

Counseling Today

October 2016 • Volume 59/Number 4

An American Counseling Association Publication

Couples counseling

Also inside:

- ❖ **Intervening in the lives of ex-offenders**
- ❖ **Joining with and supporting same-sex parents**
- ❖ **Establishing an international counseling identity**
- ❖ **Using a contemporary psychoanalytic lens**



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Counseling Today

October 2016

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By Laurie Meyers

Couples counseling isn't "individual counseling times two," but rather a focus on two unique people in relationship and how to make that relationship function in a healthy way.



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To intervene effectively in the lives of people exiting the correctional system, counselors make use of career counseling skills, trauma treatment, motivational techniques and a strong sense of empathy.



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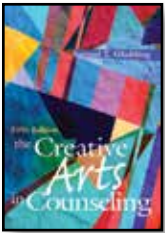
The Latest in Counseling Theory and Techniques From ACA



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The Creative Arts in Counseling **Fifth Edition**

Samuel T. Gladding



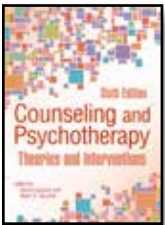
In this fifth edition, Sam Gladding examines the uses, benefits, history, and rationale for using 13 creative art forms with clients of various ages and backgrounds. He provides 126 exercises to facilitate change and healing in clients—as well as “creative reflections” for personal and professional self-evaluation.

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edited by David Capuzzi and Mark D. Stauffer



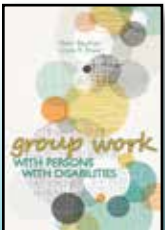
Topical experts provide insight on the following theories: psychoanalytic, Jungian, Adlerian, existential, person-centered, Gestalt, cognitive behavior, dialectical behavior, rational emotive behavior, reality therapy/choice theory, family, feminist, transpersonal, and—new to this edition—solution-focused and narrative therapies, as well as creative approaches to counseling.

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Group Work With Persons With Disabilities

Sheri Bauman and Linda R. Shaw



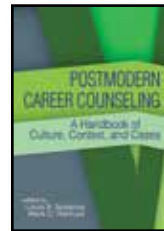
This handbook offers direction for leading groups of people with disabilities or groups that have members with disabilities. Emphasis is placed on skill building and training for facilitating task, psychoeducational, counseling, family, and psychotherapy groups. Topics examined include groups using technological platforms; issues of diversity; ethical concerns; logistical accommodations; and the unique

issues of clients with sensory, psychiatric, cognitive, and physical disabilities, as well as chronic medical conditions. A list of resources and a variety of group exercises round out the book.

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Postmodern Career Counseling: A Handbook of Culture, Context, and Cases

edited by Louis A. Busacca and Mark C. Rehfsuss

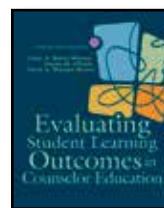


This book examines the theoretical underpinnings of postmodern career counseling and provides approaches to counseling clients of various ages and backgrounds on occupational choice, career transitions, work traumas, and more. In 17 application chapters, career counseling experts demonstrate postmodern career assessment and intervention embedded in culture and context. Multicultural case vignettes and a “Practical Application Guide” in each of these chapters facilitate classroom learning.

2017 | 392 pgs | Order #78124 | ISBN 978-1-55620-358-9
List Price: \$64.95 | **ACA Member Price: \$47.95**

Evaluating Student Learning Outcomes in Counselor Education

Written and edited by Casey A. Barrio Minton, Donna M. Gibson, and Carrie A. Wachter Morris



This timely text provides step-by-step guidance for developing comprehensive Student Learning Outcome (SLO) evaluation plans to meet accountability expectations, and offers a variety of SLO activities and rubrics linked to the 2016 CACREP Standards. Methods for identifying and developing direct and indirect measures of student learning are outlined, as is collecting, managing, reporting, and using student data to ensure competence.

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Catherine B. Roland

Strategic planning for counselors equals action

Dear Counseling Colleagues, I'd like to share some thoughts on how counselors, counselor educators and counseling students can plan and act in a strategic manner to accomplish many goals. I see the process of planning as strategic because it leads to the future along a path of accomplishment that is based on a combination of need, desire, logic and commitment.

As I write this, difficult challenges continue to occur — challenges that have impacted all members of society and our counseling profession. Some of those challenges have involved natural disasters, such as the tragic flooding in West Virginia and Louisiana. Other challenges are the result of killings and shootings in various parts of our nation and world, including Dallas and Baton Rouge, Louisiana.

It is important to note that all of the examples I mentioned occurred over a brief period of time this past summer. That short time span can create a kind of "pile on" effect for people. There are only so many negative or horrific events that individuals can accept without their levels of self-confidence, trust and happiness being affected.

That is where we find ourselves as counselors: working with K-12 students, college students, graduate students, children, adults, older adults and other diverse populations across the life span. We must also remember to practice self-care as counselors. We often get double and triple doses of the sadness and horror as we learn about an incident ourselves and then reexperience it multiple times through our clients and students.

It may be worth exploring the strategic

planning process as a way to begin establishing and accomplishing goals for yourself and your clients and students, especially around issues that are sad or distasteful or that cause negative feelings. We sometimes think of strategic planning as an exercise conducted in university or organizational meetings. However, we can also use those skills to make plans concerning how we, as counselors, can help in the most effective way possible in whatever specific area we are involved.

If we create a treatment plan for a client in a clinical setting whose brother was shot, design a post-divorce family group for middle school students who had to relocate to a different city because of flooding, or plan the agenda for a semesterlong safe-sex/risk behavior series on a college campus in a state where the incidence of HIV/AIDS is alarming, we are being strategic. Each of these examples would have lasting effects, could be continued with broader objectives and would have measureable outcomes that would expand through the three- to five-year scope of the planning.

If those exercises featured a continuum of activities each year, short- and long-term goals, and a set of outcomes to be accomplished over the course of the three- to five-year scope, I wonder if the overall plan would be more impactful. A more developmental view of planning might ensure that the plan and the activities surrounding it would evolve.

For situations similar to the examples here, time is relative. For instance, take the college student who just learned that two of his best friends have been diagnosed with HIV. In many ways, those

Continued on page 50

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The National Awards will be presented at a gala ceremony during the ACA 2017 Conference & Expo in San Francisco. Award recipients and their nominators will receive invitations to attend the awards reception at the Conference.





Richard Yep

Striving toward a civil society

Last month, I asked readers to think about the upcoming elections in the United States, not just for federal offices, but at the local and state levels as well. I didn't suggest who to vote for, but rather reminded all of you about the important advocacy and services that you provide. My point was that it is important for elected officials and candidates for office to understand and support the good work that professional counselors do each and every day.

To support that point, I suggested that professional counselors review the front pages of newspapers or listen to the lead stories on the evening news and think about how their work could have helped to alleviate the tragedy, horror, pain or strife that were part of those stories. In other words, I suggested that professional counselors should take a moment to realize their incredible worth to society.

Whereas that discussion addressed counselors' impact on the role of public policy and those elected to create and uphold laws, I now want to look at the importance of civil society and the role of professional counselors in that endeavor. Civil society is simply many groups of people working together toward a positive outcome for the entire community. As a recognized nongovernmental organization, the American Counseling Association works with the United Nations on global issues of importance to civil society. At the local level, the work of professional counselors and counselor educators can be a key element in the promotion, enhancement and advancement of civil society.

Although many of you engage in one-on-one work, you are also an important part of bringing together

society so that we can collectively improve the lives of many people. How might you make that happen? Part of the solution involves outreach with your professional colleagues and community-based groups. Communicate with those who share common concerns, and help to educate those who do not share our views. If we find common ground and work toward solutions, we will continue to improve society.

I realize these are not easy tasks. Then again, being a professional counselor is not an easy job. However, the reward for working as an active contributor toward civil society is something that cannot be understated.

I know most of you have precious little "extra" time to devote to anything other than your clients and students. I also know that to become a more just, open and inclusive society, we must all use our respective talents to make our communities that much better. We need to overcome the discrimination and oppression that many people now face. We can do that only by working together — yes, perhaps at the public policy level, but to have an even greater impact, with those who share our belief in civil society.

As we head into October and the final months of 2016, it represents much more than a time when we see the leaves turn and the seasons change. I believe that what transpires over the next few months will be critical to ensuring that professional counselors have the support necessary to meet the needs of their clients and students. I encourage you to be aware of what is happening in the profession and the world at large. From there, figure out how your role in civil society can have the greatest impact on those for whom you advocate.

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

Be well. ♦

Counseling Today

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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.



A resource for rural counselors

I really enjoyed Bethany Bray's article, "Counseling in isolation," in the July 2016 issue of *Counseling Today*. I have lived and worked in a rural area since 1975, so I can seriously and honestly say that this article is the best I've read on rural counseling. I can certainly resonate with the issues brought up in the article. I have worked in the schools, with faculty, in the community, at professional workshops during conferences, at a center for developmentally delayed children, in a mental health clinic and, finally, have been in private practice for 27 years.

This is indeed an area where, generally speaking, professional organizations fall down on the job of supporting us. So, once again, thanks.

Jo Weisbrod, M.A., LPC

Loving what you do shines through

It was so inspiring to read the August 2016 Counselor Career Stories interview by Danielle Irving ("A counselor's heart: Listening with curiosity").

What Amy Rosechandler shared in the interview was motivating. It felt like she was talking directly to me. Her experience as a licensed mental health counselor and certified group psychotherapist, as well as recently establishing her own practice, just makes one realize that loving what you do is always a reminder of the difference you are making in people's lives.

Amy Rosechandler's passion for working with college students rekindled my own passion as a counselor. Yes! We are stories, and life is a narrative, and listening to clients sharing and constructing what makes meaning in their world is fascinating.

*Nomcebo Gugu Nkosi, M.A., M.Ed., LPC
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Bias can cut both ways

As ordained clergy and late vocation to counseling, I believe we are going the wrong direction with "License to deny services" (July 2016).

Let me first state that, no, I would never refuse to accept any client for the reasons stated in the controversy. But one of the examples provided in the article was a counselor not counseling someone in an adulterous affair unless that person gave it up. Then another counselor interviewed for the article used Scripture out of context. While it's true that Jesus was among the poor and lowly, he also exhorted them to change their way of life. Jesus tells the woman caught in adultery to stop it: "Go, and do not sin again." Jesus causes the tax collector Zacchaeus to change to not being so concerned with wealth. Jesus calls out the Samaritan woman at the well on her way of life, and she changes. Jesus met people where they were, but he never left them there, instead calling them to live a better life, not by the individual's values but by Jesus' values. This is the heart of the problem with the tack of this article.

In my graduate program, one professor told me that when she first met me, she thought I was going to try to shove my religious values down everybody's throat. She admitted she had been completely wrong in her (bias? prejudice? sincerely held principles?) assertion. I replied that when I first met her, I thought she was an interesting person to talk to and get to know. At least she was honest enough to admit her bias and correct it, which we all should do.

Clients are often reluctant to discuss their religious and spiritual beliefs because the impression given is that they will be judged for them. We should be spiritually and religiously competent, not fearing clients or counselors in their spiritual and religious beliefs, and able to support clients and counselors. The American Counseling Association endorses spiritual and religious competencies. These complement cultural competence because spirituality and religion are integral to many of the cultures of the people we counsel.

A mentor exhorted me to always remain curious, asking questions and learning. Instead of condemning, we

need to dialogue. Many people who have strong spiritual and religious beliefs feel they are discriminated against by powerful governmental and organizational institutions. We need to be very careful how we approach spirituality and religion within our ACA and with our clients.

Robert P. Barnard, M.Ed.

More connections between intuition and counseling

Thanks for the interesting and clinically relevant article "Embracing intuition" by Lynne Shallcross in the August 2016 issue of *Counseling Today*. In light of this subject, I thought readers may be interested in a couple of articles that some colleagues and I wrote a number of years ago.

❖ "Teaching a workshop on creativity and intuition in counseling" by Christopher M. Faiver, Christopher J. McNally and Pam J. Nims, *The Journal of Humanistic Education*, June 2000

❖ "Intuition in mental health counseling" by Sheri P. Eisengart and Christopher M. Faiver, *Journal of Mental Health Counseling*, January 1996
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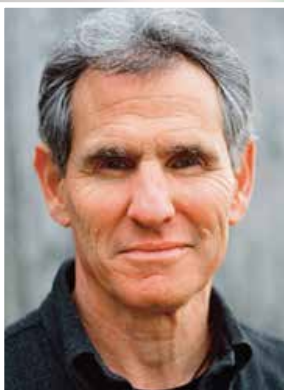
Corrections and clarifications

❖ In the September 2016 article "The counselor's role in ensuring school safety," an incorrect email address was published for Zachary Pietrantoni. The correct email is zpietrantoni@njcu.edu.

❖ In the September 2016 article "Counseling 'unlikeable' clients," Lauren Ostrowski should have been identified as working for a group private practice and a community mental health agency.

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Twelve conservative money ideas for counselors in private practice

Often, the businesses that get attention are the moonshots and the big bets. We read articles featuring businesses funded by venture capital or that became billion dollar overnight successes. The auspicious “Inc. 500” list honors companies that have grown their revenues exponentially, but not necessarily companies that are profitable or that will be around a long time into the future.

In reality, some of the most successful businesses practice controlled growth and are fiscally conservative. This month, let’s look at a dozen conservative money ideas that might not excite you but might help you build wealth all the same.

1) Get out of debt. Perhaps you took out a business loan or borrowed some money to get your practice started. Mission one: Clear that debt. No matter the interest rate, holding debt will prevent you from building wealth in your company and life. You won’t be alone in shunning debt. Companies on the Standard & Poor’s 500 Index with no long-term debt include Facebook, Chipotle, Monster Beverage, Visa (ironically?) and Whole Foods.

2) Know that debt is risk. Business is risky. A business with debt on the books is very risky. People don’t calculate the risk of debt, which is why it seems like a good idea to borrow money at 4 percent interest to invest for a possible 12 percent return. Sometimes this works, but it’s an additional gamble that you don’t need while trying to build and grow your business.

3) Build your own line of credit. Too many businesses run without any cash on the books and instead rely on a line of credit as a safety net. This is a sure-fire way to stay poor. If a winter storm shuts you down for a month (as one did

to us a couple of years ago), your “safety net” will put your company back into debt. Having cash on hand (i.e., retained earnings) is good financial practice, and it puts your company in a safe position to weather the occasional disaster — or to take advantage of deals that might appear from time for time. For example, say a competitor comes up for sale or someone needs to unload a stockpile of medical equipment for pennies on the dollar. You can only jump at such opportunities if you have the cash.

4) Have a budget, not just a P&L. You should review your profit and loss (P&L) every month. However, evaluating your practice only through its P&L is like trying to drive a car by looking through the rear-view mirror. Your P&L shows you what happened last month, not what’s coming this month (or the one after that). Having a budget for your business is like looking through the windshield — you can actually see where you’re going. (On a side note, if you don’t have either, you’re driving blind.)

5) Don’t sign a personal guarantee. Whether they are for a business loan or a lease, personal guarantees seem irrelevant ... until things go wrong. I was meeting with a wealthy entrepreneur, and he asked me how many rented locations my company had. I had five at the time. He then asked, “Did you personally guarantee the leases?”

“Yes,” I said.

“You’re on the hook for a lot of money if the business fails,” he cautioned.

He went on to tell me that early in his career, one of his businesses failed, and he was on the hook for millions of dollars because of personal guarantees he had given. After hearing his story, and per his advice, I began refusing to sign personal guarantees. To date, I haven’t been turned

down from doing business even once as a result. A huge liability gone, just by saying “no.”

6) Test your advertising. Most advertising doesn’t work. So spend just a little on it at a time and test it like crazy. Make sure advertising produces a positive return before investing substantial sums.

7) Know your numbers. Many practice owners can’t tell me their revenues, let alone their profits. You shouldn’t need to ask your accountant for such things. Master your numbers. Know how much money you have in your business and in your personal life. Know your net worth! Only by knowing your numbers will you be able to set and achieve financial goals.

8) Get your personal finances in order. You can’t earn yourself to wealth. Many people try and fail because they don’t invest adequately and they overspend unintentionally. It’s crucial that you have a plan, and that includes a monthly budget. Setting a personal budget is good practice. Once you master a personal budget, begin to do the same for your business.

9) Plan for retirement. You’re going to want to retire someday. Are you getting prepared today? If you’re self-employed as a counselor, begin by saving 15 percent of your income. Because your practice doesn’t have a 401(k), you’ll probably want to start by maxing out a Roth IRA every year (which grows free of interest). If you’re single, you can contribute as much as \$5,500; if you’re married, \$11,000.

10) Remember that business expenses count. People have a mental disconnect with their business expenses. They overspend on rent. They overspend on dinners out. They purchase all sorts of things they would never buy in their

personal lives because they use the justification, “It’s for the business” or “It’s tax-deductible.” In reality, they’re just being careless with their spending, and it hurts their profits and income.

11) Consider purchasing your office. You probably wouldn’t want to rent your home for your entire life. Purchasing a home helps you to build wealth. If your business is stable and you’re committed to a location, consider taking the same action for your business. Let’s be real — counseling practices don’t often have a huge market value, but if you purchase your commercial office, you might build a surprising amount of equity after 20 years of paying rent to yourself.

12) Spend below your means. Marketers are highly skilled, and they have one job — to make you feel like you need to buy whatever it is they’re selling. Many of us live what Thomas Stanley calls “a high-consumption lifestyle,” and its effect is devastating. In his book *Stop Acting Rich*, Stanley shows that most millionaires in the United States didn’t get there by making huge sums of money. They got there by saving and by living on less than they made.

What do you think of these conservative financial ideas? Share your thoughts on Twitter: @anthonycentore or @thriveworks. ♦

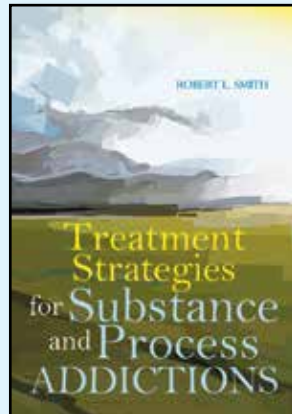
Anthony Centore is the founder of Thriveworks, a chain of 26 counseling practices with locations in 10 states. He also serves as the American Counseling Association’s private practice consultant and is author of the book *How to Thrive in Counseling Private Practice*. He is a licensed counselor in Massachusetts, Virginia and Georgia.

Letters to the editor:
ct@counseling.org

New!

Treatment Strategies for Substance and Process Addictions

Robert L. Smith



“Dr. Smith and his colleagues present realistic examples of the complete spectrum of substance and process addictions with integrated models of assessment, diagnosis, and treatment. This book should be mandatory reading for all counselors and therapists.”

—Jon Carlson, PsyD, EdD
Distinguished Professor
Governors State University

“This important resource for practitioners, counselor educators, and students uniquely addresses the behavioral addictions particularly relevant in contemporary society. I look forward to using this text in my practice and in the classroom!”

—Thelma Duffey, PhD
President, American Counseling Association (2015–2016)

This distinctive and timely text examines the most prevalent substance and process addictions and focuses on current research and evidence-based treatment strategies. Each chapter contains a listing of student learning outcomes, a case study with reflective questions, techniques for assessment and diagnosis, inpatient and outpatient treatment approaches, and resources for further study. With its emphasis on treatment, this book can be used by practitioners as well as in introductory courses in addictions or in subsequent courses that focus on treatment strategies.

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From combat veteran to counselor

Duane France is a retired Army noncommissioned officer, national certified counselor and master's-level therapist. He works with veterans in Colorado Springs, Colorado, as the director of veteran services for the Family Care Center and as the executive director of the nonprofit Colorado Veterans Health and Wellness Agency.

France graduated from Adams State University in Colorado with a master's degree in clinical mental health counseling. He was one of five veterans selected to receive a 2015 NBCC (National Board for Certified Counselors) Foundation Military Scholarship. He was also the recipient of a 2016 NBCC Foundation Capacity Building Grant for expanding mental health counseling services to veterans.

Danielle Irving: After retiring from the U.S. Army, what led you to pursue a career in counseling?

Duane France: As a leader in the Army, it was clear to me that mental health and wellness play a huge part in the effectiveness of any team, but even more so for the military. As a son, nephew and grandson of veterans, I saw the impact that experiences both in combat in particular and military service in general had on my family, and I wanted to be able to provide a new generation of veterans, as well as previous generations, with an opportunity to obtain stability.

I also had one of those serendipitous career moments in which a retired Air Force major who was also a therapist told a group of us to consider the mental health profession as a post-military career, as there are not many combat veterans who are also counselors. Her words stuck with me, and here I am.

DI: Describe your role in your current position.



Duane France

DF: I currently hold two positions. Our agency, the Family Care Center, is a large private practice with 12 counselors, therapists and psychologists, as well as several medication management prescribers. I am the director of veteran services, coordinating our efforts with other veteran service organizations in our community, partnering with the local Department of Veterans Affairs and managing our affiliation with the Colorado 4th Judicial District Veterans Trauma Court. The bulk of my individual clients are in the Veterans Court program.

We have also developed a 501(c)(3) nonprofit agency affiliated with the Family Care Center which provides us the ability to pursue fund development opportunities in order to serve veterans without other means of support. Our goal is to be able to provide quality mental health counseling services to any veteran, regardless of characterization of discharge, era of service, or whether or not the veteran served in combat. I also serve as the executive director for that organization, the Colorado Veterans Health and Wellness Agency.

DI: What do you see as your greatest strength as a counselor?

DF: I think my greatest strength is the combination of my lived experience as a combat veteran and the outstanding education and training I have received as a professional counselor. It is not just that my experience provides legitimacy for the veterans I work with, but more that I am familiar with the cultural aspects of military service.

DI: Now that you have transitioned and begun a new career, what goals would you like to achieve?

DF: I certainly have career goals, the first of which is to become a certified addiction counselor. A mentor once told me that there is about an 80 percent comorbidity

rate with veteran mental health concerns and substance use disorders, so that is a huge part of any aspect of veteran mental health. The reasons a veteran turns to substances are numerous. It may start as recreational use but often turns into a maladaptive coping technique that causes more problems than it solves.

An open-ended goal I have is to make an impact on the stigma regarding veteran mental health. Veterans have an internal stigma against help-seeking in a general sense, and often seeking mental health services in particular. The veteran's family and support network often don't understand the changes that a veteran experiences during service, and the veteran's community, while generally well-meaning and supportive, can often fall back to reacting to the stereotype of the "crazy combat vet."

Toward that end, I want to help veterans understand that working with a counselor can be beneficial; support the veteran's family in an understanding of what the veteran went through and is going through; help those in the mental health professional community come to a better understanding of the unique needs of veterans; and help the veteran's community understand the veteran better.

DI: What are some of the basic cultural issues or differences that counselors should understand about military clients?

DF: There are some excellent basic military information training courses out there, but one of the first things that counselors need to understand is that veterans can be brutally and painfully direct. With others, certainly, but just as often with themselves. The military culture is one that celebrates brevity and clarity. We love our acronyms, and one of the ones that we use often is BLUF: Bottom Line Up Front.

I've worked with veterans who sit down in my office, and the first day we meet, they start telling me about the worst day of their life. Once they've decided to start

talking, they are going to *talk*. Sometimes we have to slow down a bit and come to a point of awareness about why all this stuff is happening, to teach them some coping techniques.

Another key aspect of working with veterans that counselors can definitely help with is trust. Trust is a huge component of working with veterans, as much as it is with any client. The difference, however, is that veterans often saw trust as a matter of life or death while they were in the service, and certainly while they were in combat. If a counselor is able to establish trust with that veteran, then they will be able to help the veteran come to a point of awareness of the cause of the challenges they are facing.

DI: What advice would you offer your colleagues who are interested in providing counseling services to the military population?

DF: Learn as much as you can about veterans *from* veterans. I don't mean have your clients teach you, because most veterans I talk to get frustrated when they have to explain themselves to their counselor. I had another mentor of mine explain cultural competency in this way: "It is up to us to learn as much as we can about

our client's culture, not have the client teach us about their culture."

If a counselor knows a veteran in their lives — as a family member, friend, member of their congregation — spend some time with them and explain that you want to understand more about what veterans experience. When that veteran hears that you, as a counselor, want to help other veterans, they might be happy to spend some time talking to you about the military.

That is the key to helping veterans: Learn about what your clients experienced. Not just [from reading] journal articles, but actual accounts from veterans themselves. You can get a sense of the camaraderie, the frustration, sometimes even the sheer boredom and incomprehensibility of life in the military. If nothing else, just doing some homework about where and when your veteran client served can be beneficial.

DI: What do you consider to be the most prevalent mental health issues that veterans face?

DF: Two of the most prevalent conditions that most of society considers that veterans struggle with today are posttraumatic stress disorder (PTSD) and

traumatic brain injury (TBI). While both of these conditions are certainly present in veterans today, I think that the mental health issues that veterans face go beyond just PTSD and TBI.

Many veterans I work with have a significant challenge in finding purpose and meaning in their lives. While they were in the military, they may have been small cogs in a giant machine, but many veterans felt a sense of pride and honor in their service. When they return from combat or transition out of the military, however, what seemed important to them doesn't appear to be important to others. They start to feel a large disconnect between their experiences and the experiences of their peers.

Another aspect of what veterans struggle with is what has been called *moral injury*, which is how a veteran's core beliefs about what is right and wrong have been changed by their experiences. These questions of right and wrong, meaningful or meaningless, can impact veterans in a significant way.

DI: What is the biggest challenge counselors might encounter when working with veterans?

DF: In one word, resistance. It's present

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in many of our clients, but we can absolutely expect it when we work with veterans. In contrast to one of my earlier statements, in which some veterans will come in ready to talk, I've worked with other veterans for months, or even nearly a year, before they felt they could start to talk about the most traumatic experiences they've faced.

I've worked with some veterans where we never got to that place, and I've worked with veterans where working on one aspect of trauma uncovers another deeper trauma. A skilled counselor can overcome resistance, of course. It takes time, but earning your veteran client's trust is a huge part of it.

DI: The American Counseling Association has more than 55,000 members. Have I left out anything that you want our readers to know about you and your work?

DF: I don't believe that a counselor has to have military experience to be effective when working with veterans, although it helps. The majority of my colleagues at the Family Care Center have not served in the military, but they are all very competent in working with veterans and their families.

At the same time, however, I don't feel as though every counselor could work with veterans effectively. Veterans are proud, and at times that pride can make them difficult to work with. If they get the sense that their therapist pities them or sees them as something like a broken-winged bird that needs to be nursed back to health, then the resistance that I talked about earlier could solidify into concrete. Most veterans simply want to be heard, without judgment, and be able to tell their story ... and the competent counselor is really great at that. ♦

Danielle Irving is the senior coordinator for ACA's professional projects and career services department. Contact her at dirving@counseling.org.

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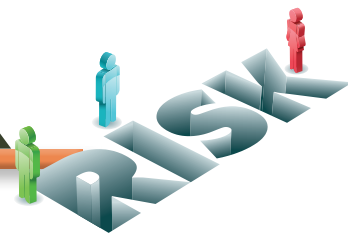
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Providing services with the consent of one parent

Question: The mother of a 10-year-old client contacted me because she wishes to obtain counseling for the boy based on his anxiety related to the parents' upcoming divorce. My usual practice is to obtain consent to treatment from both parents, but the mother insists the father will just sabotage treatment because he doesn't want to pay for counseling. Can I go ahead and see the boy?

Answer: Whether you can provide counseling services to a child based on the authorization of one parent is a matter of state law. Typically, if there has not yet been a divorce and custody decree, either parent may be able to consent to treatment. Are you certain that no temporary or permanent custody decree is in place?

Regardless, you would be well-advised to consult your own local health care attorney. You might obtain a referral from a trusted colleague or go to the online attorney directory, *martindale.com*, to access an attorney in your locale who has health care experience. Sometimes a custodial parent will claim that a counselor who treats the child against that parent's wishes has interfered with the custodial relationship. That is one

reason that it is wise to obtain legal advice before you act.

Additionally, because you have not yet engaged in counseling with the boy, you might suggest to the mother that the father may be more cooperative if he's contacted before the counseling begins. Often, one parent feels “left out” of the equation and may be more likely to balk or threaten to file a lawsuit or a licensure board complaint if informed of the counseling only after the fact. If the father does not cooperate, the mother can ask her attorney to attempt to obtain a court order for counseling. If the family truly cannot afford counseling, perhaps you can discuss options so that the child can receive services.

In some states, even if the parent requesting services does not have custody, it may be appropriate to render emergency counseling (for example, for a minor child who is suicidal) until the issue of consent to treatment can be resolved. This would also support the goal of aspirational ethics — promoting the welfare of the minor client (see the 2014 *ACA Code of Ethics*, Standard A.1.a., Primary Responsibility). However, the legal issues should still be addressed with your attorney.

The question addressed in this column was developed from a deidentified composite of calls made to the Risk Management Helpline sponsored by the American Counseling Association. This information is presented solely for educational purposes. For specific legal advice, please consult your own local attorney. ♦

Anne Marie “Nancy” Wheeler, an attorney licensed in Maryland and Washington, D.C., is the risk management consultant for the ACA Ethics Department.

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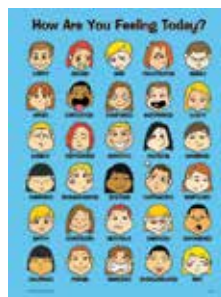


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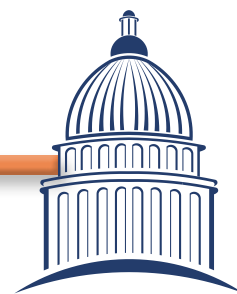


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A season for changes

In the latter part of August, the American Counseling Association Government Affairs Department welcomed Scott MacConomy as its new state legislative representative. Scott joins ACA after an extensive career on Capitol Hill and at private sector government affairs firms.

Scott worked for Sen. Daniel Moynihan of New York for many years, ending his tenure as Moynihan's legislative director prior to the senator's retirement in 2000. Scott was also a legislative assistant for Sen. Mark Pryor of Arkansas. In the private sector, Scott worked for two large government affairs firms and a health care association. In addition, he ran his own small firm, Lincoln Government Affairs. Among the many areas he has worked on at the federal and state levels are health care, budget and veterans issues. He is also active in state and local politics.

Scott is a native of Alexandria, Virginia, and holds a degree in psychology from the University of Colorado. He will be handling issues facing ACA and the counseling profession in all 50 states and five U.S. territories.

The Government Affairs Department is excited to have Scott on board with his vast amount of experience. He has hit the ground running on various issues, including "religious refusal" legislation, licensure portability and legislation

that articulates the scope of practice for licensed professional counselors. If you have any questions about these issues, want to alert us to a new issue in the states or would simply like to say hello to Scott, he can be reached at smacconomy@counseling.org or 703.823.9800 ext. 210.

Another change we will all see in the coming months is a shakeup and reorganization of Congress. Regardless of who wins the elections in November, hundreds of different public officials will take office, including a new secretary of Health and Human Services and a new secretary of Veterans Affairs. The elections in November could also shift control of the U.S. Senate and the U.S. House of Representatives.

Although we wish we could look into the future and know how the elections will play out, we can't. We can tell you, however, that there will be some new faces as well as some old familiar ones when we welcome in the new 115th Congress on Jan. 3. In the meantime, we need ACA members all over the country to start reaching out and developing relationship with their congressional members. This will help us to continue our strong outreach and advocacy work this year and allow us to hit the ground running on Jan. 3.

ACA's top federal legislative priority remains S. 1830 (the Seniors Mental Health Access Improvement Act of 2015)

and H.R. 2759 (the Mental Health Access Improvement Act of 2015). These two bills would allow licensed professional counselors to bill clients who currently use Medicare as their method of health insurance. With Congress turning over a new leaf in January, we need to be ready to tell legislators why this issue is so important for all members of the counseling profession and their clients.

The Government Affairs team encourages ACA members to build on their advocacy and grassroots experiences and successes in the 114th Congress by carrying these over to the 115th Congress. If you are interested in getting involved in advocacy and grassroots efforts on the state or federal level, please reach out to Dillon Harp, ACA's grassroots organizer, at dharp@counseling.org or 703.823.9800 ext. 202.

As always, it is your Government Affairs team's honor and privilege to serve ACA members and the counseling profession. We look forward to working with you in the future. ♦

Art Terrazas, Guila Todd, Dillon Harp and Scott MacConomy make up the Government Affairs Department at the American Counseling Association. Contact them at advocacy@counseling.org.

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ACA recently collaborated with Holly Forester-Miller, Ph.D. and Thomas E. Davis, Ph.D. to update the popular white paper, "Practitioner's Guide to Ethical Decision Making." This frequently cited professional resource has served as a guide for countless counseling professionals over the years. The 2016 version is now available both online and as a downloadable/printable PDF.

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The ACA Code of Ethics: Clarifying values and referrals in counseling

The 2014 *ACA Code of Ethics* outlines the ethical responsibilities of its members and provides guidance to counselors in fulfilling their professional responsibilities. The ethics code is revised every seven to 10 years to reflect changes in society; changes in the way we, as professional counselors, view our relationships with our clients; and our evolving view of competent practice.

As the counseling profession matures, actions that the American Counseling Association takes help crystalize who we are as a profession. Ethics, foundational moral principles and professional values are central to who we are, what we believe and how we should carry out our responsibilities to others. Each iteration of the *ACA Code of Ethics*, beginning with the 1961 code, has attempted to highlight that.

ACA's ethics codes have always put clients first. The 2014 *ACA Code of Ethics* built upon previous codes to further clarify the expectations for ethical behavior by counselors. The current code makes it clear that counseling is about the client, not the counselor.

Q: Did the 2014 ACA Code of Ethics change the types of circumstances under which I am able to refer a client?

A: No. Starting with ACA's first ethics code in 1961, the counselor could "decline to initiate" or terminate a counseling relationship if the counselor, either for lack of competence or personal limitation, could not be of professional assistance. In subsequent ethics codes, the language was expanded to clarify that the primary reason for referral is that the counselor is no longer able to be of assistance to the client. The three situations delineated are that 1) the client no longer needs the counselor's assistance, 2) the client is not likely to be helped by further counseling

or 3) the client would be harmed by further counseling. In each situation, the counselor must be knowledgeable about appropriate referral sources when referring the client to someone else.

Q: When can I terminate the counseling relationship?

A: In addition to the situations just described, counselors may terminate the relationship when they are in jeopardy of being harmed by the client or by another person with whom the client has a relationship, or when the client does not pay agreed-upon fees.

Q: What is a client characteristic?

A: Client characteristics are those delineated in Standard C.5. (Nondiscrimination) of the 2014 *ACA Code of Ethics*. The list has expanded since earlier versions of the ethics codes. It now includes the following: age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/partnership status, language preference, socioeconomic status, immigration status or any other basis proscribed by law.

Q: What do I do if I don't feel qualified to work with a particular client?

A: Counselors may not refer based on a client characteristic. So if a counselor lacks knowledge about a client with whom the counselor is working, it is incumbent upon the counselor to seek additional training, consultation or supervision to increase his or her skills and ability to work with that client. For example, if a counselor has never heard of a client's home country, the counselor must learn as much as possible to work with that client. The counselor may not refer the client based on a lack of knowledge.

Q: Are there any exceptions?

A: Yes, there are. If the client needs a higher level of care than the counselor can provide, then the counselor may refer the client. What does a higher level of care mean? It means that the counselor lacks the qualifications or competence to continue to work with the client.

Q: How is "lack of competence" defined?

A: Competence is defined by one's education, training and experience, and the scope of practice determined by the credential that the counselor holds. Competence is very counselor specific because each counselor brings a different background and skill set to the relationship and holds a specific credential. Given the same presenting issue, one counselor may need to refer a client based on a lack of competence or credential in that particular area, whereas another counselor may be fully competent to work with that client.

For example, let's say a counselor in private practice is seeing a client who presents with some self-esteem issues. As counseling progresses, the counselor notices that the client appears thinner and does not look healthy. The client initially indicates that everything is fine and refuses to discuss certain issues. But it soon becomes apparent that the client likely has an eating disorder. The counselor is not qualified to provide that level of care and must refer to someone who is qualified. But a different counselor may be qualified, based on credentials and training, to work with this same client and would not have to refer.

Q: What does "counselors do not impose their values on their clients" mean?

A: As individuals, we are shaped by our education, training, experiences, culture, values, families and so on. The way in

which we view the world is part of who we are. No one is expected not to be who they are. However, in counseling, it is important to leave our values and worldview at the door of the session and not allow how we see things to influence the way we view and work with our clients. We need to see the world through our client's eyes and understand the client's frame of reference.

Graduate programs guide students to a better understanding of who they are, how they see the world and how those factors could impact the counseling relationship. Counselors need to continue this reflective process throughout their careers to ensure that they are not allowing their values to influence the counselor-client relationship. Part of this reflective process should include additional education and training, supervision and consultation. We need to reflect on, ponder and analyze our behavior so we can grow to a new and continuously evolving level of self-awareness and become increasingly more effective counselors.



Ethical practice is critical to counseling. It is always incumbent upon the counselor to ensure that the services provided meet the highest standards of counseling. Each iteration of the *ACA Code of Ethics*, culminating with the current 2014 version, has made it clear that counseling is about the client and the client's welfare.

When we start refusing to work with specific clients based on our personal values and beliefs, then we are putting ourselves first and working with our clients second. As our world and our clients become more diverse, it becomes more challenging to work effectively with diverse populations. But I think counselors are up to the challenge. ♦

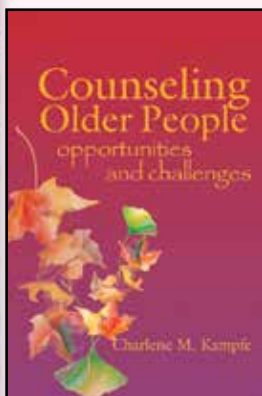
Lynn E. Linde is senior director of the ACA Center for Counseling Practice, Policy and Research. She is also a past president of ACA. Contact her at llinde@counseling.org.

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New!

Counseling Older People: Opportunities and Challenges

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—Catherine B. Roland, EdD
Editor, *Adultspan Journal*

This book provides insight into the primary issues faced by older adults; the services and benefits available to them; and the knowledge base, techniques, and skills necessary to work effectively in a therapeutic relationship. Dr. Kampfe offers empirically and anecdotally based interventions for dealing with clients' personal concerns and describes ways in which counselors can advocate for older people on a systemic level. Individual and group exercises are incorporated throughout the book to enhance its practicality.

Topics covered include an overview of population demographics and characteristics; counseling considerations and empowering older clients; successful aging; mental health and wellness; common medical conditions; multiple losses and transitions; financial concerns; elder abuse; veterans' issues; sensory loss; changing family dynamics; managing Social Security and Medicare; working after retirement age; retirement transitions, losses, and gains; residential options; and death and dying.

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By Laurie Meyers

Among the most common difficulties that bring couples to counseling are infidelity, financial problems, sex and intimacy issues, parenting challenges and ongoing tensions with the in-laws. Each of these problems has its own unique characteristics, but according to couples counselors, they tend to share a similar root cause — namely, lack of communication. The challenge for counselors (and their couples clients) is to identify how communication went awry — or if it ever truly existed in the first place — and then work to reestablish it

Couples counseling is fundamentally different from individual counseling, says Paul Peluso, past president of the International Association of Marriage and Family Counselors, a division of the American Counseling Association.

“Too often, counselors think that couples counseling is ‘individual counseling times two,’ and they conduct individual counseling with each person, while the other partner observes,” Peluso says. “That really isn’t couples counseling. Instead, with couples counseling, you have not just two perspectives in the room that you have to balance, but you have the ... relationship that you are working with. In fact, it is the couple’s relationship that technically is your client, not the individuals in the couple.”

Having a relationship as the client instead of an individual makes it much more challenging to build a therapeutic alliance, says Barbara Mahaffey, a licensed professional clinical counselor and ACA member who practices in Chillicothe, Ohio. The relationship is not just an entity, but rather two separate people who have different thresholds for opening up and trusting, she explains. Couples also come in with different goals and expectations. Mahaffey, who specializes in counseling couples and families, says her task as a counselor is not just to address these goals and expectations, but to help the couple discover how they can reconcile their personal expectations and establish new goals that will allow them to move forward as partners.

“Couples will come in and want to fight over who is right and who is wrong in the relationship. It is the couples therapist who has to sell the idea that no one is wholly ‘right’ or wholly ‘wrong,’” Peluso says. “Paradoxically, neither is

to blame and both are to blame — in the technical sense — for the state of relationship at the same time. Both have played a role in setting up the conditions for the relationship. So the focus is on how each person’s behavior and reactions to [the] other affect the couple’s relationship. If each person wants to be in the relationship, then they have to take responsibility for how their behavior impacts the health of the relationship. And this is very different than individual counseling.”

Confronting infidelity

Unfortunately, the catalyst that most often pushes couples into a counselor’s office is also one of the most difficult issues to move past.

“The single most common issue that brings couples into therapy is infidelity,” says Peluso, a licensed marriage and family therapist (LMFT) who has written several books about both infidelity and couples counseling. “Over the last 20 years, researchers have demonstrated that this is the most common presenting concern, and if it is not revealed initially, it is often disclosed in the course of couples therapy. Infidelity can take many forms, from sexual to nonphysical intimacy, and it now includes relationships online.”

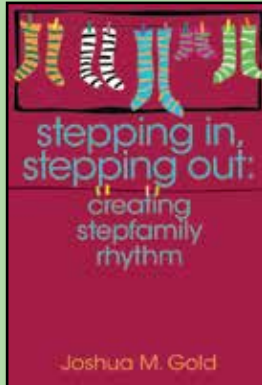
“In terms of who cheats, researchers have found that women are just as likely as men to participate in infidelity,” Peluso continues. “As a result, practitioners have to know how to deal with the complex and often devastating issues that accompany infidelity. Unfortunately, when couples counselors are asked about it, they overwhelmingly say that it is the topic they feel least prepared to treat.”

Amber Lange, a licensed professional

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counselor who owns and practices at Bedford Health, a group practice in Lambertville, Michigan, can attest to the high demand for infidelity counseling. Her practice has become known for specializing in issues surrounding infidelity and betrayal. Initially, the sheer need for counselors who are knowledgeable about and willing to tackle this particular relationship threat astounded her. "I'll never be out of a job [as an infidelity specialist]," she says ruefully.

Among couples for whom the act of infidelity is fresh, the nonoffending partner is typically experiencing acute stress and may even have symptoms that resemble posttraumatic stress order, Lange says. The offending partner, on the other hand, is typically feeling beaten down because he or she has repeatedly been asked blunt questions that shine a direct light on his or her indiscretions: What did you do? Where? How much money did you spend? Lange, who has made presentations on relationships and infidelity, explains.

In cases in which the infidelity is years in the past, the core counseling issue more often involves a lingering lack of trust, Lange says. "The nonoffending partner [may have] forgiven the offending partner, but they have never rebuilt trust," she explains. "So the nonoffending partner is hypervigilant about trust and the [possibility of the] offending partner reoffending."

If the act of infidelity is recent, Lange helps the couple work through their "why, who, where, how" stage. "I talk about the idea of how you can't 'unknow' something once you know it," says Lange, a professor of counseling at Capella University. "There's a lot of knowledge that you can gain that may further traumatize you, such as the sexual positions that your partner was in with someone else."

Clients may also wonder if their partner did things with someone that the nonoffending partner won't do. If this information is disclosed, Lange explains, it can lead the nonoffending partner to do things he or she is uncomfortable with in an attempt to please the offending partner.

Instead of attempting to get answers to questions that can further damage

the relationship, Lange encourages the nonoffending partner to ask structured questions such as: When did you start having sex? When did you stop? Did you have unprotected sex? These types of questions provide information that the nonoffending partner needs to know, Lange says.

The next phase of Lange's therapeutic approach involves narrative therapy. As part of this stage, Lange might ask couples who delayed getting therapy after the infidelity to briefly touch on information about the affair as a way to see if there are lingering questions. This process also helps Lange to assess the strength of the couple's bond.

The story of 'us'

Regardless of whether the couple is confronting a recent infidelity or the infidelity happened years in the past, constructing the story of their relationship represents the core of the healing process, Lange says. Couples build the narrative to gain a clearer understanding of how and when the cracks in their relationship developed, she explains. They talk about the beginning

of their relationship and explore how they interacted. Were they friends and true partners? What happened that started pulling them apart?

"Life" is usually the answer to that second question, Lange says. Deaths, births, work, money and so on. In addition, people typically change over time, which further alters the nature of the relationship, she notes. All of these factors in combination can make a relationship vulnerable to disruption over time. Add in misperceptions and unmet expectations, and once tiny relationship fissures can turn into large cracks that cause couples to drift apart.

Among the most common life events that can start to pull some relationships apart is the birth of a child, Lange says. "Before the birth, couples were able to spend all their time and energy and money on each other. After the birth of a child, ideally, you love that child and invest all of that [time, energy and money] in parenting and child rearing — which is not bad, but [couples] come into my office, and they haven't been on a date in three years."

In addition to not making time for the

romantic relationship, the couple may be trapped in patterns that are actively pulling them apart, Lange says. "You've been great parents, but the mother is staying home or working and raising kids at the same time, the father is working and overworking to pay for the mortgage and save for retirement — those kinds of things can hurt a relationship," she says.

When a couple stops talking to each other, it creates a gap, and it is tempting to fill that gap with other people or activities, Lange notes. Partners may begin to betray each other in different ways, whether it is spending time on social media instead of with each other, watching pornography or working long hours, she says. "In the process, we've let the relationship go awry," Lange observes.

But this risk of unraveling is not exclusive to couples with children. Those who get married or enter into domestic partnerships too quickly upon meeting or when they are very young are also particularly vulnerable, Lange says. For example, those who form romantic relationships in their teens or early 20s are in the midst of experiencing significant personal development. This may not

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happen at the same rate for both partners, eventually leaving them feeling as if they don't know each other, Lange explains. Likewise, people who get married or form a domestic partnership in the matter of a few weeks have not typically had enough time to establish a strong base of friendship. Over time, it's not uncommon for them to realize that they don't even like each other, Lange says.

Lange asks clients not to make a decision about whether to stay together until they've gone through the process of identifying what went wrong. Then, if they choose to stay together, Lange helps them start to discuss how to protect the relationship going forward. This typically includes setting aside time to talk with each other more frequently, being intentional about making time for dates and even going on vacations without the kids. But it also involves each partner identifying the behaviors that he or she engages in that contribute to pulling the relationship apart.

Lange says she can personally relate to some of those damaging behaviors. "One of the things that I have recognized about myself over the past six months is that I tend to withdraw," she says. "When my partner and I got into an argument, I went away, slept in the kids' room and wouldn't talk. I would work 85 hours a week. Even when I wasn't in the office, I was checking my email."

In essence, Lange says, she just wasn't "there" in the relationship. Other people do the same thing by burying themselves in hobbies such as sports or scrapbooking. As a result, they end up spending more time with friends or

with hobbies than they do with their partner and family, Lange says.

The process of building the couple's story in counseling and finding the cracks and vulnerabilities is a long one. For the first four to six weeks, when a couple is still going through the initial trauma phase of the infidelity, Lange has them come in every week. Once a couple moves on to the storytelling stage, she has them come in only about once per month, in part because she feels that much of the processing and healing

says. During the process of rebuilding the relationship, trust is also being reestablished and forgiveness is being granted. Then the couple can move forward, she explains.

Ideally, the couple will also identify potential problem areas and reach compromises on how to address those issues.

For example: "You say I can't work 90 hours a week, but we need money,

so how are we going to figure that out? ... This is [our] story. Here's the way we go forward. Here's what we need to do."

Symptom vs. problem

Brian Canfield, a past president of ACA, also says that infidelity is the event that most commonly brings couples into his office. But he believes infidelity is always indicative of other underlying problems in the marriage.

"I view an affair not as the problem but as a symptom," he says. "An affair is like malarial fever. It's uncomfortable, but it's not the fever itself that's going to kill you — it's the disease."

Canfield believes that if a counselor addresses the underlying issue first, it will help to stabilize the couple, which will then allow them to deal with the ramifications of the infidelity. "You [the counselor] have to assess if there is a commitment and desire to save relationship," says Canfield, an LMFT whose practice has offices in Louisiana, Arkansas and Florida. "Trust and betrayal, that's not where you put the spotlight. The trust will return once you stabilize the relationship."

Canfield starts by asking the couple what they want out of the counseling



needs to take place between sessions as the couple slowly rebuilds the relationship. "They have to have time to figure out things ... how to be in relationship, how to recreate their friendship and how to build [new] good memories," Lange

process — and their relationship. “What would you like to see happen? If it is possible to salvage the marriage, would you be willing?” Canfield asks. “A lot of people want to know why [the affair happened], but here is where we are. Where do you want to be? If you were going to redesign marriage, how would it look?”

Canfield says financial difficulties are the most common underlying issue that couples bring into his office. In his experience, there is so much shame surrounding finances that most couples would rather talk about the details of their sex lives than money. He frequently encounters situations with couples in which one partner has been maintaining a hidden bank account or run up the balance on their credit cards without the other partner knowing. He tells couples that part of the counseling process involves full disclosure.

“A lot of couples are in tremendous denial,” Canfield says. “They don’t know how much debt they are in, what their bills are or have a good picture of how much income they are bringing in.”

Certain people feel entitled or convince



XXXXXX

themselves that it’s OK to buy what they want regardless of how it affects their spouse or partner. They tell themselves that they work hard and that they deserve it. Canfield sees part of his role as helping to bring clarity to these situations to encourage better choices.

“The other spouse may say that if this doesn’t change, I will exit the marriage for my own survival. Which circumstances are more important? Keeping the marriage or continuing to spend?” he asks.

Canfield doesn’t try to play the part of financial adviser to couples (although

he does recommend that couples seek professional financial advice elsewhere if needed). Instead, he helps couples recognize their need to have a clear picture of their financial situation and develop a reasonable budget.

“It’s a matter of priorities and tradeoffs,” he says. “The key as a couples counselor is to have the couple work together as a team. Most couples when they work as a team can find common ground.”

Canfield emphasizes that as a couples counselor, it’s not up to him to dictate how much a couple will spend on their priorities. Instead, his focus is simply on making sure that they have agreed on a plan going forward.

Once the underlying issues have been addressed, Canfield helps the couple deal with what he calls the “moral disparity” in a relationship in which infidelity has occurred. The nonoffending partner may feel like he or she has the higher moral ground, but to move forward, the couple must try to reach a “mutual amnesty,” Canfield says.

This involves a delicate balance. Canfield tries to make the couple aware



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that the infidelity occurred because of the underlying problems — which they *both* contributed to — that were straining the relationship. However, he always makes it clear that it is *not* the fault of the nonoffending partner that the other partner cheated. Yes, they both contributed to the relationship's problems, but the offending partner chose to act out by having an affair.

Matters of miscommunication

Mahaffey, an associate professor of human services technology at Ohio University–Chillicothe, finds that relationship difficulties usually involve a significant degree of miscommunication, which is exacerbated by a number of factors. She helps couples understand how communication can get mixed up by explaining the pieces of a “miscommunication model” that she has devised.

Mahaffey starts by asking both partners to list all of the traits they possess that are different from their partner's traits.

She then takes these lists and draws two people facing each other. This represents two people talking, whereas the lists represent their different — and sometimes conflicting — points of view. Mahaffey often also draws a “family rule book” between the two figures. This represents how a person's family of origin can affect the way he or she interprets interactions with a partner. Mahaffey often asks couples about their family backgrounds and experiences to illustrate the influence of the family of origin.

Mahaffey will then ask both partners to think about all the times they asked for something and didn't receive what they wanted from their partner. As they voice these details, it's not unusual for one partner to exclaim, “You never said that!” Typically, the case is not that either partner is lying, Mahaffey says. Rather, it's that one of the partners has not been phrasing the requests in a way that effectively communicates what he or she needs, Mahaffey explains. She also informs the couple that humans think at

about 500 words per minute but cannot speak more than 125 words per minute, meaning there is ample opportunity for the message to get lost.

Other complicating factors in communication include different coping styles (such as one member of the couple shutting down verbally or retreating physically or emotionally during times of stress), the fact that women often process information differently than men and the daily anxieties of life, Mahaffey says. For example, it's hard for a couple to communicate effectively when one or both partners are stressed about finances, work or the car breaking down.

The last part of Mahaffey's model entails explaining how words themselves — or how people define them — can get in the way. For example, Mahaffey might ask a couple, “What's the definition of *love*? Is it that supper is on table when I come home? Or liking to snuggle? Or texting 60 times a day?”

At this point, Mahaffey has the couple use “I” statements and talk about what

Additional resources

To learn more about the topics addressed in this article, see the following select resources offered by the American Counseling Association.

Books (counseling.org/bookstore)

- ❖ *Stepping In, Stepping Out: Creating Stepfamily Rhythm* by Joshua M. Kelly
- ❖ *Addiction in the Family: What Every Counselor Needs to Know* by Virginia A. Kelly

Podcasts (counseling.org/continuing-education/podcasts)

- ❖ “Love and Sex and Relationships” with Erica Goodstone

Webinars (counseling.org/continuing-education/webinars)

- ❖ “Crazy Love: Dealing with Your Partner's Problem Personality” with W. Brad Johnson
- ❖ “The Secrets to Surviving Infidelity” with Scott Halzman

VISTAS Online articles (counseling.org/continuing-education/vistas)

- ❖ “Five Counseling Techniques for

Increasing Attachment, Intimacy and Sexual Functioning in Couples” by Elisabeth D. Bennett, Jaleh Davari, Jeanette Perales, Annette Perales, Brock Sumner, Gurpreet Gill & Tin Weng Mak

- ❖ “Helping Couples Reconnect: Developing Relational Competencies and Expanding Worldviews Using the Enneagram Personality Typology” by Thelma Duffey & Shane Haberstroh
- ❖ “Loving Kindness Meditation and Couples Therapy: Healing After an Infidelity” by Laura Cunningham & Yuleisy Cardoso
- ❖ “Supporting Same-Sex Couples in the Decision to Start a Family” by Debbie C. Sturm, Erika Metzler Sawin & Anne L. Metz
- ❖ “Working With Intercultural Couples and Families: Exploring Cultural Dissonance to Identify Transformative Opportunities” by Cheryl L. Crippen

- ❖ “Working With Sexual Addictions in Couples Therapy” by Sara L. Wood

Practice Briefs (counseling.org/knowledge-center/practice-briefs)

- ❖ “Counseling Couples With a Trauma History” by Catherine J. Brack & Greg Brack

ACA Divisions

- ❖ The International Association of Marriage and Family Counselors helps develop healthy family systems through prevention, education and therapy (see iamfconline.org).
- ❖ The Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling seeks to promote greater awareness and understanding of LGBT issues and improve standards and delivery of counseling services provided to LGBT clients and communities (see algbtrc.org).

needs they feel are being unmet. One partner might say, “I like to have help with housework.” The other partner might note that the request usually comes during a football game or while engaged in something else that he or she enjoys doing. At this point, Mahaffey might ask if the partner would be willing to provide help either before or after the game. This exercise highlights just one example of an area of possible compromise. The larger point is that the couple needs to sit down and talk about what they need from each other and how those needs can be met, Mahaffey says.

Intimate partner violence

All counselors, but couples counselors in particular, should be looking for signs of intimate partner violence (IPV) among their clients, asserts Ryan Carlson, an ACA member and a couples counselor who has done research on screening methods for IPV.

Because IPV is such a prevalent societal problem, all counselors — knowingly or unknowingly — will encounter clients who have experienced or are currently experiencing violence at the hands of

their partners, Carlson says. According to data gathered in 2011 and published in 2014 by the Centers for Disease Control and Prevention, more than 1 in 4 women and more than 1 in 10 men in the United States have in their lifetime experienced sexual violence, physical violence or stalking by an intimate partner.

Providing counseling in the presence of such interpersonal violence can be dangerous, not just to the victim, but also to the counselor, says Carlson, a licensed mental health counselor practicing in Columbia, South Carolina. That’s why it is important for counselors to be alert to the signs of IPV and to have a protocol to follow should a client be a victim.

Perhaps the most beneficial thing counselors can do is to get connected to the people Carlson calls the “real experts” on this issue — those who work at local domestic violence shelters. “Most of what I have learned [about IPV] has come from domestic violence advocates,” he says.

Not only can they help counselors assess whether it is safe to work with a couple in which IPV is a reality, but they can also stand ready to assist clients who

are looking for help, says Carlson, an assistant professor of counselor education at the University of South Carolina.

Carlson says he uses the term *IPV* because it is more inclusive than *domestic violence*. There is an IPV continuum, and domestic violence is on the extreme end of the spectrum, representing the most severe cases that involve, as Carlson puts it, “power and control,” as opposed to nonlethal violence or verbal abuse. From Carlson’s perspective, it is not safe to try to conduct counseling in those power-and-control cases.

Carlson advises counselors to use a formal screening tool for IPV at intake but says there are other red flags to look for, including a client’s unwillingness to take responsibility for actions. “Control over finances or transportation is [also a] red flag,” he continues. “Is one partner restricting access to cell phones, finances, the car, who the other partner can interact with? ... Look for body language. Does one partner consistently look to the other when they answer questions? Is it permission seeking? Is there inconsistency in their answers? For example, as part of a meeting to determine whether or not



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a couple would want to participate in a research study I was doing, I asked about income. The husband gave me an answer, but when I met with the wife separately, she said the husband wasn't really working and that she wasn't allowed to talk about that."

This one disparity turned out to be an indication of severe domestic violence.

Carlson followed his protocol and was able to get the victim help.

What does a protocol look like?

Carlson says he has a formal memorandum of understanding with the local domestic violence shelter saying he can call at certain hours when he has a need for consultation. The memorandum also states that he will not provide identifying information about the client, but only basic relevant information. This includes the presenting problem and any context he feels is important. The consultant can then advise him on whether the couple's case might be a power and control situation. In those instances, Carlson must then find a way to offer help to the victim without tipping off the partner engaging in abuse.

With all of the couples Carlson counsels, his regular practice is to meet briefly with each individual separately at the beginning of each session. This is primarily so that he can get each partner's point of view independently on the difficulties the couple is experiencing, but it also provides him with a chance

to provide contact information for the domestic violence shelter if circumstances warrant. Carlson and the partner who is the target of the abuse may even call the shelter together.

In some cases, however, the victim of the abuse is not ready to leave the relationships. "Most of us [counselors] have such a hard time relating to that," Carlson says. "We think we need to get the person out of the relationship immediately, but you need to do it safely."

The victim has typically been living under abusive circumstances for years and may not yet have reached a crisis point, Carlson explains. Again, he uses consultation with his domestic violence resources to help him navigate this terrain. Regardless of whether the victim is ready to leave, Carlson says the average counselor should not try to continue providing services in these power-and-control cases. He says telling the abuser that he feels this particular modality will not work for the couple has proved to be a successful way of terminating treatment without exacerbating the problem.

There are IPV cases for which Carlson thinks couples counselors are qualified to help. These involve "low lethality" violence, in which a couple's arguments may get out of hand and they may engage in behaviors such as pushing or throwing things at each other. "This can be dangerous, but it's not as dangerous as choking or using a weapon," Carlson says. However, he says, it is important for the couple to acknowledge that this behavior is unhealthy and to be willing to learn more appropriate ways to interact.

In contrast, those who engage in power and control usually have no remorse and may exhibit antisocial-type behavior, Carlson explains. In fact, studies have shown that when engaging in the abuse, these types of offenders actually experience a drop in heart rate, he says. Carlson adds that most power-and-control abusers are male, but both genders are equally likely to be offenders when it comes to the other types of IPV.

None of this information constitutes a foolproof method for deciding whether it is safe for a counselor to work with

a couple with a history of IPV. That's why Carlson continues to do research on screening methods that are better at identifying the presence of violence among couples and where on the spectrum of severity that violence falls.

"Getting it wrong can be very dangerous," Carlson concludes.

Counseling LGBTQ couples

Although the issues that bring lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) couples into counseling are generally the same as those that affect heterosexual couples, the legalization of same-sex marriage has raised some issues unique to LGBTQ relationships, say counselors who work with the population.

"There is a tremendous validation both from the legal system and from society upon their relationships," says John T. Super, an LMFT who is also a clinical assistant professor of counselor education at the University of Florida. "This validation can provide an emotional confidence or boost surrounding a same-sex relationship that lessens the perceived stigmatization that has occurred. Additionally, since the Supreme Court decision, we have seen a large number of those in long-term relationships choosing to marry and report feeling equality to traditional marriages."

Although the Supreme Court's decision is a huge advancement for the LGBTQ community and has given many couples the opportunity they've long waited for, actually getting married has not come without negative consequences for some couples, notes Super, a member of ACA.

"Clients have explained [that] when they announced their marriage ... it was in many ways similar to the coming-out process in that those who are choosing to marry and are in same-sex relationships may face resistance from friends and family as they legalize the relationship," he explains. "I have heard clients say that their friends and family accepted their relationship, but when they choose to marry, the thought of the same-sex couple entering into a legal marriage is a line the friends or family are not comfortable crossing."

Counselors have an important role in helping same-sex couples navigate the resistance they may face when they decide to get married, agrees Joy Whitman, a past president of the Association for Lesbian,

Gay, Bisexual and Transgender Issues in Counseling, a division of ACA. Amidst the joy of getting marriage, there may be feelings of hurt and loss from being rejected all over again by certain individuals or segments of society, she says. Counselors can help couples grieve and process this loss.

According to Whitman, who has worked as a couples counselor, marriage can also exacerbate a common problem in same-sex relationships: a couple's unequal comfort levels with being "out." Marriage can make the partner who is less "out" feel especially vulnerable, she explains.

Counselors should also be aware that for the first time, LGBTQ couples are facing divorce, Whitman says. Not only is this a new experience, but the need in many cases to stand up in court and disclose intimate relationship details can be particularly disconcerting for clients in same-sex relationships, she says.

Super and Whitman also note that counselors need to be aware of the generation gap among LGBTQ couples. "Couples who are in their 20s experienced a very different level of social acceptance than couples in their 50s or older," Super points out. "This generational difference can be

important to understand when determining the levels of internalized oppression the individual or couple has experienced."

Despite these issues and other issues that are specific to the LGBTQ community, Super and Whitman emphasize that couples counseling is couples counseling. Peluso, an associate professor of counselor education at Florida Atlantic University, agrees.

"In many respects, the practice of couples counseling shouldn't change that much," he says. "Focusing on the relationship means taking the relationship as it is created by the partners involved. The only judgment that the couples counselor is making is, 'Is this healthy for you right now?' and then seeing how the couple can change that. That is fairly universal." ♦

Laurie Meyers is the senior writer for *Counseling Today*. Contact her at lmeyers@counseling.org.

Letters to the editor:
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Providers who care for people with mental health conditions have an important role to play in reducing tobacco use among people with mental health conditions. There are five things that every provider should know before their next clinical encounter.

1. Cigarette smoking is more common among adults with mental health conditions than in the general population. People with mental health conditions smoke at rates that are at least two times higher than the general population.¹ They may also smoke more heavily and frequently, compared to those without mental health conditions. The Centers for Disease Control and Prevention estimates that nearly one third (31%) of all cigarettes consumed in the United States are smoked by people with mental health conditions.¹ The disproportionately high rates of smoking in this population are likely due to a combination of biological, psychological, and social factors that work together to create a unique vulnerability for tobacco dependence.² While the underlying causal mechanisms are not yet fully understood, one thing is clear - tobacco use among persons with mental health conditions can be prevented, and those who currently smoke can quit.

2. Smokers with mental health conditions get sick, become disabled, and die early from smoking-related diseases. The high rates of smoking among people with mental health conditions have devastating health consequences. Smoking-related diseases such as cardiovascular disease, lung disease, and cancer are among the most common causes of death among adults with mental health conditions.³ Despite the heavy disease burden, smoking cessation interventions are not routinely offered within mental health care settings. A US national survey of mental health treatment facilities found that only about one-quarter provided services to help patients quit smoking.⁴ There is a growing recognition among healthcare providers that the integration of tobacco dependence treatment into mental health care is an important part of mental health recovery and wellness. Many providers and facilities have made progress in reducing smoking in their facilities and among their patients; others are just now beginning to address tobacco use.⁵

3. Many smokers with mental health conditions want to, and are able to quit smoking. A common misconception among health care providers is that smokers with mental health conditions either cannot or will not give up smoking.⁶ However, research has shown that adult smokers with mental health conditions—like other smokers—want to quit, can quit, and benefit from proven smoking cessation treatments. In clinical studies, adults with mental health conditions are just as likely to want to quit smoking as those without such conditions.⁷ People with mental health conditions may face unique challenges in quitting smoking and may benefit from additional services, such as more intensive counseling and/or longer use or a combination of cessation medications. But with support, they can, and do quit smoking successfully.^{8,9}

4. Quitting smoking will not interfere with mental health recovery, and may have mental health benefits. Another common misconception among some providers is that smoking has mental health benefits and helps patients cope with their psychiatric symptoms.⁶ But research suggests otherwise; smoking is not an

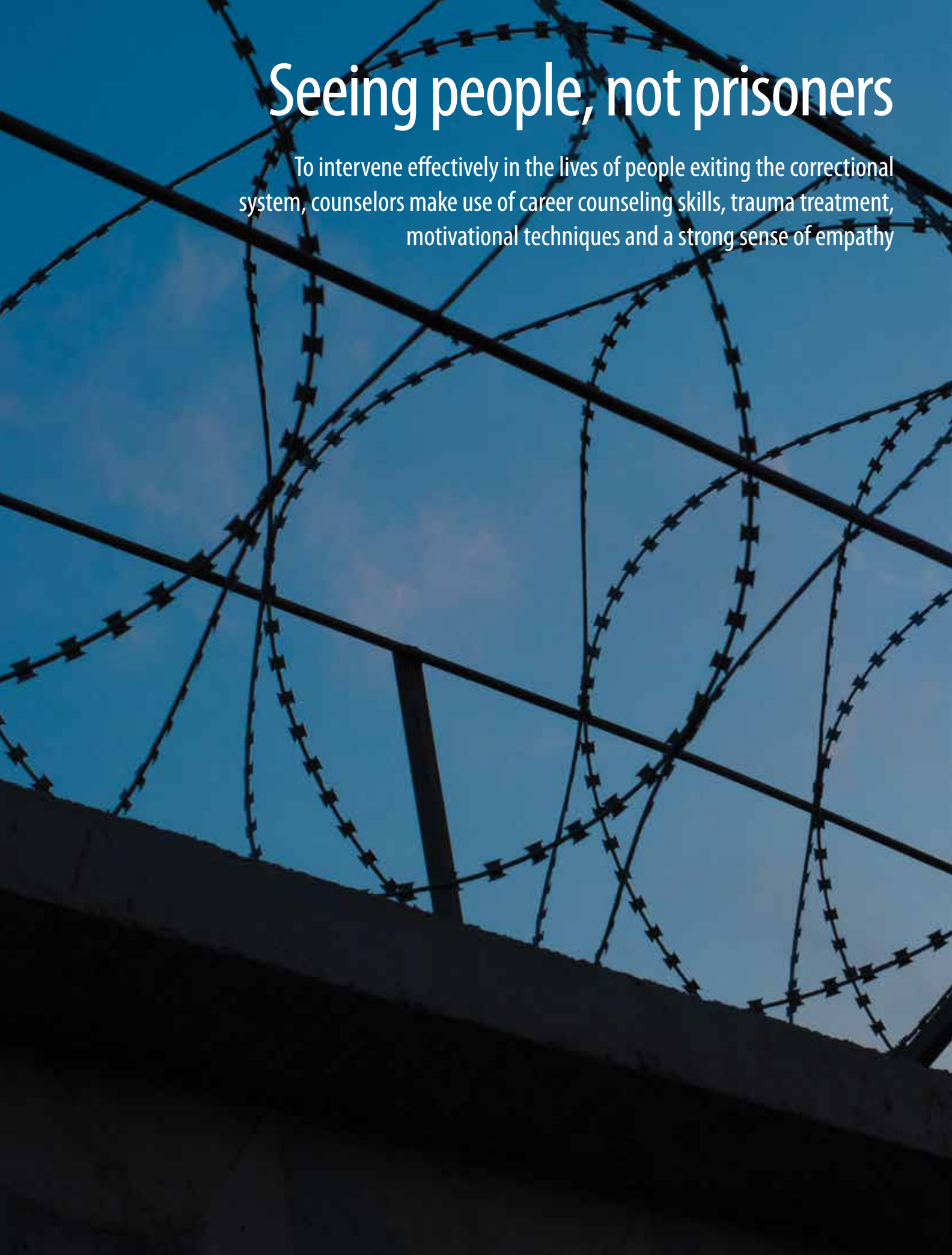
effective mental health treatment strategy. On the contrary, smoking is associated with poor clinical outcomes, such as greater depressive symptoms, greater likelihood of psychiatric hospitalization, and increased suicidal behavior.^{10,11} Furthermore, smoking can complicate treatment by accelerating the metabolism of certain psychiatric medications, resulting in the need for higher doses to get the same therapeutic benefit.⁶ A large body of clinical research has shown that patients can quit without worsening their psychiatric symptoms, if they are given the appropriate support (e.g., behavioral counseling, cessation medication, and monitoring).^{8,9} Evidence also suggests that quitting smoking is associated with mental health benefits. In several clinical and epidemiological studies, smoking cessation has been associated with significant reductions in depression and anxiety, lower rates of re-hospitalization, and lower rates of suicide.^{10,11,12,13,14} A recent systematic review found that smoking cessation was associated with marked improvements in mental health over time, whereas continued smoking was associated with little change over the same period.¹⁵

5. Providing smoking cessation assistance is an important part of mental health treatment. Providers who care for people with mental health conditions are well positioned to help patients successfully quit tobacco use and enjoy the mental, emotional, and physical benefits of a tobacco-free life. Smoking cessation treatments work, and it's important to make them available to all people who want to quit, including people with mental health conditions. Providers can do their part by making tobacco cessation part of an overall approach to treatment and wellness.

- Ask patients if they smoke cigarettes or use other forms of tobacco; if they do, strongly advise them to quit.
- Assist patients who are ready to quit by offering proven quitting treatments, including tailored cessation assistance.
 - Refer patients interested in quitting to the 'I'm Ready to Quit!' page on the Tips website, 1-800-QUIT-NOW, www.smokefree.gov, or other resources.
 - Provide counseling, support, and stop-smoking medicines.
- Monitor and adjust mental health medicines as needed in patients trying to quit smoking.
- See www.cdc.gov/tipsmentalhealth for more information and free downloadable tools to help patients quit smoking.
 - Learn more about how to help people with mental health conditions quit smoking: <http://www.ctri.wisc.edu/providers-behavioral-health.htm>
 - Download free smoking cessation guides and toolkits designed for providers who care for patients with mental health conditions: <https://smokingcessationleadership.ucsf.edu/behavioral-health/resources/toolkits>
 - Watch a brief video with step-by-step instructions for offering smoking cessation assistance in health care settings: <https://www.youtube.com/watch?v=3VhA1x1OpY>

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Seeing people, not prisoners

To intervene effectively in the lives of people exiting the correctional system, counselors make use of career counseling skills, trauma treatment, motivational techniques and a strong sense of empathy



By Kathleen Smith

Upon being released from prison in the United States, your prospects are grim. In some states, you might get \$20 and a pair of clothes to wear out the door. If you're lucky, you'll receive a bus ticket back to the county where you were arrested. Almost immediately, you must secure or arrange for transportation, food and shelter in a world that might look very different from the one you were living in before your incarceration.

Rebuilding a life that is empowering and free of crime is anything but easy. If your family lives in public housing, you can't return home with them. If you have to check the box on employment applications saying that you've been charged with a felony, many people may hesitate to hire you. You might struggle to regain custody of your children or you might be returning to a traumatic environment that is violent and unstable.

According to the National Institute of Justice, almost 80 percent of former offenders will be rearrested within five years of their release. Of these, an average of 30 percent will return to prison because of a parole violation. The Bureau of Justice Statistics reports that ex-offenders are also two to four times more likely than the general population to have a mental illness, which also puts them at increased risk for substance use issues. The odds certainly aren't in their favor.

When faced with the task of helping and empowering individuals who are exiting the criminal justice system, counselors confront a looming initial question: "Where do I begin?"

The answer to that question is as diverse as the counseling profession itself because many practitioners commit to tackling different facets of their clients' transition from incarceration to life on the outside. For instance, counselors facilitate career development. They connect ex-offenders with social supports and mentors who show that there is hope for a different life. Counselors provide invaluable trauma treatment to heal old and present wounds, and they train professionals within the penal system to empathize and start real conversations

about change with those who are imprisoned or are preparing to transition out.

What these methods have in common is what is perhaps most unique to the counseling profession: a person-centered approach that focuses on making space for a new narrative. Together, and from many angles, counselors are helping ex-offenders create new stories for themselves that don't have to end with a clanging prison door.

Fostering career development

In 2012, a student in Mark Scholl's career development class inspired him to consider a new kind of work. The student, a probation officer by day, created a career support group for ex-offenders and invited Scholl to co-facilitate. Scholl, a member of the American Counseling Association, used his expertise in career counseling to design skill-building activities for the group, and he found that he loved the work.

When Scholl moved two years later to join the Department of Counseling at Wake Forest University as an associate professor, he wanted to continue this work in the community of Winston-Salem, North Carolina. After consulting with friends, he found that the public library was the safest and most encouraging space to work with ex-offenders. "The library doesn't have the politics of other settings, which distinguish between social workers and counselors and psychologists. It doesn't have those turf issues because it's just about serving people in the community," he says.

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Partners in Play: An Adlerian Approach to Play Therapy

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Terry Kottman and
Kristin Meany-Walen



"This is a wonderful new edition. A case study woven throughout the book follows a child and caretakers through the various stages of thoughtful and thorough treatment planning. Most enjoyably, reading this book is like being in the room with the authors. Their personalities leap off the page in so many pleasant and playful ways. This is a must-have book for play therapists, regardless of approach."

—Linda E. Homeyer, PhD
Texas State University

Play therapy expert Terry Kottman and her colleague Kristin Meany-Walen provide a comprehensive update to this spirited and fun text on integrating Adlerian techniques into play therapy. Clinicians, school counselors, and students will find this to be the definitive guide for using Adlerian strategies with children to foster positive growth and effective communication with their parents and teachers.

After an introduction to the basics of the approach and the concepts of Individual Psychology, the stages of Adlerian play therapy are outlined through step-by-step instructions, detailed treatment plans, an ongoing case study, and numerous vignettes. In addition to presenting up-to-date information on trends in play therapy, this latest edition emphasizes the current climate of evidence-based treatment and includes a new chapter on conducting research in play therapy. Appendixes contain useful worksheets, checklists, and resources that can be easily integrated into practice. Additional resources related to this book can be found in the ACA Online Bookstore at counseling.org/publications/bookstore and on Terry Kottman's website encouragementzone.com.

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The New Leaf Career Development Group has been running steadily ever since. Over a period of five weeks, Scholl guides a group of four to six ex-offenders through a series of workshops. Topics include job skills assessments, résumé writing, interviewing skills and job search strategies, all of which Scholl approaches with a postmodern slant. Activities also reflect many techniques found in solution-focused and narrative therapies.

"There's a tendency on the part of the clients who've been released from prison to dwell on the past and to focus on their problem," Scholl says. "Turning that around and focusing on positive alternative narratives is both therapeutic and empowering to the members."

To engage these narratives, Scholl asks participants in the first session to create a metaphor for how they relate to their future. He believes this technique provides therapeutic leverage because he and the other participants can encourage the individual group members to construct more adaptive metaphors throughout future sessions.

One group participant, whom Scholl calls "Sandy," offered up the metaphor that she was a runner in a baseball game. Sandy felt like she was stranded on third base and frustrated that she couldn't make it to home. Scholl and the other group members helped Sandy open up her metaphor, suggesting that perhaps there was only a rain delay in the game or that she was "rehabbing" after an injury.

"We helped her emphasize her self-advocacy," Scholl says. "She began to see her ability to choose her own direction and access resources."

In their final graduation session, participants share their narratives about what they gained from the workshop and how they view the next chapter in their lives. Family members and friends are invited to respond with how they have been affected by hearing the story.

Because many members of the group face additional challenges, such as homelessness or substance use, Scholl admits that success for group members is sometimes difficult to define. He and his colleagues at Wake Forest are currently conducting a qualitative study to evaluate the impact of the workshop on participants' lives.

Individual successes do stand out,

however. One member, whom Scholl refers to as “Carl,” completed the workshop series this past summer. Carl was an ex-offender who came to the workshop after looking for employment for an entire year without success. “He had difficulty remaining positive during mock interviews,” Scholl recalls. “We worked with him on emphasizing his strengths and how he could potentially contribute to a prospective work setting. During the last workshop, he announced that he had been hired as a forklift operator in a warehouse position. This, as you can imagine, was a very memorable success for the client and for our team.”

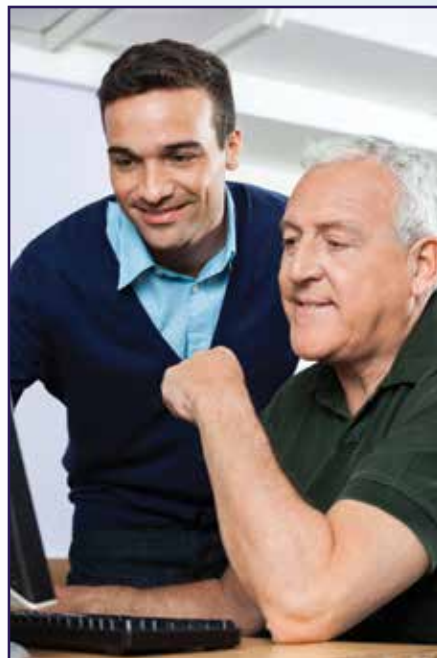
Reflecting on his experience with the career development group, Scholl says the possibility of empowerment motivates him to continue the work. “There’s a feeling of futility when you have to check a box on an application [saying you are an ex-offender]. It feels like a strike against you before the employer even meets you. So,” he says, “I really feel a strong inclination to do what I can to empower these folks.”

Mentoring ex-offenders

Before she began working with ex-offenders, ACA member Bethany Lanier’s inspiration came from her television. “I loved *Law and Order: SVU*. I wanted to do that kind of work and figure out why people do what they do,” she says.

As a master’s student in clinical mental health counseling at Radford University in Virginia, Lanier worked with women who were up for release from prison, teaching them life skills and strategies for navigating their home environments. When she moved to Alabama to begin a doctoral program in counselor education at Auburn University, Lanier’s passion for that work didn’t end.

The numbers are daunting in the Alabama justice system. Facilities are operating at 190 percent of capacity, leaving little to no money (or energy) left to focus on combating recidivism. But rather than choosing to feel overwhelmed, Lanier, as a graduate assistant, began helping to develop a mentoring program for the local women’s prison and writing grants for funding. While doing research, which Lanier has since presented at an ACA Conference, she found evidence of the effectiveness of mentoring programs with the ex-offender population. She



cites one program in particular, the Mentoring4Success initiative in Kansas, that effectively cut the state’s recidivism rate in half.

Inspired by other successes, Lanier continued working with her colleagues at Auburn to train mentors in Alabama. The mentors serve a number of functions for women exiting the correctional system, including teaching them how to navigate applications for the Supplemental Nutrition Assistance Program (also known as food stamps) or the Women Infants Children (WIC) program. Because many of the mentors are themselves ex-offenders, they also provide inspiring examples of success and needed social support.

“You have to have somebody that’s going to be supportive, somebody who’s going to answer all your questions and help you get where you need to go,” Lanier says. “It’s good for people to see somebody and say, ‘I don’t have to be like this, because she made it.’”

As a future counselor educator and a member of the International Association of Addictions and Offender Counselors (IAAOC), which is a division of ACA, Lanier has also given careful consideration to how to talk with students who are hesitant to work with ex-offenders. “Students say, ‘Oh, I don’t want to do that because it’s not safe’ or ‘It challenges my beliefs’ because we’re in the Deep South. But once people get out into

the field, they realize you’re going to see these issues anywhere you go.”

For instance, Lanier explains, anyone working in a community mental health center or even in schools is likely to encounter the challenges and rewards of working with ex-offenders. For that reason, she believes counselor educators need to prepare students to think about the unique needs of this underserved population.

As for current counselors who would like to explore the power of mentorship in working with ex-offenders, Lanier encourages them to consider the unique skills that they can bring to the work, including active listening and empathetic understanding. “Don’t be afraid to take a risk,” she emphasizes.

Addressing trauma

In the literature, rates of posttraumatic stress disorder among incarcerated populations range anywhere from 4 percent to 21 percent, with women being disproportionately affected. Regardless, advocating for trauma work as a component in reentry preparation can be a tough sell. Focusing on basic needs such as housing and employment, ex-offenders may not have the money or the time to find effective therapy for trauma. Therefore, counselors have begun working with prisoners while they are still incarcerated to address their trauma and connect them to resources on the outside.

ACA member Tara Jungersen had already spent a significant portion of her career working with trauma and intimate partner violence before coming to Nova Southeastern University in 2009. But after arriving there, her colleague, Lenore Walker, introduced her to the Survivor Therapy Empowerment Program (STEP). A manualized treatment program, STEP uses principles of feminist therapy, survivor therapy and trauma theory to address common issues found in the incarcerated population. Its goal is to empower victims to become survivors.

“If somebody is stuck in a trauma cycle, if they are completely disconnected from experiencing emotion and safety in relationships, then they may lack the protective factors that can help them move forward in life,” Jungersen explains.

As the acronym suggests, the treatment program walks participants through 12 independent “steps” that help in dealing

with trauma and its effects. Leaders teach relaxation skills, interpersonal skills and cognitive restructuring, and they also help participants examine their attachment patterns in relationships and grieve past relationships. The program is also focused on connecting women to resources on the outside to reduce recidivism.

"A person may be on a five-day hold, and they'll be gone the next week," says Jungersen, who has led STEP groups herself and also trained others to lead the groups. "So we want to make sure that each step we teach can stand alone and that [participants] are able to find a qualified trauma therapist when they are released. We know that it's challenging to find reduced cost and pro bono services."

Jungersen also notes that leaving prison can feel different for each person depending on the individual's experience. For some women, jail provides structure and a departure from the chaos of their daily lives, which often can include drug addiction or physical and sexual abuse. But for others, the experience of incarceration itself is highly traumatic. For instance, a victim of sex trafficking may find herself in the same prison as her

trafficker, or offenders may face abuse or neglect by correctional officers. Running a treatment program that promotes safety and stability can prove difficult if individuals are always on high alert and constantly feel exposed to danger, Jungersen says.

Despite the challenges, the STEP program has been employed successfully with both men and women in the United States and internationally. Jungersen acknowledges that when working with ex-offenders, measuring success requires different parameters than those used in traditional counseling settings. Qualitative data collected by Jungersen and her colleagues have indicated that STEP participants, who learn about their trauma symptoms and how these tie in with their substance abuse or other behaviors, are more open to seeking mental health treatment after their release as compared with their attitudes prior to participating in the program.

Regardless of whether counselors are doing trauma work specifically, Jungersen encourages them to consider the ways that trauma can affect ex-offenders and to avoid making generalizations about this

population. "You're going to have a wide distribution of cognitive functioning, a wide distribution of social skills and differences in individual trauma triggers," she says. "Most ex-offender treatment is done in a group format. You've got to scan that entire group, recognize the nonverbals that indicate someone is getting triggered and adjust the conversation accordingly."

Fostering motivation

Melanie Iarussi was first introduced to motivational interviewing in her master's program. She liked the method so much that she decided to become "trained as a trainer" so she could teach others how to elicit meaningful, change-oriented conversations. Now an assistant professor of counselor education at Auburn University, she has found an opportunity to provide training for probation and parole officers in the state of Alabama. By teaching the officers motivational interviewing techniques, Iarussi and others are introducing a different mindset to the people who work in corrections.

Motivational interviewing is an increasingly common technique

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encouraged by the National Institute of Corrections and other organizations. The technique's focus on creating collaborative conversations and guiding people toward prosocial change is a drastic departure from many of the punitive, fear-based techniques the criminal justice system has traditionally employed. Because counselors have fairly limited interactions with ex-offenders, Iarussi and others see an opportunity to educate those who have the most access to this population — parole and probation officers.

"We know the prison system as it is does not work, and we know that taking a punitive approach is not effective in facilitating behavior change," says Iarussi, who is a member of ACA and IAAOC. "By introducing MI [motivational interviewing], we're trying to capitalize on what does work, and we're bringing some counseling concepts to the conversation that can facilitate lasting change among people in the legal system."

To teach and improve motivational interviewing skills, Iarussi asked her trainees among the probation and parole officers to record their conversations with their clients. In turn, she listened to the conversations and provided feedback. She says the officers who were able to make the shift to use the new skills noticed that they were having completely different conversations with their parolees.

"They were able to help their clients recognize that they do have choices over what they want to do. It's not that they are trying to force them into something or back them into a corner, but they can present them with options," she says. "You can have the conversation, but the choice is ultimately theirs."

Iarussi acknowledges that empathy, a cornerstone of both counseling and motivational interviewing, is a challenging concept to teach. "Probation and parole officers have multiple roles. They're not counselors," she says. "Their primary job is to enforce the law. So ... they have to make decisions about when it is appropriate to be empathetic and have these conversations, and when it is appropriate to enforce the law. And when it is maybe a combination of those two."

One probation officer stands out in Iarussi's mind because they both noticed a remarkable change in his work. In one training, Iarussi presented a video of a



correctional officer who wasn't paying attention to the client. The officer was constantly interrupting and not giving the client the time he needed. Her trainee came to her later and said, "I was that person. I was that officer who treated people that way."

Iarussi describes how the officer began submitting tapes that featured longer, more in-depth conversations, whereas previously he had been meeting with his clients for only one or two minutes at a time. In the new tapes, he and his clients were discussing concerns and issues about parenting and work. The officer noticed the difference he was making. "He definitely felt the shift," Iarussi says. "By changing his approach, he was making a significant impact in his clients' lives."

A unique perspective

Because each person who is incarcerated receives a range of services and interventions and faces a unique set of challenges, it is difficult to know what exactly keeps ex-offenders from returning to jail or prison. As research expands, however, professionals are gaining a clearer sense of what can decrease recidivism. Among the elements that have been identified as effective: assessing for risk, engaging individual motivators, using cognitive-behavioral strategies and providing ongoing support in the community. These are all strategies familiar to those in the counseling profession.

Whether it is using career counseling skills, trauma treatment or motivational techniques, counselors are taking their existing skills and intervening in the lives of people who are exiting the correctional system. They are also serving as advocates

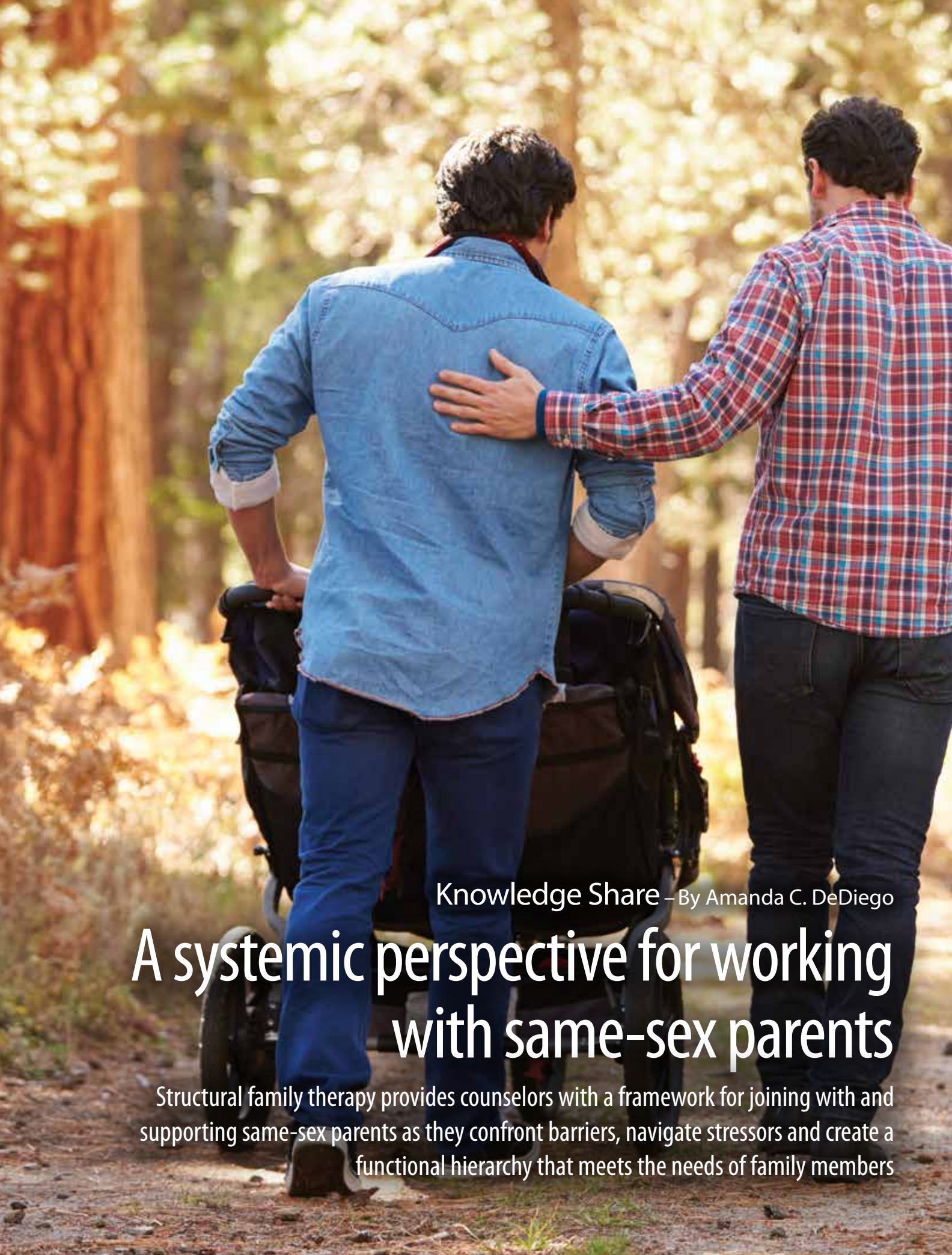
for systemic and legislative changes that give ex-offenders a better chance for success.

Above all, Iarussi and others believe counselors hold a prime position to help their communities and the criminal justice system begin viewing ex-offenders as individuals rather than a series of daunting statistics. Counselors are trained to take off the lens of judgment and to empathize with experiences that might be far from their own. Both of these skills make the field uniquely suited to work with this population.

"What I experienced is that ex-offenders expect us to treat them like everyone else does," Lanier says. "Sure, there is an extra layer of rapport building, because maybe they haven't had anybody listen to them [before]. All they wanted was for me to hear them and understand they weren't terrible people, but [rather] people who had made some bad decisions. As their counselors, we have to put our preconceived notions behind us and move forward." ♦

Kathleen Smith is a licensed professional counselor and a doctoral candidate at George Washington University. She also works as a mental health journalist and is the author of *The Fangirl Life: A Guide to All the Feels and Learning How to Deal*, published earlier this year. Contact her at ak_smith@gwmail.gwu.edu.

Letters to the editor:
ct@counseling.org



Knowledge Share – By Amanda C. DeDiego

A systemic perspective for working with same-sex parents

Structural family therapy provides counselors with a framework for joining with and supporting same-sex parents as they confront barriers, navigate stressors and create a functional hierarchy that meets the needs of family members



According to census data, there were roughly 125,000 same-sex couples raising approximately 220,000 children in the United States in 2010. Since that time, increasing numbers of same-sex couples have declared committed partnerships, capturing the attention of policymakers and bringing the issue of legal recognition of same-sex partnerships to the forefront of politics.

In 2015, the U.S. Supreme Court heard the landmark case of *Obergefell v. Hodges* and ultimately declared it unconstitutional for any state to deny marriage licenses to same-sex couples. In doing so, the Supreme Court said that rights historically awarded to married partners, including adoption rights, must be extended to same-sex couples. Although state legislation traditionally determines specific limitations to adoption rights awarded to married couples, under *Obergefell v. Hodges*, said spousal rights must apply to all couples equally.

This past summer, a federal court judge ruled adoption by same-sex couples legal in all 50 states. However, judges who make decisions to award parental rights can still create more stringent guidelines or additional hurdles for same-sex couples. So although this ruling is monumental in taking strides toward equality, it does not eliminate subtle discrimination experienced by same-sex couples seeking adoption rights.

As institutional and legal barriers to same-sex marriage and parenthood continue to diminish, counselors are increasingly called on to provide support for same-sex couples establishing legally recognized families. CACREP (Council for Accreditation of Counseling and Related Educational Programs) accreditation standards require programs to provide counseling students with training for supporting various issues in diverse relationships and families. However, more training and awareness are needed to properly prepare counselors to offer support specifically for same-sex couples and families.

For many years, same-sex couples could not find appropriately trained counselors to provide family and couple therapy. Now same-sex couples feel welcomed and have more referral options for counseling, but counselors still often lack specific training in best practices for supporting these couples

and families headed by same-sex parents. Considering the systemic influences that affect same-sex couples, a counseling approach that also considers the systemic context is ideal.

Structural family therapy

Structural family therapy (SFT), developed by Salvador Minuchin, offers a means for counselors to address systemic issues in various contexts. The SFT approach is empirically validated and offers a map for counselors to conceptualize a family system on the basis of the roles the family members play. In addition to examining the family as a system, SFT takes into account the greater societal contexts that have an impact on the family.

Minuchin based his theory on the assumption that each family member plays a role within the family. Using his therapeutic approach, a counselor observes patterns in the family's interactions to determine the hierarchy within the family system. Subsystems such as spousal, parental and sibling may also be present within the family. Any imbalance in the power, structure, boundaries or roles within the family represents dysfunction in the system.

The goal of SFT is to adapt the structure of the family to the needs of its members to improve the function of the family system. This goal is accomplished in three phases:

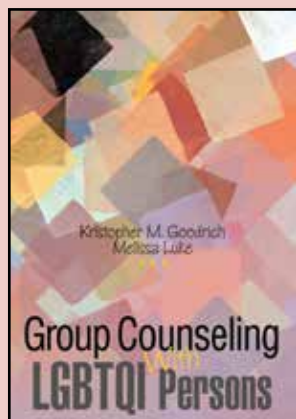
- 1) Joining with the family
- 2) Enacting interactions within the therapy environment to observe family member roles
- 3) Creating unbalance to expand current roles, introduce boundaries and accommodate the needs of the family members in the system

As part of the SFT process, the counselor "joins" the family system to correct dysfunction. Minuchin described "joining" as the process of the counselor being accepted by the family to create a therapeutic bond. The trust gained in the joining process creates a therapeutic system

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Group Counseling With LGBTQI Persons

Kristopher M. Goodrich and Melissa Luke



“Through engaging case vignettes, exercises, and clinical examples, Drs. Goodrich and Luke provide a much-needed resource for planning, executing, and assessing the effectiveness of group work with the LGBTQI community. This comprehensive book will be a welcome addition to the library of any group worker who needs cutting-edge information on affectional orientation and gender issues for a wide range of groups and populations.”

—**Michael M. Kocet, PhD**
Bridgewater State University
Past President, ALGBTIC

This unique resource provides strengths-based group counseling strategies designed to meet the needs of LGBTQI clients in a variety of settings. Drs. Goodrich and Luke capture the developmental concerns of LGBTQI individuals throughout the life cycle as they establish and maintain intimate relationships, create families, encounter career concerns, and navigate other milestones and transitions. Illustrative case examples and interventions throughout the text, as well as cautions and recommendations, make this an ideal resource for practice and group work courses.

After a discussion of the history of group work with the LGBTQI community, the planning and process issues that group leaders should consider in their work, and relevant ethical and legal concerns, the authors explore a range of group types and pertinent issues. Individual chapters focus on the following types of counseling: child and adolescent; same gender adult; intersex and transgender; coming out/disclosure; school, community outpatient, and residential; couples and family; substance abuse; grief and loss; and advocacy. Chapters on group work supervision and the importance of allies round out the book.

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that lasts the duration of the counseling relationship. The counselor works to help the family establish clear roles, while deconstructing power within the family system and subsystems. The goal is to create a functional hierarchy that meets the needs of family members.

One advantage to using SFT with same-sex parents is that this approach considers larger systemic influences on the family. Counselors working with same-sex couples may need to address unique systemic challenges. Thus, it is important to raise awareness in the counseling community about such issues so that we can address biases, practice awareness of issues facing the population and have a broad societal view of the family system and societal challenges impacting families with same-sex parents.

The road to parenthood

The traditional conception of children is not an option for same-sex couples. Thus, the road to parenthood for these couples is often emotional, complicated and potentially challenging.

Some of these couples may already have children from previous relationships. SFT provides guidelines for work with blended families, but in many respects, same-sex couples have unique challenges in establishing family systems. In the past, many states would not recognize the adoption of children within same-sex partnerships. For same-sex partners with children from previous relationships, this meant that only the biological parent was able to serve as the legal guardian of these children. This created stress and conflict within relationships because the biological parent's current partner was left without any legal rights as a parent. Not having legal guardianship of a child can cause same-sex partners to feel unclear about their parental identities. In turn, this may result in conflict within the partnership or struggles to establish a parenting relationship with children.

Egg donation and surrogacy: Not all couples have biological children from previous relationships, but the issue of legal co-guardianship is persistent regardless of how same-sex partners become parents. Same-sex couples may choose to pursue parenthood through surrogacy or through in vitro fertilization using a sperm or egg donor. In both cases, couples must choose which partner will be allowed to

have the biological identity as the child's parent. Because state laws have not always recognized the adoption rights of same-sex couples, the biological parent of the child often maintains all legal rights of guardianship.

Considering recent court rulings, the nonbiological parent may now seek status as a legal guardian. However, this parent may have experienced a lack of power in the family for some time because he or she was previously unable to identify as either a biological or legal parent.

Additionally, decisions must be made regarding the degree to which surrogates or sperm/egg donors will be included in and involved with the family. Thus, these family systems will potentially have multiple layers and subsystems, meaning that the same-sex partners may experience additional stress navigating choices concerning the level of connection to donors and surrogates.

Traditional adoption: The Supreme Court ruling in *Obergefell v. Hodges* acknowledged the possibility of same-sex couples facing continued institutional barriers, specifically naming instances of adoption agencies affiliated with religious organizations denying child placements for these couples. This past summer, a federal judge ruled a state ban on same-sex marriage to be unconstitutional, thus eliminating some systemic barriers to parenthood. Although overt discrimination in denying same-sex couples opportunities for adoption was eliminated, subtle discrimination that reinforces heterosexist standards of parenthood can still force same-sex couples to face stigma and additional stress during the adoption process. Same-sex couples have traditionally encountered legal obstacles, high standards for approval and long waiting periods to become adoptive parents. Historically, these institutional barriers have been substantial, causing many same-sex couples to turn to the foster care system in their pursuit of parenthood.

Foster to adopt: Foster care agencies often permitted same-sex couples to serve as foster parents, but there was always the question of whether the court system would subsequently deny them the option to legally adopt. This was often confusing and emotionally distressing for couples hoping to start families and gain the identity of parents. The Supreme Court has addressed these legal barriers, but it is unclear at this

point what institutional and social barriers will remain for same-sex foster parents seeking legal adoption.

Additionally, same-sex couple foster parents may experience a lack of institutional support in preparing foster children for placement with a gay or lesbian couple. Thus, the adjustment to the placement can be more stressful for both the couple and the child. Couples may also experience subtle discrimination and a lack of sensitivity regarding pronoun use in record-keeping (for example, suggesting a father and mother caring for children, as opposed to two mothers or two fathers).

Systemic challenges

In addition to the typical stresses associated with blended families or adoptive parenting relationships, same-sex couples often feel that they must fight to gain recognition in their identity as parents, both legally and socially. This can create high levels of stress within their partnership.

In 1979, Urie Bronfenbrenner discussed various social and political systems that influence individuals as members of society, including those individuals navigating marriage and parenthood. In addition to the legal and institutional challenges faced by same-sex couples in gaining the identity of a parent, counselors using SFT to support these couples must consider the influences of the societal systems to which these clients belong. Unfortunately, discrimination and systemic challenges are still present after same-sex couples become parents, and counselors may need to help families navigate additional systemic challenges in raising children.

Institutional and legal challenges:

Same-sex couples have long faced institutional barriers in gaining validation and recognition of their partnerships and marriages. *Obergefell v. Hodges* awarded the right to marry to same-sex couples and extended historically implied rights to same-sex couples who marry. However, states reserve the ultimate power to choose which rights to award (and to what degree) to married couples, including taxation, sharing of property and legal adoption. These discriminatory barriers exist beyond the courts. Among the institutional challenges that present struggles for same-sex couples

attempting to establish family systems are division of work, parental leave and guardianship rights in caring for children.

Same-sex couples may experience challenges in deciding how to adapt their work schedules when raising children because of less employer flexibility, especially in the case of gay men. Thus, one partner may become the "breadwinner," establishing greater financial power within the relationship. Given that legal adoption is not always permitted for nonbiological parents in a same-sex partnership, gaining access to a child's medical or school records may also be a challenge.

In addition, same-sex couples often face challenges simply in finding a residence for their families. Research shows that landlords have traditionally assumed that same-sex couples will be troublesome tenants. Given limited choices for renting property, one partner may then become the legal owner of the couple's purchased property. Particularly if this partner is already identified as the breadwinner of the family or the biological parent of the couple's child, this situation can create a further imbalance of power within the parental subsystem.

Social challenges: Beyond institutional challenges, same-sex parents also experience subtle discrimination in social groups. Same-sex parents may not feel that they fit within traditional parenting roles and thus may not feel as accepted in social groups with heterosexual parents. Socially, same-sex parents can be the targets of hypercriticism for their parenting decisions by heterosexual parents.

Criticism and rejection are not isolated only to social groups. Families of origin may also express disapproval of same-sex couples becoming parents. Ultimately, same-sex couples may feel like outsiders in both social and familial groups, thus creating another source of conflict within the partnership.

Given that they are raising children in a heterosexual-centered society, same-sex parents may lack role models for navigating decisions as parents. When combined with social invalidation, this can leave same-sex parents feeling alone and lost.

Finding social support provides comfort for parents and children who are experiencing hyperawareness of the



Amanda C. DeDiego

dominant heterosexual culture. Thus, same-sex parents often seek to create a new “family of choice” for social support. Same-sex parents often worry that their children will be subjected to heteronormative standards and social expectations in school. Children who have same-sex parents may experience discrimination or bias in social groups. Having the social support of other same-sex couples makes it easier for parents and their children to cope with discrimination and heterosexual norms.

Considerations for practice

Under SFT, the counselor joins with the family, becoming a part of the system instead of being a bystander to the process. Once this happens, the counselor will address issues of power, hierarchy, boundaries among family members and rules within the family system. The focus on family roles allows the counselor to adapt to the family system beyond traditional gender roles, which makes SFT ideal for work with same-sex couples and their families. Same-sex couples lack the traditional “mother” and “father” role within the family, so couples establish parenting identities based on their unique family system.

To determine the structure of the family system, a counselor must observe patterns of behavior among family members. In many cases, the lack of traditional gender roles among same-sex couples creates opportunities for greater balance in home and work responsibilities and egalitarian roles in parenting. Same-sex couples often experience greater fluidity and equality in parenting responsibilities than do heterosexual couples. Thus, decision-making in distribution of power within the partnership becomes more intentional.

The more gender-fluid roles of parents in same-sex families may challenge a counselor’s fundamental views of family. Thus, a counselor working with a same-sex couple must be aware of personal biases, or else the counselor may project gender labels onto family members. In addition, in recognizing one parent as more nurturing, it would be important not to automatically project onto the other parent the label of disciplinarian, especially considering the complementary function of parents under SFT. Instead, realize that gender fluidity in parenting roles means that same-sex parents may be sharing aspects of roles as both nurturer and disciplinarian.

In part because families with same-sex



parents may not always receive support from biological family members, it is common for these parents to include neighbors or other social supports in their definition of the family system. The SFT approach allows for a more flexible definition of family. Thus, same-sex parents can invite social supports beyond the biological family to participate in family therapy. A large piece of SFT involves examining the authority exercised with children. This provides the counselor with insight regarding the hierarchy within the family system. Remembering that social supports may become an influential part of same-sex families, the counselor should remain open to considering the authority of nonparental figures within the family system.

Counselors must practice awareness

of societal influences on families because these challenges often affect the balance of power within the family. Although societal issues may not be the presenting issue within the family, the influence of societal systems is always present. Additionally, counselors must practice ongoing reflection to be aware of biases in their work with this population. Working to eliminate subtle discrimination in the counseling environment — for instance, by creating gender-neutral intake forms — can create a welcoming environment for same-sex couples and their families.

Conclusion

SFT provides a framework to conduct counseling that considers systemic influences on families with same-sex parents. Recognizing the systemic and social barriers that same-sex parents face is a huge first step. Counselors must be aware of their own biases regarding their views of families when working with same-sex parents. In joining with the family system, counselors should be cautious not to assign gender roles to family members. Counselors also must be open to including social supports outside of the immediate family in the counseling relationship.

By practicing awareness of systemic barriers facing same-sex couples and being open to unique family systems, counselors can provide much-needed services to these now-legally recognized partners who are navigating the road to parenthood and parenting in a heteronormative world. ♦

Knowledge Share articles are developed from sessions presented at American Counseling Association conferences.

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Knowledge Share – By Karena J. Heyward & Eleni Maria Honderich

Establishing a professional international counseling identity

Without engaging in respectful, and perhaps challenging, cross-cultural conversations, can the counseling profession truly hope to further establish its credibility, distinction and value on a worldwide scale?



The counseling profession continues to grow and develop at both the national and international levels. Yet compared with psychology and other health professions, counseling might be considered to be in its adolescent years of development.

The psychology profession is well-established, enjoying worldwide recognition. At the same time, many people outside of our profession of counseling still question who we are. As Erik Erikson might say, counseling is in its identity formalization stage. In this stage, we are grounding and conveying our professional identity for others to understand. This time can be powerful and transformative. However, it can also be scary to reflect on questions related to identity because we are speaking not only to our known Westernized conceptualizations of what it means to be a counselor, but also to global perspectives.

In the United States, contingent on one's social circle or environment, the word *counselor* can mean a plethora of things, from a camp counselor to a financial counselor to a counselor at law. How many times has our profession been faced with questions such as "What is a counselor?" and "What does it mean to be a counselor?"

Before trying to answer those questions, we must acknowledge the larger picture at hand. Namely, counseling identity spans the globe and transcends a Westernized view of conceived professional identity. How a counselor is defined will vary depending on culture. Although communal philosophies bond us (e.g., wellness-based models), differences still exist in terms of application (e.g., theoretical preferences). Cultural differences don't make one way of doing things the "right" way or the "better" way. Instead, they speak to individualization of the treatment process with respect to cultural needs and norms, and continued professional growth and evolution.

Another question arises: Why even consider internalization? If counselors

are still in the process of formalizing their own identity on a national level, why consider a holistic identity? In conversations with peers around the globe, some opponents of efforts to internationalize counseling have noted that:

- ❖ An international counseling identity is nearly impossible to define because counseling looks fundamentally different through a global lens.
- ❖ Individual countries may lose their voice within an international identity if a Western perspective to counseling dominates the field.

On the other hand, proponents have reflected that unification has the potential to:

- ❖ Make the profession stronger and increase its credibility
- ❖ Reach and help more clients
- ❖ Help counselors continue growing and learning from one another

As the authors of this article, we are vested in this very topic. We are influ-

enced both by our own cultural backgrounds (German and Greek descent, respectively) and by cultural immersion experiences abroad that opened our eyes to the world of counseling within different cultures.



Karena J. Heyward

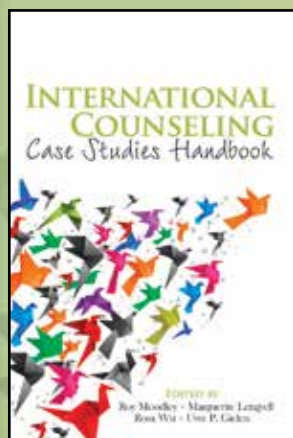


Eleni Maria Honderich

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These experiences shaped us, leaving us thirsty for more. In conducting literature reviews, we found a variety of scholarly articles examining what counseling means through specific cultural lenses from around the globe (e.g., Italy, Korea). Our appetite was not satiated, however. We wanted to learn what an integrated counseling identity might look like. We believe such an identity is quintessential to the counseling profession continuing to establish credibility and distinction as a unique and valuable mental health profession.

Although the literature spoke on cultural perspectives of counseling in different countries, we found that this research tended to use a monocultural lens (e.g., counseling in [insert country]). Monocultural lenses can be integral to breeding understandings of culture-specific conceptualizations. Such analyses leave the resolution of multicultural differences and similarities untouched, however. Hence, our next step toward possible internalization of a counseling identity involved ongoing cross-cultural conversations with peers around the world. These conversations focused specifically on concepts of counseling identity and the idea of global identity integration. The remainder of this article summarizes some of our findings related to these cross-cultural conversations. We conducted interviews with 18 counselors from around the globe to help begin this dialogue about an international counseling identity.

Acknowledging the good and the bad

The cross-cultural conversations about the formation of an international counseling identity revealed both potential challenges and benefits. Noted challenges included cultural differences related to the practice of counseling that might be undermined through a unified definition, difficulty capturing multiple voices or perspectives in one identity and fear of monocultural domination (e.g., Westernization).

The primary argument and challenge raised against unification was the fear of multicultural denunciation. As one colleague noted, "Each country — and even each jurisdiction in a given country — has differing histories, approaches and orientations that would make it very difficult to create one all-encompassing

identity.” Another counselor elaborated further, saying that “even if it were possible, [I’m] not sure if we would want this. [It] could be too reductionist.”

While acknowledging these challenges, participants stated that the benefits of a unified identity might include increased credibility and a stronger professional identity for counselors; subsequent results from the incorporation of a multi-international cultural lens into professional practices and standards; and more standardized practices geared toward best serving clients across countries (some counselors also considered this to be a drawback). In general, these benefits were grounded in advancing client practices and professional credibility.

One counselor remarked that the counseling profession could continue to move forward if “standards are equal all over the world, taking out the illegal, underqualified people who could seriously damage people’s lives.”

Similarly, another colleague noted, “While I think some things will always have to be accounted for as different between cultures, some basic ethical and educational principles can and should be maintained universally.”

One participant asserted that “the counseling field lacks a certain level of organization, therefore losing some respect.” We believe these claims can be ameliorated through a universal counseling identity.

Resolving differences

When we speak about a unified and integrated counseling identity, we do not assume this means that we will all be one and the same. Instead, it means we will stand together. Unification does not equate to a strict identity of the “right way.” Rather, it builds on phenomenological similarities of the counseling profession across cultures while respecting cultural diversity. We must have mutual respect for one another and be willing to listen and learn from each other even as we acknowledge cultural differences.

These are points and themes that emerged from our cross-cultural conversations with counselors. They also serve as philosophical pillars to current international initiatives taking place through the International Registry of Counsellor Education Programs (IRCEP) and NBCC International (NBCC-I), which was found-

ed by the National Board for Certified Counselors. These initiatives are vested in professional internationalization and feature a strong emphasis on cultural respect and understanding. These programs don’t project a counseling identity but rather listen to the voices and needs of the associated country in terms of accreditation (IRCEP) and personal credentials (NBCC-I).

We believe that for counseling to grow as a profession, there needs to be a willingness to engage in continued conversations related to an international counseling identity even as we remain open-minded and respectful. The field does look different in other countries, and the conversation is not about right versus wrong; it is about how we all can stand together while respecting one another.

As one participant commented, “I believe some more open communication would be great for establishing a better level of trust and understanding between countries.” Similarly, another participant of this study noted that “multicultural barriers need to be observed.”

Through such respectful communications and open dialogue, we can begin to develop an international counseling identity that is grounded in mutual respect and understanding and that benefits all cultures while furthering our professional identity. As this happens, counselors should face fewer questions from outsiders linking us to psychologists and social workers.

Implications for counselors

Although we, the authors, are vested in the concept of integration, we recognize that cross-cultural conversations must first occur so that counselors around the globe can respectfully unite. Regardless of whether the profession ultimately integrates on an international level, cross-cultural conversations related to multiculturalism, client welfare and professional identity should take place.

Multiculturalism and client welfare:

Engaging in conversations related to integration may be equated to gaining a

multicultural perspective and pursuing cultural competence. Thinking about and potentially developing a unified counselor identity should lead counselors from various countries to consider the perspectives of professionals from different parts of the world. These perspectives might vary depending on the dominant religions of the country in which the counselor practices, the races or ethnicities prevalent in the country, the socioeconomic norms of the area, the country’s infrastructure and the systems that govern the country.

These conversations can help counselors from any background to broaden conceptualizations of the self, others and one’s general worldview. In addition, a counselor’s role might be broadened beyond the individual counseling setting to include reflection on the benefits of the counseling field as a whole. Among

the other counseling experiences that can help lead to these realizations are working with military personnel or government agencies overseas, working in international schools around the globe or counseling programs that expose their students to cultural immersion experiences in various countries. Unfortunately, these experiences

may not be available for counselors in all countries, but it appears that developing a unified counseling identity could bring more cultural competence to the field.

Professional identity: Imagine if people emigrating from one country to another automatically understood what a person identifying himself or herself as a counselor meant and knew what to expect from the counseling process. The potential exists for reaching more clients worldwide if we can establish a clear identity across the globe for the counseling profession.

One of the weaknesses of our field in the United States is that counselors have not carved out the reputation and cohesiveness that other health professions have attained. When you hear that a person is a medical doctor,

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you are immediately aware that this person practices medicine. Although a medical doctor's approach to fighting illness and healing the body may differ depending on his or her location in the world, it is a universal "known" that when one does not feel well physically, a doctor is needed. Likewise, most people throughout the world understand that their mental health concerns can be addressed by seeking help from a psychologist or psychiatrist.

Unfortunately, the same scenario tends not to hold true with professional counselors, in part because of our relative "newness" in the world. Let's move past this identity formulation stage and toward concepts of unity by becoming grounded in cross-cultural conversations and respect. As Abraham Lincoln noted, "A house divided against itself cannot stand." Developing a unified counseling profession in countries where mental health counselors practice has the potential to strengthen our professional identity and reputation around the globe.

Self-reflective processes

Cross-cultural conversations are first grounded in self-reflective practices and understanding of self. As noted, these conversations have a multitude of benefits, including the potential for increasing cultural competency and professional identity.

The following macro level reflections might prove helpful in the self-reflective process. These prompts are similar to the questions we asked research study participants in our cross-cultural conversations.

- ❖ How would you describe the counseling profession in the country in which you practice?

- ❖ What challenges do counselors face in the country in which you practice related to the establishment of the profession of counseling or the professional identity of counselors?

- ❖ How is the counseling profession in the country in which you practice similar to and different from the counseling profession in other countries?

- ❖ What do you think about a unified and international counseling professional identity (e.g., do you believe it can or should exist)?

- ❖ What would the benefits and challenges of a unified identity be?

- ❖ How could counseling organizations, certification/license-granting bodies, professors of counseling and practitioners facilitate the development of an international counseling identity?

Reflect on the questions above, thinking about where your beliefs fall. As with any multicultural consideration, note potential positives and negatives (challenges) while also reflecting on your own ideas related to respectful integration. In

addition, converse with colleagues and expand such conversations to the macro level sphere if possible.

We, the authors, would also love to hear your thoughts. Please contact us to continue this needed conversation. Together, as a profession, let's step forward together. ❖

Knowledge Share articles are developed from sessions presented at American Counseling Association conferences.

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From the President

Continued from page 5

diagnoses may run his life. But working with him on a set of strategies that he can accomplish and feel good about may be exactly what allows him to come out of a scared level of depression, maintain his friendships and excel in school. Farther-reaching strategies that utilize logical planning tools for clients and students may offer the most effective results because the clients and students will feel more in charge. And after all, clients *are* in charge of their behavior, perceptions and attitudes.

As you work this fall to serve your clients or students, I invite you to email me regarding any planning projects you have designed that entail the kind of strategic thinking discussed in this

column. Hearing from you will allow for connection and sharing. We need to offer our colleagues all kinds of examples of success so that we continue to provide counseling that is effective and state of the art.

Fall is typically a prime time for conferences sponsored by ACA regions, divisions (and their regional organizations) and branches. Perhaps you have already attended one or more yourself. These gatherings provide opportunities to reflect, connect and make the most out of a specific period of time by learning from the best and offering our best in return. Gatherings of colleagues are opportunities. The sage collective advice of colleagues can lead

counselors to create multifaceted plans and enjoy feelings of accomplishment and wonder as these plans begin to evolve and play out strategically.

I have adopted a phrase from a physical therapist I know: "Motion is lotion." My interpretation is that lotion facilitates action, allowing for deeper movement and flexibility toward accomplishment. Let me know if you decide to put these words into practice to become a more empathic and strategic counselor. I'd love to hear about it.

Very best,
Catherine
croland@thechicagoschool.edu ❖

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Learning Objectives: Reading this article will help you:

- 1) Understand the Chronic Care Model (CCM) and how it can be utilized to support obese clients seeking weight management treatment.
- 2) Examine the role of mental health counselors within each of the six components of CCM.

Continuing Education Examination

- 1) The treatment of obesity, with its _____ etiology, is better suited to a multidisciplinary, comprehensive and collaborative approach.
 - a) Physiological
 - b) Environmental
 - c) Psychological
 - d) Multifactorial
- 2) CCM was specifically developed to treat obesity.
____ True ____ False
- 3) What is the major contributing factor of poor communication between primary care providers (PCPs) and their obese clients regarding weight loss and weight maintenance?
 - a) Short duration of PCP office visits
 - b) Ineffective goal-setting strategies
 - c) Inadequate resources
 - d) Poor nutritional guidelines
- 4) Which CCM component includes knowledge of the most up-to-date information about best practices and evidence-based treatments?
 - a) Delivery-systems design
 - b) Clinical information systems
 - c) Decision support
 - d) Community resources
- 5) Social and environmental factors contributing to obesity frequently are known in the literature as:
 - a) Psychosocial indicators
 - b) The built environment
 - c) Pathological impacts
 - d) The sociocultural obesity matrix

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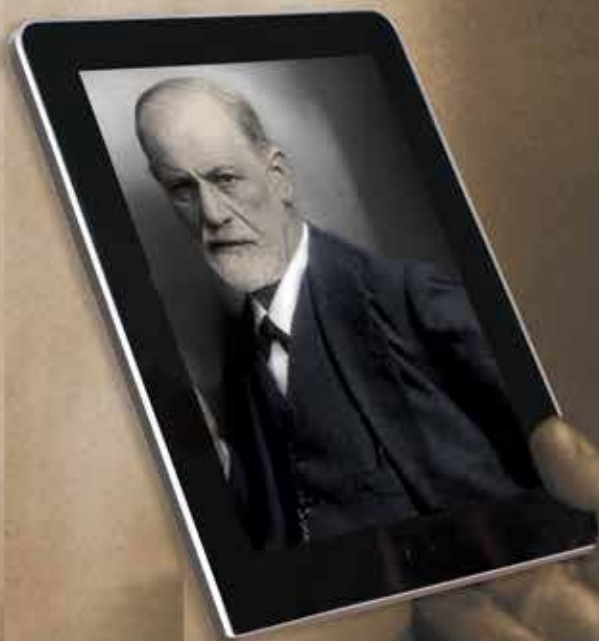
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Member Insights – By Whitney Keefner, Hilary Burt & Nicholas Grudev

The value of contemporary psychoanalysis in conceptualizing clients

Viewing clients through a contemporary psychoanalytic lens can provide counselors with a deep understanding of the past and present factors that are shaping clients' lives



As students in the University of Vermont's graduate counseling program, our professors have stressed both the benefits and critiques of Sigmund Freud's psychoanalytic theory. We grew curious about how Freud's pioneering ideas have evolved over time and how they can be applied to clients today. We think that contemporary psychoanalytic theory provides a great foundation for understanding human development, and this article allowed us to explore its progression.

Freud's psychoanalytic theory has received widespread criticism since its establishment in the late 19th century. However, Freud's original theories have undergone numerous evolutions, resulting in the de-emphasis of antiquated ideas pertaining to psychosexual fixation and a modern emphasis on the influence of early life family dynamics on later life relational patterns. This shift from examining repressed libidinal urges to the intrapersonal/interpersonal etiology of relational patterns allows counselors to place problems into an addressable context — namely, the bolstering of intrapersonal resources (i.e., ego strength) and the formation and maintenance of quality attachment relationships. These two branches of psychoanalytic thought are known respectively as ego psychology and object relations.

Ego psychology

From a contemporary psychoanalytic perspective, an individual's mental health is dependent on the regulatory abilities of the ego. The ego is the contemporary psychoanalytic term for the psychological mechanism that governs the processing of reality and the regulation of instinctual urges and moral rigidity. The ego has many significant roles, including perceiving and adapting to reality, maintaining behavioral control over the id and defending the individual from undue anxiety. The undeveloped (or overstressed) ego can lead to a wide span of threats to a person's wellness.

Mental health issues arise when the ego has not developed properly and its

regulatory functions are either immature or absent. The *Psychodynamic Diagnostic Manual* (a psychoanalytic "companion" to the *Diagnostic and Statistical Manual of Mental Disorders* that is used by many practitioners of contemporary psychoanalytic theory) outlines several functions of ego health. These functions (collectively referred to in the *Psychodynamic Diagnostic Manual* as the Personality Axis, or P Axis) include:

- ❖ The maintenance of a realistic and stable view of self and others
- ❖ The ability to maintain stable relationships
- ❖ The ability to experience and regulate a full range of emotions
- ❖ The ability to integrate a regulated sense of morality into day-to-day life

Counselors might use these functions collectively as a guide to conceptualize the health of a client's ego, while simultaneously considering specific aspects of ego function as possible starting points for counseling interventions. It is also worth considering how clients may defend their sense of self through the use of defense mechanisms.

Considering ego and relationships: Object relations

Whereas ego psychology represents contemporary psychoanalytic views on the development and regulation of the self, a separate yet related branch of contemporary psychoanalysis focuses on the self in relationship with others. Many theorists within the psychoanalytic school of thought place significant emphasis on

the association between intrapersonal and interpersonal wellness.

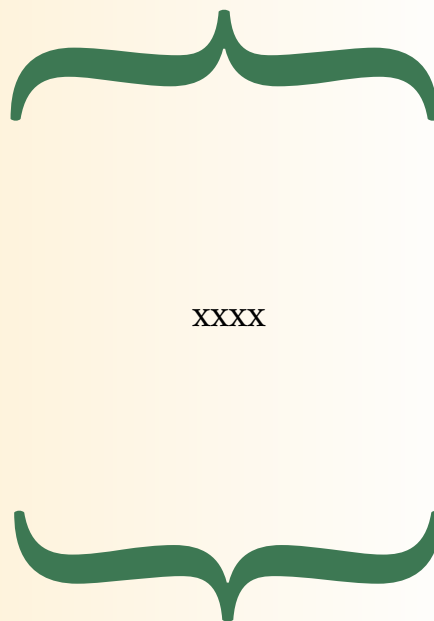
From an object relations perspective, counselors may view barriers to client wellness as stemming from the quality of early interactions between the client and his or her caregivers and how the client internalized these early relational experiences. When an infant is first born, it is undifferentiated from the mother. Thus the self has not yet formed. The self is composed of the ego, the internal objects (i.e., structures formed due to early experiences with a caretaker) and the affect that binds the ego and internal objects together.

The development of internal objects and ego is crucial to one's functioning in later life because impaired object relations may result in the development of abnormal behaviors, cognitions or emotions. To elaborate, when an individual experiences negative relational experiences in the caretaker-child dyad, healthy object relations fail to formulate. These relational blunders occur after ego-relatedness (i.e., the phase of absolute dependence from the mother). When the child is not provided with an ego-supportive environment, growth of the ego is inhibited.

Fragmented ego strength during childhood may contribute to later issues in adulthood. Object relations bears a strong theoretical resemblance to attachment theory in that the relational experience between a caretaker and an infant carries implications for functioning across the life span. For example, the relationships that individuals hold with others (caregivers, friends, romantic partners, etc.) shape the development and regulatory ability of the ego. These individuals are therefore at a disadvantage because they developed a faulty foundation for both self-regulatory abilities and social interactions later in life.

Defense mechanisms

In her book *Psychoanalytic Diagnosis: Understanding Personality Structure in the Clinical Process* (2011), Nancy McWilliams conceptualizes a person's capacity to acknowledge reality — even when that reality is unpleasant — in terms of ego strength. Ego strength, like other aspects of wellness, is constantly in flux and can be eroded temporarily by the stresses of day-to-day life. When ego strength is compromised by anxiety-



XXXX

provoking circumstances, or even by mental fatigue (we note, for example, that our egos begin to feel considerably less sturdy by the end of the semester), ego defense mechanisms serve as a kind of respite from perceived threats. When sensitive topics are broached in the context of counseling, client defense mechanisms may present themselves. Because these same defenses likely arise in other contexts that are interpersonally challenging for clients, acknowledging and discussing these defensive processes may prove to be a generative pathway to change.

According to McWilliams, when clients use a defense mechanism, they are generally trying unconsciously to avoid the management of some powerful, threatening feeling (e.g., anxiety, grief, shame, envy). In the same way that fabled knights used shields to deflect the fiery breath of a dragon, clients may use defense mechanisms to ward off potential threats while attempting to maintain safety and stability in their stances.

It is important to note that the use of defense mechanisms is a common, if not daily, occurrence in the lives of most people. Indeed, the use of defense mechanisms is considered by most mental health professionals to be adaptive and necessary for sound mental health. George Vaillant (1994) described how defense mechanisms help people to regulate internal and external reality, and decrease conflict and cognitive

dissonance. However, it is also important to note that defense mechanisms can be used in ways that are more adaptive or less adaptive. The degree to which an architecture of defenses might be considered adaptive pertains to the frequency and rigidity with which the defenses are used and the types of defenses employed.

In broad terms, defense mechanisms might be defined as primary or secondary defensive processes. McWilliams considers primary defenses to be less adaptive because they contain a greater degree of distortion in the boundary between the self and the outer world relative to secondary defenses. Primary defense mechanisms are characterized by the avoidance or radical distortion of disturbing facts of life.

For example, McWilliams explains how the primary defense mechanism of introjection involves substituting the perceived qualities, values, behaviors or beliefs of another person for one's own identity. In effect, these individuals are uncritically adopting the attitudes, values or feelings that they perceive a valued other wants them to have. McWilliams suggests that such global distortions of self and reality likely have their origins in early developmental stress and the lack of developmental opportunities to cultivate a coherent and stable ego or a differentiated sense of self.

McWilliams considers secondary defenses to be “more mature” because they allow an uncompromised sense of self to remain relatively intact, even as an uncomfortable reality is held at bay. Secondary defenses allow for greater accommodation of reality and a stable sense of self. For example, counseling students may occasionally employ “gallows humor” (humor is one of numerous secondary defenses that McWilliams describes) before taking tests such as the National Counselor Examination. Humor in such cases helps to ease the tension by distracting from the reality of the situation without engaging in significant denial or distortion of the situation itself.

The degree to which developmental opportunities have allowed for the establishment of the aforementioned ego domains and the type of defensive architecture generally employed (i.e.,

primary vs. secondary) contribute significantly to how clients perceive difficulties in their lives.

Ego dystonic vs. ego syntonic

An essential aspect of understanding an individual's mental health is the presence or absence of an observing ego. According to McWilliams, an observing ego enables clients to see their problems as inconsistent with the other parts of their personalities. Such problems are termed *ego dystonic*. In terms of counseling individuals with ego dystonic problems, the client's and the therapist's understanding of the problems are likely to align because both parties recognize the problems to be undesirable. Thus, the observing ego allows for identification of unwanted problems and helps the client bring his or her personality back to a desirable level of functioning.

Problems that are unrecognizable by an individual are termed *ego syntonic*. According to McWilliams, such problems are likely to be rooted deep in the individual's personality and often develop during early childhood. Because ego syntonic problems are intertwined in the person's character, addressing these problems can be perceived to be a direct assault on the individual's personality.

Taking away an adult representation of an adaptation from childhood could compromise an individual's entire way of being. It is therefore important for counselors to handle ego syntonic problems slowly and delicately. For example, counselors could validate and empathize with a client's ego syntonic experience while subsequently offering an alternative perspective. Establishing rapport and trust in the counseling relationship is perhaps the strongest tool when working with individuals whose maladaptive behaviors are intertwined in their personalities.

Substantial time is required for ego syntonic problems to become ego dystonic, and treatment is not possible until an individual can recognize their problems as such. The presence or absence of an observing ego determines whether an individual's problems are neurotic or entwined in his or her character. Ego syntonic problems are telling of a dysregulated ego because the ego lacks the ability to acknowledge, understand and accept reality. Individuals

who are capable of recognizing their problems likely have a better sense of self and a more developed ego.

Summary

Contemporary psychoanalytic thought emphasizes the impact of the ego on an individual's well-being. Whether development is viewed from an object relations lens or an ego psychological lens, the ego is at the core of healthy development. The ego's ability to balance the id and the superego, and process reality and emotions, can be learned only if an individual's social relationships throughout his or her lifetime foster healthy ego development. Unhealthy development or underdevelopment of the ego can cause psychopathological problems because an individual's abilities to process reality and emotions are likely to be impaired.

According to McWilliams, all of us have powerful childhood fears and yearnings. We handle them with the best defense strategies available to us at the time and maintain these methods of coping as other demands replace the early scenarios of our lives. Thus, defense mechanisms are useful in protecting the ego, but when used in excess, they may cause psychopathological problems. In this way, ego defense mechanisms are like sugar. When needed, sugar provides valuable energy that prevents the body's systems from malfunctioning. But when consumed in excess, sugar can cause disease and negatively affect individuals' well-being.

Conceptualizing clients through a contemporary psychoanalytic lens can provide counselors with a deep understanding of the past and present factors that are shaping clients' lives. This approach illuminates how adaptations formed during childhood can present as maladaptive behaviors or cognitions in adulthood. Unlike classic psychoanalysis, contemporary psychoanalytic theory considers the social factors that contribute to ego health, therefore giving counselors a more comprehensive and applicable understanding of the client.



The authors would like to extend a special thank you to Aaron Kindsvatter for his contributions and supervision. ♦

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Letters to the editor:
ct@counseling.org

Counseling Today reviews unsolicited articles written by American Counseling Association members. To access writing guidelines and tips for getting published in *Counseling Today*, go to ct.counseling.org/feedback.

COMING EVENTS

WCA Annual Conference

Oct. 5-8

Casper, Wyoming

The Wyoming Counseling Association is holding its annual conference in conjunction with the Wyoming chapter of the National Association of Social Workers. The theme is “Creating Connections.” The conference will feature several well-respected speakers, including Ric Reamer, Heath Helm and eye movement desensitization and reprocessing expert Jan Schaad. In addition, the inspiring and entertaining Nancy McNenny will present “Superhero Seeks Sanity: Compassion Fatigue and Self-Care.” To learn more about the conference, go to our website at wyomingcounselingassociation.com/annual-conference/.

FCA Annual Convention

Oct. 14-15

Orlando, Florida

The Florida Counseling Association will host its 67th annual convention at the Florida Hotel and Conference Center. Preconference Learning Institutes will take place Oct. 13, with the conference running Oct. 14-15. Network with colleagues and friends at the luncheons, receptions, annual awards ceremony and our famous “Sunshine Social” after-party. Continuing education credits will be available. For more information, visit flacounseling.org.

NCCHC National Conference

Oct. 22-26

Las Vegas

The National Commission on Correctional Health Care will celebrate its 40th annual national conference at the Paris Hotel. At the five-day conference — the country’s largest gathering of correctional health professionals — clinicians, administrators and others are invited to learn about the latest advancements and best practices in delivering health care behind bars.

The conference features eight in-depth preconference seminars and more than 100 concurrent sessions, and offers up to 32 hours of continuing education credit. Topics on the agenda include HIV, mental illness and substance abuse. The American Counseling Association is a supporting organization of NCCHC. For more information, visit ncchc.org/national-conference.

BEDA 2016 Annual Conference

Oct. 27-29

San Francisco

BEDA 2016, the seventh annual conference of the Binge Eating Disorder Association, will be held at the Parc 55 Hotel. The conference theme — “Many Paths, One Journey” — will focus on community and engaging all members of society affected by binge eating disorder (BED). The conference will educate about the misperception that BED affects only white women, a misrepresentation that creates marginalized groups. The conference will connect and engage the entire BED community through support, knowledge sharing and skill building. Patients, caregivers, treatment professionals, researchers, educators and activists are invited to stretch diversity comfort zones to stimulate curiosity, shift attitudes and broaden the ability to help, treat and bring more people with eating disorders out of the shadows. More information is available at BEDAonline.com/conference.

TCA Professional Growth Conference

Nov. 2-5

Dallas

The Texas Counseling Association is hosting its 60th annual Professional Growth Conference. The four-day event attracts more than 2,000 professional attendees and will offer a selection of more than 150 peer-reviewed programs. Full-day Learning Institutes (6.5 CE) and half-day Post-Conference Workshops (3.5 CE) are available for an additional fee. Programs will address a variety of practice-specific mental health topics.

Enhance your skill set and make new professional connections. Visit txca.org/PGC for complete details. All programs are eligible for LPC, NBCC, SBEC, LMFT, social worker, psychologist and school psychologist continuing education credits.

MCA Annual Conference

Nov. 3-5

Baltimore

The Maryland Counseling Association will hold its annual conference at the Embassy Suites by Hilton Baltimore at BWI Airport. The theme will be “Multiculturalism and Social Justice at the Crossroads: Creating a Multidimensional Intersectionality Lens,” with Courtland Lee serving as the keynote speaker. Attendees may earn as many as 16 NBCC clock hours. For more information, visit mdcounseling.org/event-2193807.

KCA 2016 Conference

Nov. 9-11

Louisville, Kentucky

The Kentucky Counseling Association 59th Annual Conference will be held at the Crowne Plaza Airport Hotel. The theme will be “Violence and Tragedy Prevention: Trauma-Informed Approach, Advocacy and Intervention,” with Cirecie West-Olatunji, Scarlet Lewis and Kenny Robertson as keynote speakers. Preconference workshops will take place Nov. 9. The conference will provide a wide variety of breakout sessions in an academy approach for counseling professionals in various counseling settings. Registration includes the opening reception, school counselor and LPCC/LPCA luncheons, and closing brunch. For more details and registration information, visit the website at kyca.org or call 800.350.4522.

WACES 2016 Conference

Nov. 10-12

Vancouver, Canada

The Western Association for Counselor Education and Supervision will hold its

2016 biennial conference at the Pinnacle Harbourfront Hotel in downtown Vancouver. The conference theme is “Innovation and Collaboration in Counselor Education and Supervision.” The conference offers 15 NBCC-approved continuing education credits to attendees. An emerging leaders event will be held on Thursday, Nov. 10. Sessions will be of interest to educators, supervisors, practitioners and graduate students. A Career Connection will be available for job seekers in the Western region. More information can be found at the WACES website: waces.org/.

**Expressive Therapies Summit
Nov. 10-13
New York City**

The seventh annual Expressive Therapies Summit features a faculty of more than 200 presenting over 150 papers, workshops, daylong master classes, symposia and two-day training intensives emphasizing hands-on participation and cross-disciplinary collaboration focused on using the arts in health care. Events are held at multiple locations throughout New York City. Approaches include art, drama, psychodrama, music, dance, movement, photography, video, journaling, poetry, narrative, play therapy and sand play. Special interest tracks include Jungian approaches, autism spectrum disorder, grief and loss, play therapy, studio skills in treatment and more. NBCC, APA, ASWB and APT continuing education credits are available. For more information, including the program and registration, visit summit.expressivemedial.org.

**PCA Annual Conference
Nov. 11-13**

State College, Pennsylvania

The 48th Annual Pennsylvania Counseling Association Conference will be held at the Penn State Conference Center and Hotel. The conference theme is “Celebrating Creativity and Ingenuity in Counseling.” Attendees can take advantage of influential learning opportunities, earn CEs through diverse educational sessions, collaborate with counseling peers, gain career insights and more. To register or obtain more information about the conference, visit us at pacounseling.org.

**TSCA/TCA Annual Professional
School Counselor Conference
Feb. 12-14**

Arlington, Texas

The 13th Annual Professional School Counselor Conference, co-hosted by the Texas School Counselor Association and the Texas Counseling Association, is a three-day niche event for school counselors across the education spectrum. Conference programs will focus on improving school counselor competencies to better serve students. Early-bird registration is currently open. The call for programs opened in September, and a list of selected programs will be available in January. The conference generally attracts more than 1,800 professional school counselors and features more than 70 programs. For more information, visit txca.org/SCC. All programs are eligible for LPC, NBCC, SBEC, LMFT, social worker, psychologist and school psychologist continuing education credits.

**Law and Ethics in Counseling
Conference 2017**

Feb. 14-17

New Orleans

This annual national refereed professional conference, held at the University of Holy Cross, will bring together counselor educators, counseling graduate students and counseling practitioners to review the latest trends and developments in the areas of law and ethics in counseling. For those who wish to experience a bit of Mardi Gras, the first weekend of parades will roll Feb. 17-19. Discounted early bird registration ends Oct. 1. See conference details at uhcno.edu/academics/continuing-studies/events/Law_and_Ethics.html.

SCCA Conference

Feb. 23-25

Charleston, South Carolina

The South Carolina Counseling Association is now accepting proposals for workshop presentations at its 53rd annual conference. The conference brings together a wide array of counseling professionals from across the state, as well as from North Carolina and Georgia. This year's theme is “Bridges to Empowerment.” The conference will be held at the Wild Dunes Island Resort. Rooms can be reserved for a discounted

price of \$139 per night with no resort fees. The deadline for conference proposals is Oct. 15. Visit sccounselor.org for more details about the conference and the link to the conference proposal submission form.

FYI

Call for journal articles

The *Michigan Journal of Counseling: Research, Theory and Practice*, the peer-reviewed journal of the Michigan Counseling Association, is seeking manuscript submissions for consideration. Articles should address topics of interest using a standard article format. Articles may relate theory to practice, highlight techniques and practices that are potentially effective with specific client groups or a broad range of client problems, provide original synthesis of material or report on original research studies. Articles should generally not exceed 3,000 words. Lengthier manuscripts may be considered on the basis of content. Submission of a manuscript represents certification on the part of authors that it is an original work and that neither it nor a similar manuscript has ever been published. Email submissions to Arnold B. Coven at aa1553@wayne.edu.

Call for papers

VISTAS Online, the American Counseling Association's dynamic peer-reviewed and peer-created publication with the motto “by counselors and for counselors,” is seeking papers for publication in its spring issue (deadline: Jan. 2). VISTAS provides professional counselors from all settings a place to share knowledge, practices and ideas about any aspect of counseling with other professional counselors. VISTAS welcomes articles based on programs presented at national ACA or ACA division conferences. Additionally, if you have developed a practice or program or have conducted research that has practical implications, we invite you to prepare and submit a VISTAS paper so that you can share your knowledge and resources with others. For more information, contact managing editor Jillian Joncas at VISTASonline@counseling.org. Specific submission guidelines can be accessed

at counseling.org/knowledge-center/vistas/vistas-guidelines.

Invitation for scholarship applicants

The Association for Specialists in Group Work Awards Committee invites applicants for the \$2,000 scholarship given annually to honor Marguerite “Peg” Carroll, an ASGW past president and pioneer in group work. The award is intended to support the study of group work and further understanding of group dynamics. Any student interested in the field of group work is eligible for consideration. For complete information about application materials, including the content of letters of recommendation and submission guidelines, see the scholarship information under the Awards and Scholarships section of the ASGW webpage: asgw.org. All submissions must be sent via email (with attachments) to Angela D. Coker at cokera@umsl.edu. Applications must be received by Jan. 17. Recipients must be (or become) members of ASGW.

Call for award nominations

The Association for Specialists in Group Work is seeking nominations for several awards. Eminent Career: This highest award recognizes major contributions made to the field of group work by an ASGW/American Counseling Association member. Professional Advancement: Recognizes the outstanding activities of an individual

who has helped advance the field of group work. Group Work Practice: Recognizes an outstanding practitioner in group work. For complete information about application materials, including submission guidelines and supporting letters, see information under the Awards and Scholarships section of the ASGW webpage: asgw.org. Submissions must be sent via email (with attachments) to anapuig@coe.ufl.edu. Applications (nomination letter and two supporting letters) must be received by Jan. 17. Recipients will be announced during the ASGW Luncheon at the ACA Conference in San Francisco.

Call for editorial board members

Measurement and Evaluation in Counseling and Development, one of two division journals sponsored by the Association for Assessment and Research in Counseling, seeks counseling researchers as members of the journal's editorial board. We are looking for a diversity of knowledge and expertise in all areas of measurement, evaluation, research and methodology. Anyone interested in applying is asked to send an email (with a curriculum vitae attached) to Paul R. Peluso, editor-in-chief, at ppeluso@fau.edu.

Animal-assisted counseling competencies

The American Counseling Association's Animal Assisted Therapy in Mental

Health (AATMH) Interest Network is pleased to announce that the ACA Governing Council has endorsed formal competencies for the practice of animal-assisted therapy in counseling. The competencies are based on qualitative research conducted by authors Leslie Stewart, Catherine Chang, Lindy Parker and Natalie Grubbs. The competencies can be accessed at counseling.org/knowledge-center/competencies. The authors and interest network coordinators believe that a publicly visible and accessible set of competencies is an important step toward professional advocacy in animal-assisted therapy in counseling. In addition to promoting professionalism, this resource will benefit practitioners, protect clients and promote therapy animal welfare. For more information, contact Leslie Stewart (stewlesl@isu.edu), Amy Johnson (johnson2@oakland.edu) or Laura Bruneau (lbruneau@adams.edu). ♦

Upcoming deadlines for Bulletin Board submissions

- ♦ December issue: Nov. 1
- ♦ January issue: Dec. 1

Send Bulletin Board announcements (125 words or less) to Jonathan Rollins at jrollins@counseling.org.

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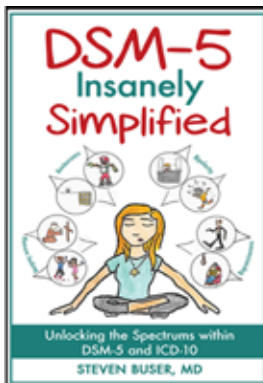
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— Helen Nieves

The Counselor Career Stories column in *Counseling Today* is a platform in which ACA members share insights from their professional journeys and experiences in an effort to help students and new professionals navigate their own careers.

If you are interested in volunteering your story for the Counselor Career Stories column, please email ACA Senior Coordinator of Professional Projects and Career Services Danielle Irving at dirving@counseling.org and attach a copy of your current résumé/cv.





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