

COUNSELING TODAY

July 2011 • Volume 54/Number 1

An American Counseling Association Publication

Counseling couples

Also inside:

- Treating youth depression
- Discussing CBT with Judith Beck
- Getting to know Don W. Locke

EVERYTHING YOU'VE EVER WANTED IN A WEBSITE AND MORE!

WEBSITES FOR THERAPISTS. MADE SIMPLE.

With TherapySites' easy-to-use online tools, it is easy to effectively market and run your practice.

Build a successful web presence in minutes using the most comprehensive online package available to therapists. Your website becomes much more than a website - it becomes a one-stop business portal to help grow your practice. Get started now!

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

See TherapySites.com for details

\$0 SET-UP FEE. NO EXTRA CHARGES. \$59 MONTH.

30-DAY MONEY-BACK GUARANTEE



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



therapysites.com
More than just a website.



STEP 1:
Select design



STEP 2:
Customize



STEP 3:
Preview, Edit



STEP 4:
Launch Site

COUNSELING TODAY

July 2011

Cover Story

24 **Finding a way forward together**

By Lynne Shallcross

When it comes to working with couples, counselors must take into account the individual dynamics that affect people in their relationships, while also helping them examine their motivations for seeking change.



24

Features

32 **Young and depressed**

By Jim Paterson

Statistics suggest that the rate of depression among young people has steadily increased over the past several decades, making it imperative that counselors play a primary role both in early detection and treatment.



32

36 **Changing distorted thinking**

Interview by David Kaplan

Expert Judith S. Beck discusses why cognitive therapy actually focuses on more than cognitions, the application of the therapy in school settings and its relevance for multicultural populations and diversity.



36

40 **Payback time**

By Lynne Shallcross

A desire to serve and the encouragement of an influential mentor led Don W. Locke to enter the counseling profession. As ACA president, his goals include further uniting the profession he loves, while strengthening counselors' sense of identity.

43 **Reader Viewpoint** **Cross-cultural counseling of recent immigrants**

By Christina M. Rasmussen

New arrivals to the United States often undergo a considerable amount of psychosocial upheaval as they struggle to adapt to a new culture, language, social structure and financial reality.

COUNSELING TODAY

July 2011

Columns

- 10 **Washington Update**
- 11 **Two-Minute Advocate**
- 12 **Counselor Career Stories**
- 14 **Private Practice Strategies**
- 16 **Resource Reviews**
- 20 **The Digital Psyway**
- 22 **Inside the DSM-5**



Need to Know

- 5 **From the President**
- 7 **Executive Director's Message**
- 8 **Letters**
- 39 **CT Learning Exam**
- 45 **Division, Region & Branch News**
- 46 **News & Notes**
- 47 **Bulletin Board**
- 48 **Classifieds**



BY THE NUMBERS

Primary care and mental illness in children

A survey released in the spring by the National Alliance on Mental Illness exposed a gap between primary care physicians' knowledge of mental illness and the needs of families who have children living with mental illness. NAMI's Child and Adolescent Action Center conducted the survey between June 3 and July 1, 2009, and this marked the first time that results and analysis had been released. The 554 respondents to the survey were parents whose children were diagnosed with mental illness before age 18.

"Most Americans rely on family doctors and pediatricians for early detection of mental illness and, in many cases, treatment," said NAMI Executive Director Michael Fitzpatrick. "Family dependence on primary care for mental health needs is especially great in smaller communities and rural regions. Primary care professionals need to be prepared to meet the challenge."

The survey findings could suggest the value of counselors collaborating with primary care physicians and other health care professionals in integrated care models. Among the findings:

- 63 percent of families participating in the survey reported their child first exhibited behavioral or emotional problems at age 7 or younger.
- Only 34 percent of families said their primary care doctors were "knowledgeable" about mental illness, while 17 percent classified their doctors as "somewhat" knowledgeable.
- 59 percent of families said their primary care doctors were not knowledgeable about mental health treatment.
- 64 percent said their primary care doctors were not knowledgeable about local mental health resources and support for families.

The full report is available at nami.org/primarycare.





DON W. LOCKE

Leading from the middle

For years, I have read the president's message in *Counseling Today*. With each article, I felt I came to know about and understand more clearly the direction of our profession and the individuals chosen to lead us for short periods of time. I hope that with these monthly columns, I can continue that tradition.

I must confess that when the call came informing me that I was the successful presidential contender, I felt much like the dog who chases the car and then looks puzzled when the vehicle actually stops. My service and leadership within state branches and several ACA divisions, as well as many years as part of the ACA governing structure, had led me to believe that I might be able to provide the leadership needed by our professional organization. I first sought the office of ACA president as a young professional more than 25 years ago, then again 12 years later as a more seasoned counselor educator and department head. Upon seeking the office this time, many of my colleagues asked me why, at this point in my career, I was still interested in serving. My response was and is that I feel it is "payback" time for me — time to give back to ACA. I believe my rationale for seeking the presidential position on previous occasions was valid, but looking back, I am just as firmly convinced that those were not the proper times for me to take office. I needed additional seasoning, maturity and experience. I needed to learn to be more patient and a more active listener. I needed to develop a leadership style reached only by experiencing both success and failure.

I hope I will be able to represent our profession and each of you in a manner that you can accept and respect over the next 12 months. I am convinced of several facts about us. We are a very diverse group of professionals. We have different ideas. We have different personal and professional needs. We have different backgrounds. We work in a variety of job settings. We approach issues with passion and conviction. We discuss politics, religion and life in general with a wide variety of beliefs and with a certainty of our opinions. It is that diversity that will either make us strong or cause us to become divisive.

I have learned through the years that my passion often has interfered with my ability to recognize that someone else might possess an equal level of passion. I have talked when I should have listened. At times, I have been unwilling to even consider other points of view. It is because of those and other experiences that I hope to lead "from the middle" over the next 12 months.

When I first heard that term applied to leadership, I was skeptical. I interpreted the middle as a cop-out. My skepticism changed when I began looking at the difference between advocacy and leadership. The skill sets for advocacy and leadership differ when you are the representative of a group as diverse as ACA. The president of ACA must speak for and represent all members, and if advocacy becomes necessary, those efforts must reflect a strong majority of members. Your leader needs to be made aware of what you, as members, want and what actions you would prefer taken.

I hope you will jot down this e-mail: locke@mc.edu. This is your direct contact to me at any time. For ACA leadership to be successful over the next year, we need to have input from you regarding what ACA is doing that you like and what else you would like to see done. As professional counselors, we have many challenges that can be resolved when we truly work together within ACA. I look forward to hearing from you and leading you from the middle. ♦

Counseling Today Staff

Publisher

Richard Yep

Associate Publisher

Carol Neiman

Editor-in-Chief

Jonathan Rollins
800.347.6647 ext. 339
jrollins@counseling.org

Senior Writer

Lynne Shallcross
800.347.6647 ext. 320
lshallcross@counseling.org

Advertising Representative

Kathy Maguire
607.662.4451
kmaguire@counseling.org

Graphic Designer

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

CT Column Editors**Washington Update**

Scott Barstow
800.347.6647 ext. 234
sbarstow@counseling.org

Counselor Career Stories

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

Resource Reviews

Kelly Duncan
Kelly.Duncan@usd.edu

Private Practice Strategies

Anthony Centore
anthony@thriveworks.com

Spotlight on Journals

Sheri Bauman
sherib@email.arizona.edu

New Perspectives

Donjanea L. Fletcher
dffletche@westga.edu

The Digital Psyway

Marty Jencius
mjencius@kent.edu

Inside the DSM-5

K. Dayle Jones
daylejones@ucf.edu

Learning Curve: Notes From a Novice

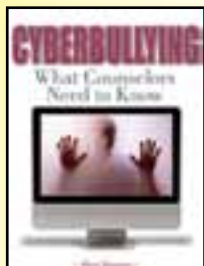
Suze Hirsh
ct@counseling.org

New Ideas, New Attitudes

and Fresh Approaches for Working With Kids and Teens

Cyberbullying: What Counselors Need to Know

Sheri Bauman



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

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

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

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

Counseling Children: A Core Issues Approach

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



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

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

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

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

Play Therapy: Basics and Beyond Second Edition

Terry Kottman



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

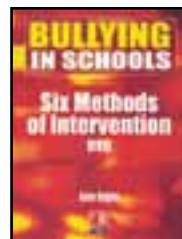
play therapy skills. A new chapter on working with parents and teachers is designed to increase the effectiveness of play therapy. Practice exercises and "Questions to Ponder" facilitate the skill-building and self-examination process. 2011 | 375 pgs

Order #72905 | ISBN 978-1-55620-305-3

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

Bullying in Schools: Six Methods of Intervention

presented by Ken Rigby



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

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

Produced by Loggerhead Films

2009 | 35 minutes | DVD Order #78239

List Price and ACA Member Price: \$129.00



AMERICAN COUNSELING
ASSOCIATION

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

Order by phone: 800-422-2648 x222
Order online: counseling.org/publications



Richard Yep

Transitions, volunteering and looking ahead

Each July, ACA experiences the transition from one leadership group to another. We have done it this way for many, many years. Although some volunteer leaders carry over into the new year, most have fulfilled their terms and have moved on. To all those serving this year, I say welcome and thank you in advance for your service.

As someone who has volunteered for many other groups over the years, I know the type of commitment and dedication it takes to share your precious time with a profession you love so dearly. I will thank you now, and I will thank you again when your service is complete. But please know that I appreciate all that you do throughout the entire year! The projects, services and issues all of you will deal with during the next 12 months will help to move the counseling profession forward. Your expertise will be called upon, and we are lucky to have you in our cadre of committed volunteer leaders.

I know we all wish Don W. Locke, our new ACA president, a productive year. I have the privilege of working with the ACA presidents during their time as president-elect, and Don brings a great deal of experience and enthusiasm to the leadership table. He is very open to new ideas as we all work collectively for the good of the counseling profession. The ACA staff and I look forward to working with President Locke.

I would be remiss if I didn't ask all of you to think about the profession's next generation of leaders. We need more people to volunteer their time and energy to ACA. Our tent is quite large, and we are inviting and welcoming to those who want to get involved in the association. Some ACA members have already indicated their interest in participating on committees and task forces and in other projects, but I know many others of you are likely interested in sharing some of your valuable time. We definitely look forward to your involvement as well.

Volunteers for ACA can be at any point

in their careers: graduate students, midcareer professionals, retirees and even those taking a break from full-time work as counselors but still maintaining their membership in ACA. You could have several hours per month to volunteer, or you might have just a few hours to dedicate to a project-specific activity. I hope you will consider getting involved and share this invitation with your colleagues and students as well. The phrase "the more, the merrier" really does apply in this case.

ACA is on a roll. We completed our fiscal year on June 30 in very good shape. Our membership continues to grow compared with the previous 12 months, and our annual conference this past March was our highest-attended event in more than a decade. And on May 22, ACA even made the front page of *The New York Times* in an article about the dwindling number of males in the mental health professions.

But, just as is the case with many of you, our success does not allow us to rest on our laurels. Over the next 12 months, we will be celebrating ACA's 60th anniversary. During this time, we will continue to roll out new products, services and resources designed with our members in mind. Our success is tied to your input, and I appreciate those of you who have contacted me with suggestions. I also want to express a special debt of gratitude to the ACA staff, which comes up with terrific ideas for enhancing your membership and advancing the counseling profession.

I know it seems early, but I do hope you will look at your calendar and mark March 21-25, 2012, as a great time to be in San Francisco. Why? Because we will be convening the 60th ACA Annual Conference & Exposition. With hundreds of sessions from which to select and the chance to interact with thousands of your colleagues, visit exciting exhibits and experience the City by the Bay, how can you go wrong? Visit counseling.org/conference for more information and to obtain the best rates on registration. This is one conference you will not want to miss!

As always, I hope you will contact me with any comments, questions or suggestions that you might have. Please contact me via e-mail at ryep@counseling.org or by phone at 800.347.6647 ext. 231.

Thanks and be well. ♦

American Counseling Association

President

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

President-Elect

Bradley T. Erford
800.347.6647
berford@loyola.edu

Executive Director

Richard Yep
800.347.6647 ext. 231
ryep@counseling.org

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

Subscriptions are available for \$150 for 12 issues by calling PP&F at 800.633.4931. Single copies are available for \$12.50 each by calling ACA in-house fulfillment at 800.422.2648 ext. 222.

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

Editorial Policies

Counseling Today reviews unsolicited articles and guest editorials for possible publication. Not all articles will be accepted for publication. Send articles or request a copy of the writing guidelines by e-mailing ct@counseling.org.

Anti-Discrimination Policy

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

Mission Statement

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



More information needed

I just read the article “No more sitting on the sidelines” (May) by Michael Chaney, Joel Filmore and Kristopher Goodrich and want to thank you for it. In the early seventies through the mid-eighties, I worked in a clinic specifically focused on gay and lesbian clients in Boston. In the very beginning, people met on a park bench in the Boston Common. Eventually, we were able to rent office space. Sometimes we actually got paid, but there was a lot of donated time, and maintaining office space was of paramount concern.

During this time, I also taught a religion class in a local Catholic school and dedicated time to the topic of sexuality, specifically focused on gay issues, labels, sexual orientation and so on. I helped start the Boston chapter of PFLAG (Parents, Families and Friends of Lesbians and Gays) and led the sessions for the first year until the group came out publicly. Some of the parents didn't show up for that first public meeting, and a few others came with paper bags to hide their faces.

I have never worked with a transgender person, though I have, on occasion, noticed someone who is transgender. I was torn by the reticence, anger and fear that I noticed in some cases, but I was not in a position to respond beyond a simple recognition of that person — if that individual would even allow eye contact. In particular, I remember a young woman I saw at a roller-skating rink. She stayed by herself, didn't speak with anyone and didn't make eye contact. Her felt need for isolation saddened me.

I'm also writing to suggest that this would be a timely issue for the American Counseling Association to present in one of its “Free CE of the Month” offerings. I don't suppose many therapists have had much training in this area, and this would be a golden opportunity to help them start the process of no longer sitting on the sidelines.

Ronald E. Wozniak, S.J., LMHC,
CCMHC, NCC
Weston, Mass.

Thank you for your rather comprehensive articles on counseling with clients whose sexual orientation is other than heterosexual only (“Come and be who you are” and “No more sitting on the sidelines,” May). Your suggestions were excellent and very helpful. My experience and training has focused on clients with developmental disabilities, and because “people first” language (e.g., people with disabilities) is the preferred nomenclature, I will use the single word *nontraditional* in this letter when referring to the sexual orientation of persons who are lesbian, gay, transgender, queer and/or questioning.

I found your discussion of religious and spiritual issues especially refreshing in that you avoid referencing religious denominations by name when noting the sense of rejection experienced by many individuals with a nontraditional orientation. As thorough as you were, it seems to me there is one important facet of the religious element that was missing which is vital to this discussion. That is the widely misunderstood and often misrepresented stance of the Roman Catholic Church (the Church) in this highly sensitive area.

It is common knowledge that the Church considers homosexual behavior to be a serious sin, and this has been the cause of the above-referenced experience of rejection by many Catholics and former Catholics with a nontraditional orientation. What is much less commonly known and far less publicized is that the Church does, in fact, welcome persons with a nontraditional orientation, just as it welcomes all of us, recognizing that all are sinners. The Church's role as the body of Christ on Earth is to call all of us to repentance for our sins as well as to encourage and support us in our efforts to refrain from sinful behavior(s). Many, if not most, Catholic dioceses in this country provide such support for their members with nontraditional orientations in many ways, including groups such as the one started in New York City called Courage. These groups are composed primarily of persons with nontraditional orientations and others who wish to support group members in their efforts toward sexual purity (chastity).

Editorial policy

Counseling Today welcomes letters to the editor from ACA members; submissions from nonmembers will be published only on rare occasions.

Only one letter per person per topic in each 365-day period will be printed. Letters will be published as space permits and are subject to editing for both length and clarity. Submissions can be sent via e-mail or regular mail and must include the individual's full name, mailing address or e-mail address and telephone number.

ACA has the sole right to determine if a letter will be accepted for publication.

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

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

Both *Counseling Today* articles on this subject suggest that therapy focus on encouraging clients to “be who they are.” If we, as therapists, are ethically bound to support our clients in this way, ought we not to include discussion of the support available to Catholic clients of a nontraditional orientation who express a desire to continue living within the Catholic Church? Our role, it seems to me, is to ensure they understand *all* the choices available.

Arthur C. Lowitzer, Ph.D.
Allentown, Pa.

A world of difference

I truly appreciated Gregory K. Moffatt’s article (“Counseling across borders: Limitations and realities of cross-cultural therapy”) published in the *Reader Viewpoint* section of the May edition. I hope *Counseling Today* might encourage more submissions that are theoretically grounded as well as practical and appropriate for today’s diverse world.

I was very impressed and touched by Dr. Moffatt’s experiences, which in fact correspond to my own. I am a counselor educator and practicing psychologist with a specialty in work with diverse clients. I will use his article with my students and to remind myself that “I am not crazy” when putting what I was taught in a more realistic and congruent perspective.

I applaud Dr. Moffatt’s article and hope to see more like it.

Marcel Soriano, Ph.D.
California State University, Los Angeles



Dr. Paul Pedersen, a member of ACA, asked that I share an experience I had recently with readers of *Counseling Today*. Apparently, he feels it has merit for encouraging others who counsel in everyday life, especially in developing countries. I’m honored that he has mentored me and supports the work I do in Africa.

After 36 years in an elementary classroom, I have had the privilege of traveling in French-speaking Africa with a nonprofit foundation whose mission is to train grassroots pastors and church leaders, many of whom have little or no training. When I accompany a team as a member of the U.S. board of directors, I often have the opportunity to teach practical life skills.

Although I am not a licensed counselor,

I have done my share of listening and problem solving with children and knew I could transfer those skills in Africa, so I was particularly interested in Gregory Moffatt’s experience with cross-cultural therapy in the May issue.

On a recent trip to Mauritius, I described how important it is to relive a trauma that may make one a victim rather than a victor. As I encouraged this group to gently prod their counselees to remember even the smallest details at the time of their trauma, one pastor interrupted and announced that he now knew why he became almost physically ill and unable to work productively during a storm. He vividly recounted a time as a small child when he was forced to walk a significant distance but found himself lost and unable to reach home. Only at this meeting did he remember that it had been raining, thunder had been rumbling, and he had been afraid he would never be found. Immediately, it all made sense to him, and he understood that his fear was hindering his work as a shepherd to his congregation. We prayed as a group and rejoiced that he had broken through a trauma that had held him captive most of his adult life.

This story indicates that even simple counseling practices we learn as educators here in the United States can be used to set people free from the haunts of trauma. Although I’ve had mentors who have taught me basic counseling skills, I have relied on Muriel Cook’s book *Kitchen Table Counseling* to help me understand. Whether I am listening to others’ stories or teaching conflict-resolution skills, positive ways to react to pain and trauma, goal setting or other topics we so easily learn in our educational system, many in today’s world do not have access to such information, and sharing those skills with them can be life changing for people.

Thank you, Mr. Moffatt, for teaching me that “counseling” in remote tribal areas doesn’t always work like we think it’s supposed to here in America.

Rita Wigfield
1992 Minnesota Teacher of the Year

Correction

In a caption in the *News & Notes* section of the June issue, ACA President Don W. Locke was mistakenly listed as Don C. Locke. We regret the error. ♦



worldwide medical & dental careers



- ★ **Vast Opportunities**
- ★ **Exceptional Benefits**
- ★ **Rewarding Careers**

CivilianMedicalJobs.com
» FIND JOBS » POST RESUMES » START TODAY

Practice your specialty with one of the largest health care networks in the world. Army Medicine Civilian Corps – providing world-class health care to military personnel and their families at more than 70 facilities throughout the United States, Europe and the Pacific.



THE DEPARTMENT OF DEFENSE IS AN EQUAL OPPORTUNITY EMPLOYER. Applicants will receive appropriate consideration without regard to non-merit factors such as race, color, religion, sex, national origin, marital status, sexual orientation except where specifically authorized by law, age, politics or disability which do not relate to successful performance of job duties.



Medicaid at risk in budget talks

Fundamental changes are being considered to Medicaid, which is the key component of the nation's health care safety net. Members of Congress and President Obama have begun working toward an agreement to raise the nation's debt limit, but time is running out before the limit is reached and the federal government begins defaulting on its financial obligations. Republicans in the House of Representatives are demanding deep long-term spending cuts as a precondition for approving a debt limit increase.

The budget proposal the House approved for Fiscal Year 2012 (H.Con. Res. 34) would end Medicare as it is known today. When individuals reach eligibility, they would be given a voucher with which to buy their own insurance in the private health care market. The size of the voucher would not keep pace with health care cost inflation, and beneficiaries' out-of-pocket costs would almost double. This fundamental change in the Medicare program has become one of the more well-known — and unpopular — aspects of the House-passed budget proposal, but similar changes are being discussed for the Medicaid program.

Medicaid was established at the same time as Medicare, in 1965. While Medicare covers 39 million people age 65 and older, plus another 8 million adults with permanent disabilities, Medicaid covers roughly 30 million children, 14 million low-income parents and adults, and another 14 million older adults and individuals with disabilities who need assistance covering their Medicare out-of-pocket costs.

The House budget resolution (aka the "Ryan Budget," named for its author and House Budget Committee Chair Paul Ryan of Wisconsin) would cut Medicaid spending by \$750 billion over 10 years and turn it into a block grant program. Beginning in 2013, states would receive a fixed contribution from the federal government, based on population growth

and the consumer price index, to operate their Medicaid programs. According to the Congressional Budget Office, Medicaid would be cut in half by 2030 under this proposal.

In part because of its drastic effect on the viability of the Medicaid program, the Senate rejected the House-passed budget by a 57-40 vote on May 25. Nevertheless, policymakers are still attempting to make deep cuts in spending, and if defense and Medicare spending are kept off the chopping block, Medicaid may be at risk. Another proposal that threatens Medicaid is the idea of capping federal spending at a certain percentage of gross domestic product. Sen. Jay Rockefeller (D-W.Va.), a leading champion for Medicaid, considers this proposal as dangerous as turning Medicaid into a block grant because the spending cap would not take into account trends such as the aging of the population or health care cost increases.

Medicaid is the largest source of funding for mental health services, but because mental health and substance abuse services are classified as "optional," states likely would be forced to cut these services under any significant reductions in federal support.

House education panel votes to end counseling program

Two bills demonstrate the diverging views of education reform among House members. On May 25, the House Committee on Education and the Workforce approved H.R. 1891, the Setting New Priorities in Education Spending Act, by a party-line vote of 23-16. The goal of the legislation is "to repeal ineffective or unnecessary education programs in order to restore the focus of Federal programs on quality elementary and secondary education programs for disadvantaged students." Sadly, among roughly 40 programs labeled "ineffective or unnecessary," the legislation would get rid of the Elementary and Secondary

School Counseling Program (ESSCP), the High School Graduation Initiative and the Arts in Education program. Rather than simply not funding the programs, H.R. 1891 would erase them from federal statute.

During consideration of the bill, Rep. Dave Loebsack (D-Iowa) offered an amendment to maintain school counseling services by expanding access to qualified school counselors and other qualified providers, supporting collaborative efforts between school-based service systems and mental health services systems, and supporting drug abuse and violence prevention programs. Unfortunately, Loebsack's amendment was defeated by a party-line vote of 23-16.

The same day that H.R. 1891 was approved by committee, Loebsack introduced the Reducing Barriers to Learning Act of 2011 (H.R. 1995), which would establish an Office of Specialized Instructional Support within the U.S. Department of Education. The legislation would also authorize a competitive matching grant program for states to use in establishing and expanding specialized instructional support programs and services to address barriers to learning as well as to hire and support school counselors and other specialized instructional support personnel. The American Counseling Association applauds Loebsack for his work in championing school counseling services.

Counselors are encouraged to ask their representatives to cosponsor both H.R. 1995 and H.R. 667 (the Put School Counselors Where They're Needed Act), while opposing H.R. 1891 and its elimination of ESSCP. School counseling services are often first on the chopping block when state and local governments run into budget problems. Congress' work on reauthorizing federal education programs has just begun, and with grassroots support, we can maintain funding for school counseling services. ♦



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

In February, Rep. Linda Sanchez (D-Calif.) introduced the Put School Counselors Where They're Needed Act (H.R. 667). This bill would create a \$5 million pilot project to support the hiring of school counselors in at least 10 troubled, low-income high schools to help reduce dropout rates. Sanchez has championed this legislation in previous sessions of Congress as well.

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

Current cosponsors include:

- Rep. Raul Grijalva (Ariz.)
- Rep. Lucille Roybal-Allard (Calif.)
- Rep. Grace Napolitano (Calif.)
- Rep. Loretta Sanchez (Calif.)
- Rep. Bob Filner (Calif.)
- Rep. Jared Polis (Colo.)
- Del. Eleanor Holmes Norton (District of Columbia)
- Rep. Corrine Brown (Fla.)
- Rep. Keith Ellison (Minn.)
- Rep. Rush Holt (N.J.)
- Rep. Edolphus Towns (N.Y.)
- Rep. Tim Ryan (Ohio)

Help us improve access to school counseling services to improve students' success. You can identify your lawmakers and see draft text for sending them a letter or an e-mail on ACA's Internet advocacy website at capwiz.com/counseling. You can also contact your members of Congress by phone through the U.S. Capitol Switchboard at 202.225.3121. Simply provide the name of the member of Congress you wish to reach.

Ask senators to cosponsor Seniors Mental Health Access Improvement Act

Legislation has once again been introduced in Congress to establish Medicare reimbursement of state-licensed professional counselors and marriage and family therapists — at the same reimbursement rates and in the same settings as those for clinical social workers. Sens. Ron Wyden (D-Ore.) and John Barrasso (R-Wyo.) introduced the bipartisan legislation, the Seniors Mental Health Access Improvement Act of 2011 (S. 604), on March 17. The legislation would cover only medically necessary outpatient services.

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

Ask both of your senators to cosponsor S. 604. You can identify your senators at capwiz.com/counseling, and all senators' offices can be reached through the U.S. Capitol Switchboard at 202.225.3121.

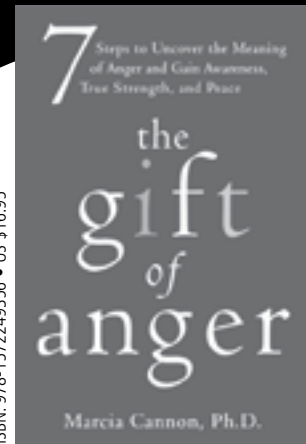
The current cosponsors of S. 604 are:

- Sen. Mark Begich (Alaska)
- Sen. Barbara Boxer (Calif.)
- Sen. Daniel Inouye (Hawaii)
- Sen. Dick Durbin (Ill.)
- Sen. Sherrod Brown (Ohio)
- Sen. Tim Johnson (S.D.)
- Sen. John Barrasso (Wyo.)
- Sen. Kent Conrad (N.D.)

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

For more information, contact Scott Barstow with ACA at 800.347.6647 ext. 234 or sbarstow@counseling.org. ♦

NEW mindfulness & compassion books



ISBN: 978-1-5722-4935-6 • US \$16.95

“The Gift of Anger presents concrete steps for moving from anger to empowerment.”

—Marla Estes, founder of The School of the Examined Life



ISBN: 978-1-5722-4966-0 • US \$17.95

A mindfulness-based stress reduction path to overcoming shame.

newharbingerpublications

To order, call us at 1-800-748-6273

or visit our online bookstore at
www.newharbinger.com



Changing behaviors and attitudes about food



Kristy Carlisle

Kristy Carlisle has been a teacher, a school counselor and now focuses on clinical counseling and research. She has a special interest in children and adolescents with eating disorders. Here is her story.

Rebecca Daniel-Burke: What is your current position?

Kristy Carlisle: I am currently an Ed.S. student at Rider University, where I am studying counseling supervision and conducting research on food addiction as part of my position as cochair for the Committee on Addictions and Families, Couples and Youth in the International Association of Addictions and Offender Counselors.

RDB: What came first: teaching, school counseling or mental health counseling?

KC: My career began in 2002 when I became a middle school and high school French teacher. I began studying counseling in 2005, initially attracted to clinical work. However, I graduated in 2009 with my school counseling certificate. Only recently, with my pursuit of the Ed.S., have I begun to pursue clinical work and supervision.

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

KC: I think I am naturally designed for a career in counseling as a sensitive, caring and accessible person. As a teacher, my philosophy to educate the whole student — the heart as well as the mind — was difficult to implement in a classroom full of 30 students at a time. I wanted to contribute to students' education within the power of the healing/helping relationship and to go beyond content to guide them into becoming better-rounded, healthy individuals.

That professional influence was certainly a strong one, but a personal influence — my mother's battle with cancer — brought me to the point of taking the leap to start a second master's degree and a new career. Caring for her nurtured the deepest caring part of me. She recognized my strength and encouraged me to pursue counseling as a way of channeling my strength and fulfilling my professional potential.

RDB: What led to your interest in eating disorders? Is working with eating-disordered adolescents different from working with adults?

KC: As a member of IAAOC and as cochair for its Committee on Addictions and Families, Couples and Youth, I began to research food addiction. As a leader in the ACA division, I wanted to provide other members with the most up-to-date information on an emerging topic.

I definitely think working with eating-disordered children and adolescents is different from [working with] adults. The psychological ramifications for children and adolescents who suffer from eating disorders penetrate into their adult years with enduring negative consequences. Children and adolescents need systematic changes within their families and peer units in order to change behaviors and attitudes about food. Helping children as early as possible can minimize the psychological and medical effects that, if untreated, will continue through adulthood.

RDB: What do our members need to know about working with eating-disordered clients?

KC: To name just a few, group and family therapy are highly effective, CBT-oriented therapy is research-based and effective, and motivational interviewing is a great way for any practitioner to help a

client suffering from an eating disorder.

RDB: What is a typical day like for you in your present position?

KC: Right now, I am spending a great deal of time researching and writing for publication. In the fall, I plan to design a study that will identify factors correlated to children's symptoms of food addiction.

RDB: What theoretical orientation do you gravitate toward more than others? Why?

KC: For working with clients with eating disorders, I am most attracted to solution-focused therapy. The client's definition of the problem is paramount. With the belief that the client has the innate resources needed to tackle the concern and succeed in changing, solution-focused counseling views the counselor's role as helping the client to uncover these untapped resources.

RDB: As you look back on your career, which position has been your favorite? Why was it your favorite?

KC: I most enjoyed working as a school counselor in a middle school for sixth- and seventh-graders. It was a positive environment where I had exceptional mentors. The position helped me decide the population I prefer to work with.

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

KC: As I mentioned before, it is absolutely my mother who knew me better than I knew myself. She saw, even before I was aware of them, the qualities that I would be able to turn into strengths as a teacher and a counselor. She is my hero because of her love and her ability to transfer love and joy to all other people around her.

RDB: Has studying counseling been transformational for you?

KC: Certainly! Sometimes self-awareness is actually painful, but I am grateful for how much more self-aware I have become. I have grown into a stronger, more confident person who loves herself more than ever before because of my experiences as a counselor.

RDB: What mistakes have you made along your career path as a counselor? What lessons have you learned from those mistakes?

KC: Through some unfortunate experiences, I have learned that the hardest people to help are the people closest to you. It's always wiser to make suggestions and then realize that you have no control beyond that.

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

KC: *The Little Prince* by Antoine de Saint-Exupéry. The existential ideals expressed throughout the book remind me to take responsibility for my own destiny. And the story reminds me to enjoy the simple pleasures in life.

RDB: Your work must be intense at times. What ways do you find to take care of yourself and to fill yourself back up?

KC: I exercise, especially outdoor exercise like skiing, kayaking and walking. Positive time with family and friends always helps, too. ♦

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

Letters to the editor:
ct@counseling.org

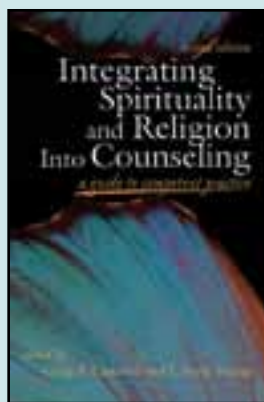
NEW RELEASE!

Learn How to Address Your Clients'
Deeply Sensitive and Personal Issues

Integrating Spirituality and Religion Into Counseling: A Guide to Competent Practice

Second Edition

*edited by Craig S. Cashwell
and J. Scott Young*



*"A comprehensive revision of what
was already an excellent resource for
practitioners."*

—Gerald Corey, EdD
Diplomate in Counseling Psychology, ABPP
Professor Emeritus, California State
University, Fullerton

An introductory text for counselors-in-training and clinicians, this book describes the knowledge base and skills necessary to effectively engage clients in an exploration of their spiritual and religious lives to further the therapeutic process. Through an examination of the 2009 ASERVIC Competencies and the use of evidence-based tools and techniques, it will guide you in providing ethical services to clients. Also includes:

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

2011 • 320 pgs

Order #72906 | ISBN 978-1-55620-310-7

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

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



AMERICAN COUNSELING
ASSOCIATION

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



Building a full caseload of counseling clients

As counselors, when we venture into private practice for the first time, we make the difficult transition from technician to entrepreneur. The immensity of this transition cannot be overstated.

As technicians, we are responsible for our craft — professional counseling. As entrepreneurs, we oversee a much broader spectrum of responsibilities. The change is equivalent to a pizza dough thrower deciding to open a restaurant. During this transition, many counselors make a fatal error: They assume that running a practice is mostly about doing counseling.

It's not.

To many in our industry, that statement is blasphemy. Our care-focused culture tells us that to turn our attention to "business" is to undermine client care. In that vein, many of us are taught that if we provide really good clinical care, the business will automatically grow around us as our just reward.

It won't.

I have seen good clinicians fail because of poor practice management. Scheduling errors, billing errors, cash-flow problems, unreturned voice mails, unkempt offices, unfulfilled records requests, poor customer service, unsuccessful advertising spends — each of these contributes to a practice's demise.

Although good counseling alone won't make a practice successful, a well-run practice is best positioned to offer great clinical care, customer service and support, and a consistent quality experience that exceeds client expectations.

This is easier said than done. As a practice owner, you may be a one-person clinical staff, as well as CEO, CFO, CMO, CSO, CTO, COO and receptionist! How do you manage all these roles with excellence? This is what my columns will be about.

In the months ahead, we will address unique value propositions, marketing and brand building, social media, setting operations procedures, bookkeeping, online

counseling, medical billing, electronic medical records, insurance credentialing, the perils of hiring and firing, working with interns and independent contractors, employee benefits packages and more!

In this inaugural column, we'll start with strategies for building a full caseload.

If you ever have any questions or comments, please feel free to e-mail me at Anthony@Thriveworks.com.

Sincerely,
Anthony Centore, Ph.D.



Forty-plus quick tips

I'm often asked how to build a full caseload, frequently with an implicit skepticism, as in, "In this economic climate, it's impossible!" Yet, some practices are still so full they have waiting lists.

What follows are 40-plus quick tips for filling your client roster. They're a mile wide and an inch deep, but the ideas are a good jumping-off point.

Professional networking

1) When someone asks what you do, don't answer, "I'm a counselor." Instead, focus on your target audience and outcomes. Say, "I help struggling parents build great relationships with their kids" or "I help ordinary people find extraordinary careers." The latter will generate more interest, which will help word spread about your practice.

2) Join your local chamber of commerce and Rotary Club.

3) Volunteer to speak for free to any group of five or more people on a counseling topic of interest to them. Speak to older men about depression. Speak to teachers about compassion fatigue. This should be valuable information, not a sales pitch!

4) Hand out business cards when you meet persons interested in what you do. Give out two at a time, and ask others to help spread the word.

5) Let your clients know that word-of-mouth referrals are welcomed and

appreciated and that you're accepting new clients.

6) Visit, in person, every massage therapy business in your area. Spend time finding out what value you can offer them. If indicated, start a cross-marketing campaign!

- Do this again, with chiropractors.
- Do this again, with acupuncturists.
- Do this again, with physicians in private practice.
- Do this again, with speech pathologists, physical therapists and others.

Public relations

7) Locate "media calendars" for every local publication in your area. Identify upcoming articles for which you could contribute relevant insights. Contact the publications' editors and writers about contributing.

8) Contact the editors of local print or online publications. Offer to write a column or submit an article (at no charge).

9) Learn to write useful press releases. Syndicate them using PRWeb (an online distributor of press releases) for \$200 each.

10) Write useful and insightful articles on counseling or life topics. Publish or disburse these articles anywhere you can.

11) Respond constructively to every positive or negative comment anyone makes about anything you say or write.

12) Get media training to develop skills for handling difficult interviews by newspaper, radio and TV reporters.

Customer experience

13) Make sure that your telephone is answered every time it rings. Hire an answering service to take messages when you are in session or otherwise unavailable.

14) Remind clients of upcoming appointments.

15) Tell clients you expect them to happily pay your session fee if they no-show or cancel late (also let them know you will waive this in the event of a death or hospitalization).

16) Clean your office space or hire a cleaning service weekly.

17) Spend as much money as necessary to make your office look professional and feel comfortable. In addition, consider providing your clients:

- Coffee, tea, water, soda and candy
- Free Wi-Fi in your waiting room
- The use of iPads in your waiting room
- More than a dozen magazine subscriptions
- A universal charger to recharge their cell phones
- Lots of instructional signs (oversignage reduces customer anxiety)

18) Find ways to “wow,” surprise and delight your clients.

19) Remember that a client is also a valued customer.

20) Recruit persons to evaluate your brochures, business cards, website, office space and everything else to tell you what can be improved. Make those changes!

Clinical services

21) Identify your unique value proposition (UVP). Why should people choose you? Highlight one major value (for example, Buddhist approach to care, counseling in Japanese, walk-in appointments, interns providing counseling at cheaper prices, etc.).

22) Start sessions on time — or early.

23) Expand your availability to accommodate clients' busy schedules.

24) Provide follow-up calls to clients after their first session or after particularly difficult sessions.

25) Provide new clients a “getting started” guide with useful orientation materials.

26) Don't be afraid to see clients multiple times per week if necessary.

27) Get on every major insurance panel in your area.

28) Coordinate care with your clients' other care providers.

29) Be at top form and deliver value in every counseling session (self-care is a must to provide this consistently!).

30) Become a master at developing rapport.

31) Solicit client feedback on your performance (and client satisfaction).

32) Never stop learning or improving as a clinician.

Marketing and advertising

33) While growing your practice, spend 7 to 10 percent of your gross revenue on marketing endeavors.

34) Build a website that is full of useful information (not sales pitches).

35) Get listed on Google Places, Yelp, Citysearch, Insider Pages, DMOZ and other quality online directories.

36) Join Twitter. Interact with and provide value to other users.

37) Create a Facebook business page. Post quality content on a regular basis (either your articles or others' articles). Tell people about the page.

38) Create a monthly e-mail newsletter that provides quality content that people will want to read. Use a service such as Constant Contact or Mail Chimp to syndicate the newsletter.

39) Don't spam.

40) Buy advertising, and measure your return on investment (ROI).

- Buy print ads in a local publication. Negotiate fiercely on price. Advertise for a minimum of six months in a monthly publication or eight weeks in a weekly publication.
- Buy radio advertising at the smallest possible radio station.
- Try online advertising via Google, Bing/Yahoo or Facebook.

Character and integrity

41) Be honest, genuine and generous to your clients, colleagues, employees and competitors.

42) Settle disputes with clients and potential clients quickly, even if they are in the wrong.

43) Don't blame the economy, the industry or your clients if your caseload is not full. Look in the mirror and say, “The buck stops here. How can I improve on what I'm doing?” ♦

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.

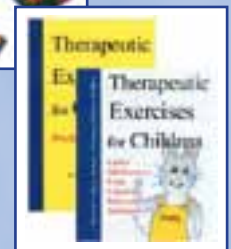
Letters to the editor:
ct@counseling.org

FREE Shipping on ALL Books

childtherapytoys.com

**Counseling
children
just got
easier!**

**Workbooks,
games, toys,
plus everything
you need for
Sand Play
Therapy.**



We Carry Spanish Language Books & Games

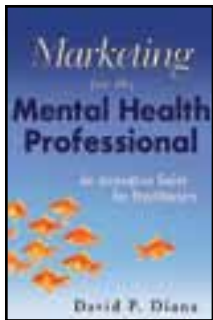
www.childtherapytoys.com

Enter coupon code: ACA and get 10% off



Marketing for the Mental Health Professional: An Innovative Guide for Practitioners

By David P. Diana, 2010, Wiley & Sons, 208 pages, \$24, ISBN: 978-0470560914



Ever wonder if you could do more to make your marketing match the hard work and effort you put into your practice or organization? *Marketing for the Mental Health Professional* offers a current perspective

on how to develop and get recognized within the mental health field. Regardless of the size, age or goal of your practice or agency, this book offers solid plans and tools to move your business forward.

The user-friendly nature in which the book is written should make it appealing to clinically focused practitioners and may leave them inspired to take action. Readers are provided with examples and instructive steps for incorporating the ideas into real-life practice. Author David Diana even shows examples of his own growth through the use of different marketing techniques and opportunities. It is important to note that while he identifies the challenges clinical staff confront in adopting more current and persuasive techniques to broaden their profession, he assures readers that this will only heighten their ability to grow professionally. Diana is sensitive to the dichotomy faced by mental health professionals who are trying to provide compassionate, person-centered care in a business environment. He does a nice job of showing how to wear both hats well and the potential that may result from doing so.

Chapters are divided into three sections, leading readers toward "The Future of Success." The chapters begin with understanding the marketing process itself and move toward understanding one's role as a professional and how to

use that power to find your place and market effectively. The book starts with the idea that possibilities lie ahead, focusing on being genuine and positive and communicating authentically. It compares old-world, traditional marketing strategies with those used today, including building community relationships, presenting workshops and trainings, and developing podcasts and websites. The book also differentiates between intrusive marketing techniques and those that ask for permission from consumers, thus engaging them early on in the process. Guidance is provided on steps to keep people engaged and interested in what you have to offer as well as how to build on each of those steps. Diana rightly acknowledges the time commitment this requires but also highlights the benefits and value that grow from these efforts.

Chapter 3 adapts core sales principles to the counseling profession. It was quite exciting for me to think about how the concepts put forth in this book can be used to foster greater growth in a practice or organization. One concept that really resonates is the idea of going above and beyond for others in an altruistic manner and how that culture of being helpful can benefit your work. Exceeding the expectations of others is a great help not only to the other individual but also to the provider. One is likely to be remembered again for good deeds done, and the reciprocation down the road could be extraordinary.

Chapter 5 discusses finding your niche in the field and coordinating your marketing efforts to be most beneficial and worthwhile. This is an important point. There is great value in highlighting one particular area of interest rather than spreading yourself too thin. Although finding a niche may come easier for some, Diana offers the idea of listening closely to those to whom you are marketing. What are their needs, and how can you provide solutions? He is clear in highlighting this approach, suggesting that simply stating what you have to offer is not enough.

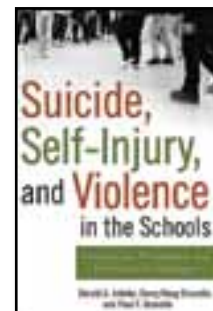
The final chapters address more current marketing techniques and social media. Topics include website design, blogging and the use of networking websites. One benefit is the ease with which counselors can use these mechanisms to gain exposure and establish credibility. These chapters also explore ways to maximize impact on PowerPoint and other visual material.

This book offers refreshing insight into the business end of mental health service provision. Each chapter ends with a summary of the material presented, thus enforcing the ideas and concepts further. Diana does a really nice job of balancing business with the clinical aspects of the mental health profession and encouraging development in a changing environment.

Reviewed by Kate Maldonado, owner of Life in Balance Counseling Services LLC and client rights director at the state psychiatric hospital in Connecticut.


Suicide, Self-Injury and Violence in the Schools: Assessment, Prevention and Intervention Strategies

By Gerald A. Juhnke, Darcy Haag Granello & Paul F. Granello, 2010, Wiley & Sons, 384 pages, \$39.95, ISBN: 978-0470395257



If you were to ask new school counselors about their biggest fears, you would probably hear worst-case scenarios tied to school violence or student suicides. As *Suicide, Self-Injury and Violence in*

the Schools points out, these counselors would be right in considering the possibilities. Unfortunately, suicide and violence in our schools should be both expected and planned for so counselors and administrators aren't left relying on reactionary impulses during an incredibly difficult time. This resource is a fantastic guide for school counselors, school

- 
- *I hope he has someone he can talk to.*
 - *I will throw myself headfirst into reading, writing, studying, and debating to make sure there's always someone here who knows how to listen.*

With the right education, the impossible becomes merely the challenging. Are you ready to learn what it takes to make a difference? To matter? Capella.edu



CAPELLA UNIVERSITY *Matter*

Accreditation: Capella University is accredited by The Higher Learning Commission and is a member of the North Central Association of Colleges and Schools (NCA), www.ncahlc.org. Capella University: Capella Tower, 225 South Sixth Street, Ninth Floor, Minneapolis, MN 55402, 1.888.CAPELLA (227.3552), www.capella.edu

NEW!

Experiential Activities for Teaching Multicultural Competence in Counseling



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

“This is the text that I have always needed for teaching multicultural courses and workshops. The array of activities and handouts is outstanding and provides endless ideas to keep teaching fresh and alive, while driving the most critical concepts home.”

—Allen E. Ivey, EdD, ABPP
Distinguished University Professor (Emeritus)
University of Massachusetts, Amherst

“The extensive coverage in this text of groups discussed, topics addressed, and authors who contributed material is masterful. Readers will find activities for all levels of student development. This book fills a need for all counselor educators.”

—Don C. Locke, EdD
Distinguished Professor Emeritus
NC State University

This practical resource is for faculty teaching beginning and advanced multicultural counseling courses or other core classes who want to infuse issues of cultural diversity into the classroom. It contains 121 engaging and thought-provoking activities on a wide variety of multicultural topics. All activities are tied to the core content areas of the 2009 CACREP Standards, making this a perfect tool for the clinical training of counseling students. A CD-ROM with exercise handouts accompanies the book for ease of copying and distribution in the classroom. 2011 | 372 pgs

Order #72904

ISBN 978-1-55620-284-1

List Price: \$54.95

ACA Member Price: \$40.95

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

Order Online: counseling.org

By Phone: 800-422-2648 x222 (M-F 8am – 6pm)



AMERICAN COUNSELING
ASSOCIATION

administrators and community leaders as they look to plan for the worst.

In the book's first section, Gerald A. Juhnke, Darcy Haag Granello and Paul F. Granello cover the newest understanding of suicide and non-suicidal self-inflicted injury, including defining the two and helping the reader to understand how they are different. The authors also present various forms of prevention, including a critique of what approaches are frequently used and what actually works. Most helpful, I found, was an empirically based look at postvention that allows not just for an understanding of what works but also an understanding of how what doesn't work can contribute to additional suicides within the community. Throughout the section are incredibly useful outlines for interventions, acronyms for what to consider and helpful facts to guide you on your way.

The second section looks at school violence within a systemic approach. Again, the authors condense a lot of information into palatable vignettes with the help of case studies, acronyms and step-by-step processes. This approach allows school counselors and administrators to consider not just the immediate needs of the direct perpetrators and their victims, but the community as a whole. This is important because parents whose children were never involved will have to deal with the aftermath of fear and trauma tied to their loved ones being in indirect danger. You often find research and approaches to addressing trauma with students in the school, but the authors' recommendations for working with and encouraging parents to help themselves and their children trust in the safety of the school is an important perspective.

The final section considers legal and ethical issues, with the authors making a compelling argument that it is not just dangerous, but unethical, to ignore these topics within the school. They point out that in addition to planning, legitimate training helps to create a legally and ethically sound approach to crisis. You can tell this book is meant to give direction to those attempting to justify and fund a new approach for addressing suicide and violence within schools.

The amount of information and direction presented in this book overwhelmed me. It's not a quick read,

and there is a lot to chew on after each chapter. However, I believe it would serve as a helpful tool for many different people. Individuals who wish to develop or change a school's approach to suicide and violence to reflect the most current understanding of these topics can use this book as an incredible guide for facts and resources. Administrators and community members who want to understand the importance of spending resources and time on suicide and violence prevention and postvention could also learn much from this book. It is a resource that offers an incredible consolidation of a great deal of information and, hopefully, it will be used to develop new and helpful programs in schools nationwide. It's clear from reading this book that the topics of suicide and violence in schools need to be addressed — and soon — to help school communities prevent or cope with further tragedies.

Reviewed by Rachael A. Kock, first-year student of counselor education at the University of South Dakota.

Match Up! Your Personality to College Majors

By Lawrence K. Jones & Juliet Wehr Jones, 2011, The Career Key (e-book), 363 pages, \$14.95

Match Up! Your Personality to College Majors is a user-friendly resource for helping individuals see what types of majors link to their personalities. Lawrence K. Jones and Juliet Wehr Jones begin their e-book with an overview of how people's Holland types (interest and personality traits) can inform their options. Rich with colors and interactive links, the e-book makes reading not only easy and enjoyable but reader-centered.



For example, page 8 outlines five steps for finding a good match between interests and majors or training programs. On that page, readers have the option of continuing to the next page or clicking on the step that matches their current description and hyperlinking directly to that information. The authors also provide tips on using the external resources provided in *Match Up!*, provide background information on how *Match Up!* was created and address issues such as sex stereotyping in pictures.

The authors describe the role of career assessments such as the Career Key in organizing interests and personality types and linking them to occupations. The e-book includes information on sample occupations and majors related to each Holland type. Also helpful is the caution against using any assessment without first knowing whether it is valid. Failure to do so can be harmful and lead to making decisions on the basis of misinformation.

Match Up! encourages a learner-centered interaction between one's key personality types and occupational and training information. For example, a person can look at educational programs based on primary Holland type and then link to a description of specific types of majors.

Match Up! will be of great use to students and counselors who quickly need a list of options related to personality.

The e-book also corresponds nicely with current theories such as cognitive information processing theory, because it provides individuals with components essential to the career decision-making process (for example, self-knowledge, occupational knowledge and decision-making skills).

It is amazing that a text of 363 pages can feel so seamless and manageable online. Plenty of "anchors" will help readers find their way back should they go off on a tangent exploring. The authors have managed to take an enormous amount of information and package it in a user-friendly, interactive product. This resource would be a very useful tool in a computer lab for high school students. The information is straightforward enough that students could work through the materials in a self-directed manner, or counselors and teachers could have students work through the book for an assignment. It would be possible either to work through the book quickly in a period's time or to go through it more systematically over several class sessions.

Reviewed by Debra Osborn, president of the National Career Development Association. ♦

Kelly Duncan is an associate professor in the University of South Dakota Division of Counseling and Psychology in Education. Contact her at Kelly.Duncan@usd.edu.

Letters to the editor:
ct@counseling.org

NEW! 2011 EDITION!! NOW AVAILABLE!!!

STUDY GUIDE FOR THE NATIONAL COUNSELOR EXAM AND CPCE

Dr. Andrew Helwig announces the publication of the Sixth Edition of this very popular exam study resource. Over 400 pages cover the eight content areas of the NCE and CPCE. The book includes the new NBCC Work Behavior Analysis results and changes in the number of items per content area on the NCE. Also included are two practice exams, study strategies, exam taking tips, and the ACA Code of Ethics.

The *Study Guide* costs \$79.95. Workshop DVDs (over 6 hours during a one-day review) are available for \$69.95.

Save \$20 by purchasing both at the same time. Order at website: www.counselor-exam-prep.com. Email:

ahelwig@sprintmail.com for more information.



Family of influence

I never really appreciated family systems theory until it hit home. My mother was visiting us and noticed me interacting with my toddlers. She said, “You are so much different with your children than your father was with you.” This struck me because I had never heard my mother say anything critical of my father, to whom she was married for more than 40 years before his passing. So I worked up the nerve and asked mom, “Why do you see it that way?” “Your father was a good man,” she responded, “but he did not interact with you as much.”

“Do you have any ideas about why that was?” I asked.

At this point, the conversation took a turn I didn’t expect. “Well, I blame it on the relationship he had with his dad. You know, his father never came to our wedding. He didn’t approve of our marriage.”

This was a life-clarifying moment for me. I had never recognized my grandfather’s absence from my mom and dad’s wedding pictures. I suddenly understood why my mother had never joined us on our Sunday visits to my paternal grandparents. She never felt welcome. At that moment, I also understood my father better, my relationship with him and how he had sacrificed his relationship with his own father to be part of our family. I felt compassion and gratitude for him.

At the time of that conversation, I happened to be doing my doctoral internship at a family counseling agency, so I was surrounded by coworkers who were enthusiastic about couples and family counseling. The internship and the years I worked at the agency afterward helped nurture my appreciation for family systems. With my colleagues’ support, I was exposed to reflecting teams, multiple family therapy groups, family sculpting, couples communication techniques and family interventions.

I learned about a variety of systems theories: intergenerational theory, structural theory, symbolic experiential theory, strategic theory and narrative family therapy. Because we lived in a large city and university community, my colleagues and I were able to attend trainings by Carl Whitaker, Augustus Napier, Maurizio Andolfi, Salvador Minuchin, Jay Haley, Al Pessó and John Gottman. Systems theory shifted my thinking from a psychodynamic framework to seeing the influence of family in the client’s development.

Associations

The best way to connect with other family counseling professionals is to be a member of an association and attend available training events and conferences. There are many worldwide associations related to couples and family counseling.

- International Association of Marriage and Family Counselors: bit.ly/9w4ppz
- American Association for Marriage and Family Therapy: bit.ly/m5UiJO
- International Family Therapy Association: bit.ly/g2nEvL
- European Family Therapy Association: bit.ly/l7nIzq
- The Association for Family Therapy: bit.ly/ieBbQQ
- American Family Therapy Academy: bit.ly/mhsEzD

Publications

Should you be looking to contribute a manuscript or trying to keep up with the latest scholarship about family counseling, a large pool of journals exists. Some of the publications are affiliated with professional associations, while the rest are independent, peer-reviewed journals.

- *The Family Journal*: bit.ly/j61OMn
- *Journal of Marital & Family Therapy*: bit.ly/if1UQt
- *Journal of Family Therapy*: bit.ly/lkMZTm
- *The American Journal of Family Therapy*: bit.ly/mo9Tjn
- *The Australian & New Zealand Journal of Family Therapy*: bit.ly/k8l35x
- *Journal of Family Psychotherapy*: bit.ly/msrJyp
- *Contemporary Family Therapy*: bit.ly/mNFbnC
- *Family Process*: bit.ly/7mkQU6
- *Journal of Family Communication*: bit.ly/lF8xK3
- *Journal of Feminist Family Therapy*: bit.ly/kmeFrA
- *Journal of Divorce & Remarriage*: bit.ly/9oJSF7
- *Journal of Child and Family Studies*: bit.ly/k39cXL
- *Journal of Family Social Work*: bit.ly/m51Hc5
- *Journal of Couple & Relationship Therapy*: bit.ly/lURXpz

Approaches

I enjoy the general concept of systems theory that says the individual is in a relational dynamic with his or her partner, family and others. But what gives systems theory an exciting nuance for me is the variety of approaches from which systems theorists work. Here are a few websites and video clips that describe some of the many approaches.

- Marital therapy concepts (MentalHelp.net): bit.ly/z7gkB
- The Bowen Center: bit.ly/mi3uJx

- Strategic family therapy (Mental Research Institute): bit.ly/kLyj7L
- Jay Haley: The Strategic Therapist: bit.ly/m0CkaX
- Family therapy-experiential family therapy (Depression-guide.com): bit.ly/kSLuRt
- The Virginia Satir Global Network: satirglobal.org
- Virginia Satir: Fundamental principles of therapy (video): bit.ly/kvwzXa
- Carl Whitaker: Work with family (video): bit.ly/irJInz
- Salvador Minuchin at the Evolution of Psychotherapy Conference (video): bit.ly/LAAnx2
- International Centre for Excellence in Emotionally Focused Therapy: iceef.com
- Sue Johnson: What is a healthy marriage? (video): bit.ly/jyUiQw
- John Gottman: The Four Horsemen of the Apocalypse (video): bit.ly/k2uMXW
- Narrative family therapy (Thinking Outside the Box blog): bit.ly/miHcEb

Assessment

A step in the process of family counseling is to assess the family constellation and use that information to assist the family in making changes. Popular methods of assessment include formal and informal approaches such as genograms, the Circumplex Model, the McMaster Model of Family Functioning and the Beavers Systems Model of Family Functioning.

- Marriage, Couple and Family Counseling Assessment Competencies: bit.ly/iNvZRN
- Family assessment self-report questionnaires: bit.ly/kTef9
- Quizlet Flashcards: Models of Family Assessment: bit.ly/m6ZTMi
- Quizlet Flashcards: Couples Assessment Dimensions: bit.ly/iE7ZDM
- Family assessment limitations and cautions: bit.ly/mrbxo3

Techniques

One of the collective mistakes we make as counselors is to rely on techniques to address our clients instead of focusing on forming and holding open the space of trust in the session. This is particularly true for new counselors learning to rely on their own skills instead of a technique recipe. Family counseling has developed a robust collection of techniques that range from helpful reminders of creating a counseling space to more directive methods.

- “Basic Techniques in Marriage and Family Counseling and Therapy” (ERIC Digest): bit.ly/Op3ft
- Family counseling techniques (Buzzle.com): bit.ly/l3nVoE
- “Some Brief Strategic Systemic Therapy Techniques for Couple’s Therapy” (*Brief Strategic and Systemic Therapy European Review*): bit.ly/l95uwn
- Couples therapy counseling techniques (Marriage Counseling Questions & Help): bit.ly/iiHkyn

- Communication approaches (MentalHelp.net): bit.ly/2dQWYE
- Soothing approaches (MentalHelp.net): bit.ly/VTV0u
- Strengthening approaches (MentalHelp.net): bit.ly/1cJqns



Find complete links or contribute your own on *The Digital Psyway* companion site at digitalpsyway.net. ♦

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

Letters to the editor:
ct@counseling.org

The Grief ♥ Recovery® Certification Training Program

2011

AUGUST

5-8 Albuquerque, NM
19-22 Columbus, OH

SEPTEMBER

9-12 Oklahoma City, OK
16-19 Hartford, CT
16-19 San Diego, CA
23-26 Sherman Oaks, CA

OCTOBER

14-17 Chicago, IL
21-24 Atlanta, GA
28-31 Portland, OR

NOVEMBER

4-7 Denver, CO
4-7 Elizabeth, NJ
18-21 Sherman Oaks, CA



4-Day Training • 30 CEU Hours • Maximum 15 Participants

For more information or to register
Call 800-334-7606 or visit The Grief Recovery Institute
WWW.GRIEF.NET

Are everyday worries pathological?

I recommend reading an interesting article on proposed revisions for diagnosing Generalized Anxiety Disorder (GAD) in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. In the article, Allen Frances, former chair of the *DSM-IV* Task Force, shares his concern that a *DSM-5* work group's proposal to lower the diagnostic threshold for GAD may dramatically increase its prevalence rates. (Read the article at psychologytoday.com/blog/dsm5-in-distress/201104/dsm-5-will-medicalize-everyday-worries-generalized-anxiety-disorder.)

The proposed changes in GAD would lower the diagnostic threshold in two ways. First, the necessary duration of anxiety symptoms would be reduced to just three months as compared with the *DSM-IV*'s six months. Second, only one out of six anxiety symptoms would be required rather than the *DSM-IV*'s more stringent criterion of three out of six symptoms.

GAD is the most common of the anxiety disorders, and its definition has been the source of debate since first being introduced in the *DSM-III* in 1980. Studies have consistently found low reliability estimates for GAD. Furthermore, distinguishing between generalized anxiety, normal stress reactions and other mood and anxiety disorders has long proved a challenge for practitioners and researchers. As a result, GAD has changed substantially with each revision of the *DSM*. For example, the *DSM-III* defined GAD as generalized, persistent anxiety of at least one month's duration while exhibiting anxiety symptoms from three of four categories. The *DSM-III-R* increased the duration and symptom criteria by requiring at least six months of anxiety and worry along with six of 18 associated symptoms. Further changes in GAD were made in the *DSM-IV*, including increasing the

duration of excessive anxiety and worry to a minimum of six months and requiring the presence of at least three of six associated anxiety symptoms.

How much would the *DSM-5*'s proposed GAD revisions increase prevalence of the diagnosis? Research studies evaluating the impact of shortening symptom duration from six months to three months found that GAD prevalence rates would increase 13 to 29 percent. Unfortunately, no data are available to tell us exactly how much the prevalence rates will rise based specifically on a reduction in the number of required symptoms. And although the ongoing field trials are evaluating the validity and reliability of the proposed revisions, they are not directly comparing the prevalence rates of the *DSM-5* disorders with those of the *DSM-IV*.

The rationale for reducing GAD's symptom requirements is that the current diagnosis excludes individuals who experience GAD-like symptoms and significant distress but still do not meet the *DSM-IV* criteria. As a result, these individuals are not receiving treatment for their problematic and distressful symptoms.

The problem with lowering the diagnostic threshold, however, is that symptoms of GAD are nonspecific and very common in the general population. These symptoms can easily be confused with the ordinary worries of everyday life and normal reactions to common stressors. As Frances states in his article on GAD, "There are simply no bright lines separating someone who has a real mental disorder from the normal worry wart or the person with a lot of problems that actually do need worrying about."

Furthermore, because lowering symptom requirements will increase the overall prevalence of the disorder, it will also increase the number of "false positives" — those individuals who meet

the diagnostic criteria for a disorder but do not actually have the disorder. The problem with false positives for GAD involves the pharmacological treatment for the disorder. Those individuals who get misdiagnosed with depression might receive antidepressant medication; individuals mislabeled with GAD might be treated with much more problematic anti-anxiety drugs.

The *DSM-5* Anxiety, Obsessive-Compulsive Spectrum, Posttraumatic and Dissociative Disorders Work Group is made up of reputable, well-meaning experts, but in my opinion (and in the opinion of others), they are underestimating the risks of false positive diagnoses in their proposed GAD revisions. The concern is that the new GAD diagnosis will pathologize what many consider to be normal worry, substantially increase the number of diagnosed individuals and subject misdiagnosed clients to unneeded, expensive and potentially harmful treatments. ♦

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

Letters to the editor:
ct@counseling.org

Mark your calendar!

SAN FRANCISCO ACA 2012

Conference & Expo

March 21-25



AMERICAN COUNSELING
ASSOCIATION

- Join thousands of your peers at the premier educational event in professional counseling
- Help celebrate the 60th Anniversary of ACA
- Take advantage of the largest networking opportunity of the year

Register by August 15 at the Low Summer Rate!

| ACA Membership Category | Summer Rate April 1 - Aug. 15, 2011 | Super Saver Rate Aug. 16 - Dec. 15, 2011 | Advance Rate Dec. 16, 2011 - Feb. 15, 2012 | Onsite Rate Feb. 16 - March 25, 2012 |
|--------------------------------------|---|--|--|--|
| ACA Members Professional/Regular | \$320 | \$345 | \$395 | \$455 |
| New Professional/ Student/Retiree | \$220 | \$245 | \$290 | \$320 |
| Retirees | \$220 | \$245 | \$290 | \$320 |
| Non - Member General Attendees | \$500 | \$525 | \$570 | \$610 |
| Non - Member Student Attendees | \$350 | \$370 | \$480 | \$500 |
| 1-day registration = \$300 | | | | |

Online: www.counseling.org/conference • Phone: 800-347-6647 x222 (M-F, 8 am to 6 pm ET)

Finding a way forward together

Counselors help relationship partners better understand each other and themselves in an effort to create healthier and stronger couples

By Lynne Shallcross

When Kim Olver set out to find 100 happy couples to profile for a book, it turned into a much tougher task than she had ever anticipated. It also affirmed for her the genuine need for a book about making relationships work.

“It took me two years to find 100 happy couples willing to take my anonymous online assessment,” says Olver, whose book

Secrets of Happy Couples was published earlier this year. “I believe there was a lot that contributed to that challenge. I think there are a lot of couples out there who are merely existing. They aren’t particularly happy, but they stay together. I also think people are busy and didn’t want to get involved. Some were interested until they saw the personal nature of the questions and then dropped out. And I think trust was a factor. Could their partner find out what their responses were?”

The theme of Olver’s book turned out to be that each of us holds the key to our own happiness in our relationships, which is a premise of William Glasser’s choice theory. In Olver’s opinion, counselors can boost couples’ happiness levels by helping them embrace and practice that lesson. “When people stop looking to their partner to change so their life can improve and instead start looking inside themselves to decide what needs to be adjusted, then they can be much

happier. They are focused on something they control — themselves — instead of something they have no control over — their partner,” says Olver, a member of the American Counseling Association who runs a private practice in Chicago and serves as executive director-in-training for the William Glasser Institute.

Helping clients find happiness and fulfillment in relationships isn’t relevant only to counselors who specialize in couples counseling, says Thelma Duffey, professor and chair of the University of Texas at San Antonio Department of Counseling. “People don’t live in a vacuum, and problems rarely exist in isolation,” says Duffey, a member of ACA who also runs a private practice in San Antonio. “It is helpful when counselors have an understanding of the dynamics that affect people in their various relationships, particularly their important ones. Couples counseling training can be useful in this regard. Also, it is helpful when counselors working with individuals can look at a larger context. A couples counseling perspective supports this focus.”

Also required of effective counselors is an open-mindedness to the ever-changing dynamics that define who today’s couples are and what they look like, Olver says. “Research shows the younger generation is saying they are more ready to be parents than to commit to a marital relationship. I think couples counseling will need to evolve more in the direction of relationship counseling than marriage counseling. A therapist needs to be flexible enough to think of all possible relationship choices.”

Jill D. Duba, associate professor and coordinator of Western Kentucky University’s Clinical Mental Health Counseling Program, agrees. Acknowledging diversity



Kim Olver

in relationships and remaining open to hear every client's story is key, she says, no matter the life stage, disability, sexual orientation or other difference from couple to couple.

When Duba, a member of ACA, became program coordinator, she revised the program so that courses on couples counseling and family systems were required. "My belief is that every individual is a relational being, period — whether they're struggling to be in a relationship or they're [already in one]," says Duba, who is also a member of the International Association of Marriage and Family Counselors, a division of ACA. "It's imperative that a therapist knows something about how relationships work, how they don't work and what are some things to look for."

Duba points to Glasser's reality therapy, which contends that people's problems and unhappiness can almost always be traced back to their struggles in relationships. "[Relationships] are a function of who we are, and if we're going to go out there and help people become whole, we have to know something about how [clients] perform and get along with others," Duba says. "We have to be able to do that kind of counseling."

A question of commitment

Olver says the issues that bring couples through a counselor's door are wide ranging. Sometimes, there are power struggles over finances, with one person desiring to spend a little more and the other wanting to pull back. The recent recession and accompanying job losses have made issues involving household finances that much more volatile, she says.

"I also find that the sex issue is on the table still," Olver says. "Often, one person in the couple would like to have more sex than the other person would." Outside relationships are another common point of contention, Olver says, whether one member of the couple has a close relationship with a coworker of the opposite sex or maintains connection with a former boyfriend or girlfriend via e-mail or social media. The tension most often springs from one partner feeling threatened by the romantic potential of the other partner's outside relationship, Olver says, even if that friendship is strictly platonic.

An overarching theme Olver sees in her work with couples is that people enter into relationships and then often begin trying to mold or change their partner's behavior or character. "Instead of learning how to accept that as the total package, they either consciously or unconsciously work over time at getting the person to become who they want them to be," she says. "It's really about not accepting the other person as they are."

No matter the specific issue plaguing the couple, Olver's first order of business is asking both partners if they are truly committed to working on the relationship. Many people come to counseling in a last-ditch effort to fix long-term problems, Olver says, and they aren't always committed to doing what is necessary to save the relationship. If only one of the individuals says she or he is committed to salvaging the relationship, Olver will work with that person because she believes strongly that one partner's efforts can ultimately change the relationship for the better.

Olver next educates the couple on whose behavior each person can control. People spend much of their time trying to change the behavior of others, Olver says, but in counseling, she aims to help clients realize they need to focus on making self-adjustments because they are the only ones they are directly capable of changing. "The idea is the only person you can control is yourself," she says. "It takes the idea off of, 'If [my partner] would just ...'"

Next, Olver asks the couple what brings them into counseling. She lets each person have the floor to speak, then asks the person to listen to his or her partner, and then gives the person a chance to rebut. It's crucial that the counselor remain neutral in this part of the process, Olver says. "There can't be an 'Oh, yeah, that sounds logical' to what someone says. Neither one of them is right or wrong. They're both right from where they come from, and that's really critical."

After all the complaints are on the table, Olver asks the couple to flip things around and tell her what's right with their relationship and why they'd like to see it survive and thrive. The underlying goal, Olver explains, is to help the couple get in touch with their internal motivations for working on the relationship. Olver has

the couple address the negatives in their relationship first before moving into the positives because she wants these positive aspects to be more present in the couple's mind as they move through the session. "That's where I want their attention focused as we move forward," she says.

Olver then asks each person to think of one thing he or she could do in the upcoming week that would greatly benefit the relationship and then tells the couple to commit to following through on that action every day. She points out that this technique is different from traditional marriage counseling, in which the counselor might offer a recommendation to the couple based on the information they have provided. Olver stays out of the process, allowing the couple to decide what the next steps will be.

Olver uses Glasser's choice theory in her work with couples because it steers clear of external control and encourages clients to make changes based on their own motivations. If the counselor makes a recommendation to the couple, it might sound as if the counselor is subtly siding with one partner or the other, even if that

Board Certified Coach

CCE APPROVED COACH TRAINING COURSES FORMING NOW

The new Board Certified Coach™ (BCC) credential from the Center for Credentialing & Education (CCE) provides eligible counselors with a fast-track to board certification in coaching. Master's and doctoral level coaches with a counseling degree and others with NCC certification meet BCC training requirements with as few as 30 additional hours of ILCT training.

CLASSES FORMING NOW

LIFECOACHTRAINING.COM

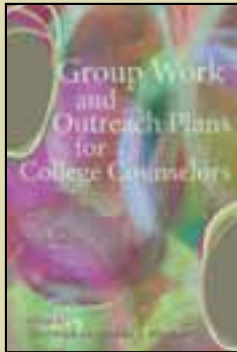
PHONE: 1-800-961-3424



THE INSTITUTE FOR
LIFE COACH TRAINING
A LIFECHOICES GROUP COMPANY

NEW! Group Work and Outreach Plans for College Counselors

**Edited by Trey Fitch
and Jennifer L. Marshall**



“This book is filled with sage advice and practical activities and exercises. It is a unique and valuable contribution to the college counseling literature and should be required reading for all college counselors and student affairs personnel.”

—Richard E. Watts, PhD, LPC-S,
Professor and Director
Center for Research and Doctoral Studies
in Counselor Education
Department of Educational Leadership & Counseling
Sam Houston State University

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

Order #72911

ISBN 978-1-55620-311-4

List Price: \$49.95

ACA Member Price: \$34.95

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

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



AMERICAN COUNSELING
ASSOCIATION

is not the counselor’s intention, Olver explains.

When Olver meets with the couple the following week, she says it’s immediately apparent whether both followed through on their “homework.” If they did, it frequently seems as if a “magic” change has taken place, Olver says, and the couple is often “good to go” after that. She explains to the couple some of the steps and techniques she used with them in the first counseling session so they will have them at their own disposal in the future if need be.

If only one partner completed the homework, Olver again raises the question of commitment to the partner who didn’t follow through. If the person isn’t committed to working on the relationship, Olver says she will move forward and work with the other half of the couple who is.

According to Olver, that invested client has three options moving forward: change, acceptance or leaving the relationship. Unless safety is an issue for the client, Olver recommends that leaving be the last resort. Oftentimes, clients have spent many years trying to change their partners. In working with the one person, Olver turns the focus on how that client can change himself or herself in order to change the relationship.

Olver recalls one client who was very frustrated with her husband’s workaholicism and felt unloved because he worked such long hours. Through therapy, she was able to see that her husband was working hard and giving up his free time to get them out of debt because he loved her. “Once she was able to shift her perception from ‘That behavior means he doesn’t love me’ to ‘He really does,’ their relationship really changed,” Olver says.

Clients can also choose to come to terms with whatever is bothering them about their partner, accepting that it’s part of the whole package of the person whom they love. Part of acceptance, Olver says, is taking off the “complaining lenses” and putting on “appreciation lenses.” Sometimes, Olver asks clients to write down the things they don’t like about their partner. Then she asks them to consider how those “bad” things might potentially be helping them in some way. Clients achieve that acceptance when

they can recognize that their partner is a whole person. Even when it feels like one bad aspect makes up 95 percent of that person, in reality, it's only a small part of who that person is.

Although acknowledging that it's wonderful when both members of a couple do their homework and work out their problems together, Olver says much can be accomplished even when only one person is invested in improving the relationship. Oftentimes, she says, one person in the couple is unhappy, while the other person minimizes those feelings or is oblivious to them. That's not necessarily because the person doesn't love the partner who is unhappy, Olver says, but rather because that person doesn't perceive the relationship as being in trouble.

"This is when seeing one part of the couple is appropriate," she says. "One person can adjust his or her behaviors, expectations and desires, and/or perceptions, all of which will significantly change a relationship. A relationship is a system. Change any part of that system, and the rest must adjust to compensate for the new change."

Identifying blind spots

One of the tools Duffey relies on in couples counseling is the Enneagram personality typology. In helping describe the various ways people perceive the world and automatically respond to stressful events, the Enneagram can increase clients' awareness of their thought patterns, beliefs and behaviors, she says. "I



Thelma Duffey

like using the Enneagram in couples counseling because it offers a neat way for people to gain insight into themselves and to learn more about their partners," says Duffey, the Association for Creativity in Counseling's representative to the ACA Governing Council and editor of the *Journal of Creativity in Mental Health*. "It can help couples identify the strengths, challenges and motivating beliefs that often drive each person's choices and behaviors. One of the significant markers

of successful couples counseling is the willingness of both people to invest in their relationship. When two people are invested in maintaining their relationship, this understanding can go a long way in helping to make that happen."

As described by Duffey, the Enneagram is a typology consisting of nine personality types, three subtypes and nine levels of psychological development, with people falling on a continuum within each type. The relevance of the Enneagram to couples work lies in its ability to move couples out of their automatic way of responding during conflicts and to look at situations from another's perspective, she says. "When we are able to step outside of ourselves and consider the other person's experience of the situation, we are better able to see our impact on others. This can only be a good thing for couples wishing to invest in their relationships," Duffey says. The Enneagram also provides a framework for counselors to assess and plan interventions on the basis of the couple's types and levels of development.

Assessing each person's current level of functioning is a key component to the tool, Duffey says, because it influences the individual's response in challenging situations. "The Enneagram can help people identify their blind spots and Achilles' heels and develop more productive ways of thinking and responding to situations that affect both people in the relationship."

"Couples counseling is not typically smooth or easy," Duffey continues. "There are many variables that contribute to its success." For one, she says, clients need to possess enough self-awareness to tell themselves the truth about the role they play in certain situations. They also need to care about their impact on the other person and develop empathy. Partners capable of reflecting on their behaviors and motivations are generally able to make adjustments that communicate to the other person that they care. "I have found the Enneagram to be a helpful tool in this work," Duffey says. "Couples report the good feeling that can come when they become more personally accountable, generous and, at the end of the day, more satisfied in knowing they are doing their part to make their relationship a good one."

In Olver's office, clients take a compatibility survey that highlights areas in which the couple is alike — and not so alike. Couples answer questions geared toward determining how high each person scores on the five basic needs: survival, love and belonging, power, freedom and fun. "Then couples look at where they are compatible and where their challenges may come in and work at negotiating the problem areas," she says.

Another exercise Olver finds helpful involves two large rubber bands knotted together in the middle. Olver then asks the couple to place a piece of paper between them and to draw a dime-sized dot on their respective ends of the paper. She next instructs the couple to center the knot of the rubber band over the dot closest to them. "As you might imagine, there are many possible outcomes," Olver says. "Some people will pull hard to win, some give up and let their partner win, and some cheat. Occasionally, they work out a compromise, but that doesn't usually happen until I ask them to think of as many ways as they can to come up with a way they both could win."

"Some solutions involve taking turns, folding the paper so the dots come together, opening the knot on the rubber band to encompass both dots or creating a third dot that's in between the original two," she continues. "After couples see how many solutions there are when they decide to work together for both their good, I ask them to brainstorm a way for both of them to be satisfied in an area where they have been experiencing disagreement. They can often move past blocks in this way. I call this the win/win/win solution. Both partners win because they are happy with the solution, and their relationship becomes stronger for going through the process."

The genogram is another helpful tool that Duba uses with couples. One couple with whom Duba worked had been married approximately 35 years. Their marriage had gone well but then suddenly started turning in a negative direction, complete with high anxiety and numerous arguments. In talking with the couple, Duba keyed in on how the wife repeatedly brought up stories concerning her childhood and feelings of insecurity. So Duba turned to the genogram for help.

As the wife worked through the genogram, it became clear that much of her anxious behavior as an adult — which would in turn upset her husband — was rooted in circumstances she had experienced as a child. The husband watched and listened intently as his wife shared these stories, and he mentioned afterward that the exercise helped him to better understand his wife and her triggers. Duba was also able to work through some of those issues with the wife, including encouraging her to develop self-soothing strategies so she could remain present for her husband even when she began feeling anxious.

Theoretical approaches

Counselors point to a variety of theories that guide their work with couples. Olver tends toward choice theory and reality therapy. With reality therapy, she says counselors can help clients assess whether their behaviors are moving them toward the things they really want. “Ask them, ‘What do you want, what are you doing to get it, is there anything you’re doing that’s getting in the way, and is it going to work?’”

Olver describes choice theory as an internal motivation psychology as opposed to something the counselor imposes on the client. With this approach, she says, counselors can “go under the surface to find out what does the person want that they’re using this behavior to get? They may not be honest about it with the counselor or they may not be sure what it is, but when someone is misbehaving, I always ask myself, ‘What is this person trying to get?’”

Stemming from choice theory, Olver developed another model she calls Inside Out Empowerment that deals with subconscious motivations. Counselors can use the approach to get at the subconscious material that might be holding clients back from happiness, she says. “Sometimes, it simply involves asking clients to be still enough to listen to that little voice inside their head,” she says. “We all have this voice that talks to us and, often, it is not a supportive one. This subconscious voice carries messages of how we are not good enough for the things we want. One question I use a lot is, ‘If you stopped doing the destructive things in your relationship you have been doing, what do you think will change

that you might not like?’ Another way is to ask, ‘If you make the changes you say you want to make, what would you have to give up?’ These are not common questions, and sometimes the answers are surprising and seem to come from a place deep inside ourselves.”

Duffey was trained in systems theory, which she says assists counselors in conceptualizing the dynamics of couples and families. Through the years, she has also incorporated relational-cultural theory (RCT). “RCT, which is in some ways a philosophy of human development, offers a helpful perspective when working with couples,” she says. “It discusses how we all have a desire to form connections with others. Still, many of us behave in ways that keep us from enjoying the very connection we desire. RCT theorists describe this as the central relational paradox.” The theory acknowledges that all relationships suffer disconnections, Duffey says, but problems arise when those disconnections become chronic. “The good news is people can develop more supportive ways of relating to one another, and couples are able to move out of isolation and into reconnection,” she says. “This is the thrust of couples counseling from an RCT perspective.”

Duba uses John Gottman’s “Sound Marital House” model, which emphasizes friendship as an essential piece of the marital foundation. Gottman’s research has found that couples will likely struggle with problems perpetually throughout their time together, Duba says, but the health of the relationship is based in how the couple talks about those problems more so than in finding a solution to them.

Duba is certified in reality therapy and is pursuing a certification through the North American Society of Adlerian Psychology, but she is also very systemic in how she sees couples. “It’s very important to understand how each individual developed from childhood, how they came to know their reality as a child and how that fits into this new system of the relationship,” she says. This is pertinent especially in situations in which couples are experiencing values-driven conflicts. Those values have developed over time, she says, so to expect immediate change or compromise

is unfair. Instead, Duba invites conversations with couples in which each person can express his or her point of view and where that view originated. “Having clients develop insight is really important,” she says.

Safety first

Domestic violence is clearly a difficult and tragic situation for clients to find themselves in. It can also prove to be a difficult and confusing situation for their counselors. Ryan Carlson, associate director of the Together Project at the Marriage and Family Research Institute at the University of Central Florida (UCF), says the topic is controversial in counseling circles because, on the one hand, advocates often believe that any violence within a relationship context centers around issues of power and control and, therefore, that counselors shouldn’t be working with the couple. “From the opposite perspective, counselors want to help everyone,” says Carlson, a doctoral student in counselor education at UCF. “We don’t like the idea that there might not be any hope for the couple.”

A possible solution, Carlson says, lies in creating partnerships between counselors and domestic violence experts so that each couple is assured of receiving the appropriate treatment for their specific situation. This idea was an integral part of the Together Project, a federally funded study geared toward providing relationship education to low-income married couples. From the start of the study, Carlson and his colleagues used a domestic violence screening protocol, which they had developed, with each couple. Whenever the protocol indicated a couple might be dealing with domestic violence, a local domestic violence expert would intervene and recommend whether safety concerns needed to take precedence over counseling.

The decision was often based on whether power and control were intertwined with the violence, Carlson



Ryan Carlson

says. When power and control issues are present, the first priority has to be safety, he emphasizes. But when the violence isn't tied to power and control — when it is related instead to a lack of anger management or poor conflict-resolution skills — there's a greater possibility that counseling can help alleviate the couple's problems. In carrying out the study, the path forward was a collaborative decision between Carlson's colleagues and domestic violence experts.

Although the protocol and attention to domestic violence were part of a study, Carlson says the project also has relevance for counselors working in private practice. "The point is to be aware. There is always the chance that [violence] exists within the couple, and if you don't ask about it, they're probably not going to tell you," says Carlson, a member of ACA and IAMFC. If a counselor is working with a couple and doesn't know about the threat of domestic violence, the counselor is likely to treat both individuals as if they are on a level playing field in the relationship. If a true power differential exists in the relationship, Carlson warns that the counselor could place certain

clients at risk by asking them to talk honestly and openly in session, possibly inciting a violent reaction from their partner outside of session.

Counselors must inquire about violence within the relationship, preferably asking each partner separately if possible, Carlson says. If one of the partners acknowledges domestic violence, the counselor needs a plan of action and, here, collaboration is key, he says. Counselors should attempt to form relationships with local domestic violence providers who can offer assistance and guidance concerning whether persons being victimized in relationships need safety and shelter more than they need counseling. If that isn't possible, Carlson recommends that counselors ask supervisors or colleagues to provide another perspective.

Carlson admits that uncovering violence in a relationship is tricky for the counselor. Particularly if power and control are involved in the situation, the counselor doesn't want the perpetrator to know the victim has disclosed any information. And if client safety is the greatest need, the counselor must be

careful in how he or she suggests that counseling be terminated. To avoid alerting the aggressor that the victim has disclosed information, Carlson says a counselor might explain to the couple that the presenting issues are more individual in nature and that the best route would be individual counseling before continuing with couples counseling.

In situations in which the violence isn't a product of power or control and the counselor has collaborated with someone else in determining to move forward with the couple in counseling, Carlson recommends talking openly with the couple about instances of violence. He also advises asking the aggressor to acknowledge that violence is never a healthy or appropriate way to resolve conflict.

A variety of exercises can help couples resolve conflict more peacefully, Carlson says. Sharing the simple tool of a time-out with couples is useful, he says, as is educating them about their escalation signs so they can take a break and address issues later on when they're not feeling overheated. PREP (Prevention and



How will you thrive?



Get on Insurance Panels

Today, accepting client insurance is critical, but getting on panels can be frustrating!

Get More Counseling Clients

One of the biggest challenges of private practice is building a full caseload.



Thriveworks

will get you credentialed and build your caseload, so you can focus on your passion—helping clients.

We guarantee results!

call us at 1-855-4-THRIVE

find us online at Thriveworks.com

Couples counseling on campus

About two years ago, Christopher Adams conducted an informal poll of college counseling center directors to see if they offered couples and family counseling. Almost 90 percent of those who responded said they offered couples counseling, but most weren't sure if students and campus staff members knew of its availability, possibly due to poor marketing and advertising, says Adams, who will be starting as an assistant professor in the Department of Behavioral Sciences at Fitchburg State University in Fitchburg, Mass., in the fall.

Couples counseling is increasingly needed on college campuses, Adams says, because the student body is changing, with more students seeking postsecondary education later in life and more students who are already cohabitating with partners. "I think [college] counselors need to have some awareness of that and realize students might benefit from different treatment modalities, including couples counseling," says Adams, a member

of ACA who has worked in college counseling centers for about four years.

Adams knows from personal experience how important couples counseling can be to a student. He was already married when he began his graduate studies and understands the difficulty of juggling classes with existing work, family and relationship responsibilities. "You can have a married or dating couple doing fine, but if school gets stressful and you don't have an outlet for that stress, it can spill into the relationship," Adams says. "And then that stress from the relationship can spill into school, and it can become a cycle."

Although the specific technique used will depend on the problem each couple brings to counseling, Adams says thinking systemically and taking into account contextual issues is important when working with couples on campus. He also advises college counselors to draw from behaviorally oriented theories to strengthen couples' communication skills, solution-

focused approaches to assist couples in figuring out where they want to go and emotion-focused theories to help partners understand and validate each other's emotional experiences.

Adams recommends that college counselors who want to offer couples counseling get additional training and seek supervision, in addition to remaining mindful of how cultural variations might influence what is considered appropriate counseling. College counselors must also make sure they are operating within their school's guidelines, he says, because some schools require that all clients be students at the school.

To college counseling centers that are already providing couples counseling services, Adams offers some straightforward advice: Advertise and let as many members of your campus as possible know that this valuable resource is available to them.

— Lynne Shallcross

Relationship Enhancement Program) and PAIRS (Practical Application of Intimate Relationship Skills) are two curricula that Carlson recommends to help couples reconnect, hear and understand each other better.

Family of origin can also play a role in how couples deal with anger, Carlson says. "For example, one member of the couple may have grown up in a family where conflict was handled by yelling, screaming, threatening and other escalating behaviors. Therefore, this person may not know how to handle conflicting points of view any other way. Counselors can help couples identify and share with each other how anger was handled in their families and discuss how each member of the couple would like to see anger and conflict handled in their own relationship."

Lessons from marriage veterans

Although research exists on couples who have been married for 25 years, Duba says there is very little research that

addresses couples who have been together for 40 years or more. So, about five years ago, she decided to conduct a study focused on that population. Duba believes the successful relationship characteristics — and the unavoidable bumps in the road — she gleaned from those couples can offer valuable insight to counselors.

Duba interviewed 30 couples within an approximately 30-mile radius of Bowling Green, Ky. Each individual filled out a marital satisfaction inventory that covered topics such as marital interaction, communication, gender orientation, children and finances. After the questionnaires were mailed to her, Duba went to each couple's home to conduct an oral history review.



Jill D. Duba

Something that stood out from the interviews was the importance each couple placed on faith, which Duba acknowledges could be due to the fairly religious makeup of the area. But it's also possible, she says, that faith might genuinely be an integral component of enduring marriages, regardless of where couples reside. The couples she interviewed credited their faith with helping them persevere through child rearing, financial struggles and adjustments to marriage, Duba says. She also found that happiness with gender role orientation was significant and highly related to marital satisfaction.

The most challenging times for the couples tended to be the first year of marriage, the years when they were raising children and when a spouse first retired, Duba says. The couples recalled the initial year of marriage being tough both financially and because they were often leaving their families of origin for the first time. Although admitting the first year of marriage was stressful, Duba

says the couples also thought that period of their lives brought them closer together as spouses because they had to rely on each other. "Many of them said, 'He or she was all I had,'" Duba recalls.

The couples also talked about how child rearing allowed them less time to spend together and put stress on their relationship, especially when the children became teenagers. The transition into retirement presented another common rough patch for couples. Duba heard complaints of how the husband's return home disrupted the wife's routine. Or in other cases, the wife had returned to work after the children left home, and she didn't want to quit her job just because her husband had retired. "It was definitely an adjustment period," Duba says.

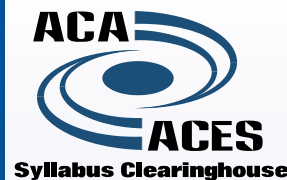
Commonalities Duba uncovered that seemed to keep the couples' marriages going included humor, praying together, a commitment to giving and taking, hard work and a determined mind-set. "Many of them said, 'I promised I would marry him, and I was determined to keep my promise.' It may have been related to religious values, but the word *promise* was a common thread." The presence of hope was another factor, Duba adds. Many of the couples told her that even during the challenging times, "I knew we would get through it."

In conducting the research, Duba found it especially poignant that even 40 years into marriage, all of the couples spoke fondly of how they met. "I thought that was phenomenal," she says. "Despite any struggles, they still saw the good stuff. They didn't lose sight of those great memories. That was apparent." ♦

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

Letters to the editor:
ct@counseling.org

Call for Fall Course Syllabi!



While the ACA-ACES Syllabus Clearinghouse continues to grow, both in content (378 syllabi) and usage (over 13,000 visits in 2010), there are still some categories that need more contributions (see categories in red). Help us fill in the gaps by sending your Fall syllabi to ACA-ACES Syllabus Clearinghouse. Both members and non-members may contribute syllabi.

Visit www.counseling.org, click on the Syllabus Clearinghouse button on the right side and sign in. Questions? syllabus@counseling.org

Syllabus categories with the number of syllabi in each category:

- Addictions / Substance Abuse Counseling - 16
- Career Development - 13
- Child / Adolescent Counseling - 10
- College Counseling / Student Development - 6
- Counseling Theories - 25
- Diagnosis / Treatment - 17
- Ethics / Legal Issues - 15
- Group Work - 25
- Helping Relationships / Counseling Techniques - 19
- Human Growth & Development - 13
- Internship - 18
- Marriage / Couple / Family Counseling - 15
- Mental Health Counseling - 20
- Pedagogy / Teaching - 2
- Practicum - 25
- Professional Orientation / Foundations - 15
- Rehabilitation Counseling - 25
- Research / Statistics - 11
- School Counseling - 24
- Social / Cultural Diversity - 22
- Social Justice / Advocacy - 2
- Special Topics - 17
- Spiritual / Religious Values - 2
- Supervision / Consultation - 6
- Testing / Measurement / Assessment - 13



AMERICAN COUNSELING
ASSOCIATION



Young and depressed

Counselors say early detection and treatment are important in turning the tide against depression

By Jim Paterson

A group of female classmates has been harassing 13-year-old Marie for a month, making fun of her clothing and her weight. She has stopped socializing, other than to check Facebook to ensure no other hurtful things are being said about her. She sleeps fitfully, has stopped eating regularly and her grades have dropped.

Robert, Marie's classmate, didn't make the basketball team, which represented his singular dream. His recently divorced parents and his teachers have noticed he has grown much more irritable, to the point that other students avoid him.

His older brother, Randy, was previously a high school honor student. Now his grades have plummeted.

Kaitlyn, the girl who sits behind Randy in chemistry, smokes marijuana. She is often high in school and nearly always high when she is with her new group of friends. Her younger brother in fourth grade calls his foster mother and goes home sick from school one or two times per week.

Another student, Juan, always seems very sad. For two years, teachers have told his counselor about his mood. In Juan's file, the counselor finds similar reports dating back to middle school.

Under the current criteria, any one of these students might potentially be diagnosed with major depressive disorder, which generally involves a client experiencing six or more of nine common symptoms for a duration of two weeks, or dysthymic disorder, which presents as having a chronic depressed mood with two established symptoms for two years or more.

But based on proposed revisions, when

the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* is published approximately two years from now, new criteria will likely suggest that each of these students *is* depressed — by degrees.

"[The *DSM-5*] will introduce the idea of looking at disorders such as depression on a spectrum, with certain severity levels used as cut points to identify maladaptive symptoms and functioning, much like we associate blood pressure of 140 over 90 as higher risk," says Gary Gintner, associate professor of counselor education and program leader at Louisiana State University. "Depression, too, will have a dimensional rating that notes severity."

But no matter the process for diagnosis, experts would say that all of these students have serious symptoms of depression and need attention from counselors to help them feel better and address the problem early when it is easier to make inroads.

Gintner says at any one time, about 2 percent of children younger than age 12 have depressive disorders. That number rises to between 4 and 8 percent for those ages 12 to 18. Once adolescent girls hit puberty, their risk of depression is double that of their male classmates (see sidebar, page 34). The rate of depression among young people has increased every decade since the 1940s, according to Gintner, who trains counselors in the use of the *DSM* and is an expert in planned revisions for the *DSM-5*.

Each of the professionals interviewed for this article noted that an early diagnosis of depression can make it easier to treat the issue successfully, often with talk therapy.

The diagnosis

That means it is important for counselors — especially those in schools — to be the first line in identifying students struggling with depression.

According to Dr. Graham Emslie, a psychiatrist at Southwestern Medical Center in Dallas and a specialist in child depression, only about 40 percent of adolescents and children needing treatment get adequate care, often because the problem is not spotted. “It is a quiet problem,” he says. “We tend to relieve the symptoms or simply not identify it.”

One key indicator of depression among students is a precipitous drop in grades, he says, especially if accompanied by other symptoms of depression: low self-esteem, sleep problems, fatigue, apathy and feelings of worthlessness, changes in appetite, loss of pleasure in life and problems concentrating.

Gintner, a past president of the American Mental Health Counselors Association, a division of the American Counseling Association, notes that uncharacteristic or excessive irritability is a symptom associated with depressed adolescents and children. He adds that children may have temper tantrums,

stomachaches or headaches associated with depression, while adolescents may be moody, act out or even injure themselves by cutting or burning their skin.

“Many times, the behavior is interpreted as oppositional, but the young person is actually depressed,” Gintner says. “The key thing to look for is if they have one of these other depressive symptoms (see sidebar, page 35). And it is critical to identify these problems early when there is a greater chance of treating them successfully.”

Often, experts say, life stressors cause depression. For children and adolescents, those stressors don't necessarily stem from a serious personal failure or a major event such as the death of a loved one but rather from common daily hassles or interpersonal problems, such as changes in relationships with peers.

James Matta, an associate professor of counseling at Geneva College in Pennsylvania and senior research principal at the Western Psychiatric Institute and Clinic in Pittsburgh, says counselors should pay particular attention to feelings of hopelessness among young people. “It hinders an individual's ability to form and maintain close relationships

with family, friends and early romantic partners,” he warns.

Matta, an ACA member who presented on depression in young people at the 2011 ACA Annual Conference in New Orleans, adds that comorbidity is not adequately studied or identified, even though substance use disorders and depression are often linked. Depressed young people are twice as likely to have a substance abuse problem than other adolescents, he says, and “comorbidity is more often seen than not in adolescents with substance use disorders.”

Emslie says it is often difficult to determine whether certain characteristics and circumstances cause depression or whether they are symptoms of it. For instance, being bullied can cause children to become depressed, but depressed children might also be more likely to be targets of bullying because they are less likely to defend themselves and perhaps present themselves in a way that encourages bullies.

The treatment

When school counselors are concerned about a student, Matta says, it is critical that they develop a baseline

Girls' and Women's Wellness: Contemporary Counseling Issues and Interventions



“This is an exciting resource for addressing girls' and women's issues from a strength-based, holistic perspective that highlights resilience and coping. It will help women discover and actualize their inherent potential for positive change.”

Laura Hensley Choate

—Jane E. Myers, PhD

The University of North Carolina at Greensboro

In this empowering resource, mental health counselors, counselor educators, and school counselors will find an abundance of practical strategies that can be used immediately in their daily practice. Each chapter includes assessment and intervention strategies, client handouts, workshop outlines, self-exploration activities, case studies with discussion questions, and recommended resources. Topics addressed include women's development and mental health, self-esteem, body image, relational aggression in girls, sexual assault and intimate partner violence, college women's experiences, life-work balance, spirituality, and the concerns of mid-life and older women. 2008 300 pages.

Order #72876

ISBN 978-1-55620-270-4

List Price: \$55.95

ACA Member Price: \$39.95

Please include \$6.75 for shipping of the first book and \$1.00 for each additional book.

AMERICAN COUNSELING ASSOCIATION • 800-422-2648 x222 • counseling.org

The gender-depression connection

Before adolescence, an equal number of boys and girls experience depression, but after puberty, girls are twice as likely as boys to develop depression, particularly around age 13, according to the American Academy of Child and Adolescent Psychiatry. The question is why.

Laura Choate, an associate professor at Louisiana State University and author of the book *Girls' and Women's Wellness: Contemporary Counseling Issues and Interventions*, published by ACA, says a definitive answer to that question has yet to emerge, although several different possibilities would appear to make sense.

"Researchers have developed no comprehensive model to explain these sex differences because it is likely there are multiple processes contributing to them," Choate says. "Overall, girls have more cognitive, biological and interpersonal vulnerability factors prior to adolescence and face more stressful events during the transition to adolescence. It is the combination of these factors that lead to the higher rates [of depression]."

Stress: "Compared with boys, girls experience more stressors during early adolescence," Choate says. "In addition, girls are more affected than boys are by these stressful life events and are more likely to become depressed in response to life stressors, particularly when these are interpersonal in nature." She notes that studies show interpersonal stress is associated with higher depression and lower self-esteem for girls but not for boys.

Transition to puberty: Girls who reach puberty early are more likely to experience a host of negative psychological outcomes such as lower self-esteem, a history of suicide attempts and a lifetime of eating and disruptive behavior disorders, Choate says. A change in schools, such as the transition to high school, can add to these problems.

Choate explains that girls who mature physically at a younger age are more vulnerable to being "pressured to participate in activities they are not cognitively or emotionally mature enough to handle." They are also more likely to be sexually harassed and pressured into sexual activity before they are developmentally

ready, which can increase the likelihood of depression.

Confusing feelings: Girls tend to be excessively empathetic, Choate says, which can make them feel guilty and overly responsible for another person's problems. In addition, girls often exhibit high levels of compliance and overregulation of emotions, which can contribute to developing a depressive disorder.

Rumination: Choate says girls generally tend to engage in a "ruminative" style of thinking about problems, which is linked to depression. In other words, they think about and talk about their depressed mood rather than developing possible solutions and actively solving the problem. They also tend to blame themselves.

The idea of "co-rumination" — excessive talk about problems within friendships or romantic relationships — adds to the problem, Choate says. "Interestingly, even though the use of social media has not been directly measured as a source of girls' problems, this co-ruminative tendency among friends has been recently termed 'Facebook depression.'"

Connections: Girls are socialized with a greater need for affiliation than boys, according to Choate. This means girls are more likely to measure their self-worth and form their self-esteem on the basis of the success of their relationships and on others' approval of their appearance and behavior. This makes girls more likely to become depressed if their peers reject them in any way.

Appearance: According to research, Choate says, the most important factor in self-worth for girls is confidence in their appearance, while for boys, it is confidence in their abilities. "Because adolescent girls are so concerned with gaining the approval of others, and because a thin, beautiful and sexy appearance is so highly valued in today's culture, girls may become overly concerned with their appearance, weight and shape in determining a sense of self. Girls who internalize the thin-beautiful-sexy ideal are more likely to have body dissatisfaction, which is strongly linked to depression in girls."

— Jim Paterson

for the student's mood, demeanor and performance in school, using communications with former teachers and counselors as a guide. Early treatment is key, he says.

"We are determining — and it's very affirming to counselors — that psychotherapy or talk therapy is most useful for those with mild to moderate levels of depression," he says. "Cognitive behavior therapy (CBT) and interpersonal therapy seem to be very effective."

Laura Choate, an associate professor at Louisiana State University and the author of books and papers on depression, particularly as it relates to young women (see sidebar, this page), says considerable research has reached that conclusion about treatment. She says the most effective components of CBT to date are psychoeducation about the nature of depression, the development of problem-solving skills, self-monitoring, building relationship skills, communication training (assertiveness, social interactions, family communication, active listening), cognitive restructuring and behavioral activation — for instance, increasing pleasant activities or setting small, achievable goals.

Choate, a member of ACA, notes that a popular "Coping With Depression-Adolescent" program from Kaiser Permanente's Center for Health Research is "among the most studied CBT programs for adolescents and has the most empirical support." The training manual and student workbook in individual and group formats are available for free at kpchr.org/acwd/acwd.html.

Meanwhile, through interpersonal therapy, young people improve relationships by building support and developing their interpersonal competence, Choate says. "Most counselors are not familiar with interpersonal therapy, but there is a strong line of research supporting its effectiveness with adolescents, particularly with girls of color from impoverished backgrounds," she says, noting that Laura Mufson, a researcher and professor at the Columbia University Medical Center, has developed research and training material surrounding the treatment.

Gintner says counseling should include positive interactions, active listening,

restoring hope and doing problem solving for real problems. Emslie adds that family therapy is also useful.

Matta notes the American Psychiatric Association released guidelines for treatment of depression in October that suggested talk therapy is most effective initially for clients with less severe cases of depression. “Four to six weeks into treatment, if they are not showing improvement — or in more severe cases — then you consider an antidepressant,” Matta says.

Emslie agrees: “Data would suggest that the persistence of the problem in spite of attempts to improve the situation is the best indicator for medication. Unfortunately, only 40 percent of young people who suffer from depression are treated, and only 20 percent of those treated use medication.”

A study that Matta helped conduct found that young people with comorbidity who received both talk therapy and the antidepressant fluoxetine (more commonly known by the brand name Prozac) did not have significantly better results than those receiving only talk therapy, though both groups showed significant within-group improvement.

“It was not the specific intent of this study,” Matta says, “but its results support the recent recommendation that psychotherapy intervention should be considered the first-line treatment in comorbid populations, with pharmacotherapy being offered to those who do not respond to psychotherapy intervention alone.”

But Gintner cautions that the “old class” of antidepressants such as Elavil isn’t helpful with children and youth, while selective serotonin reuptake inhibitors (SSRIs) only seem to work

Symptoms of depression

According to the American Academy of Child and Adolescent Psychiatry, the symptoms of depression in children and teens are as follows:

- Frequent sadness, tearfulness, crying
- Hopelessness
- Decreased interest in activities or inability to enjoy previously favored activities
- Persistent boredom; low energy
- Social isolation and poor communication
- Feelings of guilt and low self-esteem
- Extreme sensitivity to rejection or failure
- Increased irritability, anger or hostility
- Difficulty with relationships
- Frequent complaints of physical illnesses such as headaches and stomachaches
- Frequent absences from school or poor performance in school
- Poor concentration
- Major change in eating and/or sleeping patterns
- Talk of or efforts to run away from home
- Thoughts or expressions of suicide or self-destructive behavior

with adolescents. He also notes these drugs are not without risks.

“In 2000,” he says, “studies began to find risk of suicide ideation or suicidal behavior increased from 2 percent with a placebo to 4 percent on SSRIs. It’s a risk, but not a huge risk, so we have to weigh the risk versus the benefit and, sometimes, the benefit is significant.” Research has shown that Paxil seems to have a higher incidence of suicidal ideation and acts, he says, while adding that Prozac is the only SSRI approved for use with youth by the U.S. Food and Drug Administration. The FDA recommends that youth taking SSRIs be seen by a psychiatrist every week for a month and be monitored closely, he points out.

Still, experts say better treatment techniques and the refined use of medication are helping increasing numbers of young people. And Matta notes the weighty issue is not without positive data. “Adolescent recovery rate is 90 percent over one to two years from the onset of depressive disorder with treatment,” he says. “So we do know how to treat it.” ♦

Jim Paterson is a writer and editor and the head of counseling at Argyle Middle School in Silver Spring, Md. Contact him at jamespaterson7@gmail.com

Letters to the editor:
ct@counseling.org

Assessing & Managing Suicide Risk

A One-Day Workshop for Mental Health Professionals

Developed by leading clinician researchers

Focused on 8 core clinician competencies for suicide prevention

CE credits NASW, NBCC, APA, and CMEs



Sponsor a Workshop

For more information, contact Isaiah Branton at ibranton@edc.org



www.sprc.org



Developed in collaboration with the American Association of Suicidology



Changing distorted thinking

An interview with Judith S. Beck about cognitive behavior therapy

Interview by David Kaplan



Judith S. Beck

Judith S. Beck, president of the famous Beck Institute for Cognitive Therapy and Research, was a keynote speaker at the 2011 American Counseling Association Annual Conference in New Orleans this past March. ACA Chief Professional Officer David Kaplan recently followed up with Beck to discuss current aspects of cognitive behavior therapy.

David Kaplan: Thank you for being a keynote speaker at the ACA Conference in New Orleans. What was it like to be on stage looking at 4,000 professional counselors?

Judith Beck: It was wonderful because it was one of the first opportunities I've had to address so many counselors at once. We've always had counselors who have come to the Beck Institute for our training programs, but they've been part of a larger group. I think many counselors have a much harder job than I do, so it was wonderful to speak to those in the trenches who are making a difference every single day.

DK: During your keynote, you used two labels for your approach: cognitive therapy and cognitive behavior therapy. Are these terms interchangeable?

JB: They used to be different. Originally, cognitive therapy referred to the specific kind of psychotherapy that my father, Aaron Beck, developed in the early 1960s, and cognitive behavior therapy was more of an umbrella term that originally referred to integrating cognitions into behavior therapy. But now they're becoming more and more interchangeable. ACA members might be interested in the fact that we are changing our name from the Beck Institute for Cognitive Therapy to the Beck Institute for Cognitive Behavior Therapy because

people now seem more familiar with the term CBT.

DK: During your keynote, you emphasized that cognitive therapy focuses on more than just cognitions. Why do you think the prevailing wisdom says that cognitive therapy is only about cognitions?

JB: I think it's just a misunderstanding about what cognitive therapy is. It's true that an important part of treatment is helping people change their distorted or dysfunctional thinking. But the whole reason we want them to do that is to bring about a lasting impact on their mood and behavior. We don't want to change cognition just for cognition's sake. It's all in the service of helping people feel better and move toward their goals. And I'd like to add that cognitive therapy requires the same good, basic counseling skills to develop a strong therapeutic alliance as any other kind of psychotherapy.

DK: It was really interesting to hear you talk about all the additional things that you attend to in addition to cognitions, even going so far as talking about psychodrama.

JB: That's right. An intellectual focus is not enough for some people, and they need more experiential exercises or activities in session and between sessions to change their cognitions at the gut level. One way to do this is through using methods such as imagery and psychodrama, which seem to tap into a different part of the mind than simply the intellectual part.

DK: You focused on personality disorders during your talk, and I think ACA members would be interested in knowing how you got interested in Axis II diagnoses.

JB: From the very beginning, some of my clients with common presenting problems such as depression and anxiety didn't seem to make enough progress with standard cognitive therapy treatment. As it turned out, it was often because they had some significant personality pathology that I wasn't attending to. When I was able to understand their underlying beliefs, treatment went much more smoothly.

I find that many Axis II clients hold beliefs in one or more of four areas. The first area has to do with engaging in treatment, such as, "If I engage in treatment, I'll have to make myself vulnerable to my therapist. I'll have to acknowledge that I have problems, and I'll have to change. If I listen to my therapist, it will mean that she's strong and I'm weak."

Another area involves beliefs about negative emotion. "If I start to feel badly, I'll start crying and I won't be able to stop. I'll lose control. I'll end up in the hospital."

A third area is about problem solving. "If I even try to solve my problems, I won't be able to. I'll just fail, so what's the use of even trying?"

A fourth area has to do with getting better. "If I get better, something bad will happen. I'll lose my therapist. I'll have to go back to work. People will have higher expectations of me. I'll have to face the fact that I'm in a bad relationship."

DK: Changing the topic from psychopathology and personality disorders to a more developmental focus, many ACA members are school counselors. I know CBT is as applicable in schools as it is in any other setting and thought you might want to speak to that.

JB: Sure. In fact, my father and his colleagues have just published a new book, *Cognitive Therapy for Adolescents in School Settings*. A number of research studies have demonstrated that CBT is effective in working with children and adolescents. One study, for example, showed that when you give CBT in a group format in schools to kids at risk for depression, they're less likely to develop depression.

CBT is also relevant for working with teachers. Teachers often have certain ideas that lead to burnout or to less than optimal relationships with their students. Cognitive therapy can be helpful in identifying and changing these maladaptive ideas.

DK: What are some of the common cognitions that you see associated with teacher burnout?

JB: It's similar to professional burnout in general and related to putting unrealistic demands on themselves: "I should be able to help every child. I should do a perfect job [and] never make mistakes with my students. If I show any weakness to my colleagues or the administration, then they'll think very badly of me."

DK: What cognitions might teachers have about students that interfere with their performance?

JB: Sometimes, teachers not only have unrealistic expectations of themselves, but they also have unrealistic expectations for their students: "Students should always do their best. They should appreciate what I do. They should listen to me. They should never give me a hard time."

DK: What specific cognitions have you seen in students that impair or affect their school performance, grades and attendance?

JB: Some students are highly sensitive to control. They have the idea, "It's terrible if anyone tries to control me." It's all-or-nothing thinking. We see it show up in therapy, and it can show up in classrooms: "If I do what the teacher tells me to do, it means that she's in control and I'm weak, and that's intolerable to me." The student may then develop conduct problems. Of course, we see lots of kids with anxiety, too. "I have to do a perfect job. What if the teacher evaluates me negatively? What if my peers evaluate me negatively?"

DK: It certainly seems like school counselors could benefit from training at the Beck Institute.

JB: We've had quite a number who've gone through one of our programs. We're actually having a special workshop on CBT for children and adolescents in October 2011 and another in 2012.

DK: How do you see CBT being relevant for diversity and multicultural populations?

JB: A number of studies have shown that CBT is effective with different cultures. Sometimes, the therapist has to vary the relationship or adapt some techniques, but the basic conceptualization stays the same. When counselors are unfamiliar with a particular culture, it's important that they find out whether maladaptive ideas are idiosyncratic to the individual or whether they actually represent a belief of the culture.

For example, in the Chinese culture, there is a belief that it's very important to always show the utmost respect to one's parents and not do anything that would make the parents unhappy. A counselor who is unfamiliar working with the Asian culture might not recognize that at first

Earn your accredited MS, MA or PsyD degree 100% online, for just \$295 per credit.

Imagine earning an accredited degree without driving to a lecture hall or taking on expensive student loans! With affordable tuition and flexible course schedules you can achieve your educational goals while keeping up with your daily obligations.

Our MA in Psychology degree meets the educational requirements of the California Board of Behavioral Sciences for licensure as a Marriage and Family Therapist in California.*

Our PsyD degree meets the educational requirements of the California Board of Psychology for licensure as a Clinical Psychologist in California.*

*Please contact your local state board for your state licensure requirements.

Call to speak with an Enrollment Advisor:
1.800.477.2254 Ext: 1

Chat live and watch graduate interviews at:
www.CalSouthern.edu/psychology

Earn your advanced degree with no classrooms, traffic or parking. Ask about our low, interest-free payment options.

Find CalSouthern on:

California Southern University is accredited by the Accrediting Commission of the Western Education and Training Council.

Also offering degrees in Business and Law.

CALIFORNIA SOUTHERN UNIVERSITY
SCHOOL OF BEHAVIORAL SCIENCES
Founded 1939

930 Roosevelt, Irvine CA 92620

and be surprised to find the belief pretty intractable. Understanding that it's also a cultural belief is helpful.

DK: In that situation, how do you help Chinese clients deal with that cognition, when to stop pleasing their parents might cause their parents to get upset because of a violation of cultural norms?

JB: We have to look for evidence in a specific case that the feared outcome is likely to happen, and if it did happen, how the client could cope. We might see whether the client is having all-or-nothing thinking about the situation. We might talk about whether some other people in the same culture might have a more moderate idea. We might examine the advantages and disadvantages of upsetting parents. Ultimately, one individual might be willing to do a behavioral experiment to see what happens, but another individual might make the decision, "I'm not going to upset my parents. Let's see how else I can reach my goal."

DK: So you find that the concept of faulty cognitions applies to virtually any culture?

JB: We suspect it might. That's what research is showing so far.

DK: During your keynote, you emphasized recording with clients and talked about the research that shows 40 percent of what physicians say to their clients goes in one ear and out the other.

JB: Forty to 70 [percent], actually.

DK: I thought it might be interesting to hear a little bit more about that and how you think that applies to counselors.

JB: Anything we want a client to remember is recorded in some way. Either we take notes for clients, have them take notes, or we have them make a short recording that they can listen to every day. What is contained in these notes, whether they're verbal or written, are the most important things for the client to remember.

As an example, let's say a depressed woman has isolated herself. We've talked about her automatic thought: "My friends don't want to spend any time with me." When we evaluate that thought, it turns out that there's very little evidence that it's accurate, and there seems to be another, more realistic explanation: that her friends are very busy and she actually has not — because she's been so

depressed — reached out to them at all. The client gains this new understanding in the session and she feels better.

Now we want her to remember it during the week so that she'll be willing to go ahead and call her friends. We might ask, "What do you think would be important to remember this week from what we just discussed?" If she comes up with a good summary, we'll say, "That sounds important. How about we record that?"

DK: Do you use any particular guidelines for how often clients should listen to the recording or read therapy notes?

JB: We try to get people to do it daily. We want them to look at these changes in thinking every single day. Otherwise, you can have a wonderful session and the client can really have changed her thinking and feel better ... but by the next day, she has forgotten everything.

She's also probably been having these negative thoughts for quite a long time, so it's very important for her to be rehearsing these new ideas on a daily basis. One of the things we tell people is that it's not enough just to come to therapy and talk. You're going to learn things in therapy: new ways of thinking and new ways of behaving that you're going to practice every day. That's how people get better — by making small changes in their thinking and behavior every day.

DK: Another really interesting thing you said during your talk was, "We want clients to become their own therapists."

JB: That's right. Not only do we want to help clients change their thinking, we want to teach them how to do it themselves. We aim to be as short term as we can. That's another reason to send them home with notes or recordings that they can refer to a year from now or five years from now.

DK: Switching gears, you talked during the keynote about CBT and weight loss. Do you see this as an area counselors can get into?

JB: I think it's a really great area for counselors.

DK: What would the keys be for counselors in helping people who are overweight to lose weight?

JB: As I described in several self-help books on dieting and maintenance,

dieters need an emphasis on changing their cognitions, such as "It's bad to be hungry." "It's unfair that I have to restrict my eating." "It's OK to eat this food I hadn't planned to eat because I'm tired/ I'm stressed/it's free/no one is watching." "I cheated. Oh well, I might as well eat whatever I want for the rest of the day and start again tomorrow."

To make permanent changes in their eating, people need to change their thinking. Counselors need to anticipate dieters' dysfunctional thinking and help them practice adaptive cognitions so they can maintain functional eating habits for the rest of their lives.

DK: What is a typical day like at the Beck Institute?

JB: We are primarily a training institute. We have a clinical practice, but we spend much of our time planning workshops on a variety of topics onsite in Philadelphia or sending speakers to organizations worldwide. We are developing an online program, and we've gotten very involved in social media through Facebook and Twitter and blogging.

We also have a supervision program. Mental health professionals send us an audiotape or, if they're doing therapy in another language in another country, a translated transcript every week or two and then receive supervision either by phone or e-mail. We get therapists from all over the country and all over the world: Europe, the Middle East, Asia, Africa, Australia, South America — every continent but one.

DK: If ACA members want to find out more about how they could get involved in training at the Beck Institute, how would they do that?

JB: We would be very pleased for them to visit our website at *beckinstitute.org* and, if they want, to sign up for a complimentary quarterly e-newsletter. ♦

David Kaplan is ACA's chief professional officer. Contact him at dkaplan@counseling.org.

Letters to the editor:
ct@counseling.org



READ
TAKE
EARN

Counseling Today,
the CT Learning Exam,
Continuing Education Credit

July 2011

Earn 1 CE Credit by reading selected articles in this issue. Read the articles identified below and answer 7 of the 10 questions correctly to earn 1 CE credit. It's that simple! By reading *Counseling Today* every month, you can earn up to 12 CE credits each year. And you'll be well-informed. Start reading now!

Finding a Way Forward Together

1. The overarching theme Kim Olver has witnessed in her work with couples is that they:
 - a) Enter into relationships and then often begin trying to mold or change their partner's behavior or character
 - b) Fail to manage economic and money issues appropriately
 - c) Become threatened by their partner's career successes
 - d) Cannot adjust to what they perceive as competition in outside relationships
2. The personality typology tool Thelma Duffey uses in her couples practice to increase client awareness of thought patterns, beliefs and behaviors is the:
 - a) Couples Personality Scale
 - b) Enneagram
 - c) Partner Profile Inventory
 - d) None of the above
3. In her research with couples who had been married 40 years or longer, Jill D. Duba found the most challenging period for these couples was the:
 - a) First year of marriage
 - b) Child rearing years
 - c) Retirement years
 - d) All of the above

Young and Depressed

4. When adolescent girls reach puberty, their risk of depression compared with their male classmates:
 - a) Is equal
 - b) Doubles
 - c) Triples
 - d) Declines
5. As a result of increasingly effective depression treatment and the refined use of medication, experts state that adolescent recovery rates have risen to:

a) 60% b) 70% c) 80% d) 90%

Changing Distorted Thinking

6. Judith S. Beck states the reason for changing cognitions is to bring about a lasting impact on the client's mood and behavior.
 - a) True
 - b) False
7. Dr. Beck stresses which strategy to help clients remember proposed behavior changes following counseling sessions?
 - a) Counselor taking notes for the client
 - b) Client taking personal notes
 - c) Client making a short recording summarizing session
 - d) All of the above

Private Practice Strategies

8. In one of his tips for filling the client private practice roster, Anthony Centore urges counselors to identify their:
 - a) Strongest practice competitors (SPCs)
 - b) Unique value proposition (UVP)
 - c) Effective marketing vehicles (EMVs)
 - d) None of the above

Reader Viewpoint: Cross-Cultural Counseling of Recent Immigrants

9. What group will counselors generally find constitutes the most important support system of recent immigrants?
 - a) Family members
 - b) Workforce colleagues
 - c) Religious leaders
 - d) Previous immigrants

Inside the DSM-5

10. Generalized Anxiety Disorder is the most common of anxiety disorders identified in the *DSM-IV*, and its definition has been the source of debate since being introduced in the *DSM-III* in 1980.
 - a) True
 - b) False

I certify that I have completed this test without receiving any help choosing the answers. Signature _____ Date _____

Complete the test online!

Visit counseling.org/Resources/OnlineLearning.aspx.

You will be able to pay online and download your CE certificate immediately!

Mail: Complete the test and mail (with check or money order made payable to American Counseling Association) to: ACA Accounting Department/CT, American Counseling Association, 5999 Stevenson Ave., Alexandria, VA 22304. Allow 2-3 weeks for processing. Questions? 800-347-6647, x306.

Please print clearly

Name: _____

ACA Member Number _____

Zip: _____

Phone: _____

Email: _____

Total amount enclosed or to be charged \$20.00 member \$30.00 non-member

Check/money order (payable to ACA in U.S. funds)

VISA MasterCard American Express Discover

Card #: _____

CVC Code: ___ ___ ___ Exp. Date: _____

(AmEx, 4 digits above card number; VISA, MC, Dis., 3 digits by signature line)

Cardholder's Name: _____

Authorized Signature: _____

Payback time

Don W. Locke's planned focus as ACA president is on uniting the profession and having it speak with one voice

By Lynne Shallcross

Ask Don W. Locke what his motivation was for becoming president of the American Counseling Association, and he'll answer quite simply that it was "payback time."

"ACA has been so much a part of my life professionally, I feel I owe it. Being president is a way I can give back to the profession," says Locke, who began his term as ACA's 60th president on July 1. Locke, who serves as dean of the School of Education at Mississippi College, says that during his 45 years in the field, he has seen the profession grow, and he has grown along with it. "It's been a privilege to be part of that growth process. With my knowledge of ACA's history and an understanding of where we've come from, I hope I can help us focus on the future."

What spurred Locke's involvement in ACA from the beginning of his career was the guidance of his mentor, Charles W. Scott, who taught the first counseling class that Locke ever took. "Dr. Scott told me if I was ever going to be a professional counselor, I needed to join and be active in my professional association," Locke says.

Scott had big dreams for Locke. "He told me early in my career, 'Don, you're going to be president of ACA one day, and when you do, I want to sit on the stage with you at ACA's opening session.'" Scott has since passed away, but Locke plans to have an empty chair on the platform at the opening session of the 2012 ACA Annual Conference & Exposition in San Francisco to honor his mentor.

Scott's guidance of Locke went well beyond persuading the fledgling counselor to get actively involved in his professional association. In fact, Scott was a major influence on Locke entering the counseling profession. Scott was the dean of students during Locke's undergraduate years at Mississippi College, and Locke admits with a laugh that he spent a good deal of time in Scott's office for a variety of reasons.

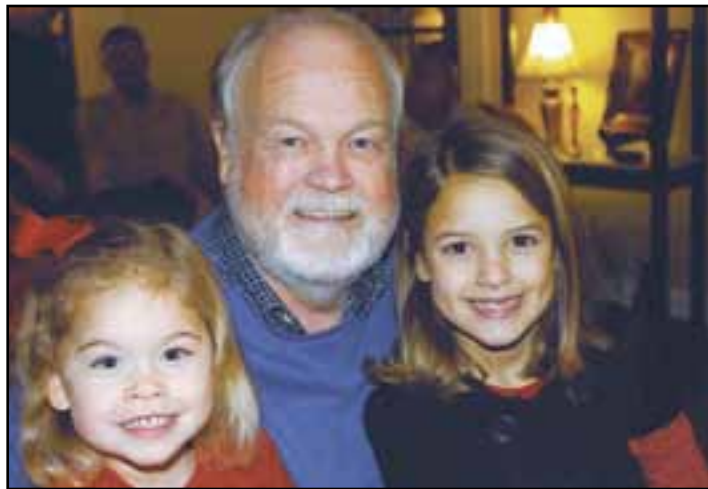
Scott encouraged Locke to take a course in counseling before he graduated. Locke complied, despite the fact he was headed to law school after graduation. But the weekend after Locke completed his final

semester, he was in a car accident, which ended up delaying his law school plans. While he healed from the accident, Scott advised him to take some additional counseling graduate classes. Again Locke listened, but after one semester, he decided to follow through on going to law school.

As it turned out, law school wasn't the right fit for him. One of his professors who was a sitting judge made that point abundantly clear when he told the class, "It's not really about the law. It's about what the judge had for breakfast." That was all Locke needed to hear. He headed back to Mississippi College and earned a master's degree in school counseling.

Locke has packed varied experiences into his four-plus decades in the field. In addition to his master's degree from Mississippi College, Locke earned a doctorate from the University of Mississippi. He has taught and coached at the junior high level, served as a high school counselor and coach, and worked in higher education for more than 40 years, including serving as professor, program coordinator, department chair, assistant and associate dean, and dean.

Locke has also taken on many leadership roles throughout his career, including a term as president of the International Association of Marriage and Family Counselors, a division of ACA. He is also a past president of both the Student Personnel Association for Teacher Education and the Southern Association for Counselor Education and Supervision. In addition, he has served as vice chair of the Council for Accreditation of Counseling and Related Educational Programs (CACREP),



Locke is "Paw Paw" to granddaughters Meredith (left) and Grace.

on the ACA Governing Council, on the Board of Directors for the American Personnel and Guidance Association and the American Association for Counseling and Development, and on the Board of Examiners for the National Council for Accreditation of Teacher Education.

United we stand

As a result of his experiences, Locke believes he has a sense of what has worked for ACA and what has not. One approach that works is when members of the association speak with one professional voice, he says. Locke points to the success of the licensure effort, which was accomplished, he says, because professional counselors in each state came together to move the effort forward. "For professional counselors to be a contributing part of the mental health profession, it's going to be necessary to be united and not fractured," Locke says. "For us to truly advocate for the profession, we need to have numbers, and we need to be together. If we're going to advocate and have legislation that supports professional counselors in all venues, then it's going to be necessary to speak with a single voice."

The divisional structure has served ACA well, Locke says, because divisions allow for smaller groups to focus on specific concerns within the field. However, he says, it's important to guard against divisions or

interest groups separating too much from the greater overall mission of professional counseling.

Locke questions whether the current makeup of the ACA divisional structure works as well as it once did. Divisions were at one time extremely viable, he says, but in recent years, membership in divisions has declined, so he wonders if the time has come to determine whether some groups should continue functioning as divisions. Locke suggests that some current divisions might function better as interest groups or could merge with each other to create more viable entities.

Locke says four items will stand out on his to-do list during his time as ACA president. First, he'd like to undertake a reorganization of the governance structure to better reflect the membership. Second, he would like to address the portability of counselor licensure, an issue the "20/20: A Vision for the Future of Counseling" initiative is working on and one that Locke says he plans to actively support.

Third, Locke wants to revitalize the divisions and dormant branches. And fourth, he'd like to work toward greater involvement of student members throughout the ranks of ACA, whether on

committees, task forces or in other roles, so they will see the value of membership and continue on as professional members. That might also mean working to meet student needs by offering additional student programs and a stronger network of job opportunities, Locke says. "We want to continue to make ACA viable enough so that students see this is where they want to keep their professional membership."

Other current issues Locke anticipates needing to address include the sunset of licensure laws in many states, third-party payment for counselors, increased emphasis on counselor training models that focus on the clinical aspect of training and opportunities for influencing international counseling.

Making things happen

Brian Canfield, professor of counselor education at Southern Arkansas University and a past president of ACA, has known Locke for more than 25 years and calls him a "true mentor." Their paths first crossed when Locke was a professor and associate dean in the College of Education at the University of Louisiana at Monroe and Canfield was an assistant professor. "Part of Don's success as a leader is his tenacity,"

says Canfield, who is also ACA treasurer and director of international education and development for IAMFC. "As is true of most capable leaders, he has a strong personality. He does not shy away from a challenge or let obstacles impede progress when he is committed to a course of action. One of the things I have always admired about Don is his vision. Whether it is creating a new Ph.D. program or building a new counseling clinic, Don knows how to make things happen."

Locke has already contributed significantly to the counseling profession, even before stepping into his new role as ACA president, Canfield says. "Don has served in many leadership roles. He has had a strong influence on the development of IAMFC and other ACA divisions, as well as various state branches and state branch divisions. His greatest contribution to the counseling profession, in my opinion, has been his keen ability to recognize and cultivate the talents and abilities of others. Don has been, and remains, a mentor for many in our profession."

Canfield says he can't predict what Locke's ultimate legacy as president will be, but he knows it will feature a high level of professional integrity and competent

SOULDRAMA®

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

SOULDRAMA®: A seven stage process of transformation and growth designed to move clients through their rational, emotional and spiritual intelligences, remove blocks, live in the present and awaken their higher purpose.

SOULDRAMA® is an transpersonal action method that applies to all aspects of recovery including: The 12-steps, special problems such as grief, divorce, addictions, relationships, corporate, career and money issues.

SOULDRAMA® Workshops
Learn how to put spirituality into action!

Learn effective creative action techniques for groups and individuals. Enhance and embrace your creativity and spontaneity.



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

Puglia, Italy

July 1 – 8, 2011
Souldrama – 35 Hrs

Bali

July 23 – 30, 2011
First International Conference
for Souldrama – 50 Hrs

Sesimbra, Portugal

October 28 – Nov. 1, 2011 – 30 Hours

St. Petersburg, Florida

January 12 – 16, 2012 – 25 Hours

Two-year Souldrama Certification course starting September, 2012. Go to www.souldrama.com for details.

Connie Miller received the Association for Creativity in Counseling's Thelma Duffey Vision and Innovation Award 2011 for cutting edge practice for Souldrama

stewardship. Locke is one of the most knowledgeable and experienced people ever to serve as ACA president, Canfield says, adding that he is confident Locke's tenure will center on "true service to the counseling profession."

Service was an ideal with which Locke grew up. His maternal grandfather and several of his uncles were ministers, and Locke admits his mom initially assumed he would become one, too. Although he followed a different path, Locke says his mother was pleased with his career choice, especially after he explained that he thought he could serve more effectively through counseling.

Locke calls his father, who also dedicated his life to service as an officer in the Army, his greatest inspiration. "My dad always impressed on me to be all you can be," Locke says. His father told him to "be willing to accept positions, but always assume the responsibility that goes along with that choice."

When Locke is not busy assuming responsibilities in the counseling profession, he is a husband to wife Judy, a father to grown children Mark and Laura, and "Paw Paw" to granddaughters Grace and Meredith. Married for more than 40 years, Locke says he and Judy enjoy doing activities together, especially gardening and yard work. As for other passions and interests, Locke is also active in his church, spends about an hour a day deepwater running in the campus pool and is an avid collector of vintage baseball cards — his favorite being a 1954 Bowman Ted Williams.

Stand up for counseling

As Locke embarks on his year as president, he isn't naïve about the obstacles ahead. It's easy to get caught up in small issues or concerns, he says. "The challenge

as president is not to get bogged down in the minutiae and triviality and to really focus on some of the broader issues that we have in our profession."

In leading an organization with more than 46,000 members, Locke says it is important to understand and accept ahead of time that opinions on any given topic will vary widely. His goal is to listen to everyone before reaching a decision. "The challenge as president is to speak for the entire group and not from isolated or smaller pockets," he says.

Locke offers a nod of respect to ACA Immediate Past President Marcheta Evans, saying that he'll work to be as facilitative and understanding a leader as she proved to be. "She's a great people person, and she's done a great job in understanding the membership," he says. "I would like to continue on as she has done."

By the time his year as president ends, Locke says he hopes to see that ACA membership has continued to increase, that ACA has made further inroads in using technology to deliver services to members and that divisions will have experienced more vitality and perhaps even undergone some mergers.

Looking further into the future, Locke would like to see increased focus on clinical training. "If every client you work with increases your skills, then the more experience and supervision we can give someone, the stronger the person will be as a counselor," he says.

Locke also desires for counselors to continue building their identities as counselors, not "identify ourselves using someone else's



The Locke family at a recent wedding. From left, Locke with his wife Judy, son Mark, daughter Laura, son-in-law Wayne and granddaughters Grace and Meredith.

template," he says. Professional identity is something that other helping professions perhaps have in more abundance than counseling, Locke says, so he'd like to witness the counseling profession continue to strengthen its singular identity.

Although acknowledging there is always room to grow, Locke says he is deeply honored to be part of such a strong and admirable profession. Three things that he takes special pride in are the rigorous training of counseling students, the connections counselors make with their clients and the observable results that make counseling a performance-based profession. "I'm proud of our profession," he says. "I will stand up in any group, anywhere, and tell them I'm a professional counselor." ♦

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

Letters to the editor:
ct@counseling.org

20% OFF on NEW Couples Therapy Titles for *Counseling Today* readers!

We're No Fun Anymore

Helping Couples Cultivate Joyful Marriages Through the Power of Play

Robert Schwarz and Elaine Braff

August 2011
Hb: 978-0-415-87187-7
\$79.95 \$63.96

Pb: 978-0-415-87188-4
\$39.95 \$31.96



The Emotionally Focused Therapist Training Set

Susan M. Johnson, Brent Bradley, James L. Furrow, Alison Lee, Gail Palmer, Doug Tilley and Scott Woolley

March 2011
Pb: 978-0-415-89631-3
\$59.95 \$47.96

Hb: 978-0-415-87942-2: \$90.00 \$72.00
Pb: 978-0-415-87943-9: \$39.95 \$31.96



Case Studies in Couples Therapy

Theory-Based Approaches

David K. Carson and Montserrat Casado-Keohoe (Eds.)
Family Therapy and Counseling Series
June 2011

Hb: 978-0-415-87942-2: \$90.00 \$72.00
Pb: 978-0-415-87943-9: \$39.95 \$31.96



Engaging Men in Couples Therapy

David S. Shepard and Michele Harway (Eds.)

Routledge Series on Counseling and Psychotherapy with Boys and Men
July 2011

Hb: 978-0-415-87587-5: \$90.00 \$72.00
Pb: 978-0-415-87588-2: \$34.95 \$27.96

To order, Call Toll-Free (800) 634-7064, or visit our website.

Use code **EYK95** to receive the exclusive 20% discount. Expires 9/1/2011.

www.routledgejournalhealth.com

ROUTLEDGE

Routledge
Taylor & Francis Group

Cross-cultural counseling of recent immigrants

It is a common belief that clients seek counseling to begin or continue change. In the case of recent immigrants, change is a significant, ongoing process. Deciding to leave one's home country to make a new life somewhere else requires considerable bravery and faith that the future will be as good, if not better, in another place. But the enormous demands of such a transition often exceed even the most realistic expectations. I have friends who, upon visiting the United States for the first time, were awed by the openness and freedom of American culture but simultaneously startled by the traffic, grit and destitution they observed.

This is supposed to be the land of opportunity, but for many who live here, life is still very, very hard. The new immigrant will not only witness such disheartening scenes, but may, in fact, be living them out on a daily basis — a circumstance that can produce considerable disillusionment and regret. It is important for culturally sensitive counselors to recognize and validate the immigrant client's culture shock and efforts to persevere in the face of these challenges and disappointments.

New arrivals to the United States often endure a considerable amount of psychosocial upheaval as they struggle to adapt to a new culture, language (possibly), social structure and financial reality. Their economic circumstances substantially impact such transitions. Individuals or families with adequate, stable incomes are likely to find such adjustments less difficult than those with minimal funds. Having the time and resources to maintain connections with significant others, either in the new community or back home, and the ability to access needed or desired products, such as traditional food items, can also affect the ease with which they adjust to their new environment.

Being unable to communicate in English is socially isolating and limits employment opportunities. Even immigrants who are verbally fluent and



functionally literate may be puzzled by regional language patterns and colloquialisms, contributing to their sense of being out of sync with others. Dining and sleeping, activities that, depending on the immigrant's culture, might previously have taken place on the floor, now involve tables and beds. Holiday customs, such as the exchanging of Christmas gifts, may be unfamiliar. Moreover, any obvious differences in speech or appearance can make these individuals vulnerable to unusual scrutiny or prejudicial treatment. For instance, during the sniper attacks that took place in the Washington, D.C., metro area in 2002, police stopped one of my students who was traveling in a vehicle similar to the one reportedly driven by the suspects and subjected him to particularly close examination because he was Turkish.

Political refugees and asylum seekers confront challenges of an entirely different order of magnitude. At best, they face the prospect of indefinite separation from family members who were unable to accompany them. At worst, they have witnessed the killings

of loved ones or been tortured or maimed themselves. Survivors endure tremendous emotional losses, in addition to post-traumatic stress, and may require treatment for physical as well as psychic wounds. (The Center for Victims of Torture provides resources for survivors and clinicians through its websites: cvt.org and healtorture.org.)

Although recent immigrants are subject to a myriad of stressors, counseling is unlikely to be the first resource to which these individuals ordinarily turn. Generally, family members form their most important support system. The immigration process itself has likely strained these relationships, however, either due to increased physical distance from loved ones or because relatives who immigrate together frequently adapt to the new culture at different rates and to varying degrees. When separated from one's biological family, the larger circle of those with shared heritage and experiences may become an important substitute. Comfort might be derived from common religious observances or mere proximity to others who speak the same dialect.

Once an immigrant client does present for counseling, it is important to explore the circumstances leading up to this event. Although some of these clients come voluntarily, others may be mandated by the court to attend counseling. In the latter case, domestic relations or child-rearing practices are sometimes significantly different in the client's country of origin, and the individual might not have a clear understanding of why his or her accustomed behaviors are not accepted in the new locale. Counselors may need to spend a substantial amount of time familiarizing these clients with American culture, including key aspects of the legal system, and helping them to identify healthy ways of accommodating new demands without abandoning traditional and personal values.

In certain instances, clients' children or other relatives encourage them to seek professional guidance in coping with some life problem. One of my friends who is a therapist was recently approached by a former client, a college student who is a first-generation immigrant from Afghanistan. Her family still struggles with issues related to their relocation some years earlier and is attempting to cope with long-ago losses that continue to haunt them. My friend and I talked at length about the availability of low-cost or free services from a competent provider who would be willing to visit the family in their residence. We concluded it was also important to find someone who would recognize and honor the family's cultural and religious principles.

Whatever the client's presenting issue, it can be helpful to devote some time to exploring any ongoing cultural conflicts. One of my clients noted the substantial differences in etiquette between her Caribbean culture and that of Americans living in a semirural region of the Midwest. She was accustomed to greeting everyone with a pleasant "Good day" or

"Good night" but found that this struck others as odd, particularly because "Good night" is generally used as a farewell rather than a welcome in the United States.

It is essential to view the immigrant client as an individual rather than as a stereotyped representative of a particular group, even if he or she identifies strongly with a certain faction or places high value on membership in a given community. For example, the term "South American" encompasses a wide variety of cultures and ethnicities, but it provides an insufficient description of a specific young mother whose ancestors were part of the indigenous population of Bolivia. Furthermore, people of common nationality may be members of tribes that have long been at odds with each other. Clients who were in the majority group in their home countries may suddenly find the tables turned, increasing their sense of displacement. In other cases, civil conflicts have resulted in the creation or dissolution of state boundaries, often without consideration for the ethnic identities of the affected people, many of whom were forced to flee their homes

to escape the fighting. Among the places where this has occurred are the Balkan states, the Kashmir region of India, the former Soviet Union, Korea and various parts of Africa.

A key element of establishing rapport with immigrant clients is getting a sense of their internal rhythms and learning to work at a pace that is optimal for them. While at some point it may be appropriate to challenge these clients to stretch beyond their comfort zones, this cannot be broached effectively until trust is established and they feel respected and understood. Especially in the case of a cross-cultural counseling relationship, it is incumbent upon the therapist to become familiar with the client's social traditions and principles. Prescriptively imposing one's own standards implies a value judgment, which is likely to leave the client feeling further alienated.

As a counselor begins to understand the client in context, he or she might discover a wealth of sociocultural resources available to support the activities taking place in session. Members of the client's family, religious organization or other community groups may be quite willing to encourage the client's personal growth if the counselor explains the importance of their support and invites them to contribute their unique wisdom and understanding to the process. Working in concert with the client's value system and traditions instead of against them is much more likely to result in a successful outcome. ♦

Christina M. Rasmussen has taught English as a second language and worked for the Adventist Development and Relief Agency (ADRA), a humanitarian organization present in 125 countries around the world. She is currently pursuing a degree in pastoral counseling at Loyola University Maryland. Contact her at cmrasmussen@loyola.edu.

Letters to the editor:
ct@counseling.org

COUNSELING TODAY

Advertiser Index

| | | | |
|---|----|--|---------|
| ACA/ACES Syllabus Clearinghouse | 31 | Army Medical Command, Civilian Corps. | 9 |
| ACA Annual Conference & Exposition..... | 23 | Association for Advanced Training in the Behavioral Sciences | Cover 4 |
| ACA Publications | | California Southern University..... | 37 |
| Experiential Activities for Teaching Multicultural Competence in Counseling..... | 18 | Capella University | 17 |
| Girls' and Women's Wellness: Contemporary Counseling Issues and Interventions..... | 33 | Child Therapy Toys | 15 |
| Group Work and Outreach Plans for College Counselors | 26 | Department of Veterans Affairs..... | 49 |
| Integrating Spirituality and Religion Into Counseling: A Guide to Competent Practice, 2E..... | 13 | Exam Prep Study Guide by Andrew Helwig, Ph.D..... | 19 |
| Working with Kids and & Teens..... | 6 | Grief Recovery Institute | 21 |
| Thriveworks..... | 29 | HPSO Insurance | Cover 3 |
| Private Practice: Starting or Expanding, 4E | 47 | Institute for Life Coach Training ... | 25 |
| | | International Institute of Souldrama | 41 |
| | | New Harbinger Publications | 11 |
| | | Routledge | 42 |
| | | Suicide Prevention Resource Center..... | 35 |
| | | Therapysites.com | Cover 2 |

DIVISION, REGION & BRANCH NEWS



ACCA makes plans for Disney

Submitted by Sylvia Shortt

sshortt@westga.edu

Make your plans now to attend next year's sixth American College Counseling Association Conference in Orlando, Fla., Oct. 3-6, 2012, at the Disney Contemporary Resort. The call for programs is posted on our website at collegetcounseling.org/conference, and the deadline for program submission is Nov. 15. We are particularly interested in programs that emphasize LGBT issues, bullying and working with marginalized students. We also encourage community college counselors to submit proposals.

The conference theme will be "College Counseling: A Whole New World." Our past five conferences have been extremely successful, so I encourage you to reserve these dates for next year. This is an event you will not want to miss, especially because we are at Disney!

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

Stay tuned to our website for updates about the conference. For more information, contact Sylvia Shortt at accaorg@mindspring.com. We hope to see you there!

Workplace wellness takes center stage at NECA institute

Submitted by Kay Brawley

kbrawley@mindspring.com

Human energy reverberates through work environments, impacting everybody. People are experiencing exceptional stress in the current economy. Long-term unemployment is common. Many have



Cheri Butler, immediate past president of the National Career Development Association, recently attended the Career Development Association of Australia (CDAA) Conference in Cairns, Queensland, Australia. Pictured (from left) are Megan Smith, president of the Career Development Association of New Zealand; Lester Oakes, president of the International Association for Educational and Vocational Guidance; Carole Brown, president of CDAA; Maggie Hames, president of the Career Transitions Association of New Zealand; and Butler. The leaders met to discuss possible collaborations and sharing of resources.

stopped looking for work, and those who are working are being asked to do more, sometimes for less pay. The challenges of the 21st century threaten the health of counselors, coworkers, supervisors and clients. They also offer incredible opportunities for growth. At its best, employment counseling is a healing profession.

Michael Lazarchick, a past president of the National Employment Counseling Association, has been presenting wellness workshops at the American Counseling Association Annual Conference & Exposition for years. He has more than 40 years of experience helping people function more effectively within the world of work. It is not surprising then that he choose "Wellness at Work" as the theme for the 2011 NECA Summer Institute, to be held Aug. 16 in Annapolis, Md.

Counselors are in a unique position to provide the techniques needed to create a truly healthy environment. At the Summer Institute, keynote speaker Gina Myers will empower you with her story of overcoming workplace stresses, while Sandy Lundhal will help you understand your workplace style using

the Enneagram, and a panel of successful entrepreneurs will address wellness in the pocketbook, covering ways to get hired and promoted, expand income options, successfully compete for government jobs and secure contracts with the federal government.

With Lazarchick leading the institute, you can rest assured you will be entertained, while also consuming practical information in an easy-to-understand format. We'll explore energy work, charkas (life force centers), a little qigong, the effective use of visualizations and even a powerful short meditation.

It will be an incredible day that promises rejuvenation for those in attendance. You will hear about, experience and learn techniques to make your energy a truly positive force in the universe. The institute will be jam-packed with inspirational messages, healing thoughts and experiential processes to expand your consciousness and heal your body anywhere, anytime, especially at work. For more information or to register, visit employmentcounseling.org. For exhibit space, contact Kay Brawley at kbrawley@mindspring.com. ♦

ACA to play integral role in revamp of Title X program

The U.S. Department of Health and Human Services (HHS) is conducting a thorough revamp of Title X, a federal program that provides comprehensive family planning and related preventive health services. This is the first comprehensive review of the program in 20 years, and the American Counseling Association has been asked to provide an evidence-based approach for integrating counseling into the program. In Fiscal Year 2010, Congress appropriated approximately \$317 million for family planning activities supported under Title X.

In May at the Contraceptive Counseling and Education Technical Panel meeting in Atlanta, ACA Chief Professional Officer David Kaplan presented a social learning theory-based counseling model that Title X counselors could potentially use. The model was well received, and HHS officials indicated that they are likely to use the model, as well as ACA's continued assistance, in the new iteration of Title X. HHS officials also indicated that they hope to secure funding so that ACA can provide training to Title X counselors after the program is revised.

For more information on the Title X program, visit hhs.gov/opa/familyplanning/index.html.

Adults with mental illness more likely to develop alcohol dependency

A report released in June shows that alcohol dependence is four times more likely to occur among adults with mental illness than among adults with no mental illness — 9.6 percent compared with 2.2 percent, respectively. Based on a nationwide survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), the report also states that the rate of alcohol dependency increases as the severity of the mental illness increases. For example, while 7.9 percent of those with mild mental illness were alcohol dependent, 10 percent of those with moderate

mental illness and 13.2 percent of those with serious mental illness were alcohol dependent.

“Mental and substance use disorders often go hand in hand. This SAMHSA study adds to the evidence of this connection,” said SAMHSA Administrator Pamela S. Hyde. “Co-occurring mental illness and substance use disorders are to be expected, not considered the exception. Unfortunately, signs and symptoms of these behavioral health conditions are often missed by individuals, their friends and family members and unnoticed by health professionals. The results can be devastating and costly to our society.”

The SAMHSA Spotlight report was developed as part of the agency's strategic initiative on data, outcomes and quality — an effort to inform policymakers and service providers on the nature and scope of behavioral health issues. The report is based on data from the 2009 National Survey of Drug Use and Health, a state-of-the-art scientific survey of a large representative sample of people throughout the United States.

The full report is available at oas.samhsa.gov/spotlight/Spotlight027AlcoholDependence.pdf.

University of Maryland, University of Malta partner to offer counseling degree

The University of Maryland Counselor Education Program has launched a dual master's degree program in counseling in partnership with the University of Malta. The program will be part of the International Master's Programs at the University of Malta, which offers joint international master's programs in a number of disciplines. The University of Malta originated as a Jesuit college in 1592 and is the oldest British Commonwealth university outside the United Kingdom and in the Mediterranean.

The primary audience for this degree will be individuals from Malta and the Mediterranean region, the Middle East and Europe who are interested in pursuing a graduate degree in counseling.

The program will enroll a cohort of 20 students each year, with the first cohort expected to start the 18-month program at the University of Malta in October.

Students will receive 24 credit hours from the counseling program at the University of Maryland and the equivalent of 24 credit hours from the counseling program at the University of Malta. All course work will be completed at the Valletta campus of the University of Malta, a historic site built in 1598.

For additional information on the program, contact Courtland Lee, director of counselor education at the University of Maryland, at clees5@umd.edu or 301.405.8904.

Sleep disruptions may be function of combat

A study presented in May at the American Psychiatric Association's annual meeting suggests that sleep disturbances such as obstructive sleep apnea (OSA), excessive awakening and insomnia may be a normal result of combat experience rather than a symptom of post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), major depression or other psychiatric conditions.

The retrospective study, which will be published this summer as “Sleep Disruption Among Returning Combat Veterans from Iraq and Afghanistan” in the peer-reviewed journal *Military Medicine*, examined the electronic medical records of recently redeployed soldiers complaining of sleep disturbances.

PTSD and TBI are both characterized by sleep disruptions. Nightmares and insomnia are core characteristics of PTSD, but OSA, restless legs, sleep terrors, nocturnal anxiety attacks and sleep avoidance can also occur. However, the study showed that many of the symptoms experienced by soldiers with these diagnoses occurred with the same frequency in civilians who sought relief at a sleep clinic. Sleep apnea, which occurred in 76.8 percent of the soldiers in the study, occurs at a similar rate in civilians seeking treatment. ♦

BULLETIN BOARD

COMING EVENTS

AACE National Conference Sept. 8-10 Forth Worth, Texas

The Association for Assessment in Counseling and Education National Conference, themed "Assess. Advocate. Create. Empower," will focus on how professional counselors can use assessment and evaluation to advocate for services and resources, create knowledge for the profession and empower clients and communities. We will accept advance registrations through July 15; hotel discounts are available through Aug. 7. For more information about AACE or the conference, visit theaaceonline.com/conference or contact Casey Barrio Minton at casey.barrio@unt.edu.

APCP Annual Convention Nov. 8-10 San Juan, Puerto Rico

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

ASERVIC Spiritual Journey Dec. 28-Jan. 4 Italy

Join the Association for Spiritual, Ethical and Religious Values in Counseling on a tour of Roman, Christian and Jewish religious and spiritual sites in Italy. The tour is limited to 30 people. The price will include airfare from Atlanta to Rome and from Milan to Atlanta on return, as well as all transportation, entrance fees and the services of a full-time tour guide. Continuing education credits are available. For more information, contact ASERVIC President Mark Young at myoung@cfl.rr.com.

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 that are both relevant to working with sexual minorities and of interest to counselors, counselor educators and other counseling-related professionals who work across diverse fields. Topic areas include new research, new/innovative practice and theoretical or conceptual pieces (including literature reviews) that reflect new ideas or new ways of integrating previously held ideas. The journal is distributed quarterly. For detailed submission guidelines, contact editor Ned Farley at nfarley@antiochseattle.edu.


Call for papers

The Journal of Poetry Therapy: The Interdisciplinary Journal of Practice, Theory, Research and Education (Promoting Growth and Healing Through Language, Symbol and Story) (tandf.co.uk/Journals/titles/08893675.asp) is an interdisciplinary journal seeking manuscripts on the use of language arts in therapeutic, educational and community-building capacities. The journal's purview includes bibliotherapy, healing and writing, journal therapy, narrative therapy and creative expression. The journal welcomes a wide variety of scholarly articles, including theoretical, historical, literary, clinical, practice, education and evaluative studies. For more information and submission guidelines, e-mail editor Nicholas Mazza at nfmazza@fsu.edu.

Bulletin Board submission guidelines

Items for the *Counseling Today* Bulletin Board must be submitted via e-mail to lshallcross@counseling.org with "Bulletin Board" in the subject line. Limit submissions to 125 words or less. Non-calendar items will be published for a maximum of three consecutive months. The deadline for submissions is the first of the month at 5 p.m. ET for publication in the following month's issue (for example, the deadline for the September issue is 5 p.m. ET on Aug. 1). ♦

PRIVATE PRACTICE: Starting or Expanding?



COMPLETE GUIDE TO PRIVATE PRACTICE 4TH EDITION

Robert J. Walsh, MA, NCC, LCPC and Norman C. Dasenbrook, MS, LCPC, authors and consultants, continue to help hundreds of counselors start and expand successful private practices. **The Complete Guide to Private Practice for Licensed Mental Health Professionals 4th edition** offers the latest, updated practice information and includes all the private practice forms on CD-ROM.

4TH EDITION TOPICS INCLUDE

- 8 Step Start Up Method
- Marketing and Advertising
- Billing Options and Fee Collection
- Office Set Up With Minimal Investment
- Successfully Deal With Insurance and Managed Care
- HIPAA Information
- ACA Code Of Ethics Transfer Plan
- How To Buy Or Sell a Private Practice

AND MUCH MORE

ORDER YOUR COPY TODAY! CALL 1.815.877.0399

Visit us on the web for more information on The Complete Guide, Consultation Service and Seminars at: www.Counseling-Privatepractice.com Secure Online Ordering!

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

ONLY \$84.99!
VISA & MC ACCEPTED

CALL 1.815.877.0399
Secure Online Ordering!
www.Counseling-Privatepractice.com



CLASSIFIEDS

♦ Classified advertising categories include: Calendar; Merchandise & Services; Consulting; Office Space Available; Business Opportunities; Educational Programs; Call for Programs/Papers. Other categories can be added at no charge.

♦ Rates: Standard in-column format: \$10 per line based on 30 characters per line, \$60 minimum. \$8 per line for advertisers prepaying for six months. No cancellations or refunds. Classified ads can be placed online only at a rate of \$8 per line, based on 30 characters per line; 30-day posting.

♦ Employment ads are listed under international or national by state.

♦ Rates: \$10 per line based on 30 characters per line, \$150 minimum. \$8 per line for advertisers prepaying for three months. No cancellations or refunds. Employment ads can be placed online only at a rate of \$8 per line, based on 30 characters per line; 30-day posting.

Display ads in the employment classified section are available and can be designed by ACA's graphics department. Call for details.

Classified and employment ads are not commissionable and are billed at net rate only.

♦ ACA Members: If you are seeking a position you may place a 45-word ad for \$10. This is a one-time insertion only.

♦ Deadlines: Vary per issue. Contact Kathy Maguire at 607.662.4451 or kmaguire@counseling.org for further details.

♦ Direct all copy or inquiries to Kathy Maguire via e-mail at kmaguire@counseling.org.

Phone: 607.662.4451

Fax: 607.662.4415

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

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

MERCHANDISE/ SERVICES

TOOL TO EXPLORE RELATIONSHIPS

Things to Know Before You Say "Go", engaging & powerful relationship assessment card deck to open dialogue, expand inquiry, & deepen awareness about relationships. 76 card questions, 192 pg book, \$29.95 at CourageToBloom.com. App for iPhone, called *The Questions*, at iTunes only \$3.99.

IMPROVE YOUR PRACTICE AND PROFIT

Learn about an effective weight loss therapy, a beautiful model for private practice: genuine, profitable, and easy to manage. Go to www.TheAndersonMethod.com

CRUISE, RELAX, EARN CEs

You can have a Cruise Vacation and Learn 20 CEs at very reasonable prices. BCT's Cruising for Credits is a LPC owned company specializing in CEs on cruises. Call Debbie at 877-901-4335 www.CruisingforCredits.com

THE FAMILY & MARRIAGE COUNSELING DIRECTORY

Get referrals from one of the top ranked family & marriage counseling sites on the web. <http://family-marriage-counseling.com>.

LICENSURE EXAM REVIEW

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

CRAZED BY CLIENT BILLING?

Visit www.ShrinkRapt.com today and learn more about ShrinkRapt™ the top selling billing and insurance program for mental health practitioners. Easy to use! Order today and receive a FREE Email & FREE Backup Module! Limited time

offer! Request a fully functional Demo Package at www.ShrinkRapt.com or by calling Saner Software Inc (630) 513-5599.

DISSERTATION COMPLETION CONSULTING

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

EMPLOYMENT NATIONAL

THE DEPARTMENT OF VETERANS AFFAIRS (VA) Mental Health Opportunities Nationwide

The Department of Veterans Affairs (VA) is one of the largest, most technologically advanced health care systems in the United States. Our employees work at 154 medical centers, 875 ambulatory and community-based outpatient clinics, 136 nursing homes, and many other facilities, such as domiciliaries and readjustment counseling centers. More than a century ago, President Lincoln made a promise to America's servicemen and women, pledging the care and concern of a grateful Nation for the sacrifices they made to preserve freedom. Since 1930, VA's mission has been to keep that promise.

Veterans' mental health is a top priority at VA. After returning from combat, many veterans struggle to readjust to life at home. Our mental health care providers play a critical role in helping these veterans reclaim their lives by providing cutting-edge care. VA supports this mission by ensuring that our mental health professionals have the most innovative technologies, facilities, and training at their fingertips. When you join VA, you will be a core member of our interdisciplinary care team structure, collaborating with both primary care

and other mental health professionals to establish the right course of treatment for patients. VA has health care facilities in all 50 states, the District of Columbia, and Puerto Rico. Should a mental health professional desire to relocate, he or she may seek employment at any location where there is a vacancy and, if hired, transfer without loss of benefits. Only one active, unrestricted state license is needed to practice in a VA facility in the above locations.

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

ALABAMA

CHRISTIAN COUNSELING SERVICE

LPC

Established in 1986, we are the leading Christian counseling service in the Birmingham area. We are seeking an LPC to join our growing team. An established client-base is helpful, but not necessary. Our ideal candidate should have experience in marriage counseling, WISC & WAIS testing, and writing reports. Our top-notch front office staff, family atmosphere, and growing practice make this a great place to work. Send resume to counselingresumes@gmail.com.

FLORIDA

ARGOSY UNIVERSITY, TAMPA

Program Chair, Counseling Education

Argosy University, Tampa, is seeking exceptional applicants for the position of Program Chair in

our Counselor Education program. Successful candidates will join and manage a diverse and cohesive faculty of outstanding practitioner-scholars who share a commitment and passion in working with diverse and marginalized populations. Applicants must have a commitment to graduate instruction, training effective counselors, supervision of student research, academic advisement, and involvement in professional and scholarly activity. Successful candidates must hold a doctoral degree in Counselor Education (CES) or equivalent and be licensed or license-eligible in FL. They must also have a minimum of 5-7 years of post-doctoral experience and evidence of management experience and potential. In addition, the candidates must have graduated from a CACREP Accredited institution and have experience in the education and training of counselors, preferably in a CACREP accredited program. We offer a competitive salary and benefits. The campus is located near downtown Tampa in close proximity to numerous cultural and recreational opportunities. We are committed to racial, cultural, and gender diversity among our faculty and student body. Minority-group candidates are strongly urged to apply. Review of applications will begin immediately and continue until the positions are filled. To apply please click here https://edmc.hua.hrsmart.com/ats/js_job_details.php?reqid=10681

For additional information please call or email Dr. Tomi Wahlstrom at 813-463-7187 or twahlstrom@argosy.edu.

BANYAN HEALTH SYSTEMS Miami Behavioral Health Systems & Spectrum Programs

Clinical Supervisor for Adult Residential Facility

Supervises & trains staff. Review charts. Monitors staff case load. Clinically reviews Initial Assessments, Master Treatment Plans & Treatment Plan Reviews. Review, approve referrals and documentation process. Qualifications: Masters degree in Social Work, Mental Health, Rehabilitative Science or related field. LCSW, LMFT, or LMHT. 3 yrs exp & 1 yr of Supervisory exp. Send resume and cover letter to: nrosello@mbhc.org, or fax to 305-398-6099.

KENTUCKY

LINDSEY WILSON COLLEGE

School of Professional Counseling

Assistant Professor

Lindsey Wilson College is seeking applicants for an Assistant Professor of Counseling and Human Services to teach in graduate and undergraduate programs. Positions are available in Somerset, KY. Qualifications include a terminal degree in Counseling Education and Supervision or related mental health field. Applicants must also be eligible for licensure.

Interested individuals should send a cover letter and current vita to Karen Wright, Director of Human Resources; Lindsey Wilson College; 210 Lindsey Wilson Street; Columbia, KY 42728; wrightk@lindsey.edu.

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



Department of
Veterans Affairs

MENTAL HEALTH CAREER OPPORTUNITIES

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

WEBSTER UNIVERSITY**Asst/Assoc Professor of Counselor Education and Worldwide Director Counselor Education**

The Department of Behavioral and Social Sciences at Webster University invites applications for a tenure-track appointment at the level of Assistant/Associate Professor with administrative responsibilities for the Counselor Education program effective August 2011. This is a twelve (12) month academic/administrative position with a reduced teaching load owing to administrative responsibilities as well as advising and clinical supervision responsibilities. The administrative duties of the position entail oversight of the program currently at 25 campuses, with 2,000 students, and several hundred adjunct faculty. Qualified applicants will hold 1) an earned doctorate in counselor

education and supervision or counseling; 2) licensure (or be license eligible) as a professional counselor (LPC) in the state of MO; 3) certification as an Approved Clinical Supervisor through NBCC; and 4) possess evidence of excellent teaching ability and a record of scholarly activities such as publications, presentations, grants and awards. The ideal candidate will have 1) experience as an academic (CES) administrator of a counselor education program; 2) experience teaching in a counselor education program; 3) experience implementing/adhering to professional standards (e.g., CACREP, NCATE, etc.), and 4) experience working with local, state, national, and international professional counseling agencies and organizations. Webster faculty members are expected to participate in department, college and university governance activities, and other university events. Opportunities for faculty research exist. Applicants must have evidence of teaching and supervision

excellence and interpersonal skills that lend to direction of a multi-site program.

Webster University, founded in 1915, is a private, multi-campus and international institution with academic programs in 106 locations in the United States, Europe, and Asia. The St. Louis campus provides an academic home for more than 3,500 undergraduate and 3,300 graduate students. <http://www.webster.edu> Review of applications will begin immediately and will continue until the position is filled. Applicants should forward: (1) a cover letter, (2) curriculum vitae, (3) statement of teaching philosophy, (4) teaching evaluations, (5) statement of research interests and relevant publications, and (6) at least three professional letters of references. Please mail application materials to Counseling Worldwide Director Search Committee, Human Resources, Webster University, 470 E. Lockwood Avenue, St. Louis, Missouri, 63119-3194.

Update your ACA membership record and stay connected

The American Counseling Association is committed to ensuring that our organization represents a strong, vibrant and evolving model of diversity and inclusion for the counseling community.

We need your help in this critical effort and ask that you partner with us by updating your profile and telling us more about yourself. The information you share will be used for internal purposes and may be shared only in the aggregate with outside parties. Therefore, no personal identifying information will be communicated to anyone else.

In a few weeks, you will receive a form requesting that you review and update your membership information. Please review the information we currently have on record for you, make the necessary changes and/or updates,

and return the form in the postage-paid envelope provided.

You may also log on to the members-only area of *counseling.org* by entering your user name and password. Once logged in, click on "Manage Membership" in the orange login box and proceed to update your information. If you do not know your user name and password, please contact Member Services at 800-347-6647 ext. 222 or 703-823-9800 ext. 222 (Monday to Friday, 8 a.m.-6 p.m., ET), or e-mail membership@counseling.org. Likewise, please use the same contact information if you have any questions, comments or concerns about your ACA membership.

Thank you for being a member of ACA and for your contribution to building a more diverse and inclusive counseling community.

A counselor's story...

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

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

Just as important as having coverage through HPSO!

Now with expanded benefits!

Endorsed by:



AMERICAN COUNSELING
ASSOCIATION

Make sure your story has a happy ending.

Counselor's Professional Liability Insurance
800.982.9491 • www.hpso.com/con7

 **HPSO**[®]
Healthcare Providers Service Organization

This program is underwritten by American Casualty Company of Reading, Pennsylvania, a CNA company, and is offered through the Healthcare Providers Service Organization Purchasing Group. Coverages, rates and limits may differ or may not be available in all States. All products and services are subject to change without notice. This material is for illustrative purposes only and is not a contract. It is intended to provide a general overview of the products and services offered. Only the policy can provide the actual terms, coverages, amounts, conditions and exclusions. CNA is a registered trademark of CNA Financial Corporation. Copyright © 2011 CNA. All rights reserved.

Healthcare Providers Service Organization is a registered trademark of Affinity Insurance Services, Inc., in CA (License #0795465), MN and OK, AIS Affinity Insurance Agency, Inc., and in NY, AIS Affinity Insurance Agency.

©2011 Affinity Insurance Services, Inc.

CT711

LEARN FROM THE EXPERTS



Janis Frankel, Ph.D.

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

Dear AATBS,

I just wanted to write to you to THANK YOU for helping me pass my NCE exam today! Thank you so much for offering a site that was so easy to navigate and understand. Your questions, method of studying, and way of teaching led me to score significantly higher than I could have imagined.

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

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

THANK YOU SO MUCH!!!!

Sincerely,
Chris Mrazik
Cleveland, OH

NCE PREPARATION

ENSURE EXAM SUCCESS PARTNER WITH AATBS

AATBS IS YOUR PARTNER IN EXAM PREPARATION

For over 35 years AATBS has been a partner in exam preparation for counselors. We employ the most experienced exam preparation experts to update our materials and teach our workshops.

Call an exam expert today to learn what you need to pass!

\$100 OFF NCE COMBO PACKAGE

REGULAR PRICE ~~\$409~~ | SALE PRICE \$309

NCMHCE STUDY PACKAGES ALSO AVAILABLE

USE CODE: CPWB4 - OFFER EXPIRES 7.31.2011



NCE Combo Package Includes :

- Comprehensive Study Volumes
- Over 1000 Practice Questions
- Online Workshop Series
- Expert Phone Consultation
- Strategy Audio CDs
- AATBS Pass Guarantee*

*Purchase an AATBS NCE® Exam Study Package today. With our money-back guarantee, you can be assured of your success on the exam. Other companies may offer similar programs and guarantees, but none can match the quality and affordability of AATBS' Study Program. (Some restrictions apply. Visit www.aatbs.com for more information.)



Speak with an exam expert: (800) 472-1931

See our monthly specials at: www.aatbs.com

 **Association for Advanced Training
in the Behavioral Sciences**

Serving the Needs of Mental Health Professionals Since 1976