td>
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<td>39</td>
<td>Via Vite</td>
<td>On Fountain Square, 520 Vine St, 621-8483</td>
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<td>Rock Bottom Brewery</td>
<td>On Fountain Square, 621-1588</td>
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<td>41</td>
<td>Mynt Martini</td>
<td>28 Fountain Square, 621-6968</td>
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<td>42</td>
<td>Cincy’s on Sixth</td>
<td>6th &amp; Walnut, 621-6200</td>
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<td>Potbelly Sandwich Works</td>
<td>511 Walnut St, 381-5572</td>
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<td>44</td>
<td>Gratzer’s Ice Cream</td>
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<td>Servatii Pastry Shop &amp; Deli</td>
<td>5th &amp; Walnut St, 241-2253</td>
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<td>McCormick &amp; Schmick’s</td>
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<td>Ingredients</td>
<td>Westin: 21 E 5th St, 852-2740</td>
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<td>Bruegger’s Bagels</td>
<td>6th &amp; 4th St, 421-2320</td>
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<td>Taqueria Mercado</td>
<td>100 E 8th St, 381-0878</td>
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<td>Jeff Ruby’s Steakhouse</td>
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<td>First Watch Restaurant</td>
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<td>Donatos Pizzeria</td>
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<td>Dynasty</td>
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<td>Busken Bakery</td>
<td>650 Walnut St, 677-7777</td>
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<td>55</td>
<td>The Good Dog</td>
<td>633 Main St, 381-2907</td>
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<td>Nada</td>
<td>600 Walnut St, 721-6232</td>
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<td>57</td>
<td>Luxe Bar and Nightclub</td>
<td>601 Main St, 621-5500</td>
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<td>58</td>
<td>Trattoria Roma</td>
<td>580 Walnut St, 827-9345</td>
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<td>59</td>
<td>Silver Ladle</td>
<td>580 Walnut St, 827-9345</td>
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<td>60</td>
<td>Currito</td>
<td>121 E 5th St, 579-1333</td>
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<td>Arnold’s Bar &amp; Grill</td>
<td>210 E 4th St, 421-6234</td>
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<td>62</td>
<td>Cafe de Wheels</td>
<td>(Food Truck), 549-5246</td>
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**Pharmacies & Snack Shops**
- CVS Pharmacy: 604 Race St, 345-3800
- Walgreen’s: 601 W 6th St, 929-4316

The Banks Entertainment District starts at 2nd St between Walnut and Main. Restaurants include:
- Crave - $8 to $25
- Johnny Rockets - $191 Freedom Way, 834-6110
- Moerlein Lager House - $115 Joe Nuxhall Way, 241-2337

Mahogany’s at The Banks - $180 E. Freedom Way, 721-7685

Restaurants more than four blocks from the Duke Energy Convention Center:
- Bakersfield OTR - $1213 Vine St, 579-0446
- Taste of Belgium - $1133 Vine, 381-4607
- Nicola’s Ristorante Italiano - $1420 Sycamore St, 721-6200
- Montgomery Inn Boathouse - $925 Riverside Dr, 721-7427
- Primavista - $810 Matson Place, 251-6467
- Scott’s Restaurant - $919 Vine St, 721-9484
- Whiskey Bar - $537 East Pete Rose Way, 721-9227

**Hotels Marked In Red**
- The area code for all phone numbers is 513.
- Vine Street is the dividing location between East and West addresses. Map not to scale.
- Complete list of restaurants available in Cincinnati USA Official Visitors Guide.

**Key:**
- Under $8 – Under $8
- $8 to $25 – $8 to $25
- More than $25 – More than $25
- Hotels Marked In Red
Friday, March 22, 2013
11:00 a.m. – 12:00 p.m.
The Counselor and the Law: Thirteen Tips to Avoid the Bad Luck of a Complaint in 2013
Anne Marie “Nancy” Wheeler and Burt Bertram
The authors of one of ACA’s best-selling books, The Counselor and the Law, will provide 13 concrete tips to avoid the risk of lawsuits and licensure board complaints in 2013. The presenters will update attendees on the major legal and ethical issues facing counselors; give “de-identified” examples of real-life situations; offer practical solutions to frequent legal and ethical dilemmas; and discuss how to handle subpoenas and other privacy, HIPAA, and HITECH concerns.
2:00 p.m. – 3:30 p.m.
Counseling LGBT Persons and Their Families
Mark Pope and Joy Whitman with Stuart Chen-Hayes, Ron McLean, and Anneliese Singh
Working with LGBT individuals is different from counseling heterosexual clients. Students and professionals with little experience counseling this population benefit from concrete examples of what LGBT-affirmative therapists say and do in counseling sessions. In Casebook for Counseling Lesbian, Gay, Bisexual, and Transgender Persons and Their Families, editors Sari Dworkin and Mark Pope bring together more than 40 experts to discuss assessment and treatment planning with LGBTQ clients. A panel of contributing authors from the book will share their do’s and don’ts in this presentation.
3:45 p.m. – 4:45 p.m.
Creating Your Professional Path: Lessons From My Journey
Gerald Corey
This session is based on Gerald Corey’s 2010 book Creating Your Professional Path. Topics will include turning points in the author’s personal and professional journey, the counselor as person and professional, developing a personal perspective on counseling theory and group work, becoming an ethical counselor, being mentored and mentoring others, creating a career in counseling, becoming a writer, and self-care. Questions and participation from the audience are invited.
5:00 p.m. – 6:00 p.m.
Understanding People in Context: The Ecological Perspective in Counseling
Ellen P. Cook
The ecological perspective is an integrative, innovative framework for counseling that encourages systematic consideration of personal, contextual, interactive, and meaning-based features of behavior. In this presentation, Dr. Cook will provide an overview of her new book on this perspective and discuss its implications for future counseling practice, research, and training. Attendees may discuss the applicability of these ideas to their own frameworks for counseling practice.
Saturday, March 23, 2013
10:30 a.m. – 12:00 p.m.
Eating Disorders and Obesity: Assessment, Prevention, and Treatment Essentials
Laura H. Choate with Mary Hermann, Kim Hurst, Regine Talleyrand, and Heather Trepal
Despite increased awareness of eating disorders and obesity, rates of body dissatisfaction, disordered eating, obesity, and problems with body weight and shape continue to grow. Based on the new book Eating Disorders and Obesity, presenters will discuss essential information regarding assessment and culturally sensitive conceptualization, effective prevention programs, and evidence-based treatments that span the continuum of care for clients experiencing eating-related problems.
2:00 p.m. – 3:30 p.m.
New Perspectives on Comprehensive School Guidance and Counseling Programs
Norman C. Gysbers and Patricia Henderson
Based on the new edition of the authors’ bestselling book Developing & Managing Your School Guidance & Counseling Program, the first part of this session will describe the evolution and current status of comprehensive school guidance and counseling programs. New perspectives on comprehensive guidance and counseling programs will then be described, including leadership strategies to meet students’ mental health needs and advocacy strategies on behalf of diverse student populations.
3:45 p.m. – 4:45 p.m.
Assessing Common Mental Health Concerns Across Counseling Settings
Danica G. Hays
This session, based on the new edition of the best-selling ACA text Assessment in Counseling, will outline assessment of depression and suicide, self-injury, substance abuse, and interpersonal trauma. Key factors, tips, and cautions concerning assessment practices will be highlighted and discussion will be encouraged—particularly around common assessment errors, such as cultural bias, as well as audience members’ experiences with the assessments presented in the session.
5:00 p.m. – 6:00 p.m.
Experiential Activities for Teaching Multicultural Competence in Counseling
Mark Pope and Joseph Pangelinan with David Hart and Tarrell Awe Agahe Portman
When teaching multicultural counseling principles, it is viewed as best practice for counselor education programs to not only devote whole courses to the issue of culture, but to also infuse cultural diversity throughout the core curriculum. Pope, Pangelinan, and Coker’s book presents 120+ activities for both multicultural counseling courses and other core CACREP courses, which are designed to actively engage students in the learning process. This session will introduce some of the best activities from the book to help faculty infuse cultural diversity into the classroom in interesting ways.
ACA BOOKSTORE

Duke Energy Center • March 21–23

The ACA Bookstore will be open during all Expo hours. For your convenience, an ACA Pre-conference Bookstore will be located in the ACA registration area March 21–22 before the Expo Hall opens.

ACA BOOKSTORE
March 21, 4:30 p.m. – 7:00 p.m. – Welcome Reception
March 22, 10:30 a.m. – 6:00 p.m.
March 23, 10:00 a.m. – 4:00 p.m.

New Releases From ACA!

- *Assessment in Counseling, Fifth Edition* by Danica G. Hays
- *Casebook for Counseling, Lesbian, Gay, Bisexual, and Transgender Persons and Their Families* edited by Sari Dworkin and Mark Pope
- *Counseling Around the World* edited by Thomas Hohenshil, Norman Amundson, and Spencer Niles
- *The Counselor and the Law, Sixth Edition* by Anne Marie “Nancy” Wheeler and Burt Bertram
- *Eating Disorders and Obesity* edited by Laura Choate
- *Family Matters: The Intertwining of the Family With Career Decision Making* by Robert Chope
- *Family Violence* by David Lawson
- *Licensure Requirements for Professional Counselors 2012* by the ACA Office of Professional Affairs
- *Statistical Methods and Validation of Assessment Scale Data in Counseling and Related Fields* by Dimiter Dimitrov
- *Teaching in Counselor Education* edited by John West, Donald Bubenzer, Jane Cox, and Jason McGlothlin
- *Understanding People in Context: The Ecological Perspective in Counseling* edited by Ellen Cook

American Counseling Association, Booth #110

KEYNOTE BOOK SIGNINGS

Ashley Judd
March 22
10:30 a.m. – 11:30 a.m.

Allen Ivey and Mary Bradford Ivey
March 23
10:00 a.m. – 11:00 a.m.

ACA AUTHOR BOOK SIGNINGS
March 21, 5:30 p.m. – 6:30 p.m.
March 22, 4:00 p.m. – 5:00 p.m.
On occasion, even the best counselors in the field find themselves feeling stagnant or bogged down by routine — stuck in a box rather than thinking outside the box and trying new things with clients. A new joint initiative launched by the American Counseling Association and the Association for Creativity in Counseling, a division of ACA, should help counselors get “unstuck” — or simply inspire them to try interventions they haven’t thought about before.

The ACA-ACC Creative Interventions and Activities Clearinghouse, housed in ACA’s online library at counseling.org, showcases creative activities and interventions that professional counselors have developed for the use of other professional counselors. One of the clearinghouse’s main purposes is to serve as an idea and information exchange across counseling settings, including mental health counseling, private practice, rehabilitation counseling, counselor education and school counseling.

Both ACA members and nonmembers can submit activities and interventions. However, only ACA members can access the clearinghouse.

“ACA and divisions like ACC are always looking for collaborative ways to meet the professional needs of members and the academic, career and personal/social needs of clients and students,” ACA President Bradley T. Erford says. “We are focused on helping professional counselors provide more effective and creative ways to meet the counseling goals of clients and students and to make their lives more productive and meaningful. … This clearinghouse was developed by counselors [and] for counselors in order to help counselors more quickly and creatively find activities and interventions to better the lives of clients and students.”

ACC reached out to ACA with the desire to collaborate on the initiative. Thelma Duffey, founding president of ACC and ACC’s current representative on the ACA Governing Council, says the clearinghouse felt like a logical next step, both in ACC’s development and in promoting creative interventions throughout the counseling profession.

“ACC’s roots began with a series of conferences designed to present interesting, novel and relationally focused interventions and practices,” she says. “Eight years ago, ACC became a division developed for students, counselors and counselor educators to share creative and innovative resources and information. At that time, ACC’s flagship journal, the Journal of Creativity in Mental Health, which publishes research, practice and theory-based manuscripts, was also launched. We have been so pleased by the membership’s response to these resources and to the steady energy and investment in this aspect of our professional practice. We now look forward to providing new helpful and practical resources to the ACA membership. ACC is excited to collaborate with ACA on this project.”

Will Stroble, director of ACA’s Center for Counseling Practice, Policy and Research, says members can expect to receive information on activities and interventions that are not taught in graduate school programs. “Typically, these types of activities and interventions must be bought, developed by counselors or learned from [other] practitioners,” he says. “As a new service, ACA members will get activities that include new modalities, creative experiences, discussions, readings and handouts.”
In addition, the activities are arranged by practice setting, Duffey says. “We have collected a number of activities and interventions for use in individual, family, couple and group settings, as well as in the classroom,” she says. “Music, film and literature are just a few of the media that members can find in the clearinghouse. Students and counselor educators [will] find a number of experiential activities focused on self-awareness, relational connectedness, diversity, ethical decision-making, and other related skills and competencies. Practitioners will find a wealth of resources related to a number of mental health topics such as grief and loss, self-esteem, goal setting, and personal growth and development.”

ACA members and nonmembers alike have asked for this type of information when contacting the ACA library in the past, Stroble says, making it easy to identify an existing need. “Counselors have routinely requested activities and interventions they could utilize in their counseling sessions with clients,” he says. “So often, other counseling practitioners and colleagues are doing great things in the profession, but very few counselors know about the great things [their professional peers] are doing. Through the clearinghouse project, information and knowledge will be shared. This information and knowledge will reach a wider audience than would otherwise be served.”

“The counseling profession is continuing to evolve,” Stroble continues. “New activities, models and interventions are always being developed. Graduate programs are not always able to teach all the new strategies and activities to students as they matriculate through their programs. In addition, attending conferences is not always possible for practitioners either, so this service will ideally fill the gap for our members.”

As Stroble points out, the ACA-ACC Creative Interventions and Activities Clearinghouse also provides counselors with an opportunity to give back to the profession by contributing their own ideas and adding to the ever-growing body of knowledge in the counseling profession. Those behind the clearinghouse hope the resource will also help counselors to expand on their own individual knowledge while adding some useful tools to their repertoire.

“As counselors, we are grounded in our theoretical frameworks and at times seek techniques or interventions that resonate with those frameworks,” Duffey says. “As we search through the clearinghouse, we may find novel and theoretically compatible ideas to implement in our work. Our hope is that the clearinghouse will grow into a large database of activities and interventions grounded in counseling practice and education. We envision it as an international repository of counseling materials that is organized and easily accessible.”

Duffey believes the clearinghouse will attract members from all divisions and regions of ACA because it represents a unique resource for counselors across various settings and specialties.

“First, the submission process is peer-reviewed and standardized, while supporting and encouraging the dissemination of innovative activities and interventions,” she says. “Second, the clearinghouse provides convenient access to practice-focused materials. Practitioners who may not be able to participate in national conferences because of their schedule demands or who may be less focused on research can connect with and learn from others around the world. Our hope is that practitioners who have a wealth of information and experience will take the time to share their approaches and participate in a forum they can access from their homes and practices. Finally, at a time when a focus on research and practice are both valued and needed in our profession, this resource could provide a way for practitioners and researchers to collaborate toward that end.”

Counselors interested in submitting an intervention or activity for possible inclusion in the ACA-ACC Creative Interventions and Activities Clearinghouse can email activities@counseling.org or call 800.347.6647 ext. 281.

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

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7-10 Hartford, CT
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In Memoriam

Gail Robinson
Past president of ACA provided leadership during critical period of association's history

Gail Robinson, a former private practice counselor and past president of both the American Counseling Association and the American Mental Health Counselors Association, died Dec. 29, 2012, at age 75.

Robinson served as ACA's 45th president from 1996-1997 and as AMHCA's president from 1992-1993. Friends and family will recall her positivity, while colleagues will remember a strong, passionate leader who kept ACA united and prosperous during an especially difficult period in its history.

Born in Medford, Ore., on Dec. 31, 1936, Robinson received her bachelor's degree in education from Oregon State University in 1958. She then taught in the Monterey, Calif., and Corvallis, Ore., public school systems before attending Western Oregon State College, where she earned her master's degree in counseling in 1974. She obtained her doctorate in counseling from Oregon State in 1978 and worked as a counselor in the Corvallis public school system until 1981. She then worked as a full-time private practice therapist until roughly 1998.

"Gail will be remembered by those who knew her as a person who had a passion for the counseling profession, [serving] as a strong advocate through her work on public policy issues, her commitment to moving the profession forward and her quest to empower the membership of the association," says Howard Smith, a past president of AMHCA and past chair of ACA's Public Policy & Legislation Committee. He also served as parliamentarian for the ACA Governing Council during Robinson's presidency.

As president of ACA, Robinson championed an agenda that focused on member involvement. She assisted in developing the early incarnations of ACA's public policy and legislation training, which allowed members to become more proactive in the changing tides of the counseling profession. During Robinson's presidency, the ACA Governing Council also increased monetary allocations to regions and state branches, allowing for leadership training.

Robinson thought the key to enhancing the public profile of the counseling profession was to get the ACA membership engaged, Smith says. "Dr. Robinson was a believer in membership involvement and that the leadership's responsibility was to empower the members to a point where they wanted to be involved," he says.

It is probably no coincidence that ACA launched its first website under Robinson's leadership. Even so, growing the organization was no easy feat.

"Gail served as ACA president at a time when the association faced numerous challenges," says ACA Executive Director and CEO Richard Yep. "She was, in many ways, the perfect person to lead our organization during such a critical time. I will always remember that even during such dark times, Gail had that incredible smile, an overall positive outlook and a true commitment to find solutions to the problems we faced."

Smith says Robinson's leadership came at a time when the association was struggling through developmental issues. "Expenses were exceeding revenues. We were a house divided, and while all agreed that the association was at a turning point, heated debates based upon a strong desire to do the right thing often produced more heat than light," he recalls. "While all agreed that something needed to be done, there was precious little agreement on what to do and how to do it. Leadership in such times requires a special type of person, and Dr. Gail Robinson rose to the occasion as well as anyone possibly could have."

Joyce Breasure-Herrick immediately preceded Robinson as ACA president, so she understood the challenges Robinson faced better than most. "We were ACA presidents when the association was in trouble financially and divisions wanted to pull out of the larger coalition," Breasure-Herrick says. "We spent a lot of time talking about the profession and trying to get others to see the big picture. Gail worked tirelessly to keep things positive and moving forward."

Yep also remembers Robinson for her "incredible smile and warmth." He first got to know Robinson when she served on ACA's Government Relations Committee. "During that period of time, I was the director of government relations. I couldn't have asked for a better and more committed volunteer," he says. "Her work at developing our Day on the Hill training was a model we continued to use for many years, and aspects of that training continue with us today. While many of us are very sad at Gail's passing, we are so thankful to have known her, to have witnessed her considerable leadership skills and to have benefited from her friendship."

Robinson was equally ambitious during her time as AMHCA president, working closely with the division's first executive director to create and implement a strategy that would hold the division's Governing Board and membership accountable for
their actions, Smith says. "As [with] many leaders who preceded her and many who succeeded her," he says, "recognition [of counselors] as a viable player in the mental health care marketplace was one of the ongoing issues she dealt with as the president of AMHCA."

Breasure-Herrick says Robinson spent much of her career trying to get counselors involved in making the profession better for future generations. "Gail loved to teach others and was a great mentor in legislative and organizational matters," Breasure-Herrick says. "She wanted all young people to feel they had a place in the profession and in ACA. Gail believed that credentialing was how we would get clinical counseling recognized as a profession. She wanted to ensure that our clients were helped by competent providers. I always wanted her to run for a political office, like the Senate or Congress, but she said she didn't want to put up with the politics. She just wanted to get things accomplished for the American citizen."

Robinson is survived by her two children, Jim Smith and Shauna Smith.

"My mother looked at the world with realistic optimism," Shauna Smith says. "She was a natural leader who was determined not to be held back by obstacles. I admired the way her infinite curiosity and love of a good challenge meant that she was always learning how to do something new. Her enthusiasm was contagious, and her smile is the first thing most people would say they loved about her. She was a great role model for how to appreciate and live life fully."

A celebration of Robinson’s life was held Feb. 17 at the DAYA Foundation in Portland, Ore. Donations in memory of Robinson may be made to the ACA Foundation (acafoundation.org), the Aurora Colony Historical Society Music Fund (auroracolony.org), Tryon Creek State Park (tryonfriends.org) or the DAYA Foundation (dayafoundation.org).

James Ralph Barclay
Past editor of Personnel and Guidance Journal and founding member of NASP

James Ralph Barclay, 86, of Charleston, S.C., passed away Jan. 3, 2013. Barclay was born May 6, 1926, in Grand Rapids, Mich. He was a graduate of Sacred Heart Seminary with a degree in philosophy. He then earned his master’s and doctorate from the University of Michigan in education and counseling, respectively. Barclay taught at universities in Idaho and California and was for 22 years a professor at the University of Kentucky, retiring in 1992 as professor emeritus. His illustrious career included authorship of eight books and more than 100 articles published in professional journals.

He served as editor of the American Counseling Association’s Personnel and Guidance Journal (now the Journal of Counseling & Development) for two terms in the 1970s and 1980s. In addition, Barclay was a founding member of the National Association of School Psychologists and a fellow of the American Psychological Association.

Barclay's former students went on to successful careers at many major universities, and he had continued to maintain relationships with them and provide mentoring when asked. He was an accomplished musician, playing both the violin and the piano, and was also an avid stamp collector. Barclay was a member of the Center for Creative Retirement at the College of Charleston and a member of Grace Episcopal Church.

He is survived by his wife of 58 years, Lisa Kurcz Barclay; daughter, Anne Filler of Windham, N.H.; three sons: Robert Barclay of Fernandina Beach, Fla., Gregory Barclay of Ames, Iowa, and Christopher Barclay of St. Louis; eight grandchildren: Christopher, Rachel and Julia Filler, and Benjamin, Emily, Andrew, Chase and Polly Barclay; stepgrandson, Joshua Reed; and sister-in-law Edith Jayne of New Earswick, Yorkshire, England.

Memorials may be made to Carroll A. Campbell Jr. Neuropathology Laboratory, 173 Ashley Avenue, BSB, Suite 403, Charleston, SC 29425. A memorial message may be sent to the family by visiting the website jhenrystuhlr.com or legacy.com/obituaries/Charleston.

A funeral service was held Jan. 11 at Grace Episcopal Church in Charleston.

The ecological perspective in counseling
Counselors transitioning into retirement
Reflecting "as if": A brief counseling process
Talking to clients about avoidant behavior

Coming up in the April issue of Counseling Today:
Creating ACA

By Richard Yep
last year, I had the wonderful opportunity to visit with Robert H. “Bob” Shaffer, the first president of the American Counseling Association. Now in his 90s and living in Florida, Bob’s memory of the founding of ACA is sharp and his recall of events quite amazing. I was honored to spend time with Bob, and as ACA begins its 61st year, I wanted to share some of the insights that he shared with me during our time together.

In today’s world of volunteer-dependent not-for-profit organizations, we make wry references to “herding cats” and we want everybody to “be on the same page.” But for ACA’s first president, the stakes were higher and the cats larger. Plus, there was no email to expedite getting that “same page” to the key individuals who were involved in creating a unifying organization for the emerging profession of counseling.

Some of you may not know that before there was an American Counseling Association (1992), there was an American Association for Counseling and Development (1983). And before there was an AACD, there was an American Personnel and Guidance Association. How APGA came into existence in 1952 was what Shaffer shared with me.

During the interview, Shaffer related the challenges that he and his fellow visionaries faced in the late 1940s and early 1950s, leading up to his election, in 1951, as the association’s first president. He doesn’t recall herding cats so much as reassuring certain constituent groups such as territorial deans of men and women — professionals who “didn’t want to give up the autonomy and status of their own organizations,” he says.

One setting in particular lives in his mind from those earliest days. It included six guys — one of them very large — crammed into a booth in a coffee shop at the Stevens Hotel (later the Conrad Hilton and then the Chicago Hilton) ordering sandwiches, each on his own nickel. Topic of discussion: how to organize the group that would become APGA. (For a very brief time, it was the PGA, but they concluded they didn’t want to be confused with the Professional Golfers’ Association.)

“When APGA formed, it was seen as very aggressive by our critics,” Shaffer says. “Actually, we were pretty conservative guys just trying to get along. Nobody had any money then. Organizations were strapped after the war. We were talking about dues of $10 to $15 a year.”

Shaffer came to that booth at the Stevens Hotel coffee shop as assistant dean of students and director of the Veteran’s Guidance Center at Indiana University (IU). By that time, he had obtained a social science degree from DePauw, a master’s degree in teaching from Columbia University and a doctorate from New York University. In 1941, newly married, he became an assistant to the dean of the school of business at IU. However, the U.S. Army had plans for him in Hawaii and Boston — service he fulfilled before returning to IU.
By this time, Shaffer had also seen the inner workings of two not-for-profit organizations. In New York City, he interned at the Westside YMCA, giving vocational guidance to veterans. Under the original GI Bill of Rights, which Shaffer calls “one of the best pieces of legislation in the country,” veterans had to state a vocational objective before they could enroll in college. This requirement put the onus on public schools, colleges and some veterans centers to offer emotional support as well as testing. What ensued was the rapid development of the guidance field. “Veterans were scared of college,” Shaffer says. “They never planned to go, but they wanted to use that GI Bill.”

Not long after, for the princely sum of $115 a month, Shaffer became assistant to the director of personnel at the Boy Scouts of America, which sold him on the importance of volunteers.

The first convention
A joint convention, with the theme “Improving Human Relations,” took place at the Los Angeles Biltmore Hotel in spring 1952 to bless the birth of APGA. In attendance were about 1,000 guidance professionals from four groups: the National Vocational Guidance Association (NVGA), the National Association of Guidance and Counselor Trainers, the Student Personnel Association for Teacher Education and the American College Personnel Association (ACPA). Shaffer was active in NVGA and ACPA, both of which he says were dominated by college professors.

Lt. Col. Gilbert Wrenn of the Bureau of Naval Personnel presided over the convention, and Shaffer credits Wrenn’s “great status” and hands-on leadership with the success of the gathering. Wrenn descended from the podium to start arranging “buzz groups” that got hundreds of people talking in groups of six, thereby fulfilling Shaffer’s personal hope that “all decisions would be openly made and openly arrived at.”

In the aftermath, Shaffer, who had served on the unification committee, was surprised at being tapped to head APGA. “The people who should have been there — Gil Wrenn, Donald Super, Clifford Erickson — were just too busy writing books. They couldn’t bother,” he says. “So they picked on old Shaffer — ‘he’s young and eager’ — and they pushed me forward. It helped that I was willing to devote an inordinate amount of time to it.”

In his second year of office, Shaffer presided over the conference in Chicago. Its theme was “Human Resources and Man Power Utilization.” Chicago was a key city for APGA, due in large part to the influence of another founding father, Daniel D. Feder, who would become president in 1960. Feder did not believe the association should hold conventions in cities that practiced racial discrimination, which ruled out many cities in the South.

As it turned out, Bob Shaffer would be the association’s first and only two-year president. Reality intruded to change the constitution when APGA leaders realized that a four-year commitment — a year as president-elect, followed by two years as president and one year as past president — was too much to ask of any professional with a full-time job. Shaffer recalls collaborating with Cliff Erickson on a wholesale adoption of the structure of the 7,000-member NVGA. They converted NVGA’s 25 or 30 committees to APGA committees and then involved some 400 volunteers in those committees to develop programs, “not to segment them but for them to contribute,” Shaffer says. “I really felt that was important.”

Paying our bills
“Paying our bills” was Shaffer’s top concern in those early years. Being a visionary was a distant second. He tells today’s ACA leadership to think big. “I was never a big enough thinker,” he says.
humly. “I worried about paying next month’s rent and getting in the school counselors.”

He looks back to the nascent days of ACA and the conflict that surrounded one question in particular: “Could we raise our dues before we were providing services? [Because] we couldn’t provide services until we had the dues to do it.”

“You can’t believe how everything was a big deal in my first term,” he continues. “Paying the bills; where are we going to meet?; how can we sign a contract for this convention when we don’t have any money?” But what the association did have, he contends, is “a group of national leaders working so hard together for a cause even beyond them.”

One unforgettable milestone was obtaining a mortgage on the association’s first building on New Hampshire Avenue in Washington, D.C. “I never felt so proud,” he recalls. “It said, ‘We are established.’”

Shaffer is also proud that he can look back now and see that he and his ACA contemporaries provided for the association’s expansion. “In those days, guidance was a very limited concept, and much of our job was to broaden the concept,” Shaffer says. “We wanted to establish a solid foundation for what we knew would be a burgeoning field. We knew that human services — in those days called the helping profession — was going to develop, and we even had visions of getting counselors from the hospitals in.” He adds that opening the doors to school counselors “brought in thousands of members immediately.”

The constant of change

In living through the Great Depression, counseling veterans returning from World War II and later witnessing the student unrest of the 1960s at IU (as well as on many other U.S. campuses), Shaffer learned to tolerate, if not always embrace, change. “We didn’t know what would be required of the helping profession in the next 15 years,” he says, “but we did know that people were going to have problems.” That is why he shared his approval of the various new divisions of ACA through the years, such as the Association for Creativity in Counseling.

Some changes Shaffer likes better than others. For instance, he says the role of technology in the continuing evolution of the counseling profession worries him a great deal because online counseling seems the opposite of a “one-on-one, face-to-face situation.” He sums up what he views as the big challenge in incorporating technology into counseling: How do we “use it effectively but not ruin the heart of counseling, which I feel is the interpersonal relationship of counselor and counselee.”

At the same time, Shaffer believes the expanding environment of professional counseling mandates that “you’ve got to think big and grab the opportunity and meet it. You can’t just protect your own office.” Bright minds and dedicated souls will often disagree on the best path forward, he adds. So, for anyone who aspires to leadership, he advises, “Take a course in conflict resolution.”

Shaffer then offers some additional advice to ACA’s leaders of today and tomorrow. “It comes back to that thing I don’t think I did well: Think big,” he says. He explains that while serving on a committee, one can get so involved in the mechanics that he or she loses focus of the subject matter. He believes committees should trade ideas and hold joint meetings.

So, what did Shaffer gain from his presidency and the trials of his role in creating a controversial new counseling organization more than 60 years ago?

First, he cites the professional friends he made. “Those on the first council were dedicated and good friends,” he notes, and that was key to the psychic rewards he reaped. Second was his own personal growth as he endeavored not only to run the organization day to day — devoting much time to the mechanics of the constitution and the committees of the association — but also to provide for its future.

Bob Shaffer believes that 60 years later, the collective vision that he and his colleagues shared has been realized. “It is being met and fulfilled, as evidenced by the strength and vitality of ACA right now,” he says. “Just look at the publications, or you go to a meeting. You can just tell it’s vital, and I think it will continue to be vital because of the way it is so responsive to various needs around the country.”

Richard Yep is the executive director and CEO of ACA. Contact him at ryep@counseling.org.

Letters to the editor: ct@counseling.org
Knowledge Share - By Karen Michelle Hunnicutt Hollenbaugh

DBT: An introduction and application with adolescents
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Marsha Linehan developed dialectical behavior therapy (DBT) in the early 1990s specifically for the treatment of borderline personality disorder. DBT is a multifaceted treatment approach that includes facets of cognitive behavior skills training, mindfulness meditation, behaviorism and dialectics. Though none of these individual aspects is novel on its own, implementing them together in a structured program was an innovative development that has led to greater client success.

DBT is structured to help clients gain insight and skills to manage their thoughts, emotions and behaviors. Per Linehan’s guidelines, the format is intensive, involving a two-hour weekly psychoeducational skills group, one hour of individual therapy each week, weekly skills homework and phone coaching between sessions. The therapy focuses on four skills modules:

- **Mindfulness**: Teaches mindfulness meditation
- **Emotion regulation**: Educates clients on emotions and how to manage them
- **Interpersonal effectiveness**: Teaches skills to help clients manage healthy relationships
- **Distress tolerance**: Teaches skills to help clients deal with emotional crises

Therapists engage the client dialectically, working to incorporate interventions to validate the client while facilitating client change. Linehan dialectically posits that clients are doing the best they can but also need to do better. Therapists also use behavioral interventions to reinforce the use of new skills and positive coping, while working not to reinforce old, maladaptive ways of coping.

Adaptations for adolescents

After several randomized, controlled trials proved DBT’s effectiveness in decreasing symptoms related to borderline personality disorder, studies have been conducted with several other populations and diagnoses, including substance dependence, eating disorders and mood disorders. Preliminary research suggests DBT also can be effective in treating adolescents, likely because many adolescents struggle with symptoms that mirror those found with borderline personality disorder, including nonsuicidal self-injury, suicide attempts, dichotomous thinking, impulsive behaviors, labile moods and unstable interpersonal relationships. Current research shows that among adolescents, those struggling with these symptoms, including adolescents who have been diagnosed with an Axis I disorder, have a previous history of noncompliance in treatment and have significant difficulties regulating their emotions, will benefit most from a DBT program.

In their 2007 book *Dialectical Behavior Therapy With Suicidal Adolescents*, Alec L. Miller, Jill H. Rathus and Linehan developed several adaptations to traditional DBT for use with adolescents. Although the involvement of the support system is important when using DBT with adults, the involvement of parents and guardians when working with adolescents is even more important. When parents learn the

Karen Michelle Hunnicutt Hollenbaugh
skills their children are learning, parents can model these skills at home and also use the skills to facilitate their own coping. Family involvement can also be an important aspect of treatment compliance. Optimally, therapists will offer skills training groups for family members, either in conjunction with the adolescent’s skills training, separately or some combination of both. In addition, individual family therapy can be implemented as needed, as can between-session phone coaching for the parents as well as the adolescent. At the very least, support from family members is crucial to DBT’s effectiveness with adolescents.

Miller, Rathus and Linehan also included the addition of a fifth module, “Walking the Middle Path.” This module teaches the concept of adolescents and their parents thinking and acting dialectically, as opposed to thinking and behaving in extremes. The module includes common “dialectical dilemmas” — for example, when parents and adolescents vacillate between being too strict or too lenient with expectations and boundaries. Another aspect involved in this module is validation — specifically, teaching adolescents and parents how to validate their own thoughts and feelings as well as the thoughts and feelings of others.

When implementing DBT into any setting, regardless of the population, clinicians need to consider whether it would be best to implement full DBT or an adaptation of DBT. For example, many clinicians introduce only the psychoeducational skills group if limitations may keep them from implementing individual DBT treatment or the phone-coaching element. Studies have tracked the use of DBT in various settings, including inpatient units, outpatient settings, intensive outpatient programs and schools. Adaptations are often needed to fit the time frame and population involved at each site, however. If clinicians decide to implement only the DBT skills groups for adolescents, Miller, Rathus and Linehan suggest keeping the groups as homogeneous as possible, taking into consideration age, diagnosis, symptoms and gender. In addition, it may be best to exclude clients struggling with psychosis, mania, developmental disabilities and severe substance abuse from these skills groups. These are suggestions, however, and published studies have detailed the use of DBT with clients with developmental disabilities, substance dependence and other severe disorders.

Specific DBT skills

Many DBT skills can be implemented easily into current treatment approaches and programming with adolescents. I will give a brief overview of a select few, but these skills — as well as several others — are covered in more depth in the resources listed at the end of this article. Many of these resources include handouts and homework assignments for clinicians to use in treatment.

Mindfulness

One of the main facets of DBT is mindfulness. In DBT, mindfulness is used so clients can activate their “wise mind” — the dialectic between their emotional mind (when all thoughts and behaviors are controlled by emotions) and their reasonable mind (the thinking, logical side). The wise mind is often considered intuition, and activating the wise mind via mindfulness is the key to effective decision-making.

Mindfulness is not necessarily limited to sitting quietly and controlling one’s thoughts. Any activity can be considered mindful as long as the client is in the moment, observing, describing and participating — mindfully, nonjudgmentally and effectively. Some nontraditional DBT group mindfulness activities include singing “Row, Row, Row Your Boat” in a round while performing hand movements, engaging in a silent exercise in which one partner mirrors the other partner’s movements exactly, or putting a dab of toothpaste on one’s nose and being mindful of the experience.

It may be difficult to engage adolescents with certain mindfulness activities in a group setting, especially in the beginning. One skill that can be particularly helpful is the use of an acronym, DEAR MAN, taught in the interpersonal effectiveness module.

Another skill that can be particularly helpful for adolescents is the use of an acronym, DEAR MAN, taught in the interpersonal effectiveness module. Adolescents can put this skill to use when they wish to ask for something they want or when they need to say “no.”

The acronym is as follows: Describe the facts of the situation; Express your feelings and opinions surrounding the situation; Assert what you want; and Reinforce to the other person why this will be helpful to both parties or to the relationship. Clients will do this by staying Mindful and ignoring any verbal attacks; Appearing confident while doing so; and being willing to Negotiate if needed.

It can be helpful to elicit examples from the group. One example that came up was when a friend constantly borrowed a client’s clothes and did not return them. To discuss this issue with her friend using the acronym, the client would:

- Describe the situation (“I frequently lend you my clothes, but you do not return them after I ask you to”)
- Express her feelings (“I feel hurt and angry when you do not return my clothes”)
- Assert her wants (“I would really appreciate it if you would return my clothes when I ask”)
- Reinforce why her friend should comply with her request (“I would feel better about our friendship and will not feel resentful toward you”)

After that, the client will:

- Stay Mindful, ignoring any side attacks (for example, the client’s friend might point out that she never calls her back; the client needs to ignore this and stay focused on her goal)
- Appear confident (being sure not to be overly aggressive or overly passive)
- Be willing to Negotiate (“I am willing to remind you once to return my clothes if you will agree to return them when I remind you”)
Adolescent clients enjoy pairing up in group and practicing the application of this acronym in role-plays. Practicing the skill beforehand will help prepare clients to use the skill outside of session.

**Radical acceptance**

One of my favorite DBT skills is radical acceptance. In the distress tolerance module, this skill can help clients cope with a situation they find particularly upsetting so they can then determine what they have control over in the situation. Linehan encourages clinicians to introduce this skill by telling clients that although pain is a part of life, we suffer only when we refuse to accept that pain. By not accepting reality in a situation that is particularly upsetting or painful, we suffer. Thus, we must radically accept reality, even when it is difficult. For adolescents, this reality might be receiving a bad grade on a test, finding out a friend said something bad about them behind their back or being grounded for what they consider to be an unreasonable amount of time.

One example I use is receiving a cell phone bill that is much higher than I expected it to be. No matter how angry and upset I am or how much I curse my cell phone provider for charging me 10 cents per minute, until I accept the fact that I have received this bill, there is nothing I can do about it. Once I accept the reality that I have received this bill, then I can decide whether to call the customer service number and try to negotiate a reduction in my bill. Or, in the examples mentioned above, once the adolescent accepts the reality in those situations, she can decide whether to discuss the grade with her teacher, confront her friend and communicate her concerns to her parents.

Clients may have difficulty “accepting” reality, especially when the event is particularly hurtful or sad, or if they feel it is unfair. It is important to emphasize to clients that accepting the situation is not the same thing as agreeing with it or saying it is “right.” Rather, they are simply reducing their suffering by accepting reality as it is instead of how they wish it was or how it “should” be. When clients are first learning radical acceptance, Linehan suggests using a different term, such as endure, to help them get past the feeling that they are condoning the situation by accepting it.

I have often had clients who felt they did not need to accept the reality of a particular situation — for example, the death of a loved one. In these instances, I have redirected them to radical acceptance of each aspect of the situation, including the grief that comes along with a difficult loss, the desire not to accept that loss and the time needed to heal from this loss.

**Conclusions and resources**

DBT is a complex and multifaceted treatment, but clinicians can choose the aspects of DBT they believe will be most helpful to clients on the basis of the client’s age, diagnosis and situation. Although DBT originally was developed for the treatment of borderline personality disorder, research has spread that seems to support its use with a variety of diagnoses and populations.

It should be noted, however, that most of the research on these populations is preliminary, and the use of evidence-based treatments for the population with which a counselor is working should be the primary consideration when implementing interventions.

The full 10-day DBT training is offered only to treatment teams through Behavioral Tech (behavioraltech.org), the organization founded by Linehan and her associates for DBT training and resources. However, Behavioral Tech also offers shorter and more specialized trainings for individuals. In addition, many organizations and DBT therapists will offer trainings locally. Furthermore, many texts are available on the topic, including the following resources that I have found helpful.

- **Dialectical Behavior Therapy in Clinical Practice: Applications Across Disorders and Settings** edited by Linda A. Dimeff and Kelly Koerner, 2007
- **Cognitive-Behavioral Treatment of Borderline Personality Disorder** by Marsha M. Linehan, 1993
- **Skills Training Manual for Treating Borderline Personality Disorder** by Marsha M. Linehan, 1993: This text includes all of the skills handouts for each module and guidelines for implementing a psychoeducational skills group.

"Knowledge Share" articles are based on sessions presented at American Counseling Association Annual Conferences.

Karen Michelle Hunnicutt Hollenbaugh, a licensed professional counselor, is an assistant professor in the Department of Counseling and Educational Psychology at Texas A&M University-Corpus Christi. She has spent several years practicing and engaging in research involving DBT. Contact her at Michelle.Hollenbaugh@tamucc.edu.

Letters to the editor:
counseling.org
Counseling is a profession … but being a counselor is a way of life. A counselor personifies the values, beliefs, goals and practices on which the profession of counseling is based. Although becoming a counselor is necessarily developed through quality education and experience, the core of being a counselor comes from within the person herself or himself. The 20/20: A Vision for the Future of Counseling initiative, co-sponsored by the American Counseling Association and the American Association of State Counseling Boards, has taken the lead on unifying the many voices within counseling, which will allow us to become the consummate counseling profession. Rehabilitation counselors epitomize the goals and principles of 20/20, and rehabilitation counseling participates in this initiative.

The 20/20 initiative is not creating the counseling profession. It is not redefining it, dismissing members from it or eliminating components that have helped build the profession into what it has become. Creation is straightforward in that it allows starting from scratch and making something that is completely new. Unification is more difficult because it requires the delicate process of bringing distinct parts together into a collective whole that is bigger and more significant than the sum of those individual parts, while simultaneously protecting the uniqueness of the individual parts.

The range of practice settings for professional counselors is vast and will likely expand because of counseling’s impact on people and communities. The scope of counseling practice will continue to evolve through constantly improved training and evidence-based research. But the essence of what makes a person a counselor will always be the same. Specific skills, techniques and settings might vary across the different counseling specializations, but our common beliefs, values and goals are what bind individual counselors together as a profession. For more than 60 years, rehabilitation counselors have been counselors first, and they value their history within the counseling profession and their associations with other professional counselors.

A key, if unstated, purpose of the collaborative efforts of ACA, AASCB and the diverse member organizations that are a part of 20/20 is to capture the commonality that exists among the thousands of individuals who live these core beliefs, values and goals and are also qualified to practice in a unified profession. The goal is unification of the profession, and unification is about bringing people with a purpose together so they can also collectively meet larger and more impactful purposes. In the end, 20/20’s success will be measured by the extent to which it simultaneously advances, unifies and reflects the depth and breadth of the counseling profession.

The 20/20 initiative was designed to facilitate unification within the counseling profession and to advance licensure parity for its members. This goal entailed an exercise in collaboration. The synergetic efforts of ACA, AASCB and the other participating organizations in 20/20 provide a model for how a mission-focused yet broad-based profession can become significantly more relevant. Most people understand that successful collaboration is easy to talk about, but it is much more difficult to implement because it

Not just for some of us

The 20/20 initiative has done much to unify the counseling profession, which makes it the right time to advance licensure parity for all counselors, not just mental health counselors.
always starts out with a divergence of perspectives. People collaborate because it allows partners to take the best of assorted perspectives and bring them together to form a new and unique approach to an opportunity. The potential rewards go far beyond what the partners could have accomplished in isolation.

But while the payoffs can be great, there are also costs and risks involved. Partners must be willing to expand their perspectives and commitment to something bigger. Doing so usually requires change for individual partners. At the same time, partnerships will not happen if those changes require partners to sacrifice their culture. Ultimately, collaboration is about incorporating members into a new system. It is not about diminishing relevant players in that system.

A project such as 20/20 requires a great deal of hard work, patience and cooperation to succeed. If the 20/20 group had been satisfied with adopting one of the larger partner organization’s definition of counseling and modifying it slightly to arrive at a “common” definition of counseling, the whole process could have been simplified and accelerated. Similarly, arriving at the “recommended scope of practice” could have been accomplished simply by adopting the scope of one particular counseling specialization. But up until now, no shortcuts have been taken in this collaborative project.

The 20/20 licensure education requirements work group recently recommended that counselor licensure standards include graduation from a program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The recommendation specifically identifies graduation from a mental health counseling or clinical mental health counseling program. This is problematic on four counts.

First, adoption of a recommendation to unilaterally identify one accreditation organization at the expense of any others contradicts the foundational theme of 20/20 to unify the counseling profession.

Second, if adopted, the recommendation would immediately and significantly affect the accreditation organization for rehabilitation counseling — the Council on Rehabilitation Education (CORE).

Third, the recommendation could easily set the stage for two groups of counselors — the licensable and the unlicensable. Although the recommendation includes the suggestion of grandparenting language for graduates of CORE-accredited and other non-CACREP-accredited programs, the change will directly affect many counselors and many more counseling consumers.

Finally, as presented, this decision would effectively modify the identity of the profession from “counseling” to “mental health counseling” as defined by an independent accreditation organization. Another 20/20 work group identified “licensed professional counselor” as the suggested title for licensure laws. If the intent of the 20/20 group was to focus on mental health counseling, then we suspect the suggested title would have been similar to “licensed mental health counselor.”

The goal of licensure portability was to include all counselors, which is the reason there is a 20/20 delegate from each counseling specialization. We believe that recognizing only mental health counseling as worthy of licensure goes far beyond the original intent and purpose of 20/20. CORE is convinced that this would be detrimental both to the profession of counseling and to the public that deserves the protection that counselor licensure affords.

Rehabilitation counselors have always been professional counselors. Therefore, they have been a part of the counseling profession’s frustrating competition with psychologists, social workers and other professions for opportunities to practice what we are qualified to practice. At times, counselors have even competed with other counselors for those same kinds of opportunities.

Unification of the counseling profession will have a significant impact on its competitive edge with sister professions. To accomplish that, we must eliminate all intraprofessional competition and steer away from a path that would disenfranchise counseling specialties that are not mental health counselors.

Unification of counseling is within reach. It will be built on the same fundamental qualities that make individuals good counselors — the genuine respect we have for others, the support we share in pursuit of a common purpose and our ability to understand the validity of multiple perspectives. Those qualities will unite all of us — counselors as members of one profession that is strong, visible and influential. Imagine how powerful 52,000-plus members of ACA can be when unified toward one common purpose — licensure for all members, not just for some of us.

Tom Evenson is president of CORE. Patty Nunez is vice president of CORE. Frank Lane is the executive director of CORE.

Letters to the editor: ct@counseling.org
Reader Viewpoint - By Yukio Fujikura & Marie Kobayashi

Reaching across continents to prepare counseling’s next generation
Some months after starting my private practice in Japan, I (Yukio Fujikura) received an email from a Japanese American woman asking for an opportunity to do her counseling practicum at my practice. While living in Tokyo, she was pursuing her degree through an online school counseling program offered by a university in New Jersey. This is how I got to know Marie Kobayashi, the co-author of this article, and learned about the challenges she faced as an online counseling student living outside the United States.

Online education, also known as distance learning, is becoming more and more prevalent around the globe. It contributes greatly to the academic development and success of many people with limited access to traditional schools, including individuals living overseas. The following statistics were reported in “Going the Distance: Online Education in the United States, 2011,” the ninth annual survey conducted as a collaborative effort between the Babson Survey Research Group and the College Board:

- The 10 percent growth rate for online enrollments far exceeds the 2 percent growth rate among the overall higher education student population.
- Among higher education students, 31 percent now take at least one course online.
- Among higher education institutions, 65 percent say online learning is a critical part of their long-term strategy.

The counseling profession is also witnessing the rise in popularity of online graduate programs, both at the master’s and doctoral levels. An Internet search of “online graduate counseling” instantly provides links to scores of online programs, some accredited by the Council for Accreditation of Counseling and Related Educational Programs and others not. According to the CACREP website, of 599 accredited counseling programs, only 11 were exclusively online programs as of June 2012. By contrast, of the 45 programs in the midst of the accreditation process as of June 2012, seven identified themselves as online programs.

Challenges in online education

The American Psychological Association’s Commission on Accreditation (CoA) is very cautious about this trend. According to an article by Rebecca Clay in the June 2012 issue of Monitor on Psychology, although the CoA allows online courses to make up a part of programs, it does not accredit “doctoral programs primarily or completely online.” The article notes that “face-to-face interaction is critical for achieving such essential goals as socialization into the profession, faculty role modeling, and the development and assessment of competencies.”

Alternatively, it seems possible for educators to help online counseling students obtain these critical elements by providing these students with good practicum and internship experiences, thus filling the gap between online and traditional programs. For the sake of the entire counseling profession, as well as for the welfare of our clients, it is especially essential for online counseling students to have good practicum and internship experiences with qualified supervisors. Finding appropriate practicum and internship sites with qualified supervisors is a challenge for many counseling students in online programs — and especially for those who live overseas.
While focusing on teaching materials, technology and smooth communication between students and teachers, many programs appear not to address how to improve their online students’ practicum and internship experiences. Furthermore, for online counseling students living outside of the United States, the burden of finding appropriate practicum and internship sites often falls directly on them, even though they already have their hands full with other challenges. Those challenges, in addition to having limited or no access to the various supports and services that most domestic students are naturally entitled to, include language barriers, cultural barriers and time differences. We strongly believe that online counseling students who live outside of the United States deserve more attention and care from the field.

Marie Kobayashi’s experience

It is undeniable that online programs still have a stigma attached to them. Some people doubt the credibility of online programs or question whether it is possible to obtain an authentically enriching experience from them. I admit that I had my doubts as well, but I was more comfortable entering an American school counseling program rather than a program offered in Japan. For that matter, as far as I am aware, school counseling programs do not exist in Japan.

Although every school in Japan must by law have a “school counselor,” in almost all cases, these positions are only part time and their roles are undefined. The positions are normally filled by rinsho shinriishi, Japanese clinical psychologists who graduate from two-year programs that have almost nothing to do with school counseling. Nevertheless, I was determined to stay in Japan for personal reasons. I also had a passion and commitment to my work as a volunteer counselor at a not-for-profit organization helping international community members in Japan. This position really opened my eyes (and a door) to school counseling.

During the past two years, people have asked me frequently about online programs and how I chose the one in which I am currently enrolled. Initially, I still held preconceived ideas about “online schools,” so I began my search by looking for traditional schools with online programs. Although I came across some useful and organized websites, I think my best search tool was simply Google. I specifically wanted a school counseling program, so this naturally helped to narrow my search. In the process of trying to contact a few schools, my current program at Seton Hall University really stood out to me. The program coordinator was friendly, the program itself seemed well-established, and I liked the idea that I could get there easily from Tokyo if I needed to (or at least it would be a great excuse to go to New York City!).

People ask me if it is strange to have classmates whom I have never met, but in fact I can put names to most faces, and I would say we are a very close-knit community. I attended two residencies — one at the beginning of the program and another at the approximate midpoint — that I really enjoyed being a part of, and I found them to be a significant part of the program.

Back in Japan, I was looking for a clinical setting to fulfill my practicum requirement and hours for my school counseling program. After having lived in Japan for nearly a decade, I had become aware of the lack of available mental health care here, which is one of the main reasons I chose to pursue a career in counseling. As a volunteer counselor at a not-for-profit organization for the international community in Japan, I had also witnessed the increase in the number of calls over the years. As I began my search for a practicum site, I was excited about the various options I might have and the different experience and perspective I could share with my learning team. Unfortunately, that excitement soon was replaced with the reality that it was extremely challenging to find a practicum site in Japan. Without access to a structured database, my only resources were Google and cold-calling. Although some of the sites I contacted were interested, they were unable to accommodate me for various reasons. One counseling center told me it would be unprofessional to hire me because I was a graduate student. That was both confusing and discouraging. I had expected more support from professionals in the field. A long and humbling process made me realize that, despite the many advantages of an online program, and even with full support from my program back in the United States, there was (and still is) a significant obstacle to completing an online counseling program while residing outside of the United States.

Having encountered these challenges myself, I would love to see a database developed that contains information on qualified professionals worldwide who will allow graduate students outside of the United States to gain the necessary practicum or internship experience. I ultimately found a wonderful site with a qualified counselor who felt as though it...
was his ethical responsibility to welcome me as a practicum student. I can only hope that other online counseling students outside of the United States will be as lucky.

**Valuable assets**

Having online students who live overseas as part of U.S. counseling programs not only adds variety but also could contribute to a better and deeper understanding of multicultural issues in counseling, both among educators and students. In a 2007 study, Lawrence Gerstein and Stefanía Ægisdóttir, counselor educators at Ball State University, stated, “Training programs can greatly enhance their cultural environment and climate by recruiting and admitting a more internationally diverse group of individuals.” Despite the counseling profession’s current emphasis on multicultural perspectives and experiences, many online programs seem to lack a good understanding of the unique needs and challenges of online trainees living overseas.

To spread the American Counseling Association’s perspective and values worldwide and to further develop the counseling profession, we believe it is necessary to establish ways to address these needs and challenges. Failing to take action to help online counseling students living outside the United States will put our profession in a much more undesirable situation.

Through creation of a special database and network of appropriate practicum and internship sites and supervisors outside the United States, we could foster the ability and willingness of these students to acquire professional standards and skills, while maintaining their own psychological functioning at an acceptable level. We propose such a database should include the following:

1) Lists of sites that can provide appropriate clinical training and will accept online counseling students (would include those sites that former students have used)
2) Lists of qualified supervisors available overseas
3) Lists of professional organizations and institutions, both in the United States and overseas, where online students can ask for help

This kind of database and network would not only help those online counseling students who are struggling to find their training sites overseas, but also encourage prospective students to apply to online counseling programs. The potential is there for these prospective students to bring much more diversity and enrichment to the counseling profession.

Yukio Fujikura is an ACA member who runs a private practice in Yokosuka, Japan. Contact him at postmaster@ezcounseling.jp.

Marie Kobayashi is a student member of ACA who is in the online school counseling program at Seton Hall University in New Jersey. Contact her at marie.kobayashi@student.shu.edu.

Letters to the editor: ct@counseling.org

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Walden University is an accredited institution* that has been serving the higher education needs of working professionals for more than 40 years. Walden University promotes lifelong learning by offering bachelor’s, master’s, and doctoral degrees online. Areas of study range from counseling and human services to psychology and public administration and include such programs as the Ph.D. in Counselor Education and Supervision, which prepare students for roles as counselor educators, and the M.S. in Mental Health Counseling, one of the only CACREP-accredited master’s programs online*. Using an array of technology, the university delivers an online education experience when, where, and how students need it. Walden programs help students achieve their goals so that, as graduates, they can help advance the lives of others.

Walden’s M.S. in Mental Health Counseling program is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). CACREP accreditation attests to the quality and relevancy of our program—a program that helps provide you with the skills and credibility to maximize your impact on your profession. In addition, earning a degree that is CACREP-accredited helps to streamline the licensing application process and provides you with an advantage when applying to doctoral programs.

Walden University is accredited by The Higher Learning Commission and a member of the North Central Association, www.ncahlc.org.
Certification and training in Latin America

Across Latin America, in processes that run parallel to those taking place in the United States, counseling is being developed, defined and redefined in terms of raising and answering important questions: What is counseling? What do counselors do? Who should call themselves counselors? And, most important, how do we facilitate, regulate and develop the professional identity of counselors?

Counselors in Venezuela, for instance, are using the terms orientadores and orientación, reflecting an 80-year history that began with school guidance and orientation. In Mexico, counseling comes under the terms of orientador psicológico and orientación psicológica. In Argentina, the English terms counselors and counseling are often used. One of the significant lessons to take from this is that although there is commonality across Latin America, it is imperative that the professionalization of counseling develops on a cultural and country-specific basis, meeting the needs and direction of the profession within.

From the beginning of its creation by the National Board for Certified Counselors Board of Directors, NBCC International (NBCC-I), a division of NBCC, has learned much about professionalizing counseling from its colleagues in Latin America. NBCC-I collaborates with counseling leaders in several countries in this region on a variety of programs to strengthen counseling and expand services at the national and regional levels. The following sections describe some of the specific countries where initiatives are flourishing and the role that NBCC-I plays in supporting these critical initiatives meant to strengthen the counseling profession on the local and regional levels.

Mexico

Antonio Tena Suck is the director of the Department of Psychology at Universidad Iberoamericana (UIA), which includes a community counseling program that is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), and is one of the founders of the Asociación Mexicana de Orientación Psicológica y Psicoterapia (AMOPP or Mexican Association of Counseling and Psychotherapy). In a recent personal communication, Tena stated, “In Mexico, we have started the counselors’ professional certification, unique among its kind, through AMOPP. We formed a professional partnership with NBCC International for the joint creation of the certification. The main advantages are that the certification promotes responsibility and professional visibility; and it has been established by counselors rather than lawmakers, based on specific Mexican standards, which meet international standards for certification creation.”

National offices of NBCC-I are created upon the request of a collaborating organization and when both the partner and NBCC-I agree that a local point of contact is needed to further develop collaborative projects. Those offices are staffed with local counseling experts. NBCC Mexico, housed in UIA, opened in 2005 as one of the first national offices of NBCC-I. Tena serves as its current director.

Early in the collaborative efforts, Mexican counseling leaders identified the need to create a professional credential specifically for Mexican counselors, and NBCC-I began working with local leaders to create a counseling certification. Creating a certification is an involved process, with much effort put toward gathering information from counselors across the country through a work behavior or job analysis. The gathered information is then used to inform certification requirements. Local leaders decide on the appropriate standards, and NBCC-I collaborates in the process. AMOPP was created in October 2008 and subsequently became the administrating organization for the certification. This past October, the Orientador Psicológico Certificado por AMOPP (AMOPP Certified Counselor) was officially launched and the first examination administered.

Hosted by NBCC Mexico, NBCC-I conducted the Mental Health Facilitator (MHF) program pilot training at UIA in 2007. The MHF program is based on a 30-hour curriculum designed to train laypeople, paraprofessionals and professionals from outside of mental health in concepts such as helping skills and appropriate referral. The curriculum is designed for local contextualization and has been translated into nine languages, including Spanish. In coordination with the NBCC Mexico office, AMOPP administers the MHF program in Mexico, is the first MHF program partner in Latin America and is one of the strongest MHF partners worldwide.

In 2011, the NBCC Foundation provided a grant to NBCC-I to choose an independent researcher through a competitive application process. The grant recipient, Melissa Luke, an assistant professor and coordinator of school counseling at Syracuse University, will lead research into the program’s efficacy. The MHF-Mexico program will be one of the first two programs to contribute to this research.
Venezuela

The Federación de Asociaciones Venezolanas de Orientación (FAVO or Federation of Venezuelan Counseling Associations) was founded in 1996 and has served to strengthen the counseling profession in Venezuela. Leaders from FAVO first met NBCC representatives at an international counseling conference and later began collaborative talks at the first Counseling Congress of the Americas. This annual congress, which began in 2004, alternates yearly among several Latin American countries. The intent is to provide a forum for counselors to network and share experiences in professionalizing counseling within countries, while strengthening counseling throughout the greater region. NBCC/NBCC-I leadership and staff members co-sponsor and regularly attend this conference, as well as country-specific conferences, to work with partners on collaborative projects, learn about developments in counseling and meet new colleagues.

FAVO has been collaborating with NBCC-I to develop a counseling certification. George Vera, one of Venezuela’s leaders in counseling, acts as liaison for FAVO in developing these programs with NBCC-I. FAVO launched its certification, the Orientador Profesional Nacional Certificado (Certified National Professional Counselor), through a grandfathering process in 2010 and now has certified 39 counselors. These more experienced counselors will use national job analysis data to create Venezuela’s full certification requirements.

Argentina

Andres Sánchez Bodas, a counselor, founded the Holos Sánchez Bodas (formerly Holos San Isidro) center, which offers a counseling degree with four optional specialties (educational development, institutional/career development, personal development and pastoral counseling). Sánchez Bodas is widely considered to be one of the foremost leaders of counseling in Argentina and was involved in advocating to the Ministry of Education to pass a 1992 counseling act to recognize and regulate counseling training.

In 2005, Sánchez Bodas contacted NBCC-I to discuss the needs for counseling professionalization in Argentina. He has since worked with counselors and counselor educators who represent the leadership of the Asociación Argentina de Conseleuras (AAC or Argentine Association of Counselors) and other counseling training programs to create standards for certification under the NCC-Argentina program.

In 2009, NBCC Argentina opened at Holos Sánchez Bodas as the acting center for certification administration. The certification requirements for the Certificado Nacional (National Certified Counselor) were recently completed, and the application process was opened in November 2012.

In a recent development, Old Dominion University, with the assistance of NBCC-I, is offering an institute that will allow counselors to travel to Argentina and collaborate in professional services and training that have been identified as needs by counseling leaders in Argentina through Holos Sánchez Bodas. The purpose of the institute is to introduce U.S. counselors to Argentina to render professional services and to lay the groundwork for participants to return there to volunteer in professional capacities in the future.

Those interested in applying for this opportunity should contact Theodore Remley at remley@odu.edu.

Other potential collaborations

The counseling profession is flourishing in Latin America. NBCC-I has also had professional interactions that could lead to collaborations in other countries, including Brazil, Costa Rica, Cuba, Guatemala, Guyana and Honduras.

The IV AMOPP International Encounter in October 2012 focused on school counseling and included session topics such as bullying, suicide prevention, crisis intervention, immersion of learners with disabilities and vocational guidance. In August 2012, FAVO’s IX Interdisciplinary Counseling Congress in Venezuela offered an array of sessions, including ones on ecology, school counseling, body-mind therapies and cognitive behavioral interventions. The VIII Counseling Congress of the Americas, held in Argentina in September 2012, had attendees from many Latin American countries, a large group of counseling students and participants from the United States and Canada exploring the conference theme of identity and praxis in counseling.

It has been NBCC-I’s experience that strong counseling training is important to the professionalization of counseling worldwide. NBCC-I closely follows the work of the International Registry of Counselor Education Programs (IRCEP), which was developed by CACREP and has served as a strong advocate for counseling professionalization in Latin America through its promotion of culturally appropriate curricula designed to train counselors. By offering a registry for programs around the world, IRCEP provides an important route to professionalization.

NBCC Board members and NBCC/I staff members look forward to continuing to grow in knowledge and to continued collaborations with their Latin American colleagues and all individuals who dedicate their professional lives to strengthening counseling within their particular countries or regions. For more information about NBCC-I’s collaborations in Latin America and other parts of the world, visit nbccinternational.org or email nbccinternational@nbcc.org.

For a Spanish translation of this article, go to nbccinternational.org/What_is_happening/RecentNews.

Wendi K. Schweiger is associate vice president of NBCC International.
Devika Dibya Choudhuri is chair of the NBCC Board of Directors and professor in the Department of Leadership and Counseling at Eastern Michigan University.
Adriana Petrini is the programs coordinator for NBCC International.

Letters to the editor: ct@counseling.org
Wisconsin Counseling Journal seeks submissions
Submitted by Melissa Kraemer Smothers kraemerm@mtmary.edu

The Wisconsin Counseling Journal (WCJ) is seeking article submissions for possible publication in the fall 2013 edition (WCJ is published annually online). WCJ places emphasis on original, data-based research but will consider conceptual articles such as position papers, innovative program development and case studies. All manuscripts submitted for review are subject to a peer-review process involving members of the editorial board and are due by March 31.

WCJ is focused on topics of interest to counselors, including in the following four areas:

- Innovative methods: Includes thorough descriptions of techniques, strategies, skills and activities that counselors have developed and/or implemented.
- Theory and research: Includes a variety of manuscripts, both qualitative and quantitative, that describe original research as well as literature reviews on topics pertaining to counseling.
- Professional development: Primarily describes, through manuscripts and position papers, ways in which counselors can continue to cultivate and enhance their professional identities. Training strategies for counseling students as well as continuing education for experienced counselors will be highlighted.
- Current issues affecting counselors and the counseling profession: Features manuscripts and position papers that detail contemporary issues. Authors are invited to explore topics of interest to counselors.

For submission guidelines, contact editor Melissa Kraemer Smothers at journaleditor@wicounseling.org. For more information about the journal, including abstracts from previous editions, visit wicounseling.org.

Get involved with ACCA
Submitted by Monica Osburn cou-mzosburn@ncsu.edu

As we start to review our professional development opportunities and commitments for the next year, I wanted to highlight some possibilities within the American College Counseling Association. Of course, there is always the option to run for the Executive Council. If you do not feel ready for that type of leadership, the organization adds committee members throughout the year, so perhaps one of these options will pique your interest.

- Nominations and Elections Committee: Help the organization recruit potential leaders and assist in making recommendations to improve the process.
- Membership Committee: Promote an organization you love! You can give back to ACCA by spreading the word about what we do. This may include writing articles, distributing member information and reviewing recruitment options, to name a few.
- Awards Committee: Keep the membership aware of professional recognition awards and help the association highlight accomplishments of our membership.
- Graduate Student Committee: Our students need a voice, and we would love it to be yours! All graduate students and new professionals are welcome.
- Public Awareness and Professional Advocacy Committee: This committee is instrumental in promoting and providing education about college counseling to institutions of higher education.
- Research Committee: Assist in setting the research plan for the association. This includes coordination and selection of ACCAs annual research grants.

This is not an exhaustive list. We have many other opportunities to get involved within the organization. Please contact Casey Earle at caseye@cmcglobal.com for more information.

ACES making preparations for preconference women’s retreat
Submitted by Ann Vernon ann.vernon@yahoo.com

The Association for Counselor Education and Supervision Women’s Retreat will be held Oct. 15-17, prior to the ACES Conference, at the Franciscan Retreat Center in northern Colorado Springs, approximately an hour from the Denver airport and downtown Denver.

Group transportation will be arranged.

The purpose of the retreat is to establish professional and personal networks and to reflect on issues that have an impact on us as female counselor educators. More information about the topics and facilitators will be available at a later date. The retreat will begin at 4 p.m. Tuesday and end Thursday morning after breakfast.

For more information, email Ann Vernon at ann.vernon@yahoo.com, and watch acesonline.net for specific information about registration.

ASERVIC wants to hear from you
Submitted by Cristen Wathen mcclcris@isu.edu

Greetings, members and former members of the Association for Spiritual, Ethical and Religious Values in Counseling. We hope you had a wonderful holiday season and are getting back into the swing of the new year. The ASERVIC Innovative Services Committee is working on a strategic plan to increase the benefits of being an ASERVIC member and to make the benefits more applicable to what the membership needs. Please take a few minutes to take one of these quick surveys online. These surveys will also be sent out on the CESNET and ASERVIC Listservs. The deadline for the survey to be competed is March 1. If you would like a paper copy of either survey, please email Cristen Wathen at mcclcris@isu.edu.

- Current ASERVIC members: surveymonkey.com/s/82X2MH
- Former ASERVIC members: surveymonkey.com/s/27KT6JY

AzCA announces 2013 conference
Submitted by Jennifer Walker walkerjennifer79@yahoo.com

The Arizona Counselors Association 2013 Conference will be held May 3-4 at the Mesa Convention Center. The conference theme is “Quest for Identity: Professional Counseling in the 21st Century.” We are excited to have ACA Chief Professional Officer David Kaplan as the keynote and featured speaker. Conference workshops will address cultural competence, best practices and ethics. The two-day conference offers as many as 13 CEUs.
For registration information, visit azca.org. If you have further questions, contact Jennifer Walker at walkerjennifer79@yahoo.com.

**ACAM plans annual conference coupled with career exposition day**

Submitted by Deanna Brauer
deannabrauer@yahoo.com

ACA of Missouri’s Annual Conference and the Missouri Career Development Association Exposition Day will be held April 11-13 at the Capital Plaza Hotel in Jefferson City, Mo. Join your colleagues and other industry leaders for an information-filled three days and a chance to earn as many as 20 CEUs. John Krumboltz and Howard Rosenthal will deliver dynamic keynote presentations. Network, gain cutting-edge information, reenergize your passion for counseling and find other ways to plug into the counseling community. We can’t wait to see you there.

In addition, please join us for the MoCDA Exposition Day on Friday, April 12. Those attending the ACAM conference are also able to attend the workshops offered with the MoCDA Exposition Day. The Exposition Day will feature Krumboltz, a leader and pioneer in career and educational counseling who is most widely known for his “happenstance theory.” Don’t miss out on the opportunity to engage with a living legend. Register for the raffle as well as for the chance to have dinner with Krumboltz; three lucky winners will be selected for Friday evening.

You will also have the opportunity to network with three Missouri career legends as we present the Missouri Lifetime Career Achievement awards to Mark Pope, Norm Gysbers and Joe Johnston. Visit counselingmissouri.org for more information and to register.

**Erford to speak at AADA breakfast**

Submitted by Radha Horton-Parker
rparker@odu.edu

The Association for Adult Development and Aging is thrilled to announce that ACA President Bradley T. Erford will be the guest speaker at our 2013 Division Breakfast during the ACA 2013 Conference & Expo in Cincinnati. The theme is “Adult Development Matters!” Come join us on Saturday, March 23, from 7:30-9 a.m. at the Hyatt. For tickets, visit counseling.org or call 800.347.6647 ext. 222.

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**From the President continued from page 5**

CACREP-accredited master’s degree programs, viewing school counselors as counselors who practice in educational settings rather than educators who have specialized counselor training, and requiring supervision of counselors-in-training by professional counselors (credentialed supervisors). Years from now, these practices will have become so woven into the fabric of our professional identity that we will question what took us so long to adopt them. And 35 years from now, after facing many more challenges and growing pains, we will be in a very different place and share a more unified identity and advocacy voice.

Given our professional focus on human development, I have recently wondered why we do not have an overriding stage theory or task model of professional counselor identity — a theory or model to help us explain how to promote and attain a unified identity, and perhaps stave off “multiple professional identity disorder.” Certainly such a theory would espouse a common core of educational and training standards, attainment of appropriate licensure and certification, and participation in professional counseling associations. Although these components all exist today and are paving the road to a more unified profession in the future, a great number of challenges still exist, and some backsliding is sure to occur.

For example, I recently wrote a letter to the 2016 CACREP Standards Revision Committee. Among other issues, I asked the committee to reinsert what seems like a minor clause, but one with vast implications for professional identity. The revised standard requires that “faculty must identify with the counseling profession through sustained memberships in professional counseling organizations.” The previous standard inserted the parenthetical phrase “… through memberships in professional organizations (i.e., ACA and/or its divisions).” Removal of that phrase would certainly lead back to “multiple professional identity disorder.”

But if we really want to have an impact on future generations of professional counselors and build a unified profession, accrediting bodies and universities must require counselors-in-training to participate in professional counseling associations. In a recent “round” at an ACA Governing Council meeting, a question was posed: How did you become involved with ACA? No less than 90 percent of us responded that we were “told” to join ACA by our graduate faculty. We had a firm professional counselor identity because our faculty and mentors had firm professional counselor identities. So, I also requested that CACREP establish a standard requiring graduate counseling students to identify with the counseling profession through sustained memberships in professional counseling organizations (i.e., ACA and/or its divisions). Exposing all of our counselors-in-training to the world of the professional counselor would be a giant step toward a unified professional counselor identity. The current reality is that most counselors-in-training do not belong to a professional counseling association. That is troubling.

A larger question is how we develop and maintain an appropriate professional identity (boundary) while still benefiting from the input and strengths of our interprofessional colleagues (permeability). After all, we share the same literature, have similar training standards and often receive similar supervision. But will we, as a counseling profession, mirror the mistakes of other mental health professions that seek to create impermeable barriers between professional groups? That seek to restrict counselor practice through legislation and regulations?

No one knows for sure what the future holds, but just as our appreciation for classic rock has matured, so will the counseling profession mature … over the next 35, 65 and even 100 years. But for now, enjoy reading this month’s feature articles and answer this question: Who are you? The counseling profession really wants to know!
COMING EVENTS
NMCA Annual Conference
March 7-8
Albuquerque, N.M.

The New Mexico Counseling Association Annual Conference will be held at the Crowne Plaza Hotel. The conference keynote speaker will be Jeffrey Kottler, professor of counseling at University of California, Fullerton, social justice advocate and best-selling author of more than 80 nonfiction books. Kottler was highlighted in the December 2012 Counseling Today cover story, “The recipe for truly great counseling.” He will present keynote addresses on both days of the conference as well as two education sessions. There will be more than 20 workshops with up to 12 CEUs available to conference attendees. For more information and to register, visit nmca-nm.org or contact NMCA President Randall Berner at randallberner@msn.com or 505.771.5131.

ACA 2013 Conference & Expo
March 20-24
Cincinnati

Connect with thousands of your peers at the American Counseling Association 2013 Conference & Expo. In its 61st year, the conference will be jam-packed with education sessions, networking opportunities and cutting-edge resources for counseling professionals. Take advantage of the ACA Career Center for a résumé consultation or mock interview, or take part in the ACA Client-Focused Research Series, a new addition to our conference this year. Listen to keynote speaker Ashley Judd talk about coping with depression, and then hear what keynote speakers Allen Ivey and Mary Bradford Ivey have to say about neuroscience. Participate in preconference Learning Institutes and a wide variety of conference Education Sessions to earn as many as 35 CE credits. Don’t miss out on the largest professional development conference of the year. For more information or to register, visit counseling.org/conference or call 800.347.6647 ext. 222.

CCA Annual Conference
April 5
Mystic, Conn.

Join the Connecticut Counseling Association at its annual conference, “Counseling Connections 2013: Changing Tides — Fostering Resiliency and Finding Inspiration.” We are excited to be visiting Mystic this year and hope that your visit will not only include networking and educational workshops but also opportunities to have fun with your colleagues in the evening hours. This New England town is family friendly, so book a room at the Mystic Hilton at the special conference rate and bring your family along to spend time at the Mystic Aquarium and Olde Mystic Village. We anticipate early-bird registration opening in early spring. Registration is priced low, and CEUs are available. Student scholarships are available to CCA members. Email ccaconference@hotmail.com or visit ccainfo.org for more information.

MeCA Annual Conference
April 8-9
Rockport, Maine

Please join us in beautiful Rockport for the Maine Counseling Association Annual Conference. Our keynote speaker, Mark Tappan, a Colby College professor and author, will discuss a key topic: "Engaging Boys: Resistance, Relationships and Getting Real." In addition to this wonderful keynote, we will have a multitude of session offerings that will serve as professional development opportunities for mental health counselors, K-12 school counselors and admissions counselors. For more information, visit maineca.org.

ACAM Annual Conference
April 11-13
Jefferson City, Mo.

ACA of Missouri's Annual Conference and Missouri Career Development Association Exposition Day will be held at the Capital Plaza Hotel, John Krumboltz and Howard Rosenthal will present as keynote speakers. For more information or to register, visit counselingmissouri.org.

Young Child Expo & Conference
April 17-19
New York City

The 10th annual Young Child Expo & Conference, a joint project of Fordham University's Graduate School of Education and Los Niños Services, will be held at New York's Hotel Pennsylvania. The conference will bring together more than 1,000 people across various disciplines to integrate learning about typically developing children and those with special needs. For more information or to register, visit youngchildexpo.com or call 212.787.9700 ext. 333.

NCA Annual Conference
April 19-21
Lincoln, N.J.

The 2013 New Jersey Counseling Association Annual Conference will take place at the Donald D. Warner Student Life Center at Brookdale Community College. The conference brings together students and professionals in counseling-related programs and careers for thought-provoking seminars, workshops and relationship development. The conference will continue the tradition of providing attendees with interesting and diverse speakers and experts in a variety of specialties within mental health and related fields. The National Board for Certified Counselors will approve programs for continuing education credits. Visit njcounseling.org for more information.

International Counseling and Education Conference
May 2-4
Istanbul, Turkey

ACA is co-sponsoring the second International Counseling and Education Conference, to be held at Istanbul Commerce University. ACA President Bradley T. Erford will present a workshop on the “35 Techniques Every Counselor Should Know.” For more information, email iceconference@gmail.com or visit ice-c.net.

IAMFC Northampton Institute
May 29-June 3
Northampton, England

The International Association of Marriage and Family Counselors is pleased to announce its 10th annual Northampton Institute, to be held at Park Campus, University of Northampton. The theme will be “Families and Diversity.” This event will bring together an international group of counseling professionals, students and educators who share a common interest in family counseling research, education and practice. In addition to presentations on family counseling-related topics, the institute will provide an immersion
experience into English culture, including escorted day trips to sights in central London and rural Northamptonshire. The $795 fee includes five nights at the Sunley Centre, a modern, on-campus hotel facility. IAMFC invites proposal submissions from educators, clinicians and others. For more information, visit nsi.vpweb.com or email drbsc@aol.com.

International Career Conference
June 20-22
Padova, Italy

ACA is partnering with the Laboratory of Research and Intervention in Vocational Guidance (La.R.I.O.S) and organizations from around the world for the international conference “Life Designing and Career Counseling: Building Hope and Resilience.” Themes include hope and optimism in times of crisis, positive psychology in career counseling, career counseling and life designing for unemployed and underemployed workers, and much more. For more information, visit larios.psy.unipd.it.

NASAP Conference
June 20-23
San Diego

The 2013 North American Society for Adlerian Psychology Conference will be held at the Town and Country Resort. The theme will be “Encouraging Each Other, Healing Our World.” Both Alfred Adler and Rudolf Dreikurs emphasized the importance of encouragement for healthy human growth and development. For more information, visit alfredadler.org/conference-2013 or email watts@shsu.edu.

AADA Summer Conference
July 18-19
New York City

The Association for Adult Development and Aging's 2013 Summer Conference will be held at the Roosevelt Hotel in Manhattan. The theme is “Adult Identity Evolution: Diversity Within Personal and Professional Transitions.” On July 18, there will be two preconference workshops, one addressing supervision and the other focusing on professional ethics. Presentations addressing a wide variety of counseling issues related to adults across the life span will be presented July 19. For more information, contact Catherine Roland (rolandc@mail.montclair.edu) or Suzanne Deggés-White (jdeggés@olemiss.edu), or visit aadaweb.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 intent of this journal is to publish articles both relevant to working with sexual minorities and also of interest to counselors, counselor educators and other counseling-related professionals working across diverse fields. Topic areas include new research, new or 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 Ned Farley at efarley@antioch.edu or visit tandfonline.com/action/authorSubmission?journalCode=wlco20&page=instructions.

Bulletin Board submission guidelines
Email hrudow@counseling.org for submission guidelines. See the box on this page for upcoming submission deadlines. ♦

Submit your news and upcoming events

All divisions, regions and branches of the American Counseling Association are invited to list upcoming events in “Bulletin Board.” In addition, divisions, regions and branches may submit monthly news articles of 350 words or less to “Division, Region & Branch News.” For submission guidelines, contact Heather Rudow at hrudow@counseling.org. Be advised of the following deadlines for submitting items to either section.

May issue: April 1 at 5 pm ET
June issue: April 25 at 5 pm ET
July issue: May 30 at 5 pm ET
August issue: June 27 at 5 pm ET
September issue: July 25 at 5 pm ET

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Dr. Andrew Helwig’s very popular Study Guide for the NCE and CPCE (2011, 6th ed.) is also available in Spanish. This book has all eight CACREP content areas as well as information about the NCE and CPCE. Included are exam-taking tips, study strategies, 2 practice exams and the ACA Code of Ethics. This user-friendly Study Guide has 400 pages (430 Spanish).

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conversations are ignored, “the default option — lots of medical technology — happens much of the time, whether people actually wanted it or not.”

I have witnessed complications resulting from avoidance of conversations pertaining to end-of-life issues, as well as the resulting distress brought about through medical interventions to prolong life. These medical interventions did not improve the quality of the individual’s life; rather, many times they contributed to additional burdens on the patient and family. As a certified thanatologist, I would like to provide valuable resources pertaining to end-of-life-care to counselors.

An original article by retired hospice nurse Shirley A. Scott, titled “Life-Support Interventions at the End of Life: Unintended Consequences,” was published in the American Journal of Nursing. The article can be retrieved at nursingcenter.com/prodev/id=54030&Issue_ID=956209. It addresses an understanding of various life-support interventions and provides pertinent questions to ask physicians concerning possible risks and benefits of proposed treatments, medications and procedures.

Ms. Scott has also agreed that two handouts she developed, “Life-Support Interventions” and “Guidelines for Communicating With Terminally Ill Patients and Families,” can be downloaded, copied and shared from my website using the following links:

- margiegrebin.com/Life-Support-Interventions.pdf
- margiegrebin.com/Guidelines-for-Communicating.pdf

Finally, a powerful documentary film, Consider the Conversation, emphasizes the vital importance of initiating open communication before the need arises. This can create meaningful dialogue on end-of-life care and create a ripple effect of awareness, empowerment and positive actions so wishes are known in advance of tragedy or unexpected illness. This also can enhance compassionate care, bringing peace and improving the quality of end-of-life care for patients and their families.

Information on Consider the Conversation can be viewed at:

- considertheconversation.org/
- youtube.com/watch?v=7orapraxuX8&feature=player_embedded
- youtube.com/watch?v=wi4Bp81SgT4

Margaret A. Grebin, M.S., LMFT, CT
Casselberry, Fla.

Correction
The correct email address for Trudy M. Johnson, author of the January “Reader Viewpoint” article, “Bringing abortion aftercare into the 21st century,” is missingpiecesorg@gmail.com.
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Hi Dr. Janis,

I took the NCE today and passed!!! It was a great feeling. I followed AATBS directions and will recommend this study package to others I know that are preparing. Thank you for your prompt answers throughout this process.

Best, Solana Varner

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