

Counseling Today

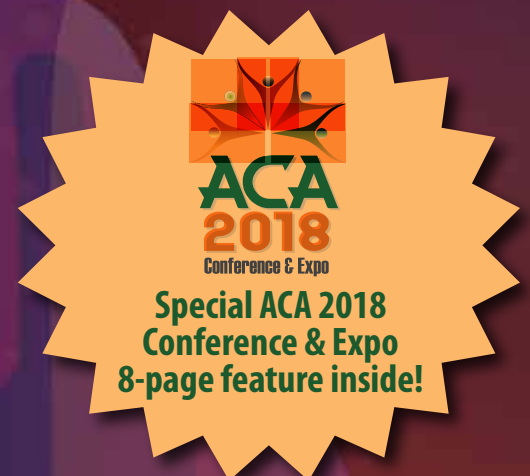
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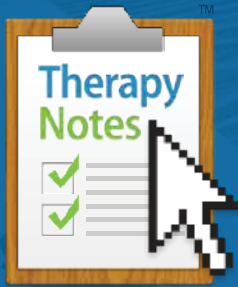
Making the counseling profession more diverse

Also inside:

- ❖ Wrestling with seasonal depression
- ❖ Using evidence-based relationship factors
- ❖ Serving as an expert witness in court
- ❖ ACA president-elect candidates provide answers



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Counseling Today

November 2017

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Compiled by Laurie Meyers

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- A counseling protocol for "should" thoughts
- Spirituality in a church-based counseling program

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Gerard Lawson

More powerful

Late summer saw several major hurricanes touch the United States, and the impact of those storms was devastating. Whenever an impending hurricane is described as *powerful* (as these were), we tend to tune in for predictions of the storm's path, ongoing coverage as it makes landfall and, finally, initial assessments of the resulting damage. And then, we often tune out.

But the real power that we should be tuning in for is the incredible resilience of the people who begin cleaning up and putting their lives back together as the winds die down. Counselors are there to witness that power because they are consistently part of response and recovery efforts following major disasters.

The American Counseling Association has partnered with the American Red Cross for years, helping to coordinate the disaster mental health response to major storms. The American Red Cross has volunteers in communities nationwide. Many people don't know that the majority of what the Red Cross responds to is house fires in our own communities. When a major disaster strikes, the Red Cross brings in volunteers from its chapters across the country; if the scope of the disaster is particularly large, the Red Cross also asks for ACA members who are licensed to respond. Hurricane Irma was a massive storm that tracked through the Caribbean and then slowly moved up through Florida. I was scheduled to be in Florida for the American Rehabilitation Counseling Association's 60th anniversary conference, and I asked our staff to see if I could arrange a disaster mental health deployment with the Red Cross for the following week. It was a powerful experience.

Disaster mental health deployments with the American Red Cross are typically at least

nine days long, including travel days. I arrived at the headquarters in Orlando and spent the first day checking in with local shelters. The next day, we traveled south to where the storm had made landfall. For the next three days, I worked 10- to 12-hour shifts in a hurricane shelter that housed everyone, from infants to the elderly; families, couples and individuals; dogs, cats and birds. Some of the shelter staff had been there for more than a week and had been deployed in advance of the storm. Those heroes rode out the storm in evacuation shelters, along with the people they had been sent there to serve.

Our tasks in the shelter involved crisis counseling, psychological first aid, planning for moving forward, case management, hand-holding, you name it. The remainder of the week we did community outreach, heading farther south into communities that were even harder hit and even more disadvantaged. The needs were incredible, but the resilience of those survivors was humbling.

I have done disaster mental health work before, most notably at Virginia Tech following the shootings on our campus in 2007. I describe that work as the hardest, most important work I have ever done. This deployment is a close second. To those of you who have also served with the Red Cross: *Thank you.* Although there were many volunteers in Florida from allied professions, about half of the disaster mental health volunteers I met were counselors. We show up when people need us, we are willing to go into the community and meet people where they are, and the work we do changes lives.

We need more counselors to get connected with the Red Cross, to serve in their communities and perhaps to serve in a national deployment. Storms are powerful, but the work you do is even more powerful. And we need you. Go to redcross.org/become-a-disaster-mental-health-volunteer for more information. ❖

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Make a donation to the ACA Foundation as you make your 2017 year-end charitable gifts.

“Thank you! I cannot fully express to you how much your thoughtfulness and generosity are appreciated. The funds to help us rebuild after the devastating floods will definitely be put to good use in meeting the needs of our students and our school counseling program.”

—Jennifer Pell,
School Counselor in Clendenin, WV
Recipient of Growing Happy and
Confident Kids (GHCK) Program Grant

The ACA Foundation sponsors scholarships, recognition awards such as the Graduate Student Essay Competitions, and the Counselors Care Fund, which provides assistance to counselors in the wake of natural or other disasters.

This year, the ACA Foundation also offered assistance in a wide range of additional arenas, from supporting equal access to restrooms for all, regardless of gender identity, to supporting the “Dreamers” participating in the Deferred Action for Childhood Arrivals (DACA) program—and providing assistance to those whose lives were devastated by natural disasters such as hurricanes Harvey and Irma.

Your generous donation is key to carrying out the Foundation’s mission in supporting your peers, strengthening the profession, and improving communities everywhere.

Visit <https://aca-foundation.networkforgood.com> to make a secure credit card donation or call 800-347-6647, x222 or 703-823-9800, x222 (M–F, 8 am – 6 pm, ET). You may also mail a donation to ACA Foundation, Finance Department, 6101 Stevenson Avenue, Suite 600; Alexandria, VA 22304 (**please make check payable to the ACA Foundation**). Donations are tax-deductible. A gift of any amount is sincerely appreciated.

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Richard Yep

Gratitude for the work of every professional counselor

For many in the U.S., this month's celebration of Thanksgiving launches the winter holiday season. The spirit of the holiday, bringing an appreciation of the bounty in our lives, offers an opportunity to think about the many ways that the tireless work of every American Counseling Association member makes the world a better place.

Professional counselors are generous individuals. Your work is focused on helping others — on helping clients grow, thrive, achieve their full potential and find their own authentic selves. Our approximately 55,000 ACA members spread this open-hearted approach throughout the world, each in their own special way, enhancing and improving every life they touch — as well as the lives of the countless others who interact with their clients. We are grateful for the work being done by each and every one of you.

Professional counselors are among the first to step up and volunteer when disaster strikes. More than 5,000 mental health professionals, many of them professional counselors, volunteered through the American Red Cross to provide disaster mental health services to individuals affected by hurricanes Harvey, Irma and Maria. Some ACA members worked in Texas, some in Florida and some in other states. ACA President Gerard Lawson was among them, deploying as a volunteer in Florida.

Many professional counselors have been — and will continue to be — involved in this huge humanitarian effort. Thank you to all who volunteered. You are showing the world how willing professional counselors are to help others — at any time, in any place and in any circumstance.

ACA is an American Red Cross disaster mental health partner. We meet quarterly with the Red Cross to help the organization plan and improve its mental health deployments. Over the years, Red Cross partners have helped the Red Cross make many upgrades to its disaster mental health program. Following a disaster, ACA assists the Red Cross with its call to deploy professional counselors to affected areas.

Many of you may have received training to become a certified Red Cross disaster mental health volunteer at an ACA Conference between 1999 and 2016. The ACA is no longer able to offer this training because of a Red Cross rule change. Now, professional counselors who are interested in becoming disaster mental health volunteers partner with their local Red Cross chapters to take the Disaster Mental Health Fundamentals course. This connects professional counselors directly with the unit that will contact them with deployment opportunities. You can learn more and apply to become a part of the Red Cross volunteer disaster relief program at redcross.org/become-a-disaster-mental-health-volunteer. On behalf of those who will one day need your help, thank you for having the vision to make the time for this training.

If you are interested in learning more about mental health and disaster relief, ACA offers a number of resources online at counseling.org/knowledge-center/trauma-disaster. These include:

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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 father's involvement

I was pleased to read the September 2017 *Counseling Today* Knowledge

Share article "Viewing fathers as attachment figures" by Ashley Cosentino. Revisiting attachment theory was refreshing, and the statistics about children living with single



parents, either a mother or a father, was also eye-opening. What really caught my attention was the myths about a father's involvement in a child's life and society's incongruent standards for mothers and fathers.

When our son Aiden came into our lives, one of us wanted to be a primary caregiver for the early years of his life. My wife wanted to stay home with him, but she was the breadwinner for us at the

time. So, I decided to put a hold on my career and stayed home.

As a South Asian immigrant, the role of a stay-at-home dad was unsettling for me. In my culture, men were the breadwinners and women stayed home nurturing the offspring. Ironically, the societal norms and expectations for men and women in the United States aren't much different from those of South Asian culture. Although this tradition is changing, I agree with Cosentino — it's not changing fast enough.

Now, I work as a school counselor in a transfer school where students range from 16 to 21 years old. It would be an understatement to say that these students have been through a lot. In fact, hearing their life stories often gives me goosebumps. What makes me sad is that some of my students are already parents while they are still kids themselves. Many of these young parents grew up not knowing their fathers. They were raised by a single mother or their grandparents

or, in many cases, were abandoned by both parents and ended up in foster care, bouncing from one home to another.

This article couldn't have been published at a better time. I just started a group in school to address the importance of a father's involvement in a child's life. I want to provide some tools to help young men embrace fatherhood/parenthood. My hope is to make a dent in this vicious cycle of missing father figures. I couldn't agree more with Cosentino's point that a father's involvement is more than just financial security; it's imperative to the development of a healthy child, physically and psychologically. However, it's going to be a slow process. Society needs to make fathers equally responsible for their children's rearing. One way to do this is by educating our young men.

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Letters policy

Counseling Today welcomes letters from ACA members; submissions from nonmembers will be published only on rare occasions. Only one letter per person per topic in each 365-day period will be printed. Letters will be published as space permits and are subject to editing for both length and clarity. Please limit letters to 400 words or less. Submissions can be sent via email or regular mail and must include the individual's full name, mailing address or email address and telephone number.

ACA has the sole right to determine if a letter will be accepted for publication. *Counseling Today* will not publish any letter that contains unprofessional, defamatory, incendiary, libelous or illegal statements or content deemed as intended to offend a person or group of people based on their race, gender, age, ethnicity, religion, sexual orientation, gender identity, disability, language, ideology, social class, occupation, appearance, mental capacity or any other distinction that might be considered by some as a liability. ACA will not print letters that include advertising or represent a copy of a letter to a third party. The editor of *Counseling Today* will have responsibility for determining if any factors are present that warrant not publishing a letter. Email your letters to ct@counseling.org or write to *Counseling Today*, Letters to the Editor, 6101 Stevenson Ave., Suite 600, Alexandria, VA 22304.

CEO's Message

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- ❖ A link to the U.S. Substance Abuse and Mental Health Services Administration Disaster Distress Helpline
- ❖ Links to 15 fact sheets compiled by the ACA Traumatology Interest Network offering information on the skills needed for dealing with disaster mental health

- ❖ Links to 15 resources for identifying, reporting and treating childhood sexual abuse
- ❖ Guidelines for sheltering in place

In addition, ACA members may join the ACA Traumatology Interest Network. The network offers access to a community of professional counselors interested in traumatology and trauma therapy.

Information about the group is online at counseling.org/aca-community/aca-groups/interest-networks.

As always, I look forward to receiving your comments, questions and thoughts. Feel free to contact me by phone at 800-347-6647 ext. 231 or via email at ryep@counseling.org. You can also follow me on Twitter: [@Richyep](https://twitter.com/Richyep).

Be well. ❖



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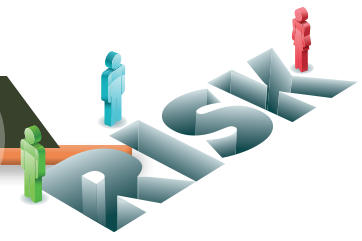
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The pitfalls of serving as both treating counselor and expert witness

Question: I am a licensed professional counselor in private practice and have been counseling a woman for several years. The client is going through a bitter divorce and custody battle and has asked me to be an expert witness for her in this matter. From what she has told me over several years, her spouse has no interest in either her or their children and is doing everything he can to prevent her from getting financial support. I think my client would be very disappointed if I decline her request. She thinks my testimony would hold great weight with the court, but I am trying to figure out whether there may be complications if I accept this role.

Answer: You are wise to evaluate the consequences of accepting the role of an expert witness in this situation. There are numerous pitfalls that could lead to an ethics complaint, licensure board investigation or legal action. Perhaps the main problem is that this new role could lead to a conflict of interest.

Expert forensic (i.e., court-related) evaluations and testimony serve a need for the court to obtain information based on science or practice standards of certain health care professionals. If one agrees to be an expert witness, there is an inherent obligation to act as a neutral, unbiased person who bases her or his opinions on data-backed evidence, education, training and experience. A mental health expert may also be asked hypothetical questions about certain diagnoses and their impact on clients.

However, if you are already acting as a treating counselor, your client may view you as an advocate. From what you have said, it appears that your client truly does view you in this light. You are expected to act in your client's best interests and, to the extent possible, preserve the client's privacy and honor your duty of confidentiality. It may be difficult, if not impossible, for you to say you are an unbiased expert while also fully supporting your client. After spending years working with and listening to your

client, there is a danger of bias, whether intentional or unintentional.

If you were to accept the role of expert witness, you would have a duty to answer all questions honestly. What if your client experienced some lapses of judgment in the past and you were questioned about those lapses in court? What if you had to make a child abuse report in the past related to your client's actions but she thinks you wouldn't possibly bring that up in court or at a deposition? Your honest answers could compromise the therapeutic relationship.

Standard E.13.c. of the 2014 *ACA Code of Ethics* prohibits counselors from evaluating current or former clients for forensic purposes and, conversely, prohibits counselors from counseling individuals whom they are evaluating. You may not have viewed this potential new role as involving evaluation. Yet, if you do not also engage in interviewing your client's spouse, and potentially the children or others relevant to the custody decision, how can you truly be an expert witness in a custody case? If you do engage in such activities, you risk ruining the therapeutic relationship.

How can you appropriately respond to your client? You could have a thorough discussion with your client about the potential problems related to serving as her expert witness. You might suggest that the parties obtain the services of an independent mental health professional who can act as an expert witness. An independent expert should be free of the biases that you cannot eradicate.

You might also explain how the *ACA Code of Ethics* must guide your actions. In addition, you could offer, with your client's authorization, to speak with her attorney about why you are not the right person for the role of expert witness. Sometimes, attorneys and judges do not fully understand ethics in the mental health realm. Also, clients' attorneys are sometimes motivated to have the treating counselor testify because they believe it will save money.

In some circumstances, you may be subpoenaed to appear as a *witness of fact*

for your client. For example, your client's attorney may want you to testify regarding a session in which the client relayed that her spouse had abused the children. This testimony would be based on the facts as relayed to you. With appropriate authorization from your client or a court order, or under certain state laws, you may have to testify. However, you would not be expected to be a neutral expert and should not be forced to give opinions based on hypothetical questions. One drawback of acting as a witness of fact is that, often, the fees are severely constrained by law and local court rules. However, some states do allow fact witnesses to be paid at the mental health professional's ordinary hourly rate.

Looking prospectively, you may want to include in your informed consent document information about when you can and cannot act as a witness in court. You may wish to have a local health care attorney review your informed consent document to ensure that it meets with the reality of state laws and local practice on witness appearances and fees. Because informed consent involves a *process*, not just a static document, you should discuss these issues with your clients at the outset of treatment and on a periodic basis thereafter.



The question addressed in this column was developed from a de-identified composite of calls made to the Risk Management Helpline sponsored by the American Counseling Association. This information is presented 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 American Counseling Association's Ethics Department.

Letters to the editor:
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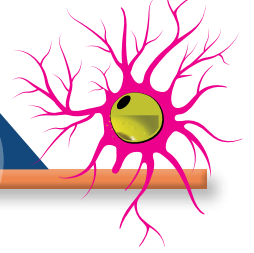
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Using new nervous system science to help clients with their digital dating experiences

Not much guidance currently exists for counselors who want to help clients with the rapidly changing overlap of technology and romance. This complex combination creates a highly electric mix that can fire up our nervous systems, thrilling us to the point of anxiety and chilling us to the point of depression.

Our expanded understanding of nervous system functioning illuminates a more nuanced interplay of systems than we were aware of previously. Recent research explores the relational aspects of nervous system functioning and, although further research needs to be done, current understandings suggest a map that counselors can consult to help clients with their technology use, their romantic relationships and the ways that technology and romance combine. Therapists are seeing new types of dating dances, ranging from the ways that texting changes romantic communication to the ease with which technology facilitates connections between those who are merely looking to “hook up.”

Counselors can use nervous system knowledge to help clients navigate these evolving matchmaking methods. Sexuality deserves privacy, but if clients sense that counselors don't understand the digital dating phenomenon, they may feel the need to keep their experiences secret. Clients may even feel ashamed about their interests, and shame can feed addictive tendencies. When counselors understand their clients' digital dating explorations, what is new can be sorted

from what is age-old, and counselors can find ways to use tried-and-true techniques with the new material.

Effects of technology on the body

Our bodies are designed to react to sensation. Just like other mammals, we pay close attention to sudden movements and sounds that might alert us to the arrival of a predator. The lights and sounds of our devices signal our bodies in similar ways. We become alert to these cues from our environment in addition to paying close attention to cues passed from one individual to the next through social media. Technology offers new ways to stay connected to networks of people, but social media feeds that are often full of dramatized debates can leave us wondering whose signals we should trust.

With technology's constantly available sensation, information and potential for interaction, if we are not good at managing how we take in stimulation, we can easily become overwhelmed and lose presence. We can learn to pull a certain amount of our aliveness out of our bodies to send an avatar of ourselves into potentially dangerous situations.

Technology creates different options for controlling the interactions within our relationships. With texting, we can space out our comments over longer periods of time than is generally accepted in phone conversations or in person. We can take in words alone when texting, with no vocal inflection other than what we imagine based on hieroglyphic emojis. If we choose a traditional phone call, we are opting to

tune in specifically to vocal patterning, eliminating the face-to-face interaction that many phones now offer as an option.

When we engage in face-to-face interactions over a device, we have more of the verbal and nonverbal communication elements but not all of them. With a screen between us, we cannot touch each other. With distance communication, we lose the animal opportunity to smell, so we cannot *sniff out a situation*, but we do have the power — literally *in our hands* and *at our fingertips* — to control many interactive elements.

Usually, when we feel safe, we do not need constant engagement with others. We trust that we can take a break from the stimulation of connection to process that stimulation and rest. However, the constant flow of information that technology offers can stir in our bodies fears of disconnection from the group, like when animals sleep lightly because they detect a predator roaming in the vicinity. The predator may move on, so it is not yet time to flee — but that time could come later in the night, so everyone *sleeps with one eye open*. Should the alarm sound, bodies are ready to shoot into fight-or-flight. This state, provided by the sympathetic nervous system, creates bursts of speed, reaction without thought and energy that can exhaust the system until the body has ample time to recover.

Social engagement system biology

For some time, we have known that our nervous system is affected by both sympathetic responses and

parasympathetic responses. Sympathetic responses activate; parasympathetic responses calm. With the new science, we now recognize that the sympathetic nervous system offers us a type of day-to-day activation in addition to the active state we call fight-or-flight. This day-to-day activation can easily be regulated by one part of the parasympathetic system, giving us flexible and sustainable energy. This day-to-day active state is part of what scientist Stephen Porges calls our social engagement system.

Our fight-or-flight response is difficult to regulate and interferes with rational thought because it is designed for those treacherous situations when a quick reflexive reaction is desirable. Because the fight-or-flight response exhausts our bodies for a substantial period of time, it is preferable that we stay in the day-to-day active state that allows us to maintain our executive functioning.

Porges determined that the vagus nerve, which controls the parasympathetic nervous system, affects our overall activation in three different ways. Two of those ways are part of the social engagement system:

- ❖ The ventral (front) vagal branch of the vagus nerve provides nuanced regulation of the day-to-day type of sympathetic activation.
- ❖ The dorsal (rear) branch of the vagus nerve creates rest and digestion when there is a sense of safety.

Shutdown

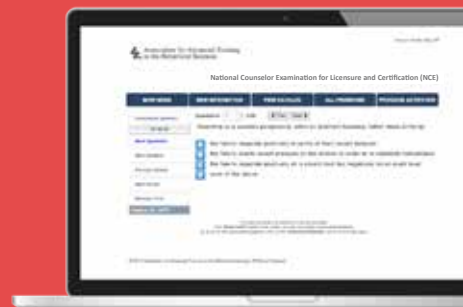
The third way the parasympathetic nervous system affects activation is when we sense life-threatening danger and the dorsal branch of the vagus nerve shuts the body down. When we sense danger but there is no clear predator to fight or way to flee quickly, we shut down. Ultimately, shutdown makes death less painful.

Opossums use shutdown to fool predators into abandoning the chase. In humans, shutdown can cause fainting, which allows a kind of body reset that preserves brain functioning. It also creates the state we call dissociation. We recognize that lack of embodiment in mindless scrolling on our phones, binge-watching shows, binge-playing of games and binge-seeking of sex not satisfied by orgasm.

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Longtime trauma expert Peter Levine, who wrote *Waking the Tiger* and *Trauma and Memory*, among many other books, helps us understand that our bodies are wired to come out of shutdown by going into fight-or-flight. If an opossum sees a path for escape from a predator that has been distracted by its feigning, it needs the burst of speed that fight-or-flight provides.

Like opossums, we startle out of shutdown. We awaken ourselves suddenly from technological fogs, freaked out by what we may have missed. If the feeling that sent us into our mindless scrolling returns to overwhelm us, we are likely to drift back into shutdown with more scrolling or maybe mindless eating. We can repeat this bouncing back-and-forth between fight-or-flight startles and shutdown fogs over and over again, particularly if we do not understand what is happening in our nervous system functioning.

When we understand that social engagement system responses come out of a separate way of functioning than do those responses designed for life-threatening danger, we can learn to expect the fight-or-flight response that startles us awake from shutdown. Recognizing the pattern, we can find ways to ground anxious fight-or-flight energy into effective actions such as mowing the lawn, sweeping the floor or pushing into a downward-facing dog yoga pose.

Nervous system functioning and attachment styles

The idea of attachment styles comes from the work of developmental psychologist Mary Ainsworth, who recognized that we all fall into two general categories when it comes to how we do relationships. We tend to have either what she called a secure attachment style or an insecure attachment style. In the late 1980s, Cindy Hazan and Phillip Shaver studied Ainsworth's attachment styles as they relate to romantic relationships. Although Ainsworth's names for types of insecure attachment styles have evolved over the years, most adult attachment theorists now focus on two insecure attachment styles — anxious insecure and avoidant insecure.

The 21st-century attachment research of Mario Mikulincer, Phillip Shaver and others suggests that people with secure attachment styles are likely to have more maturely functioning social engagement systems than do those individuals with insecure attachment styles. The frantic behavior observed among people with anxious attachment styles suggests that they flip quickly into fight-or-flight. The distancing behavior observed in those with avoidant attachment styles suggests some version of shutdown because self-reliant coping strategies are designed to sidestep activation experienced during interaction with others.

Those with avoidant attachment styles usually can find relief in the control

of sensation afforded by technological communication. However, until technological etiquette becomes more clearly defined, we can all experience sudden panicky fear that we have violated some unfamiliar protocol. Those with anxious attachment styles either become frenzied or freeze, whereas those with avoidant attachment styles sink into more and more dissociative behaviors.

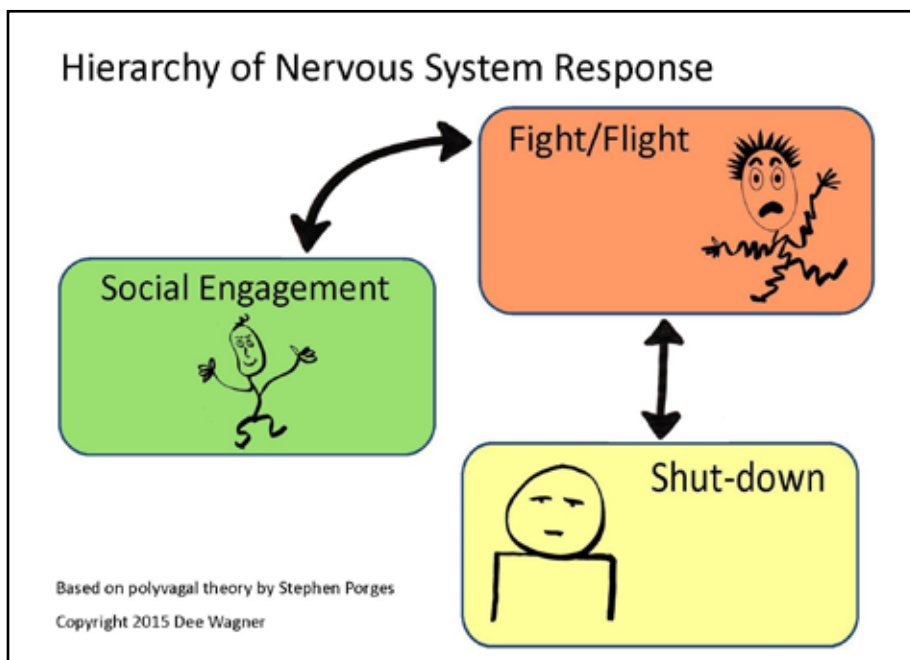
To summarize, in our relationships with people (and with our devices):

- ❖ Those with secure attachment styles connect without feeling overwhelmed and disconnect without feeling distressed.
- ❖ Those with anxious insecure attachment styles swing into distress easily when connecting and disconnecting.
- ❖ Those with avoidant attachment styles appear invulnerable to the stimulation of connection but actually feel so very distressed by the stimulation of connection that they train themselves not to be present.

Training more effective nervous system functioning

Social engagement system functioning is trained through peek-a-boo-type interactions that ideally begin in infancy. First, we connect with someone important. Then, we lose sight of this person, which puts us on the edge of shooting into fight-or-flight. If we tolerate the separation and find ourselves playfully reconnected before we shoot into fight-or-flight, we learn to maintain social engagement system functioning during times of uncertainty, hence broadening our window of distress tolerance. When the interaction feels playful, we can learn to manage greater amounts of time in that place of uncertainty because we sense that all will be well eventually.

Technology offers an abundance of options for romantic connections that can feel very empowering. With the internet, we can find possible romantic partners with amazingly few keystrokes. We can imagine that it is possible to order up the partner of our dreams by creating an online dating profile that describes what we seek. When we make snap judgments by swiping pictures of potential candidates right or left on the basis of looks alone, the movement itself gives us a sense of power.



Because we can feel like we have more control than we do, digital peek-a-boo can trip us up. When we connect with a potential partner and that partner disappears (or the partner has been perceived to disappear), we are likely to react like the infants in Edward Tronick's still-face experiments if we have an insecure attachment style.


In the late 1970s, Tronick conducted a series of experiments in which he would have a baby and its mother connect. Then the mother would assume flat affect, or go still-faced. The results showed that after a period of increasingly distressed attempts to call their mothers back into connection, the babies would shut down. The babies would get calm. Their eyes would wander listlessly around the room without connecting to any particular visual stimulus.

Today, we might sense some nagging similarity between the wandering eye movement of a baby in the still-face experiments and the channel surfing of a couch potato. There is potential for connection in both people, but fight-or-flight must be processed before it is possible to find social engagement. As counselors recognize the difference between social engagement system biology and the reactions designed for life-threatening danger — fight-or-flight and shutdown — we become capable of helping clients use their digital dating to train more mature nervous system functioning.

How do we help clients use their digital dating experiences to train nervous system functioning? By breaking down digital dating interactions into baby steps — pun intended.

Mindfulness moments

When counselors express knowledgeable interest in clients' digital dating, clients risk sharing details of their experiences. As clients share, counselors can look for



We can normalize the role that technology plays in activating our nervous systems.

the anxiousness of fight-or-flight and the dissociative avoidance of shutdown. We can normalize the role that technology plays in activating our nervous systems.

Our clients can begin to notice how they become disembodied and overwhelmed. When clients recognize shutdown and the startle of fight-or-flight that is wired into them when they wake up from

shutdown, they are much less likely to find themselves lost in mindless behaviors. We can then guide our clients to find embodiment that is manageable by helping them become more mindful during small, interactive segments of digital dating experiences. For instance, a counselor might ask and observe:

- ❖ As you search for a picture of yourself to post, what do you find yourself thinking?
- ❖ What happened in your body when you didn't see a response in your inbox?
- ❖ As you described signing up for that site, it looked like you stopped breathing.
- ❖ You're talking about quite a few encounters with quite a few people, but I don't see you having many feelings about any of it. Are you having trouble staying present?
- ❖ Might there be a way to help yourself feel more playful about these text exchanges?
- ❖ Is there any way that when those people don't do what they say they are going to do, that you could see that as good information?

We can also demonstrate awareness of energetic dances within the counseling relationship, both in person and during any technological communication. As clients recognize these energetic dances, they can transfer that mindfulness to their romantic encounters, even when those relationships are electrified by technology.

No quick fix

When we feel fight-or-flight sensations, our inner animals look for the fastest escape from danger — a quick fix. Fight-

or-flight exists in us for life-threatening situations in which a predator is clearly present to fight or to flee. These days, however, the dangers are unclear. Most solutions to dangerous problems require lengthy, nuanced navigation. For these scenarios, we are better served by the nervous system functioning that is sustainable — our social engagement systems.

Technology creates a web of connections that could help us feel socially engaged, but the bells, whistles and newly forming social protocol can stir so much ineffective fight-or-flight response that we sink quickly into shutdown. We may take advantage of digital dating options to seek sexual connections, but if we are disembodied, the sex can take on addictive patterns that trade short-term ease for long-term anxiety.

Counselors can use the new nervous system information to help clients recognize what is happening in their bodies and to help them become more mindful — and, eventually, more present — in their actions. By using all of the romantic connection opportunities now available through technology, counselors can also help clients train their nervous system functioning to be more effective. ❖

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Boundaries across borders

Counselors have been challenged for decades by ethical issues surrounding how to set and maintain appropriate boundaries in the therapeutic relationship. A boundary can be described as a frame around the counseling relationship that creates safety for the client. Counselors need to establish clear boundaries in their work because clients can easily misunderstand the nature of the counseling relationship. A considerable amount of emotional intimacy can be involved, which makes the professional relationship similar to a friendship. A crucial difference is that the intimacy is reciprocal in a friendship, whereas in a counseling relationship, the focus is always on the client.

Much of the discussion around boundary issues has used the terms *dual relationships* or *multiple relationships* to describe situations in which the counselor has another, very different relationship with a current or former client. Examples include counselor and friend, counselor and supervisor, counselor and employee, and counselor and lover. Because a power differential exists in all of these relationships, the potential for exploitation and harm is always present. However, some dual relationships are unavoidable (particularly in specialized settings such as the military, in rural areas and in addictions counseling environments) and, sometimes, they can even be beneficial to clients.

Evolving views

Our profession's views about dual relationships have changed significantly over time. Sigmund Freud and his contemporaries were among the first to establish therapeutic boundaries. In psychoanalysis, where the analyst was seated behind a patient who was lying on a couch, the analyst remained relatively anonymous and served as a "screen"

onto which patients could project their transferences. The importance of maintaining the therapeutic frame was emphasized, resulting in clear and somewhat inflexible boundaries.

Many years later, Carl Rogers' view that the therapeutic relationship was a person-to-person encounter in which the counselor conveyed genuineness and transparency gained wide acceptance. This created a notable shift in how therapeutic boundaries were conceptualized, and new questions arose regarding issues such as counselor self-disclosure.

During the late 1980s, researchers revealed that sexual relationships between mental health professionals and clients were much more prevalent than previously had been assumed. This led to a more-restrictive stance on dual relationships, particularly those that were sexual or romantic in nature. More recently, our profession's increased attention to cultural differences and the rapid internationalization of the profession have led to greater recognition of the complexities of boundary setting and a more-flexible and nuanced perspective.

Successive revisions to the *ACA Code of Ethics* have reflected changes in our profession's awareness of and views regarding dual relationships. The original code (1961), which was more focused on personnel and guidance, made no mention of the issue. The second iteration (1974) cautioned counselors to avoid dual relationships by referring prospective clients with whom they already had an existing relationship. The third version (1981) added specific language stating that dual relationships that could impair a counselor's objectivity or judgment (such as with close friends, relatives or sexual intimacies) must be avoided. The 1988 code contained the same language and added a separate standard that prohibited sexual intimacies with clients.

By the time the next version of the ethics code was published in 1995, our understanding of dual relationships had deepened. This iteration of the code advised counselors to avoid dual relationships "when possible" and to be aware of their influential positions with clients so as to avoid exploiting their trust and dependency. The 1995 code also recognized that some dual relationships are unavoidable and offered precautions to ensure that no harm would occur. The term *dual relationships* was replaced by *nonprofessional interactions or relationships*, and a standard was added that provided guidance on managing "potentially beneficial interactions." The revisions found in the 1995 code signaled a shift from a focus on avoiding dual relationships to an emphasis on how to manage them.

In the current *ACA Code of Ethics* (2014), an entire section addresses ethical issues raised by the explosion of new technologies, especially social media. These developments have raised a host of new questions related to boundary issues, such as the shared presence of a counselor and client on a social media site and what limits to set on electronic communications with clients.

Accounting for cultural differences

The increasingly diverse nature of American society and the burgeoning globalization of the counseling profession have led to new ways of thinking about dual relationships. Distinctions have been drawn between boundary violations, which cause harm to clients, and boundary crossings, which are exceptions to customary practice that a counselor may make to benefit a particular client in a particular situation. Many of these "crossings" or exceptions are related to cultural differences. For example, a counselor may have a policy

against accepting gifts from clients but might make an exception when a client is from a culture in which giving gifts is an expectation. In this instance, rejecting an offered gift could be hurtful and might negate any gains made in the therapeutic relationship.

Cultural differences in how boundaries are managed can also present challenges for counselor educators, especially when they work with international students. To illustrate, take the case of a professor who expressed his concern to a beginning master's student that she seemed to be avoiding eye contact. The student explained that in her home country in Asia, maintaining eye contact with a person of higher status is considered rude. This led to a discussion of how to find a balance that would respect both her cultural norms and the norms of the country in which she was studying.

A second example involves a master's intern from a South American country who was chastised by his university supervisor after he (once again) ran over the time limits of his session. The intern's exasperated response was, "I just don't understand this obsession with a 50-minute hour!" He explained that time is viewed differently in his country, where people tend to be fully engaged in the interactions they are having at the moment and are not concerned with what is coming next. In his culture, "on time" is a very flexible concept. After his explanation, he and his supervisor were able to discuss ways that his counseling practices will differ when he is working in the U.S. and after he returns home.

Counselors and counselor educators who work abroad need to have a keen sensitivity to cultural differences, and

they need to be consistently aware that our codes of ethics were developed from a Eurocentric perspective. Being open to adjusting one's usual practices with respect to boundaries is a necessity to avoid therapeutic error. There are abundant examples of potential missteps, a few of which I will mention here.

If a counselor working in a culture that has a different sense of personal space were to reflexively step back when approached by a client, an unintended insult could occur. An inadvertent insult could also happen if a counselor were to refuse a client's invitation to come to dinner and meet his family, if the norm in that culture was that "anyone who learns a person's secrets becomes a member of the family." If a counselor working in a predominantly Muslim country was unaware of the norm of lowering one's gaze and, thus, maintained eye contact with a client, especially one of a different gender, the client likely would be quite uncomfortable. A counselor's reluctance to make physical contact with a client (for example, hugging a client who has experienced a devastating loss) would be a missed opportunity to build rapport in the many cultures around the world where touch and physical contact are expected ways of expressing caring and concern.

In many African countries, effective counseling may include activities such as shared meals, rituals, singing, touching and storytelling, all of which occur outside of the traditional office or clinic setting. In addition, these activities are not confined to a predetermined time limit. In some cultures, an expectation exists that counselors will share aspects of their personal lives, meaning rapport can be strengthened when counselors shift

their customary boundaries regarding self-disclosure. When working in locations where clients do not have financial resources to pay for counseling, or in cultures that do not operate on a monetary economy, counselors will need to rethink their ethical stance toward bartering. In all of these situations, counselor awareness and flexibility are essential.

Putting boundary crossings in context

When it comes to boundary issues, context is everything. If you work with ethnically diverse clients in the United States or want to expand your experience by working in a foreign country, these suggestions may be helpful in enhancing your competencies as an effective and ethical practitioner.

1) Before you enter an unfamiliar community or culture, educate yourself about the norms and customs of that setting. Developing cultural literacy can go a long way toward avoiding boundary-related mistakes.

2) If possible, talk with a counselor or other mental health professional who is familiar with the community or culture and who can advise you regarding what boundary issues you might encounter and how they might best be resolved in a culturally appropriate manner.

3) Seek consultation, even if geographical distance necessitates that it occurs through electronic communication. It is risky to rely solely on self-monitoring because our judgment becomes cloudy when our own needs are involved.

4) When boundary issues arise, work with the client to resolve them whenever possible. This can be a mutual learning experience.

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5) Be open to the possibility of working collaboratively with other helpers and healers in the culture, such as community elders, religious leaders and indigenous healers. These individuals can help you navigate boundaries in ways that are appropriate to the context.

6) Because the boundaries you customarily establish with clients are frequently challenged in new environments, make self-reflection a habit. Some questions to ask yourself:

- ❖ Does this boundary enhance or threaten the client's sense of safety in our relationship?
- ❖ Is setting this boundary meeting my needs or the needs of my client?
- ❖ If I enter into a dual relationship with this client, will the secondary relationship enhance the therapeutic relationship?
- ❖ Before shifting a boundary, have I thoroughly discussed the shift with my client to ensure that the client understands and accepts the change?
- ❖ Have I conducted a risk-benefit analysis before engaging in a dual relationship, giving careful thought to the

what-if question of "What's the best that could happen and the worst that could happen?"

7) Come from a humble stance when entering and working in a new community or culture. Be willing to learn from and be changed by the experience.

Conclusion

Professional counselors in all settings, foreign or domestic, are bound to encounter boundary issues in their work. The 2014 *ACA Code of Ethics* allows counselors to use their discretion and engage in boundary crossings when precautions are taken to safeguard client welfare. This flexibility enhances the ability of counselors to make decisions that are culturally appropriate.

At the same time, when counselors enter into dual relationships or shift the usual boundaries of the therapeutic relationship, there is no guarantee of a positive outcome. Boundary decisions can be complex and multifaceted, and the complexity increases when counseling involves multicultural considerations in the United States or cross-cultural

considerations in international work.

However, counseling in new and unfamiliar environments does much to keep counselors on their growing edge. Although these experiences can be challenging, most counselors who have moved outside of their comfort zones and into a new and different culture or community have described their experiences as incredibly rewarding and even life-changing. ❖

Barbara Herlihy is senior co-chair of the American Counseling Association Ethics Committee and co-author of the *ACA Ethical Standards Casebook* and *Boundary Issues in Counseling: Multiple Roles and Responsibilities*, both with Gerald Corey. Contact her at ethics@counseling.org.

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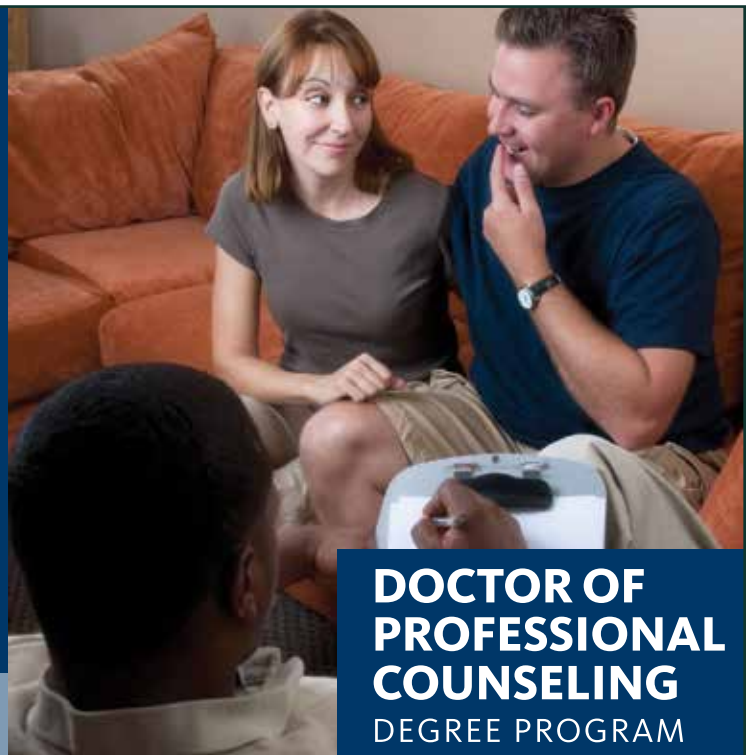
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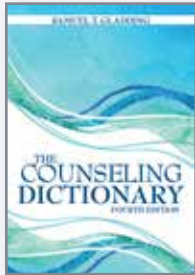
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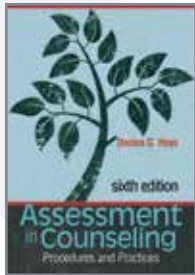
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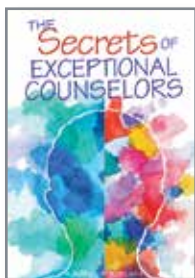


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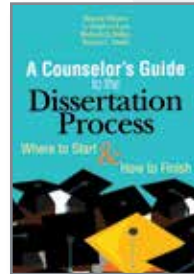
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Twelve tips for renting a counseling office space

Renting an office space can feel overwhelming, if not terrifying. For a solo practice, your office space might be your single largest expense, and for a group practice, your largest fixed cost. Here are 12 tips I have gleaned from leasing approximately 60 counseling office suites.

1) Take it slow. Don't move forward with renting an office space until you're comfortable. It doesn't matter if someone tells you that it's a great deal. It doesn't matter if "space is scarce" or that you need to "act fast." Just say to others (and to yourself), "It might be a great deal, but it's not a great deal for me if I'm not ready. It's OK if I miss out on this one."

2) Think small. People focus intensely on price per square foot but often ignore the size of the space, which affects price even more. I've seen four-office suites that were 800 square feet and others that were 1,500 square feet. If you need four offices, the best deal isn't necessarily the one with the best price per square foot; it might be the suite with the most efficient floor plan. Bonus tip: Unless you know for sure that you're going to do a lot of group therapy, pass on the conference room. Also, pass on the kitchen break room. These spaces cost thousands of dollars a year in rent and are often underused.

3) Measure actual size. I can't tell you how many times I've been reviewing a floor plan for a 2,000-square-foot space and asked myself, "Why can't I fit the usual number of offices in here?" I'll then do some simple math and realize that the "2,000-square-foot space" is actually only 1,400 square feet. I suspect that people sign leases all the time and pay for square footage that they're not actually getting.

4) Don't worry, years fly by. When first signing leases, I was terrified by the thought of a five-year term. It sounded like forever, but the time goes by so very quickly. Which brings me to the next tip ...

5) Negotiate for renewals. Landlords know that moving is a hassle, an expense and a risk. Which is why when it's time to renew, you might find that your previously excellent rental rate is being replaced by a new rate that is above market value. Ouch! It hurts, but not quite enough for you to move your practice (your landlord is banking on it). The solution: Negotiate renewal rates *before* you move in, not at the end of your lease term.

6) Pay less money. I know this sounds like a fake tip. How does one pay less? First, you need to find out what's important to the landlord.

Is it term? Some landlords stress about vacancies and don't want to worry about finding another renter. They'll give a great deal if you agree to sign a long-term lease.

Is it cash? Some landlords don't have the money to pay for the buildout. They'll give a great deal if you'll pay those upfront expenses (or pay rent in advance).

Is it something else? I was negotiating with a landlord, and he would not go below \$17 per square foot. He told me proudly that "everyone in the building pays at least \$17" and that he could not go lower. I said, "I understand. Seventeen dollars it is. But it's going to take us awhile to get business rolling. Can you begin charging us rent in December?" which was a three-month delay. To that he agreed, which made our effective rate \$15.93 per square foot.

7) Beware of NNN. NNN stands for "triple net" or "net, net, net," which means that the tenant pays for 1) property taxes, 2) property insurance and (3) common area maintenance (CAM). Combined, these costs are significant. For example, a rental rate is quoted at \$15 NNN. Taxes might be \$2.50 per foot, insurance 35 cents per foot and the CAM \$1.50 per foot. In this case, your actual rent would be \$19.35 per foot. What is particularly unnerving about NNN is that the expenses increase independently of your rental rate, which has a negotiated escalation.

8) Review common-area fees. Some leases specify that the tenant pays not just for the space that he or she uses exclusively, but also for a percentage of common-area space such as parking, foyers, hallways and shared bathrooms. In addition, many leases include a CAM fee. This isn't unusual, but take this into consideration when you're pricing one property with CAM fees and another property without them.

CAM fees can be flat or variable. If they're variable, the fees will change depending on circumstances (for example, if winter is harsh and more money is needed for plowing — and then for landscaping the following spring). CAM fees vary considerably, so it is important to know what your actual costs will be and what you're paying for (in some cases, fees include the salaries of building administration staff).

9) Consider getting a Realtor. If the landlord has a Realtor, get a Realtor. It will cost you nothing, and it's good to have someone on your side. If the landlord doesn't have a Realtor, getting a Realtor might cost you a couple thousand

dollars — either in Realtor fees that you'll pay or in adjusted rents (so the landlord has money to cover the cost of your Realtor).

10) Ensure access. Make sure that clients will be able to get into your building, and up to your offices, even during evenings and weekends.

11) Check HVAC hours. Some office buildings shut off their heating, ventilating and air-conditioning (HVAC) systems outside of normal business hours. Landlords will say, "It's a big building. It takes a long time to cool down/warm up." Not true. In my experience, it takes only an hour for temperatures to

become very uncomfortable. Make sure that HVAC will be available on nights, weekends and bank holidays.

12) Find windows. Having natural light in each therapy office is important if you want happy team members. Massage therapists don't seem to mind — they prefer offices without windows. But to counselors (myself included), natural light might as well be oxygen.



What lessons have you learned when renting office space for your counseling practice? Let me know: @anthonycentore or @thriveworks. ❖

Anthony Centore is a licensed counselor and founder of Thriveworks, a chain of 50-plus counseling centers. He serves as the American Counseling Association's private practice consultant and is author of the book *How to Thrive in Counseling Private Practice*. Find him on Twitter @anthonycentore or by emailing anthony@thriveworks.com.

Letters to the editor:
ct@counseling.org

Know someone who deserves special recognition for his or her commitment to the counseling profession?

Nominate an Outstanding Counseling Professional for an ACA 2018 National Award!

Each year ACA recognizes and celebrates the achievements of counseling professionals who have distinguished themselves professionally, as well as through service to others.

All nominations must be submitted electronically by November 12, 2017.

Some awards require supporting material. For detailed information about each award and the nomination process, please visit counseling.org/nationalawards.

The National Awards will be presented at a gala ceremony during the ACA 2018 Conference & Expo in Atlanta, Georgia. Award recipients and their nominators will receive invitations to attend the awards reception at the Conference.



AMERICAN COUNSELING
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School counseling, self-care and the well-being of single black women

LeTea Perry has been in the mental health field since 2003 and in the Maryland school system since 2010 as a professional school counselor. She received her doctorate of education from Argosy University with a concentration in counselor education and supervision.

Perry is a consultant for the Equity and Diversity Leadership Team, a consultant for the Threat Assessment Task Force Committee and co-chair of the Minority Youth Summit for Concerned Black Women of Calvert County. In addition, she is an Upward Bound counselor for Howard University; a mentor; third vice president of the National Council of Negro Women, Washington Section; and an advocate for multicultural competency in the education and mental health communities.



LeTea Perry

Danielle Irving-Johnson: What part of your current role as a counselor do you find most satisfying?

LeTea Perry: I absolutely love seeing the lightbulb go off when one of my students or clients has been enlightened and developed the tools to live a rewarding life through our interaction. I love seeing people discover and then reach their full potential. I also love advocating, consulting, networking and creating programs for the community. I have a heart for service, leadership and community empowerment.

DIJ: What would you identify as the most challenging aspect of your work?

LP: I come from a modern school of thought. My philosophy is to teach a man to fish so he can eat for a lifetime,

not just give him a fish so he can eat for a day. With that being said, I teach independence and responsibility to my students rather than hand-holding. I teach them what they will need beyond the walls of high school. The challenge is that sometimes there is pushback for that mentality or view of school counseling because people are hesitant to embrace their independence.

DIJ: How well did your college experience prepare you for this position?

LP: I attended Pennsylvania State University for my bachelor's and received an excellent foundation in psychology with a business cognate. It was not until I attended Bowie State University for my master's in school counseling with a specialization in individual

psychology that I found my counselor identity. By attending a historically black college or university (HBCU), I was able to establish a network of professors and colleagues that instilled the necessary confidence in me to be a minority facilitator of change — an African American school and mental health counselor — in a field that is predominantly white and Eurocentric in its teachings, thus adding to the diversity of the counseling field overall. The HBCU experience prepared me significantly through the various classes, experiential learning practices, group supervision, professional development exposure of attending conferences and through professor mentorship.

DIJ: That's great. That foundation and your professional identity are vital in the counseling profession. What courses were most valuable to your work?

LP: Legal and ethical considerations in counseling, multicultural counseling and development, counseling theory and practice, child and adolescent counseling, and research for the social sciences. I believe these courses most frequently tie into my day-to-day work as a school counselor, in addition to preparing me to use my professional expertise through various community organizations.

DIJ: Do you have any interests or specialties that relate to the counseling profession?

LP: Yes, I pride myself on being a well-rounded, multifaceted counselor, whether in the schools or in the community. My passion and research focus has been the single minority woman's experience and her quality-of-life issues as they relate to relationships, health, reproductive health (i.e., fibroids), superwoman syndrome and wellness.

For my doctoral thesis, I researched the impact of fairy tale media exposure on the love attitudes and life satisfaction of African American single women. The story of the African American woman is often untold in social science research or depicted in a negative nature. My goal has been to add to the positive nature by completing my groundbreaking study. Article forthcoming!

DIJ: What type of issues are school counselors confronted with in the school setting, and what initiatives do counselors take to prevent or address these issues?

LP: School counselors are faced with exponential caseload ratios beyond the ASCA (American School Counselor Association) recommendation of 250:1,

while constantly having to advocate for the profession by educating policymakers, administrators and stakeholders in what we do. School counselors are often not utilized for their specialty in counseling and end up pulled in different directions to fill an immediate need in their building, such as having lunch duty instead of being accessible to their students at lunch for counseling needs.

There's strength in numbers. In order to address some of these issues, school counselors have to first come together and revitalize our worth. We have to advocate for the profession we know and love [and] educate those who have control over how we are utilized or underutilized. We also must remain current in our profession by joining the American Counseling Association, ASCA and our local, state and school counseling associations, such as MSCA (Maryland School Counselor Association) or MCA (Maryland Counseling Association). Most importantly, we must take care of ourselves — specifically our wellness, emotional health and mental health — in order to take this on. We are of no meaningful help in addressing the counseling needs of students if we do not first take care of ourselves.

DIJ: What skills or personal characteristics do you feel contribute most to your success as a school counselor?

LP: The personal characteristics I most attribute to my success as a school counselor are time management, effective communication, advocacy, versatility and my innate ability to remain calm during a crisis. I believe the traits of proactivity, innovation and a sense of humor serve me well because it is also important for me to stay current in the profession.

DIJ: What trends in the field are most likely to affect someone's decision to enter the profession?

LP: Trends such as exponential counselor ratios, ethical and legal issues in counseling, the increased mental health needs of students, LGBTQIP2SA student advocacy, immigrant student advocacy, the public versus charter school debate and legislative education funding are on the minds of the seasoned professional as well as the novice. Being a counselor of any kind is not for the faint of heart. It's for those who are passionate about helping others, who are natural

leaders and tireless advocates. Emphasis on *tireless*.

DIJ: What is the most important thing that someone planning to enter this career should know?

LP: Flight attendants always remind you to put your air mask on first before helping someone else. The most important thing to know is that counseling is a career of service to others, but in order to do it, it is imperative that we take care of ourselves first. That's right — first!

Therefore, I say to that novice professional, have a wellness regiment in place already to help with the stress of the job. Eat breakfast, take a lunch, take mental health days when needed, go to the gym, go on vacation, go to the ACA or ASCA conference and, most importantly, do not feel bad about it. You have to put your mask on first before you can help someone else. That is the key and will help you continue to do this work. It's not selfish; it's self-love and self-care.

DIJ: If you were entering this career today, would you change your preparation in any way to better facilitate your entry?

LP: Yes. First, I would take business classes to help with the development for my private practice goals, consulting firm goals or public speaking/training goals. A counseling degree allows you to wear many hats and, more importantly, can allot for more than one source of income. Counselors need a strong business sense as well for a sustainable and thriving practice or consulting business. Business classes or an integrated curriculum featuring business should be incorporated at the master's counseling level.

Second, in my internship/practicum, I would try to get more experience on different database systems that schools use for building schedules. That's something you get more exposure to on the job, and it could be beneficial for graduate students to have it beforehand since many counselors are responsible for building the master schedules for their building.

DIJ: ACA has approximately 55,000 members. Have I left anything out that you want our readers to know about you or your work?

LP: My journey is just now beginning professionally and purposefully. Through my experiences, I developed my passion for the health and well-being of single black women because there was no voice for us before. Through my data, I uncovered the perception of the word *single* and how people expect you to work later hours and take on more responsibility because you have no kids or husband to get home to. Just because a person is single does not mean that they do not have stress beyond what your eyes can see, and that stress should not be rewarded with extra work.

My stress was fibroids and having to make some pretty life-altering decisions about my future while in school for my doctorate and working full time as a school counselor. As a fibroid fighter and advocate for minority reproductive health, I have a mission of educating the masses on this under-researched, predominantly minority issue and how it impacts the mental health of single women.

With that being said, to whom much is given, much is required. I did not know all that came with getting my doctorate, becoming an advocate and upgrading my professional identity. I did not realize the levels of impostor syndrome that novice doctors feel and the confidence needed to combat it. However, I do realize that I have all the tools to walk in my purpose because I stand on the shoulders of my ancestors. I am their living wildest dream. ♦

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

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Revisiting the ethics of discussing clients online

If you have given even a cursory observation to the advertisements that appear on Facebook, during Google searches or on many of the websites that you visit, you will have noticed that these advertisements are targeted at you. The ads might be related to web searches you have performed, the area you live in or something that is generally popular with your age group.

This is how companies such as Facebook and Google make almost all of their money. They gather information about you (and everyone else) and sell advertising to companies that want to target you. They make a lot of money doing this because they are very good at letting those companies get very specific with their targeting. (Google reported revenues of \$26 billion in the fourth quarter of 2016 alone.) For a glimpse into the kinds of details that Facebook collects about people, check out the great infographic at bit.ly/FBTargetOptions. That list keeps growing and getting more refined. It is especially important to note this passage from Facebook's overview of how to target ads: "Behaviors are constructed from both someone's activity on Facebook and offline activity provided by data from Facebook's trusted third-party partners."

In other words, to target advertising to their users, Facebook is collecting data from many different sources about both online and offline activity. So, this is not restricted only to the activity on Facebook.

What does this have to do with our clients (and potential clients)?

I continue to witness counselors engaging in referrals and case consultation in online forums such as Listservs and Facebook groups. This is despite my previous article on this topic last year in *Counseling Today* (see bit.ly/discussingclients) in which I discussed the

difficulty of maintaining confidentiality for clients and the PIT principle (permanence, identity, transferability), and even with American Counseling Association Chief Professional Officer David Kaplan clearly stating that discussing clients online is an ethics no-no. The existence of marketing databases curated by entities such as Facebook and Google adds yet another reason that we need to consider other ways of addressing client needs.

Take this example of a completely fictional situation that could quite easily refer to a real situation:

Johnny Client contacts Susie Counselor about an appointment. He provides some background, and Susie recognizes that she is not a great fit for him. She decides to reach out to her local mailing list or Facebook group of therapists to see if she can provide Johnny with a solid referral. She writes: "Looking for referral for 30-something male dealing with depression. Needs counselor in network with ABC Insurance."

Although this may seem innocuous at first, it is likely more than enough information for Johnny to be identified. In my previous article, I pointed out the human reasons this is an issue. (For instance, what if someone who knows Johnny or even Johnny himself is in the group? What if someone copies and pastes or screenshots the information?)

Now let's look at it from a targeted marketing standpoint. Johnny's call to Susie didn't happen in a vacuum. Prior to calling her, Johnny did a search for "Counselor MyTown" and visited Susie's website. These are traceable behaviors tied directly to Johnny, and they likely will end up in the databases used by entities such as Google and Facebook to target advertising. Based on these behaviors, Johnny is likely to start seeing ads on his

computer for mental health treatments, counselors in the area and self-help books.

It is important to note that Susie Counselor is now probably connected to Johnny in these databases because he visited her website and placed a call to her. So, when she posts about the 30-something male with depression shortly after receiving Johnny's call, it's not a huge leap for database algorithms to figure out that this is the same Johnny Client who recently visited her website and called her — the same Johnny Client whose address, birthday and many other pieces of information already exist in the databases. Except now, thanks to Susie, those databases have learned that Johnny is dealing with depression. They may well have already known what insurance Johnny has, but if not, that's another bonus that Susie provided for them.

What you can do

I'd like to highlight one of my suggestions from the previous article as well as provide a couple of other suggestions:

❖ **Make it counselor-centric:** When seeking someone to refer to, focus on the counselor's skills, not the client's issues. For example, you might say, "I'm looking for a counselor who helps clients dealing with depression."

❖ **Keep it offline:** Go old school! Keep your own notebook or database of people you can refer to. Note their strengths, location, the insurance they accept, etc. Network and get to know them to elevate the quality of your referrals.

❖ **Raise awareness:** Sometimes, counselors need to be reminded of things that we often tell our clients. For instance, just because others are engaging in a behavior doesn't make it OK. Make others in your online forums aware of the privacy issues surrounding discussing referrals and cases online. Point them

to this article and to my previous article that I referenced earlier. Point them to the pertinent passages in the *ACA Code of Ethics* (noted below). Even if they aren't counselors, the ethics codes for social workers, psychologists, marriage and family therapists and psychiatrists contain similar passages, so their concern for client privacy and confidentiality should be just as great. Above all, be kind and compassionate in your approach.

Pertinent standards in the ACA Code of Ethics

B.1.c. Respect for Confidentiality

“Counselors protect the confidential information of prospective and current clients. Counselors disclose information only with appropriate consent or with sound legal or ethical justification.”



Note the inclusion of “prospective” clients. Do you have the person's consent before disclosing *anything* about them online? Can you accomplish your goal without disclosing information about them online? If so, what is your legal or ethical justification for disclosing?

B.2.e. Minimal Disclosure

“To the extent possible, clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed.”



Do clients (or prospective clients) fully understand the ramifications of you disclosing information about them online? Do they understand how few details it might take for computer algorithms to identify them? Are they aware of all the options for accomplishing the goal, and do they approve of online disclosure?

B.3.c. Confidential Settings

“Counselors discuss confidential information only in settings in which they can reasonably ensure client privacy.”



Is there any way that this standard *doesn't* completely rule out using online forums for any disclosure? Based on my experience

and expertise, there simply is no way that counselors can reasonably ensure client privacy if they share any details about clients in most online forums.



For an interesting discussion of this topic, including an interview with social media policy expert Keely Kolmes, check out Episode 104 of the TherapyTech with Rob and Roy podcast. ♦

Rob Reinhardt, a licensed professional counselor supervisor, is a private practice and business consultant who helps counselors create and maintain efficient, successful private practices. Before becoming a professional counselor, he worked as a software developer and director of information technology. Contact him at rob@tameyourpractice.com.

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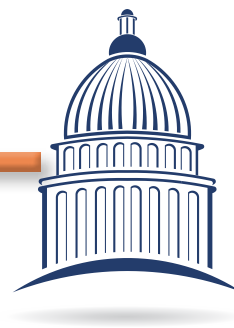


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Financial issues take center stage on congressional calendar

Congress has returned from its recesses and the Obamacare repeal effort is dead (for now), but that doesn't mean it is going to be business as usual in the nation's capital. Congress will be facing a number of important items, both by choice and by necessity. Tax reform, appropriations, the debt ceiling and the Children's Health Insurance Program (CHIP) must all be dealt with before year's end.

Most in Washington have grown exhausted from debating health care policy, but one more program demands attention. On Sept. 30, funding for CHIP expired, requiring Congress to begin working immediately to pass legislation to restore funding and insurance for roughly 9 million children in the United States. Congress had previously attempted to pass a funding bill for CHIP with a five-year plan, but consensus could not be reached, so a two-year funding bill was passed instead. Whether a long-term solution will be in place by the end of the year is unknown. All that is certain at this point is that federal lawmakers are committed to passing some sort of funding mechanism to ensure that the program continues to operate at least into 2018.

Financial issues will dominate the rest of the congressional calendar for 2017. With the Obamacare repeal abandoned for now, the Trump administration and Republican legislators have pivoted toward their plans for tax reform. Preliminary details of the administration's tax proposals were unveiled at the end of September and have been hotly debated. At the time of this writing, the prospects of the tax plan becoming law were uncertain.

What is certain is that the Trump administration and Congress will need to reach an agreement on funding the rest of the federal government and increasing the debt ceiling. Congress had been working on appropriations bills since it returned from its August recess, and the shared hope is that these bills can be passed without much incident and before the continuing resolution expires. Although some points of contention have surfaced on funding for certain programs, these disagreements do not currently seem insurmountable.

The debt ceiling might represent the biggest struggle for Congress members. From time to time, Congress must pass legislation to increase the amount of money the U.S. Treasury is authorized to borrow. It is important to understand that the money the Treasury would be borrowing is *not* used to pay for future programs but rather to meet prior spending obligations. President Trump broke with his party earlier this year to pass an extension of the debt ceiling, and the GOP was forced to follow him in supporting the plan that he adopted with congressional Democrats. Many in the Republican caucus are deeply opposed to extending the debt ceiling, although the alternative of having the United States default on its loans is not a prospect the majority of federal elected officials are willing to accept.

As events continue to unfold in Washington, know that the American Counseling Association will continue to work toward advancing legislation that would make licensed professional counselors providers under the Medicare program. Republican Sen. John Barrasso of Wyoming and Democratic Sen.

Debbie Stabenow of Michigan have reintroduced a bill (S. 1879) that would accomplish this. If your senators have not signed up as co-sponsors of this bill, please take a moment to contact them and ask that they support this vitally important piece of legislation. If you would like to take a more active role in advocating for S. 1879, please contact the ACA Government Affairs Department at advocacy@counseling.org to find out how you can help make this bill become law.

Additionally, if you have any other concerns or questions involving this proposed legislation specifically or public policy in general, please feel free to contact us. We are always happy to hear from our members and to do what we can to help them advocate to protect and promote the counseling profession. ❖

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

Letters to the editor:
ct@counseling.org

Call for Applications

Editor of *JCD*

The Publications Committee of the American Counseling Association (ACA) is seeking applications for editor of the *Journal of Counseling & Development (JCD)*, ACA's quarterly flagship journal. *JCD* publishes practice, theory, and research articles across 20 different specialty areas and work settings.

The *JCD* editor provides oversight of the peer-review process for approximately 250 article submissions per year, communicates with authors and selects articles for publication in each issue, and recruits and maintains the editorial review board.

Editor Qualifications

- Previous experience as an editor of a peer-reviewed journal
- A significant publishing record that includes publication in peer-refereed journals
- Membership in ACA and a history of involvement in and contribution to ACA through its divisions, organizational affiliates, branches, governing bodies, or committees
- A commitment to ACA's mission and to promoting high-quality scholarship in the journal
- A belief in the importance of advocating for multicultural competence in counseling
- Demonstrated leadership ability and strong decision-making and organizational skills
- Familiarity with ScholarOne or a similar electronic peer-review system
- A solid commitment from the applicant's university/employer for financial and editorial support



The appointment of editor is for a 3-year term beginning July 1, 2019, with the possibility for the editor to be reappointed for a second 3-year term. The successful candidate will begin serving as editor-elect July 1, 2018. The *JCD* editor receives a \$1,000 monthly stipend for editorial services and the journal has an annual budget of \$50,000 for editorial office expenses.

Application Requirements

- A statement from the applicant discussing his or her key qualifications and strategic vision for *JCD*
- A complete list of publications and reprints of three of the applicant's most significant journal articles
- A current curriculum vitae
- A statement from an administrator of the applicant's institution/employer describing support for the appointment

All applications must be received no later than **December 31, 2017**. Late or incomplete applications will not be considered. The Publications Committee will screen all candidates and present its top nominees, in ranked preference, to the ACA Governing Council for approval at the ACA Annual Conference & Expo in Atlanta, April 26–29, 2018.

Send application by **December 31, 2017**, to

Carolyn C. Baker
Associate Publisher
American Counseling Association
cbaker@counseling.org



Newer titles of interest to the counseling community

Cognitive Behavior Therapies: A Guidebook for Practitioners

Edited by Ann Vernon & Kristene A. Doyle, American Counseling Association



This comprehensive book showcases different approaches to cognitive behavior therapy and focuses on the implementation of these various theories in real-world practice. Practitioners

and scholars discuss behavior therapy, cognitive therapy, rational emotive behavior therapy, multimodal therapy, acceptance and commitment therapy, dialectical behavior therapy and mindfulness. Each theory highlighted includes a profile of the theorist(s), an overview of its principles, an explanation of the therapeutic process, an array of targeted interventions, a verbatim case transcript with a critique of what was effective and what could have been done differently, an analysis of the theory's limitations and reflective sidebars to facilitate learning.

The Body Remembers, Volume 2: Revolutionizing Trauma Treatment

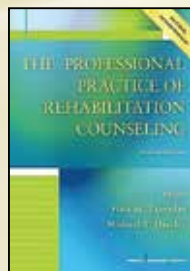
By Babette Rothschild, W.W. Norton & Co.

This new book is grounded in the belief that the most important goal for any trauma treatment is to improve the quality of life of the client. To accomplish this, the author empowers both therapists and clients by expanding trauma treatment options. For clients who prefer not to review memories or are unable to do so safely, new and expanded strategies and principles for trauma

recovery are presented. And for those who wish to avail themselves of more typical trauma memory work, tools to make trauma memory resolution even safer are included.

The Professional Practice of Rehabilitation Counseling, Second Edition

Edited by Vilia M. Tarvydas & Michael T. Hartley, Springer Publishing



Now updated and substantially revised to reflect the CORE/CACREP merger and fundamental changes in the field, this comprehensive graduate-level textbook articulates

the complementary relationship between rehabilitation and mental health counseling and how it impacts professional practice. New information is introduced to address the increasing diversity of current and emerging job titles, duties and settings, as well as to reframe existing content to better prepare rehabilitation counselors for navigating a continually shifting health care system.

Metaphor in Practice: A Professional's Guide to Using the Science of Language in Psychotherapy

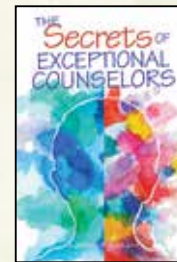
By Niklas Törneke, Context Press

The use of metaphor is central to the implementation of acceptance and commitment therapy and dialectical behavior therapy, and it is a powerful tool for all practicing psychotherapists. The author presents the first practical book to combine the behavioral and linguistic sciences of metaphor and illustrates how

and when to apply metaphors in practice for better treatment outcomes. Readers will discover how to create metaphors for functional analysis, distance of observation and things that matter to their clients. Most importantly, readers will find practical examples of metaphors and clinical exercises that they can use in session.

The Secrets of Exceptional Counselors

By Jeffrey A. Kottler, American Counseling Association



Every profession has trade secrets that are passed on from one generation to the next, and counseling is no exception. These unique practices are captured in this entertaining book that

collects the wisdom of some of today's most accomplished practitioners — those who have been most influential in developing theoretical approaches, clinical innovations and standards of practice. These master clinicians disclose ingenious methods and practical tips to better serve clients. Because of its focus on practical knowledge and useful strategies, this book can be used as a supplemental text in counseling courses or as an inspirational guide for experienced counselors.

Tough-to-Treat Anxiety: Hidden Problems & Effective Solutions for Your Clients

By Margaret Wehrenberg, W.W. Norton & Co.

Most people with mental health challenges of any kind are burdened by anxiety. Unfortunately, these people

also often have difficulty using standard anxiety treatment protocols. When anxiety is tough to treat, dual conditions may be blocking treatment. This clinical casebook identifies symptoms that may indicate these obstacles, helping mental health professionals recognize conditions that coexist with anxiety, including autism spectrum disorder, addiction, obsessive-compulsive disorder (OCD) and depression. The book is organized by profiles of common conditions matched with an anxiety type, including “The Illogical Worrier” (generalized anxiety and OCD) and “The Meltdown Panicker” (panic disorder and autism spectrum disorder).

The Land of Blue

By Jill Sylvester, Old Tree House Publishing



In this coming-of-age fantasy novel, 12-year-old Cassie Connor’s father has disappeared and her mother and grandparents won’t tell her where he went or why. Then, one hot August afternoon, an endearing old lady named Agatha arrives on the dilapidated porch. She tells Cassie that her father has gone to the Land of Blue (a metaphor for addiction and depression), and Cassie is the only one who can save him. An article on the website Fairygodboss included *The Land of Blue* on its list of “12 Life-Changing Books to Help You Survive, Heal and Thrive.”

Character Strengths Interventions: A Field Guide for Practitioners

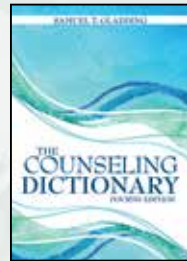
By Ryan M. Niemiec, Hogrefe Publishing

Working with clients’ character strengths boosts well-being, fosters resilience, improves relationships and creates strong, supportive cultures in our practices, classrooms and organizations. This unique guide brings together the vast experience of the author with the science and practice of positive psychology in such a way that both new and experienced practitioners will benefit. Hands-on practitioner tips throughout the book provide valuable hints on how to take a truly strengths-based approach.

The 24 summary sheets spotlighting each of the universal character strengths are an indispensable resource for client sessions, succinctly summarizing the core features of and research on each strength.

The Counseling Dictionary, Fourth Edition

By Samuel T. Gladding, American Counseling Association



This authoritative reference book features 4,000 commonly used terms and abbreviations in counseling. Since publication of the previous edition, 342 new, clear and concise definitions have been added and existing terminology fully updated. This exceptional resource also highlights the professional contributions of prominent counselors, both historical and contemporary, and includes a current chronology of the evolution of counseling. In addition, it provides comprehensive contract information for self-help groups and nationally prominent helping organizations. Frequent cross-referencing of terms enhances readers’ understanding of more complex principles.

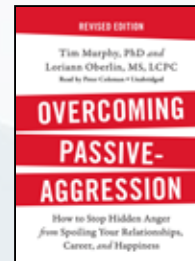
Finding Voice: Treating Selective Mutism and Social Anxiety

By Robert L. Schum, Research Press Publishers

Often baffling to parents, teachers and some therapists, the social anxiety disorder known as selective mutism prevents children from moving toward normal social communication. This book is not a manual for treatment of selective mutism in a rote manner. Rather, it teaches how to create different menus, based on the tastes of the children and their parents. The author discusses the symptoms and treatment of selective mutism, including a variety of case histories with insightful intervention examples based on best practice procedures. He notes that a family pattern of social anxiety exists among children who have selective mutism.

Overcoming Passive-Aggression: How to Stop Hidden Anger From Spoiling Your Relationships, Career and Happiness, Revised Edition

By Tim Murphy & Loriann Oberlin, Da Capo Press



Whether it’s the smile that hides manipulation, the school or Twitter bully, sarcasm at home or slackers at work, passive-aggression, a

form of hidden anger, describes such actions. Gatherings can culminate in hostile humor, damaging undertones or complete cutoff. Resentment, negativity or sheer drama gets dished as people are left anxious, uncomfortable and at risk for further health problems. The revision of this book unravels common denominators, teaches how to spot and be assertive with such people, deals with all ages and both genders, and offers specific suggestions for helping professionals who work amid mixed messages and noncompliers.

The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe

By Stephen W. Porges, W.W. Norton & Co.

When *The Polyvagal Theory* was published in 2011, it took the therapeutic world by storm, bringing insights about the autonomic nervous system to a clinical audience interested in understanding trauma, anxiety, depression and other mental health issues. Providing new concepts and insights for understanding human behavior, it emphasized the link between psychological experiences and physical manifestations in the body. However, for some, the book was challenging to read. This pocket guide makes those ideas more accessible. Constructs and concepts embedded in polyvagal theory are explained conversationally, with an introductory chapter discussing the scientific culture in which polyvagal theory was developed.

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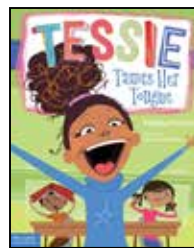
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Tessie Tames Her Tongue

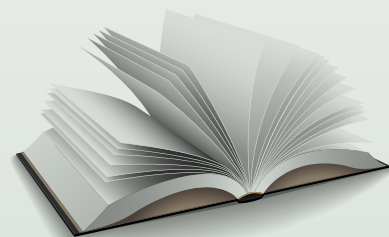
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From school success to stronger leadership, developing listening skills is essential to a child’s growth. With the help of her teacher and school counselor, Tessie realizes her potential as an intelligent and caring student who entertains her classmates with funny stories. The author’s goal is to make sure that talkative children have a picture book that highlights their strengths and teaches the communication skills of listening and talking. *Tessie Tames Her Tongue* provides an accessible story with practical solutions, making it perfect for bookshelves in counselors’ offices, in school libraries, in the classroom or at home. ❖

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ACA membership statistics for FY 2017

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

Association because these divisions maintain and publish their own membership figures. As of July 31, 2016, ACA had 55,775 members; it ended the year with 54,732 members, a 1.87 percent decrease of 1,043 members. The mean for the year was 55,564 members. Eight divisions and one region showed an increase in membership for FY 2017.

The table below shows ACA membership in divisions and regions by month for Fiscal Year 2017, and the mean total, numerical and percent change in total ACA membership for each entity. The chart does not reflect the information for the American Mental Health Counselors Association or the American School Counselor

Organization	2016												# Change	% Change	7/1/16	# Change	% Change	7/1/16	Mean	# Change	% Change
	31-Jul	31-Aug	30-Sep	31-Oct	30-Nov	31-Dec	31-Jan	28-Feb	31-Mar	30-Apr	31-May	30-Jun									
ACA	55,775	55,875	55,897	55,899	55,903	55,855	55,732	55,431	55,260	55,309	55,094	54,732	(1,043)	-1.87%	55,564	-212	-0.38%				
AADA	325	320	317	321	327	326	317	306	309	314	308	300	(25)	-7.69%	316	-9	-2.82%				
AARC	392	396	393	396	395	388	396	382	385	408	409	411	19	4.85%	396	4	1.00%				
ACAC	684	693	690	692	683	689	679	691	710	724	730	726	42	6.14%	699	15	2.23%				
ACC	755	756	765	766	753	765	749	750	756	759	760	747	(8)	-1.06%	757	-2	-0.23%				
ACCA	930	918	910	912	916	917	893	894	908	903	882	863	(67)	-7.20%	904	-26	-2.81%				
ACES	3,066	3,110	3,103	3,152	3,152	3,192	3,365	3,371	3,376	3,438	3,445	3,529	463	15.10%	3,275	209	6.81%				
AHC	469	455	452	455	445	441	442	440	435	419	415	410	(59)	-12.58%	440	-29	-6.22%				
ALGBTIC	967	975	977	985	988	1,003	1,033	1,046	1,056	1,053	1,039	1,047	80	8.27%	1,014	47	4.87%				
AMCD	911	908	876	877	868	869	870	881	889	895	864	860	(51)	-5.60%	881	-30	-3.33%				
ARCA	406	410	414	412	429	430	437	432	436	435	437	455	49	12.07%	428	22	5.36%				
ASERVIC	996	1,012	1,006	1,007	1,013	1,016	1,010	990	1,015	1,017	1,030	1,027	31	3.11%	1,012	16	1.56%				
ASGW	630	621	607	601	592	588	560	554	545	556	558	560	(70)	-11.11%	581	-49	-7.78%				
CSJ	470	476	481	487	495	505	533	540	553	552	546	545	75	15.96%	515	45	9.63%				
IAAOC	610	607	596	591	591	590	591	594	603	611	592	594	(16)	-2.62%	598	-13	-2.05%				
IAMFC	871	857	845	845	848	846	832	828	828	820	808	798	(73)	-8.38%	836	-36	-4.08%				
MGCA	299	299	307	310	315	321	318	330	343	347	343	342	43	14.38%	323	24	7.97%				
NCA	860	797	784	774	776	762	738	734	732	737	723	717	(143)	-16.63%	761	-99	-11.49%				
NECA	125	121	119	120	120	117	114	118	118	121	121	118	(7)	-5.60%	119	-6	-4.53%				
Midwest Region	12,319	12,361	12,279	12,352	12,323	12,323	12,299	12,226	12,183	12,176	12,113	12,023	(296)	-2.40%	12,248	-71	-0.58%				
No. Atlantic Region	10,888	10,869	10,995	10,991	10,891	10,901	10,841	10,709	10,662	10,699	10,736	10,697	(191)	-1.75%	10,823	-65	-0.59%				
Southern Region	21,497	21,476	21,409	21,332	21,388	21,267	21,219	21,127	21,123	21,161	21,010	20,914	(583)	-2.71%	21,244	-253	-1.18%				
Western Region	10,481	10,564	10,658	10,668	10,738	10,800	10,797	10,800	10,736	10,725	10,718	10,648	167	1.59%	10,694	213	2.04%				

Making the counseling profession more diverse

As the population of the United States grows more diverse, the counseling profession continues to wrestle with how to attract and retain students, educators and practitioners who more accurately reflect that diversity



For many years, white men were presented as the face of the counseling profession and largely dictated its focus and direction. The American Counseling Association (originally known as the American Personnel and Guidance Association) was founded in 1952. Nineteen of its first 20 presidents — many of whom went on to become giants in the field — were white men. Given American society during that period, the lack of diversity at the highest levels of leadership wasn't unusual.

When Thelma Daley was elected in the mid-1970s, she became the association's first African American president (and only its third female president). Although women began ascending to ACA's top leadership position on a fairly regular basis over the next two decades, it wasn't until 1993-1994 that the association elected its second person of color as president — Beverly O'Bryant.

From those modest roots, there is little argument that the profession has grown abundantly in the emphasis it places on multicultural understanding in the practice of counseling. Conference programming, book titles and journal articles, continuing education offerings and other resources regularly address issues of multiculturalism. Updated and comprehensive Multicultural Counseling and Social Justice Counseling Competencies provide professional counselors guidance on working with diverse populations. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) has made social and cultural diversity a core curricular area in the counselor education programs it accredits.

Even as the profession stresses the need for counselors to continually strive for multicultural competence, however, there is a recognition by many that the profession remains challenged in its ability to diversify its professional ranks. Many feel that the counseling profession is still largely dominated by white culture. Others point out that in many areas of the country, clients struggle to find counselors with whom they can identify culturally.

Given these circumstances, *Counseling Today* asked a number of ACA members who study diversity to share their thoughts — in their own words — on a complex issue: What needs to happen to make the counseling profession more diverse?



ACA fellow Thelma Daley, the first African American president of both the American Counseling Association and the American School Counselor Association

Historically, the counseling profession has not been multicultural. In fact, many are still trying to define multiculturalism. When I became the first African American president of the American School Counselor Association (ASCA) and, a few years later [1975-1976],

the first African American president of the American Counseling Association, there were less than 50 persons of color at the conventions. Additionally, not many women were holding key leadership roles. It is amazing to think that the governing board during my presidential term consisted of one white woman, and the remainder

were white men, mainly from Southern universities.

Peruse the growth of the many divisions [in ACA], and one gets a picture that counselors from many aspects of life have fought for and are given recognition in an inviting place for expression, growth and development. However, the struggle continues.



Thelma Daley



We have come a long way, but the door has only been cracked. Institutional prejudice has not gone away. In fact, it has been awakened from its soporific state. More than ever, the profession is needed, and all racial/ethnic groups should have access to high-level counseling professionals with whom they can relate freely.

There is a need to survey the hiring practices, the working conditions and the pay, which might be repelling forces for those who might want to consider the profession.

People gravitate to where they see others who are like them. A stumbling block might be finding the means to recruit cadres of underrepresented populations and offering them the training and work sites with supervision, similar to AmeriCorps. A bold, creative step is needed. As we seek new populations, remember that we add and do not discard. Build upon the progress we have made. Whatever is done should involve a broad spectrum of professionals and citizens. The concern is beyond just counselor educators. Even the terminology used by the helping professions may rebuff some cultures.

In spite of the perceived deficiency, the association and the overall profession have truly advanced in making commendable strides toward inclusion and diversity. A laudatory foundation is in place that should make the forward

thrust possible and achievable. It is my belief that most active members are open and ready to move beyond the status quo and will seek to enjoy and be enhanced by the amalgamation of rich new cultures of this wonderful world. Let us take a giant step and never shy away from expanding the realms of diversity within this great profession.



Selma de Leon-Yznaga, past president of Counselors for Social Justice, founder of Texas Counselors for Social Justice, associate professor of counselor education at the University of Texas Rio Grande Valley and an expert on ethnic identity development and student success, issues surrounding Latina/o immigration, acculturation distress and racial discrimination

Confirming the representation of diversity among counseling students and professionals continues to be a challenge, despite our professed commitment to multiculturalism. CACREP reports some demographics in its yearly Vital Statistics Report, although this data is collected inconsistently by counselor education programs, especially for applicants not accepted and students who don't complete the program. In addition, ethnicity is the only attribute assessed systematically, with little data available on students with disabilities, sexual orientation or transgender identification. If we aren't even asking about and reporting it, it can't be a surprise that students and professionals of ethnic and cultural diversity continue to be underrepresented in our programs and profession.

CACREP reported a slight increase from 2012 to 2015 in master's-level enrollment by aggregated non-Caucasian students (38.81 percent and 39.45 percent, respectively). However, the graduation rate for total students enrolled in CACREP master's programs was only 30 percent in 2015. It's not clear how many of the 70 percent who didn't complete [their programs] were ethnic minorities.



Selma de Leon-Yznaga

Enrollment of doctoral students in our programs narrows the diversity gap further: 41 percent and 46 percent of students in 2012 and 2015 were non-Caucasian. Again, the completion rate is disappointing: 16 percent (2012) and 18 percent (2015). Unfortunately, CACREP doesn't provide disaggregated data by ethnicity for graduates; we have no way of knowing which share of noncompleters ethnic minority students comprise.

Faculty diversity rates in counselor education programs suggest that ethnic minorities in doctoral programs are not graduating at the rate of enrollment. Only 25.6 percent of the [counselor education and supervision] faculty reporting to CACREP in 2015 were ethnic minorities. With only one quarter of our faculty members reflecting the demographics of almost half of our master's and doctoral students, it might be that students of color don't feel a sense of belongingness or acceptance.

The counseling profession was developed by and for the American dominant culture (male, white, heterosexual, cisgender, nondisabled). In our counselor education programs, we continue to disseminate theories written for and normed on the dominant culture, despite rapidly changing demographics. More contemporary constructivist and feminist theories tend to be covered in courses as ancillary, not major, theories.

Until we can make counseling meaningful and practical for clients of all demographics, the marketability of counselors will be low, and we will continue to attract students who represent the dominant cultural group, who in turn will attract clients from the dominant cultural group. Until we can make counseling a service that is accessible to and valuable for culturally diverse communities, I think we will continue to struggle to attract and graduate diverse students. Until we attract and graduate diverse students, we aren't likely to develop counseling theory and practice that meet the needs of diverse community members, and so the cycle is perpetuated.

Few people of color have had personal experiences with counseling, other than



school counseling. It's a service that is out of reach for many people of color. Priorities for ethnic minorities who tend to be overrepresented in poverty rates do not include one-on-one mental health counseling. A relatively long-term investment in time and money, counseling does not have an immediate or discernible return for the family. Without the experience or valuing of counseling, it's hard to attract or interest potential students.

Living and working in one of the nation's poorest, majority Latinx communities has taught me that counseling services are of little value to those who cannot afford them. Counseling as we currently conceptualize and provide it is a luxury that most in my community can only take advantage of through free social or school-based services. I don't think we're that different from other communities with high concentrations of ethnic minorities.

Many of the students in our geographical area are first-generation Americans and college students, and making the significant investment in college requires a commensurate return, whether it be financial or prestigious. Most of our families want their students to major in a discipline that they recognize and value, and that will "pay off" in the long run. The unfamiliarity with counseling is a big obstacle for potential students who usually have to get buy-in from the whole family to make the sacrifices necessary in graduate school.

Socially, a large-scale destigmatization media campaign aimed at ethnic and cultural minorities would educate communities in the process and benefits of mental health counseling. I recall a commercial sponsored by Johnson & Johnson for the nursing profession that ran during prime time on television and gave the public a sense of the multifaceted role of nurses. Making the public aware of our emphasis on wellness, client strengths and a here-and-now orientation might increase our practical value and attractiveness. A rise in public demand and job opportunities in diverse communities would most likely increase interest in counseling program enrollment for students of color and cultural diversity.



Carlos Hipolito-Delgado, former president of the Association for Multicultural Counseling and Development and associate professor of counseling at UC Denver; his research focuses on the ethnic identity development of Chicanas/os and Latinas/os, the effects of internalized racism, improving the cultural competence of counselors, and the sociopolitical development of students of color

A colleague of mine at University of Colorado (CU) Denver, Diane Estrada, and I were talking about the lack of ethnic diversity in our graduate student body. At the time, we were a faculty of eight, and four of us identified as people of color. Counselor education at CU Denver prides itself on our focus on issues of diversity and social justice. Despite all of this, less than 15 percent of our students identified with a community of color. Dr. Estrada, our graduate assistant, Marina Garcia, and I ran a study ["Counselor education in technicolor: Recruiting graduate students of color," published in the *Interamerican Journal of Psychology*] investigating factors that influenced graduate students of color to pursue counselor education.

Over the span of a year and a half, we were able to interview 19 graduate students of color from across the U.S. These students were enrolled in master's-level and doctoral programs. They also represented private, public and for-profit universities.

There were two primary factors that seemed to influence our participants' decisions to become counselors: exposure to the counseling profession and commitment to diversity and social justice. Graduate students of color who had been involved with counseling, had family who worked in the helping professions and who themselves worked in related fields described how these experiences pushed them to explore counseling as a career option. What is more, these students also mentioned how they benefited from encouragement from family members and professional mentors.

In terms of commitment to diversity

and social justice, participants wanted to work in a career field that would allow them to serve marginalized communities. Further, they were attracted to counselor education programs that demonstrated a commitment to issues of multiculturalism and social justice.

If, as a profession, we are committed to diversifying our ranks, we must do a better job of reaching out to ethnic minority communities. We must educate these communities about the value of mental health, the role counselors play in promoting mental health and how counseling can be a tool for facilitating

community empowerment.

I would recommend that we target communities of color by creating career education programs to teach youth about counseling, encourage counselors to serve as mentors for youth of color, develop internship opportunities at the high school and college levels to give students of color experience in counseling

settings and look to expand

our undergraduate course offerings to attract more students of color.

Additionally, if we can continue to show how counselors promote social justice for ethnically diverse communities, we will attract more students. ACA has done a superb job of this this year by issuing statements supporting DACA (Deferred Action for Childhood Arrivals program) and denouncing religious and ethnic discrimination. However, it is also time for counselor education programs to demonstrate this commitment. This goes beyond a diversity statement. It entails having faculty of color in leadership positions, infusing diversity and social justice into all facets of their programs and providing internship experiences with ethnically diverse populations.



Cirecie A. West-Olatunji, past president of ACA and AMCD, associate professor at Xavier University of Louisiana and director of the Center for Traumatic Stress Research; she has initiated several clinical research projects that focus on culture-centered

community collaborations designed to address issues rooted in systemic oppression, such as transgenerational trauma and traumatic stress

There are several possible explanations for this phenomenon [a lack of greater diversity in the counseling profession]. Scholars have documented the implicit bias in academia wherein entering faculty of color and women experience marginalization and bias related to their teaching styles and research agendas.

Thus, even when individuals are chosen for faculty positions, they often do not get tenure and leave.

Even more concerning, many doctoral students of color are not groomed to enter the professoriate. As graduate students, they are not selected to participate in research projects with faculty mentors to gain opportunities to apply their classroom knowledge about research in grant writing, dissemination at conferences and in academic journals. Thus, they often do not have competitive CVs [curricula vitae] or noteworthy letters of recommendation from faculty when applying for academic positions.

At the master's level, students of color are less likely to be mentored by faculty to prepare them for doctoral studies. They are frequently not regarded as doctoral material. Instead, they are considered to lack intellectual capacity or sufficient curiosity.

The Association for Multicultural Counseling and Development (AMCD) has been at the forefront of this issue since the late 1970s. After several heated Governing Council meetings, the Association for Non-White Concerns was formed to highlight the issues of non-white counselors in the association. Later, the name was changed to broaden the scope of the organization. However, this division within ACA has continually advanced discussion and social action regarding the marginalization of groups of individuals within the profession. Most notably, AMCD scholars drafted the Multicultural Counseling Competencies that are widely used today within and beyond mental health disciplines.

Even today, AMCD serves as a haven for

ACA members who seek support, advice, validation and increased competence. Most recently, AMCD sponsored the Courageous Conversations panel series that allowed women and men to talk about their unique experiences in counselor education. This was such a successful endeavor that a national webinar series followed. In these sessions, panelists and attendees shared their stories of distress and resilience in the academy as graduate students took notes on what to do and what not to do.



Cirecie A. West-Olatunji

Yes, progress has been made. Despite the need for increased multicultural and social justice competence among white faculty and administrators, in comparison with our sister organizations, ACA has been quite active in pursuing multicultural ideals. First, our CACREP Standards hold counseling programs accountable for providing multicultural training

throughout the curriculum. This is not a suggestion as is the case with other disciplines; it is a requirement. Second, for NBCC (National Board for Certified Counselors) accreditation, individuals must demonstrate multicultural knowledge on certification examinations. NBCC has also funded a Minority Fellows Program that has a strong mentoring component to it. Third, [ACA CEO] Rich Yep has established a climate of multicultural acceptance within the culture of the organization. Thus, in the execution of the membership's wishes, the staff is held accountable for multicultural considerations. This is key and vital to a living, dynamic commitment to multiculturalism. Most of the ACA membership may not be aware how diverse the ACA staff is.

Areas to work on are: 1) increasing the percentage of faculty of color, 2) augmenting the percentage of doctoral candidates prepared to assume faculty positions, 3) ensuring that graduate students and early career professionals of color are mentored appropriately to afford them the opportunity to engage in leadership and research experiences, and 4) connecting with minority-serving

institutions (historically black colleges/ universities, Hispanic-serving institutions and tribal colleges) to access larger populations of graduate students and faculty of color.

The major obstacle to increasing multiculturalism in counseling is structural bias. Until we are able to assist individuals in unpacking their implicit biases toward socially marginalized individuals, it will be difficult to make any significant headway in advancing multicultural competence or expanding opportunities for women and individuals of color in counselor education. This refers to ideological as well as interpersonal differences. Thus, even white faculty who advance critical concepts such as social justice in counseling are likely to be marginalized. In essence, our ideal goal is to flip the switch and establish diversity as the mainstream normative value and marginalize cultural hegemony (i.e., Eurocentrism, including white masculinity as dominant) within our profession. It's a tall order but possible within what's left of even my lifetime.



Manivong Ratts, past president of Counselors for Social Justice, chair of the committee that developed the Multicultural and Social Justice Counseling Competencies and associate professor of counseling at Seattle University, where he runs the Social Justice Research Lab

To understand the lack of diversity in the counseling profession, one must examine the root of the problem. Higher education, and counselor education by extension, has largely been a predominately white institution. As such, institutions and programs continue to use admission criteria that advantage applicants from privileged groups over applicants from marginalized groups.



Manivong Ratts

Continued on page 45



ACA
2018
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April 26–29

**Pre-conference
Learning Institutes**
April 25–26

Georgia World Congress Center
Atlanta, Georgia

Special Counseling Today Feature

ACA 2018 Conference & Expo

Join thousands of your peers, April 26–29, for an unforgettable learning experience in Atlanta. Attendees can earn up to 15 CEs during core conference days (Thursday, April 26 – Sunday, April 29) and up to 33 CEs with Pre-conference Learning Institutes (Wednesday, April 25 – Thursday, April 26).

Planning Calendar

This tentative schedule is subject to change. Check counseling.org/conference for updates.

Tuesday, April 24

9:00 am – 5:00 pm Governing Council

Wednesday, April 25

8:00 am – 6:00 pm Registration open
 8:00 am – 6:00 pm Division Meetings
 8:00 am – 6:00 pm ACA Bookstore open
 9:00 am – 5:00 pm Governing Council
 9:00 am – 8:45 pm Pre-conference Learning Institutes

Thursday, April 26

8:00 am – 6:30 pm Registration open
 8:00 am – 6:30 pm ACA Bookstore
 8:00 am – 6:00 pm ACA Meetings
 8:00 am – 6:00 pm Division Meetings
 9:00 am – 8:45 pm Pre-conference Learning Institutes
 2:00 pm – 3:30 pm ACA First-Timer's Orientation
 4:00 pm – 6:30 pm Expo Hall Grand Opening & Welcome Reception
 4:00 pm – 6:30 pm ACA Career Center open
 4:30 pm – 5:30 pm ACA Author Book Signing

Friday, April 27

7:00 am – 6:00 pm Registration open
 7:00 am – 6:00 pm ACA Bookstore open
 7:30 am – 5:00 pm Education Sessions
 7:30 am – 6:30 pm ACA Meetings
 7:30 am – 6:30 pm Division Meetings
 8:00 am – 4:30 pm Poster Sessions
 9:00 am – 10:30 am Opening Keynote Session
 10:00 am – 6:00 pm Expo Hall open
 10:00 am – 6:00 pm ACA Career Center open
 12:00 pm – 1:00 pm ACA Authors Book Signing
 6:30 pm – 8:00 pm ACA Receptions
 8:00 pm – 11:00 pm ACA Opening Night Celebration

Saturday, April 28

7:00 am – 5:00 pm Registration open
 7:00 am – 5:00 pm ACA Bookstore open
 7:30 am – 5:00 pm Education Sessions
 7:30 am – 5:30 pm ACA Meetings
 7:30 am – 5:30 pm Division Meetings
 8:00 am – 4:30 pm Poster Sessions
 9:00 am – 10:00 am Keynote Session
 10:00 am – 4:00 pm Expo Hall open
 10:00 am – 4:00 pm ACA Career Center open
 6:00 pm – 7:00 pm ACA National Awards Ceremony
 7:00 pm – 12:00 am Division Receptions

Sunday, April 29

7:00 am – 1:15 pm Registration open
 7:30 am – 1:15 pm Education Sessions
 8:00 am – 12:00 pm ACA Meetings
 8:00 am – 12:00 pm Division Meetings
 9:00 am – 12:30 pm Poster Sessions
 1:00 pm – 2:00 pm ACA General Membership Meeting

Location of Activities:

Georgia World Congress Center

285 Andrew Young International Blvd, NW, Atlanta, GA

- Conference Registration
- Education Sessions
- Expo Hall
- Keynote Speakers
- Pre-conference Learning Institutes

Omni Atlanta Hotel at CNN Center

100 CNN Center, Atlanta, GA

- ACA Meetings and Social Events
- ACA Opening Night Celebration
- Division Meetings and Social Events
- First-Timer's Orientation
- National Awards

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- Counselor Education
- Couples, Marriage, and Family Counseling
- Creativity in Counseling
- Diagnosis and Treatment
- Disaster Mental Health
- Ethics
- Evidence-Based Practices
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- Graduate Student Issues
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- Human Development Across the Life Span
- Human Rights
- Individual Trauma and Crisis
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- Navigating Ethics During Internship and Postgraduate Supervision, *Barbara Herlihy*
- Running an Effective Group: What Graduate Students and New Professionals Need to Know, *Samuel T. Gladding*

Client-Focused Research Series

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- Bringing Down Systemic Walls: The Refugee Resettlement Process
- Diverse Identity Development: The Lived Experience of Counselors-in-Training
- Do Relationship Interventions Work? A Randomized Control Trial
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Diverse

Continued from page 36

For example, graduate programs continue to look favorably at applicants who have volunteer experience. However, being able to volunteer is a luxury that is not always available to applicants who live in poverty. Such applicants sometimes work multiple jobs and, therefore, may not have extra time to volunteer. Many graduate counseling programs continue to also use the Graduate Record Examination (GRE) as admission criteria. Yet, research has shown the cultural bias inherent in GRE scores. Most in the professoriate in counseling are also white. There is a tendency for people to admit applicants who look like them because such applicants make them feel comfortable.

Counselor education programs continue to use admission protocols that fail to reach communities of color. For example, many counselor education programs fail to recruit in communities where people of color reside. It is much easier for faculty to hold admissions fairs on university campuses instead of in the communities where applicants of color reside. In addition, counselor educators, many of whom are white, continue to lack understanding that recruiting applicants of color into their programs is just part of the challenge. Programs must focus on retention as much as they focus on recruitment. This requires programs to evaluate whether current structures that are in place favor white students over students of color. For example, teaching students of color who intend to return to their communities counseling theories that are individualistic in nature may lead such students to question the relevance of their training.

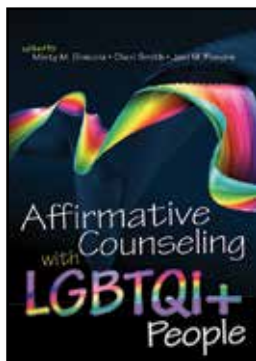
Many counselor education programs [also] fail to focus on the unique training needs of students of color. Programs must understand how being a member of a marginalized group shapes the counselor experience differently for counselors of color. Being able to address this issue will better prepare counselors of color for their work.



NEW!

Affirmative Counseling With LGBTQI+ People

edited by Misty M. Ginicola, Cheri Smith, and Joel M. Filmore



“This is an excellent text for master’s and doctoral program multicultural/diversity courses. It is time that mental health professionals reach out to further understand the LGBTQI+ community, and this book, written with empathy, knowledge, and wisdom, is a strong addition to the field.”

—Catherine B. Roland, EdD, LPC, NCC
President, American Counseling Association
2016–2017

This current and comprehensive handbook will guide educators, students, and clinicians in developing the awareness, knowledge, and skills necessary to work effectively with LGBTQI+ populations. Twenty-five chapters written by experts in the field provide direction for working with clients in an authentic, ethical, and affirmative manner that is tailored to their individual strengths, needs, and identity.

The book is divided into four sections, which explore the science behind gender and affectional orientation; developmental issues across the life span and treatment issues; the specialized needs of nine distinct populations; and the intersectionality of ethnicity and overlapping identities, the role of religion, and counselor advocacy. To further a deeper understanding of the content, each chapter contains an “Awareness of Attitudes and Beliefs Self-Check,” a case narrative relating to the material covered, questions for discussion, and a list of online resources. The book concludes with an extensive glossary of terms, both preferred and problematic, which counselors working with these communities should understand and use appropriately.

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Shabnam Etemadi Brady, a doctoral counseling psychology student at Tennessee State University in Nashville who studies and works with immigrants and is herself an immigrant to the United States

From a master's program in clinical mental health counseling to a doctoral program in counseling psychology, I have been the token Middle Eastern, immigrant, ethnic minority woman surrounded by mostly Caucasian peers and colleagues. One of the greatest barriers I faced in applying to and considering graduate programs in counseling and psychology was that of the GRE. Here I was again post-ACT/SAT experiences, attempting to take another standardized exam that was not created for me; rather, it was standardized on a majority group unrepresentative of me and my background. Thankfully, my grade point average and work ethic supported my competency as a student. However, this process turned me away from considering many master's and Ph.D. programs. This can be a point for programs to consider when desiring to recruit students of diverse backgrounds, especially bilingual immigrants. The GRE is not always a marker of our success. Inclusivity in application criteria is welcoming.

[Another barrier I] faced and continue to face is the lack of accessibility to the population that I am now specializing in — immigrant and refugee communities. I had to become self-driven in this regard with both graduate programs because they did not have partnerships with agencies serving such diverse populations.

Programs can partner with local agencies to expand practicum experiences for students interested in working with diverse populations.

Both of my programs are very welcoming to diversity. They seemed open and excited about my experiences as early as the interview. Additionally, both programs have diverse faculty as part of the program, which aligns with this value and interest. One program had only one diverse faculty member, and she soon became my mentor. My current program has two diverse faculty members who are knowledgeable and in support of multicultural work in mental health.

The greatest support I have received in both programs has been constant encouragement when I have initiated practicum positions with agencies serving the population I am interested in helping. Both programs allowed for me to engage in this clinical work as well as in research concerning immigrants and refugees. They have allowed me to share my experiences in classes, workshops and conferences. Faculty at both programs have vocalized their satisfaction and delight with my work. Thus, their appreciation of work concerning immigrants and refugees in mental health has encouraged my continued efforts in the field.

My cohort in my master's program consisted mostly of Caucasian students [along] with myself and one African American student. The program has made efforts to increase both diversity in faculty and in students with recruitment strategies. My cohort in my doctoral program consists mostly of Caucasian students, me and three African American students.

I am often surprised to be the only immigrant and the only Middle Eastern student. When I learn about organizations in mental health for Middle Eastern students, I quickly run to join. I often feel isolated, with few people who understand my pursuit of higher education from a collectivist culture. I am a first-generation college and Ph.D. student. Most of my family is thrilled and in complete support of my

graduate studies, but they do not always understand what the work entails. I find myself overwhelmed negotiating cultural values (collectivist and individualist) in achieving my dream.

For both of my programs, I have been the expert in immigrant and refugee topics because my programs have been cohort models and not adviser-advisee models (i.e., being matched to faculty who are experts on a student's research interests). In classroom dialogues, I find myself "teaching" other students about

mental health work with immigrants and refugees. Multicultural curriculum needs to be more inclusive of these groups for students and faculty to gain such critical training in mental health fields.

A fundamental resource that I receive as a first-generation college and Ph.D. student is financial support.

Both of my programs have helped me secure a graduate assistant position that has partially funded my graduate education. Many immigrant students may endure hardships due to the socioeconomic implications of immigration. Graduate assistant funding can be a form of support and motivation for students from this group to enroll and to succeed in the field of counseling.

Individual counselors and programs can do the following in support and in encouragement of diversity for our field:

- ❖ Model multicultural competency in your work and demeanor. Ask students/clients how to appropriately pronounce their name(s), what they prefer to be called, and pronounce these correctly. Ask them their preferred pronoun too.

- ❖ Provide an inviting environment. Display culturally inviting photos of those from different cultures in mental health, a globe or greetings in different languages.

- ❖ Hear students/clients and support them. I've been OK with being the token Middle Eastern, immigrant ethnic minority woman because both of my programs listened to me and supported me. They have shown me that they care about my success through interactions such as meetings, mentoring and resource initiatives for me.



Shabnam Etemadi Brady



❖ Do not generalize; rather, individualize. Ask diverse students/clients about their experiences without exploiting them for your learning process. Get to know your students. Their stories have value and are often the reason that they are in mental health.

❖ Similar to a therapeutic relationship, promote genuineness, authenticity and a safe space for diverse students to enroll in your program or to succeed. Often, students of diverse ethnic backgrounds feel that we have to blend in with the majority culture [and] that our differences are not appreciated by society in the U.S. Thus, an environment that supports our true selves, inclusive of our ethnicity or culture(s), is rare and appreciated.

❖ Prioritize multicultural competency development and practices. It's OK to not know how to help those from different backgrounds, but it's not OK to avoid or isolate this disparity in mental health. Attend trainings, read and expand your learning to reach diverse groups.

❖ Mentor students of diverse backgrounds. If it were not for my mentor, I would never have entered the field of clinical mental health counseling. I always knew I wanted to accomplish a Ph.D. in psychology or mental health, but as I neared the end of my undergraduate studies, I wasn't sure which programs to consider. Meeting a faculty member from my master's program who was willing to answer my questions and who believed in me enough to tell me to apply changed my life. From observing my volunteer work with at-risk youth, she said to me, "You are a counselor." We as therapists and counselors know that words have power. Such encouraging words can be powerful for students who do not always feel welcome, who are first-generation graduate students and who are simply new to the field of mental health.



Courtland Lee

author of numerous books, including *Multicultural Issues in Counseling: New Approaches to Diversity*

If we are thinking about attracting more people of color to the counseling profession, counselor education programs and the profession in general need to consider a number of socioeconomic and cultural factors.

First, from a very pragmatic perspective, given significant socioeconomic gains for people of color in the last 50-plus years, talented students of color have greater access to financially lucrative careers. While counseling is a noble profession, it does not pay as much as other career paths. This is a real consideration for many potential counseling students of color as they think about their futures.

Second, counselor education programs must consider whether the culture of their program is relevant and welcoming to students of color. Do they feel welcomed at an institution? Do they perceive the counseling curriculum to be relevant to their cultural realities? Do they see people who look like them as successful counseling professionals?

People of color and other economically marginalized groups have historically been underrepresented at college, and especially [at] higher degree levels. Given that the practice-level degree in counseling is a master's degree, that basic demographic impacts the number of folks from these groups that have had adequate financial and other access to successfully pursuing the degree.



Lance Smith, associate professor of counseling at the University of Vermont and author of numerous research papers analyzing diversity issues in the counseling profession

We should address the lack of scholarship that explores levels of diversity among counseling master's programs, along with the absence of literature identifying effective recruitment and retention strategies for students from



Lance Smith

underrepresented groups. To the best of my knowledge, there are currently no published articles that have purposefully gathered representation data for CACREP-accredited master's degree programs.

A few years ago, my colleagues and I attempted to address this gap by looking at the extent to which CACREP-accredited master's programs attend to representation of people of color, individuals with (dis)abilities [and] lesbian, gay, bisexual and transgender persons within admissions, enrollment and graduation data ("Attending to diversity representation among CACREP master's programs: A pilot study" published in the June 2011 issue of *The International Journal for the Advancement of Counseling*). In a nutshell, we simply wanted to know if programs collect student admission, enrollment and graduation rate data regarding the social identity markers of race/ethnicity, gender identity, sexual orientation and ability status.

We reached out to all 238 CACREP programs at the time, of which 85 completed our entire survey. What we found was that just over half of the responding programs did not retain representative diversity data, and of the programs that did, emphasis was placed on enrollment data and not graduation data. Moreover, most of the data were associated with race/ethnicity only — a little bit being associated with (dis)ability and none of it associated with sexual orientation or gender nonbinary identities.

So, is this lack of attention to representative diversity an expression of institutional prejudice within the field of counseling? Perhaps not overt, intentional prejudice, but I would suggest covert, complicit prejudice is at play. To quote Paulo Freire, "Washing one's hands of the

conflict between the powerful and the powerless means to side with the powerful, not to be neutral." If we as counselor educators are not interested in gathering or keeping representative diversity data regarding enrollment, retention and graduation, then we are ignoring the white/straight/

Courtland Lee, past president of ACA, professor in the counselor educator program at the Chicago School of Professional Psychology's Washington, D.C., campus and

cis homogeneity within the profession and, thus, complicit in reinforcing the inequitable status quo.

The importance of retaining the demographic characteristics of accepted applicants who *choose not to enroll* is also very important when considering issues of recruitment. Counseling programs that maintain this information have access to data that can be very helpful in evaluating their strategies for recruiting diverse students. If such an evaluation reveals a consistent pattern of applicants from underrepresented groups choosing to go elsewhere, faculty need to sit together and discuss what they need to do differently.

In terms of attracting racially/ethnically diverse applicants, the materials that programs use to market their programs have been found to make a difference. There was a study ... that found that professional psychology programs that provided materials emphasizing nondiscrimination policies, diversity-based financial aid, commitment to diversity training and recruitment, [and] multicultural minors and that had more racial/ethnic and LGBTQ-specific content attracted greater numbers of racially/ethnically diverse students.

Counselors who work in community counseling agencies can either become members of or form a diversity committee where their primary task is to address a representation of diversity in their agency to ascertain how diverse their staff is and then actively recruit more diverse staff members. This could happen at a community agency [or] it could happen at college centers, which are usually more active with this kind of recruiting. This could even happen in a private practice consortium, where a group of people in private practice are loosely connected. They can form a diversity committee there, and they can actively recruit counseling staff.

Counselors can also reach out to counselor education programs and actually request that they be an internship site for counseling students and specifically request that they would like to recruit and draw and mentor counseling interns who are from traditionally underrepresented groups. That would put a bug in the ear of local counseling programs that there are people who are specifically seeking to train, mentor and supervise counselors

who come from traditionally underrepresented groups.

Counselors can advocate with state licensure boards and state legislatures to gather data about the diversity of counselors in their state. For example, here in Burlington [Vermont], we have one clinical mental health counselor of color [despite the fact that] we are also a refugee resettlement city — with a population of about 17 to 20 percent of residents who are refugees and people of color.

Practicing counselors can reach out to school counselors to offer to come to career fairs — specifically schools with diverse student bodies — and speak to students about the counseling profession and the need for a more diverse population of counselors.

Practicing counselors can also reach out to campus groups and clubs — African American Student Unions, LGBTQ groups, disability rights groups, etc., and offer to talk to undergraduates about the counseling profession and the need for counselors with more diverse stories and backgrounds.



Sylvia Nassar

Sylvia Nassar, member of the committee that developed the Multicultural and Social Justice Counseling Competencies, a professor and doctoral program coordinator of counselor education at North Carolina State University, and a researcher and author with a focus on Arab American issues

The counseling profession, like other master's-level professions, has increased in terms of diversity as a simple parallel to increases in diversity at rates of graduate-degree acquisition. Moreover, the efforts of CACREP as well as individual educational institutions and other groups to systematically recruit and retain more students from marginalized groups has strengthened the profession generally and, in particular, the professional counseling associations and special interest groups with specific diversity foci, thus positively perpetuating diversity at multiple levels throughout the profession.

The historical trend of vulnerable groups within the overall population needing within-group representation in their counseling and advocacy services within their own communities [and] at national levels continues to drive the need for additional diversity. For example, refugees, veterans, individuals from marginalized sexual

identity groups, along with many others, present growing needs for counseling and advocacy and, thus, need to be better represented by counselors and advocates from their own population groups.

These areas of diversity need to be intentionally and systematically addressed within broader diversity initiatives such as those promoted by CACREP, educational institutions, etc.

The Multicultural and Social Justice Counseling Competencies (MSJCCs), endorsed both by the Association for Multicultural Counseling and Development and the American Counseling Association in 2015, provide a promising perspective on recognizing and addressing diversity throughout the counseling profession. As the MSJCCs become operationalized for use by counselors and counselor educators and supervisors, professional counselors will ideally broaden their current thinking of diversity and challenge themselves to increase their inclusivity in conceptualizing diversity among their clients and students.

To access the Multicultural and Social Justice Counseling Competencies, visit counseling.org, click on “Knowledge Center” and then click on “Competencies” in the drop-down menu. ❖

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

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A light in the darkness

For those who struggle with seasonal depression, winter can seem dark and endless, but counselors can encourage coping strategies that provide hope for brighter days ahead





By Bethany Bray

Erin Wiley, a licensed professional clinical counselor in northwestern Ohio, once had a client tell her that seasonal depression was like diving into a deep, dark pond each fall. Wiley understands the comparison. With seasonal depression, “you have to prepare to hold your breath for a long time until you get across the pond, reach the other side and can breathe again,” she says.

Wiley routinely sees the effects of seasonal depression in her clients — and in herself — as summer wanes, with the days getting shorter and the weather getting colder. Ohio can be a hard place to live when daylight saving time takes effect and the sun starts setting just after 4 p.m., she says.

Seasonal depression “feels like a darkness that’s chasing you. You know it’s coming, but you don’t know when it’s going to pin you down,” says Wiley, a member of the American Counseling Association. “[It’s like] getting pinned down by a wet blanket that you just can’t shake, emotionally and physically. ... For those who get it every year, you can have anxiety because you know it’s coming. There is a fear, an apprehension that it’s coming. [You need] coping skills to have the belief that you have the power to control it.”

For Wiley, the owner of a group practice with several practitioners in Maumee, Ohio, this means being vigilant about getting enough sleep and being intentional about planning get-togethers with friends throughout the winter months. Keeping her body in motion also helps, she says, so she does pushups and lunges or walks a flight of stairs in between clients and leaves the building for lunch. If a client happens to cancel, “I will sit at a sunny window for an hour, feel the sun on my face, meditate and be mindful,” she adds.

Seasonal depression, or its official diagnosis, seasonal affective disorder (SAD), can affect people for a large portion of the calendar year, Wiley notes. Although there is growing awareness that some people routinely struggle through the coldest, darkest months of

the year, it’s less well-known that it can take time for these individuals to start feeling better, even once warmer weather returns in the spring. According to Wiley, seasonal depression can linger through June for her hardest-hit clients.

“It takes that long to bounce back,” she says. “They’re either sinking into the darkness or coming out of it for half the year.”

Symptoms and identifiers

SAD is classified as a type of depression, major depressive disorder with seasonal pattern, in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*. According to the American Psychiatric Association, roughly 5 percent of adults in the U.S. experience SAD, and it is more common in women than in men. The disorder is linked to chemical imbalances in the brain caused by the shorter hours of daylight through the winter, which disrupt a person’s circadian rhythm.

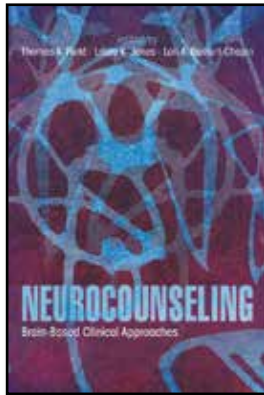
People can also experience SAD in the reverse and struggle through the summer, although this condition is much rarer. Wiley says she has had clients who find summers tough — especially individuals who spend long hours inside climate-controlled, air-conditioned office environments with artificial lighting.

Regardless, a diagnostic label of SAD isn’t necessary for clients to be affected by seasonal depression, say Wiley and Marcy Adams Sznawajs, a licensed professional counselor (LPC) in Michigan. Sznawajs says that SAD isn’t a primary diagnosis that she sees often in her clients, but seasonal depression is quite common where she lives, which is less than 100 miles from the 45th parallel.

NEW!

Neurocounseling: Brain-Based Clinical Approaches

edited by **Thomas A. Field, Laura K. Jones, and Lori A. Russell-Chapin**



“Neurocounseling provides a foundation for work with individuals and groups across a broad spectrum of wellness and clinical mental health counseling topics. As a result, the reader is introduced to an exciting new frontier for understanding and serving clients more effectively. Having benefited from neurofeedback personally, as well as having been taught its principles by skilled counselor practitioners, I am enthusiastic for all counselors to learn its efficacy and applications.”

—**Thomas J. Sweeney, PhD**

Professor Emeritus, Counselor Education
Ohio University

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“I live in a climate where it is prevalent. I encounter it quite a bit and, surprisingly, people are like ‘Really? This makes a difference [with mental health]?’” says Sznewajs, an ACA member who owns a private practice in Beverly Hills, Michigan, and specializes in working with teenagers and emerging adults. “We change the clocks in November, and it’s drastic. It gets dark here at 4:30 in the evening, so kids and adults literally go to school and go to work in the dark and come home in the dark.”

Likewise, Wiley says that she frequently sees seasonal depression in clients who don’t have a diagnosis of SAD. “I notice it with my depressive clients,” she says. “I have been seeing them once a month [at other times of the year], and they ask to come in more often during February, March and April, or they need to do more intensive work in those months. It’s rare for someone to be healthy the rest of the year and struggle only in the winter. It’s [prevalent in] people who struggle already, and winter is the final straw. They need extra help in the winter and reach out [to a mental health professional] in the winter.”

In other instances, new clients begin to seek therapy because life events such as the loss of a job or the death of a loved one push them to a breaking point during a time of the year — typically winter — when they already feel at their lowest, Wiley notes.

Cindy Gullo, a licensed clinical professional counselor in O’Fallon, Illinois, says that she doesn’t encounter clients who have the SAD diagnosis very often. However, she says that roughly 2 out of every 10 of her clients who have preexisting depression experience worsening mood and exacerbated depression throughout the fall and winter months.

The symptoms of SAD mimic those of depression, including loss of interest in activities previously enjoyed, oversleeping and difficulty getting out of bed, physical aches and pains, and feeling tired all of the time. What sets seasonal depression apart is the cyclical pattern of symptoms in clients, which can sometimes be difficult to see, Sznewajs says. If a client presents with worsening depressive symptoms in the fall, counselors shouldn’t automatically assume that seasonal

depression is the culprit, she cautions. Instead, she suggests supporting the client through the winter, spring and summer and then monitoring to see if the person's symptoms worsen again in the fall.

"If they show improvement [in the spring/summer], and then I see them in October and they start to slide again, that's when I have to say it could be the season. And certainly if they point it out themselves — [if] they say, 'I'm OK in the summer, but I really struggle in the winter.' It's really when you start to notice a pattern of worsening mood changes in November and December [that alleviate] in the summer."

Sznewajs recalls a female client she first worked with when the client was 13. She saw the client from October through the end of the school year, and the young woman showed significant improvement. The client checked in with Sznewajs a few times during the summer, but Sznewajs didn't hear from her much after that. Then, when the client was 16, she suddenly returned to Sznewajs for counseling — in the wintertime. In recounting the prior few years, the young woman noted that her struggles usually

seemed to dissipate around April each year, even though the pressures of the school year were still present at that point.

"I don't know what's going on with me," Sznewajs remembers the client remarking. "I'm a mess right now." It was very evident that there was a pattern [of seasonal depression] with her."

Wiley notes that clients with seasonal depression often describe a "heaviness" or feelings of being weighed down. Or they'll make statements such as, "It's just so dark," referring both to the lack of sunlight during the season and the emotional darkness they are enduring, Wiley says.

Gullo, an ACA member and private practitioner who specializes in working with teenagers, keeps an eye out for clients who become "very flat" and engage less in therapy sessions in the fall and winter. Other typical warning signs of seasonal depression include slipping grades (especially among clients who normally complete assignments and are high achievers at school), changes in appetite, sluggishness, weepy or irritable mood, and withdrawal from friends and family. For teens, the irritability

that comes with seasonal depression can manifest in anger or frustration, Gullo says. For example, young clients may have an outburst or become agitated over small things that wouldn't bother them as much during other times of the year, such as a parent telling them to clean their room, Gullo says.

John Ballew, an LPC with a solo private practice in Atlanta, estimates that up to one-third of his clients express feeling "more grim," irritable or unhappy as winter approaches. He contends that the winter holidays "are a setup to make things worse" for clients who are affected by the seasons.

Overeating and overconsumption of alcohol are often the norm during the holidays, and this is typically coupled with the magnification of family issues through get-togethers, gift giving and other pressures, notes Ballew, a member of ACA. In addition, many coping mechanisms that clients typically use, such as getting outside for exercise, may be more difficult to follow in the winter. And although many people travel around the holidays, that travel is often high stress — the exact opposite of the

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getaways that individuals and families try to book for themselves at other times of the year.

“It’s a perfect storm for taking the ordinary things that get in the way of being happy and exacerbating them,” Ballew says. “People feel heavily obligated during the holidays, more so than in other seasons. It means that we’re not treating ourselves as well, and that can be a problem.”

In the bleak midwinter

The first step in combating seasonal depression might be normalizing it for clients by educating them on how common it is and explaining that they can take measures to prepare for the condition and manage their feelings.

“Educating [the client] can give them control,” Szniewajs says. “People often feel shame about depression. Explain that you can take steps to treat yourself, just like you would for strep throat. You can’t will yourself to get better, but you can do things to help yourself get better. When you know what’s causing your depression, it gives you power to take those steps.”

Ballew notes that many of his clients express feeling like a weight has been lifted after he talks to them about SAD. “Many of them won’t think they have [SAD], but they will say, ‘Winter is a hard time for me’ or ‘I get blue around the holidays.’ They’re caught off guard by this unhappiness that seems to come from nowhere. People seem to feel a certain amount of relief to find that it’s something they will deal with regularly but that they can plan for and be cognizant of. It doesn’t mean that they’re defective or broken. It’s just that this is a stressful time. That helps us take a more strategic and problem-solving approach.”

Many counselors find cognitive behavior therapy (CBT) helpful in addressing seasonal depression because it combats the constant negative self-talk, catastrophizing and rumination that can plague these clients. CBT can assist clients in turning around self-defeating statements, finding ways to get through tough days and taking things one step at a time, Szniewajs says.

Gullo gives her teenage clients journaling homework (she recommends several journaling smartphone apps that teenagers typically respond well to). She

For more on helping clients through the pressures and stresses of the holiday season, see *Counseling Today’s* online exclusive “The most wonderful time of the year?” at ct.counseling.org.

also encourages them to maintain self-care routines and social connections. For instance, she might request that they make one phone call to a friend between counseling sessions.

Wiley guides her clients with seasonal depression in writing a plan of management and coping mechanisms (or reviewing and updating their prior year’s plan) before the weather turns cold and dark. She types out the plan in session while she and the client talk it over. Then she emails it so that the client will have it on his or her smartphone for easy access. The plans often include straightforward interventions — such as being intentional about going outside and getting exposure to natural light every day — that clients may not think about when dealing with the worst of their symptoms midwinter.

“It sounds simple, but those [individuals] who are down may not realize that the sun is shining and they better get outside to feel it on their face,” Wiley says. “We list exercises that are feasible. You might not join the gym, but what can you do? Can you walk the staircase at your house five times a day? Or, what’s one [healthy] thing you can add to your diet and one thing you can take away, such as cutting down to having dessert once per week, cutting out your afternoon caffeine or drinking more water. And what’s one thing you can do for your sleep routine? [Perhaps] take a hot shower before bed [to relax] and go to bed at the same time every night.”

Wiley also reminds clients to simply “be around people who make you feel happy.” She suggests that clients identify those friends and family members whom they enjoy being with and include those

names on their therapeutic action plans for the winter.

All of the practitioners interviewed for this article emphasized the importance of healthy sleep habits, nutrition and physical activity for clients with seasonal depression. “All of these things are really hard to do when you feel lousy, so that’s why the education [and planning] piece is so important,” Szniewajs says. “Let them know that this [the change in seasons] is why you feel lousy, and it’s not your fault. But there are ways to feel better.”

Szniewajs typically begins talking with clients about their seasonal action plans in early fall and always before the change to daylight saving time. One aspect of the discussions is brainstorming how clients can modify the physical activities they have enjoyed throughout spring and summer for the winter months.

One of the cues Wiley uses to tell if clients might be struggling with seasonal depression is if they mention cravings for simple carbohydrates (crackers, pasta, etc.), sugars or alcohol when the days are dark and cold. They don’t necessarily realize that they are self-medicating in an attempt to boost their dopamine, Wiley says.

Of course, exercise is a much healthier way of boosting dopamine levels. “Exercise is important, but it’s really hard to get depressed people to exercise,” Wiley acknowledges. “Telling them to join the gym won’t work when they just want to cry and lay in bed. So, turn the conversation: What is something you can do? If you already walk your dogs out to the corner, can you walk one more block? Take the stairs at work instead of the elevator, or park farther away from the grocery store.”

Effectively combating seasonal depression might also include counselor-client discussions about proper management of antidepressants and other psychiatric medications. Gullo recommends that her clients who are on medications and are affected by seasonal depression set up appointments with their prescribers as winter approaches. Szniewajs and Wiley also work with their clients’ prescribers, when appropriate, to make sure that these clients are getting the dosages they need through the winter.



Wiley will also diagnose clients with SAD if the diagnosis fits. “For someone who is really struggling and could benefit from [psychiatric] medication, the prescriber is often thankful for a second opinion. It adds weight and clarity to what the client is saying and what the doctor is hearing,” Wiley says. “It also helps the client to have a diagnosis so they don’t just wonder, ‘What’s wrong with me?’ It removes the blame and shame for people who are really struggling.”

Seeking the light

Many factors contribute to seasonal depression, but a main trigger is the reduced amount of daylight in the winter. It is vitally important for clients with seasonal depression to be disciplined about getting outdoors to feel natural light on their faces and in their eyes, Wiley says. She coaches clients to be disciplined about making themselves bundle up and get outside on sunny days or, at the very least, sit in their car or near a window for extra light exposure.

Wiley cautions clients against using tanning beds as a source of warmth

and bright light to fend off seasonal depression. However, she acknowledges that she has seen positive results with tanning beds in severe cases of seasonal depression in which individuals were verging on becoming suicidal. In those extreme cases, counselors must weigh the long-term risks of using a tanning bed versus the more immediate risks to the client’s safety, Wiley says.

In addition to encouraging those with seasonal depression to get outdoors, Gullo and Sznewajs have introduced their clients to phototherapy, or the use of light boxes. Roughly the size of an iPad, these boxes have a very bright light (more than 10,000 lumens is recommended for people with seasonal depression) that clients can use at home.

Sznewajs recommends that clients use a light box first thing in the morning for at least 30 minutes to “reset their body,” increase serotonin and boost mood. If a client responds positively to phototherapy, it also serves as an indicator that he or she has SAD (instead of, or in addition to, nonseasonal depression), she notes.

Neither Gullo nor Sznewajs require clients to purchase light boxes. Instead, they simply introduce the idea in session and suggest it as something that clients might want to try. Insurance doesn’t typically cover light boxes, but they can be purchased online or at medical supply stores.

Gullo does keep a light box in her office so she can show clients how it works. She also recommends “sunrise” alarm clocks, which feature a light that illuminates 30 minutes before the alarm sounds. The light gradually becomes brighter and brighter, mimicking the sunrise. Gullo uses this type of alarm clock at home and finds it helpful.

The light box and sunrise alarm clock “are game changers,” Gullo says, “and a lot of people don’t know they exist.”

Powering through

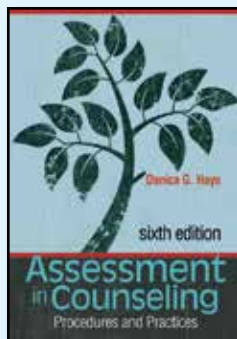
In *The Lion, the Witch and the Wardrobe*, the second book in C.S. Lewis’ *The Chronicles of Narnia* series, characters struggle through never-ending cold that is “always winter but never Christmas.” Grappling with seasonal depression can feel much the same way: an uphill

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battle in a prolonged darkness in which occasions of joy have been snuffed out.

The key to making it through is crafting and sticking to a plan. Szniewajs says she talks with clients in the early fall to help them prepare: Yes, winter is coming, and you're probably going to feel lousy, but it won't last forever, and there are ways of getting through it.

“People need to understand that this is a totally predictable kind of concern,” Ballew concurs. “It’s not weak or self-indulgent [to feel depressed]. This is a hard time of year for many people, and you need to plan for it. ... We [counselors] are in a great place to validate clients’ concerns, but also help them to strategize beyond them.”



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Knowledge Share – By John Sommers-Flanagan & Kindle Lewis

Building better counselors

By integrating research-based relationship knowledge into counseling practice, counselors can continue to emphasize the therapeutic relationship *and* be evidence-based



In the opening chapter of the sixth edition of *Counseling and Psychotherapy: Theories and Interventions* (published by the American Counseling Association), David Capuzzi, Mark Stauffer and Douglas Gross make the case that the helping relationship is central to all effective counseling. Not many counselors would argue with this idea. Nevertheless, many counseling practitioners still feel pressure to implement empirically supported or evidence-based mental health treatments. Consider this case:

Darrell is a 50-year-old Native American. He identifies as a male heterosexual. In his first counseling session, he talks about feeling “bad and sad” for the past six months and meets diagnostic criteria for a depressive disorder. Darrell’s counselor, Sharice, is trained in a manualized, empirically supported cognitive-behavioral model for treating depression. However, as a professional counselor, she values collaborative counseling relationships over manualized approaches. She especially emphasizes relational connections during initial sessions with clients who are culturally different from her.

The question is, how can Sharice be relationally oriented and still practice evidence-based counseling? The answer: She can use evidence-based relationship factors early and throughout the counseling process.

Evidence-based relationship factors

Back in 1957, Carl Rogers wrote that “a certain type of relationship between psychotherapist and client” was “necessary and sufficient” to produce positive change. In contrast, if you immerse yourself in contemporary research on counseling and psychotherapy, you might conclude that relationship factors in counseling are passé and that, instead, cutting-edge (and ethical) practitioners must use empirically supported treatments. But you would be wrong.

Most reasonable people recognize that both relationship factors *and* techniques contribute to positive outcomes. However, it is also true that relationship factors in and of themselves have strong empirical support. More than 60 years of scientific evidence supports Rogerian core conditions of congruence, unconditional positive regard and empathic understanding. In fact, counseling relationship factors are just as scientifically potent (and maybe more so) as so-called empirically supported treatments.

Newer terminology for acknowledging the research base for therapeutic relationships has been coming for about 15 years. In 2001, a task force from Division 29 (Society for the Advancement of Psychotherapy) of the American Psychological Association coined the phrase “empirically supported therapy relationships.” The task force’s purpose was to place therapeutic relationships on equal footing with empirically supported treatments. Despite those efforts, many (and perhaps most) psychologists value technical procedures (for example, cognitive behavior therapy) over relational factors. In contrast, because of counseling’s emphasis on therapeutic relationships, in some ways, empirically supported therapy relationships are much more relevant to professional counselors.

In this article, we use the broader phrasing of “evidence-based relationship factors” (EBRFs) to represent ways in which professional counselors can integrate research-based relationship knowledge into counseling practice. But what is an EBRF, and how can counseling practitioners implement them in ways that are more specific than simply saying, “I value the therapeutic relationship?”

EBRFs include the three Rogerian core conditions and other purposefully



John Sommers-Flanagan

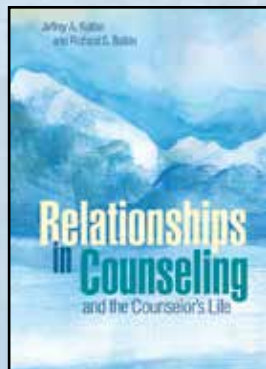


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formed and implemented relational dimensions. Below, we provide concrete examples of 12 EBRFs that are empirically linked to positive counseling and psychotherapy outcomes. For each EBRF, we use the case of Sharice and Darrell to illustrate how Sharice can work relationally with Darrell and still engage in evidence-based practice.

Evidence-based attitudes and behaviors

Rogerian core conditions of congruence, unconditional positive regard and empathic understanding are foundational EBRFs. Although Rogers described them as attitudes, they also have behavioral dimensions. Additionally, counselors bring other relational factors into the room, such as role induction, cultural humility and scientific mindedness. Together, these EBRFs create a welcoming, safe and transparent environment that fosters therapeutic relationship development. Simultaneously, counselors are responsible for managing their countertransference throughout the relationship development process.

Congruence

Congruence implies counselor self-awareness and involves holding an attitude that values authenticity. Clients typically experience counselor congruence as the unfolding of a genuine relationship with their counselor. Genuineness involves counselors striving to be mindfully open and honest in their interactions with clients. This usually, but not always, involves self-disclosure, immediacy and offering feedback.



Sharice displays congruence in several ways. First, she presents Darrell with an informed consent document that is written in her unique voice and that includes information on how she works with clients in counseling. She also greets Darrell with clear interest in learning more about who he is and what he wants. To focus on him, she might sit and emotionally center herself before going to meet him in the waiting room.

During the session, when Darrell talks about details of his professional work,

Sharice openly expresses curiosity, “Oh, you know, I’m not sure what you mean by that. Could you tell me more so I can better understand what you’re experiencing in the workplace?” After Darrell shares details, she says, “Thank you. That helped me understand what you’re up against at work.”

Role induction

Role induction is the process through which counselors educate clients about their role in counseling. Role induction is necessary because clients do not naturally know what they should talk about and because they may have inaccurate expectations about what counseling involves. When it goes well, role induction is interactive, and counselors simultaneously exhibit Rogerian core conditions (“I hope you’ll always feel free to ask me anything you want about counseling and how we’re working together”). Role induction begins with the written informed consent form.



Sharice includes in her informed consent document what her clients can expect in counseling. She also explores these topics with Darrell in their first session.

Sharice: I’d like to share a bit with you about what we’ll be doing in this first session. To start, I want to hear about what’s been happening in your life that brings you to counseling now. As you talk, I’ll ask a few questions and try to get to know you and your situation better. We’ll talk about what’s happening now in your life and, if it’s relevant, we’ll talk some about your past. Then, toward the end of our session, I’ll share with you some ideas on how we can work together, and we’ll start to make a counseling plan together. Please ask me questions whenever you like.

Unconditional positive regard

Unconditional positive regard involves the warm acceptance of clients. Rogers himself noted that unconditional positive regard was an “unfortunate” term because no counselor can constantly experience unconditional positive regard for clients. However, to the extent that it can be accomplished, unconditional positive regard involves acceptance of the client’s self-reported experiences, attitudes, beliefs and emotions. Unconditional positive

regard allows clients to feel the safety and trust needed to explore their self-doubts, insecurities and weaknesses.



Throughout their time together, Sharice shows Darrell unconditional positive regard by listening to his experiences, attitudes, beliefs and emotions without showing judgment. She’s open to whatever he brings into the session and encourages him when they encounter subjects he finds difficult to explore. She not only listens nondirectively but also asks questions such as, “What’s your best explanation for why you’re feeling down now?” and “What are you thinking right now?” These questions show acceptance by supporting and exploring Darrell’s self-evaluation rather than focusing on Sharice’s judgments.

Empathic understanding

Empathy is one of the strongest predictors of positive counseling outcomes. However, there is one interesting caveat. It doesn’t matter if *counselors* view themselves as empathic; what matters is for *clients* to view their counselors as empathic.

Although measuring empathic responding is challenging, there is consensus that using reflections of feeling and engaging in limited self-disclosure are effective strategies. Also, there is evidence from neuroscience research that resonating with or feeling some of what clients are feeling is part of an empathic response.



When responding to Darrell, Sharice uses her facial expressions, posture, voice tone and verbal reflections in an effort to comprehend Darrell’s unique thoughts, feelings and impulses. She expresses empathy as he talks about work stress.

Darrell: I feel pressure coming at me from everywhere. Deadlines that need to be met, clients to make happy, bills that need to be paid, and I need to maintain this image in the community, you know?

Sharice: That sounds stressful. You have people counting on you, and it feels overwhelming.

Following an initial reflection of feeling, Sharice uses what Rogers referred to as “walking within” to emotionally connect on a deeper level.

Darrell: It’s starting to get to me in ways stress hasn’t before. Like, I can’t sleep, it’s harder to focus, and I feel like I’m going to burn out soon.

Sharice: It’s like you’re saying, “I don’t know how much more of this I can take, and I don’t know what to do.” Do I have that right?

Later, Sharice uses a reflective self-disclosure (which combines congruence with empathic understanding) in an effort to deepen her empathic resonance.

Sharice: As I listen to you, Darrell, and as I try to put myself in your shoes, I feel physically anxious. It’s almost like this pressure and pace make me feel out of breath. Is that some of what it feels like for you?

Just like Carl Rogers would do, Sharice intermittently checks in with Darrell on the accuracy of her reflections (“Do I have that right?”). Additionally, if Darrell indicates that Sharice is not hearing him accurately, she uses paraphrasing to refine her reflection and sometimes apologizes while correcting herself.

Cultural humility

Cultural humility is an overarching multicultural orientation or perspective that includes three dimensions:

- 1) An other-orientation instead of a self-orientation
- 2) Respect for client values and ways of being
- 3) An attitude of equality, not superiority

Like the Rogerian core conditions, cultural humility is an attitude that counselors adopt before entering the counseling office, but there are also behavioral manifestations of cultural humility.



In their first session, Sharice creates a space for Darrell to speak about what his culture means to him. She notes that even though they come from different cultures, understanding his culture is important to her.

Sharice: Thank you for filling out the intake form, Darrell. I know it can be daunting with all the personal information we ask for. I see that you are Native American. I’m a mix of German and Swiss and grew up outside of Denver.

What this means to me is that I'll be trying my best to understand your life experiences. If at any point you think I'm not getting your perspective, I hope you'll tell me. Sound OK? (Darrell nods.) Thanks. Also, whenever you'd like, I'd be interested in hearing more about your culture and how it informs your way of being in the world.

Scientific mindedness

Scientific mindedness is a concept and skill originally described by Stanley Sue. It refers to the process of counselors forming and testing hypotheses about clients rather than coming to premature, and potentially faulty, conclusions.



As Sharice gets to know Darrell and the issues that brought him to her office, she uses scientific mindedness to hypothesize how culture may (or may not) be a salient factor in his experience of stress in the workplace. When he talks about “immense pressures” that he puts on himself, she's reminded of how some individuals from minority groups can feel added stress because they view themselves as representing their entire minority community. Sharice keeps this hypothesis in the back of her mind and, eventually, when the time seems right, uses a reflective listening response to test her hypothesis.

Sharice: When you talk about the pressure you put on yourself to perform, it sounds like you're performing not only for yourself but also for others.

Darrell: Absolutely. I can't help but worry because my family depends on me to generate income. (Somewhat to Sharice's surprise, Darrell doesn't identify his tribe or the reservation community as an additional source of pressure to perform, so she explores the issue more directly.)

Sharice: I've read and heard from some of my other Native American clients and students that it's possible to feel added stress because they might view themselves as representing their tribe or other Native American people. Is that true for you?

Darrell: I always tell myself that that's not an issue for me. But if I'm totally honest with myself and with you, I'd have to say that being an Indian man in an intense business environment makes for

more stress. In some ways, I think it has less to do with representing my people and more to do with how I think my colleagues — and even my friends at work — somehow expect me to be less competent. I don't know exactly what they think of me, but I feel I need to work twice as hard to earn and keep their respect. (After listening to Darrell's disclosure, Sharice updates her hypothesis about how race and culture might be adding to his stress at work.)

Sharice: So, it's not so much that you feel like a representative for your people. It's more that you're thinking and feeling that you should do double the work to prove yourself to your colleagues. I can imagine how feeling discounted compounds the everyday workplace stress you feel.

Managing countertransference

Countertransference is unavoidable. Countertransference includes the counselor's emotional reactions to any or all clinically relevant client material (transference, client personality, content presented by the client, client appearance and so on). These reactions may be related to the counselor's unresolved personal conflicts or the client's interpersonal behaviors. Countertransference can be a hindrance or a potential benefit to the therapeutic process; it can distort your perceptions of your client, but it can also inform your relationship with the client.



During their work, Sharice notices that she gets impatient with Darrell's pace of speech and finds herself feeling annoyed with him. She brings this to her consultation group to understand why this is happening and how it is affecting her work with Darrell. Talking about it with her supportive group helps her deal with her emotional reactions more effectively and build understanding for why she is experiencing frustration and how to adjust so she can provide the best service possible to Darrell.

The evidence-based therapeutic alliance

The therapeutic alliance was a psychoanalytic construct until Edward Bordin described it in pantheoretical terms. Alliance factors include three dimensions:

- 1) The emotional bond
- 2) Mutual goals
- 3) Collaborative tasks in counseling

Additionally, progress monitoring and rupture and repair can be viewed as EBRFs related to the alliance.

The emotional bond

Although it can be difficult to measure an emotional bond, in the counseling context it is usually defined as clients showing a positive affective response toward their counselors. In many ways, the counselor-client emotional bond is a natural byproduct of the Rogerian core conditions and of the work that counselors and clients do together. However, counselors lead in this process by greeting clients with a positive affect and consistently showing interest in what clients talk about.



When Darrell arrives at Sharice's office, she is visibly happy to see him. In addition, she expresses her interest in working with him and her belief that he possesses the ability to overcome the issues with which he is struggling.

After a few sessions, Darrell begins to show trust in Sharice. He no longer looks anxious to be in her office, his speech is less guarded and he smiles more during their interactions. He mentions that although counseling is difficult at times, he appreciates having time every week with Sharice to talk about his life and sort out what is troubling him. He has become emotionally bonded to Sharice and looks forward to counseling sessions.

Mutual goals

In the first few sessions, counselors and clients explicitly discuss clients' personal problems and corresponding counseling goals. Eventually, and sometimes even in the first session, clients and counselors agree on which goal or goals to focus on in counseling.



Sharice (after discussing Darrell's presenting problems and possible solutions): Darrell, we've identified several goals that we can work on together: stress management, managing

the negative or critical thoughts you have about your work performance and getting better sleep. Which of these would you like to focus on first?

Collaboration on tasks linked to goals

After working with clients to decide on counseling goals, counselors introduce tasks or activities in session (or as homework) that are meaningfully related to the agreed-upon goals. These collaborative tasks often constitute the “technical” part of counseling.

When applying techniques, relationally oriented counselors:

- ❖ Are careful to listen closely to what clients have already tried
- ❖ Use reflective listening to gain a mutual understanding of what has worked worse or better
- ❖ Jointly brainstorm new options with clients
- ❖ Ask permission to try out technical procedures
- ❖ Jointly monitor client reactions to new strategies



Sharice: We’ve been talking about everything you’ve tried to help yourself sleep better. It sounds like you’ve been working on this for years. How about we rank which strategies have worked better for you and which have worked worse?

Darrell: Sure. (Sharice and Darrell work on Darrell’s rankings.)

Sharice: One of the things I’ve noticed that seems to work better for you is when you’re able to distract yourself from your thoughts about work. Does that sound right?

Darrell: Absolutely. It’s so hard for me to get my brain to stop problem-solving.

Sharice: One thing I’d add to your list of possible strategies is mindfulness meditation. It can be a powerful technique to deal with racing thoughts. What’s your reaction to that idea?

Progress monitoring

After counseling goals are established and collaborative tasks identified, counselors and clients work together to evaluate counseling progress. There’s a robust body of research attesting to the positive effects of progress monitoring.



Sharice consistently checks in with Darrell in two ways. First, she uses the Session Rating Scale after each session to gauge her therapy alliance with Darrell. Second, she directly asks Darrell about his reactions to the counseling strategies they are working on together.

As a part of her progress monitoring efforts, Sharice asks Darrell to keep a log of his mindfulness meditation activities, along with his sleep quality and quantity. Each week, they discuss what went well and what was challenging. She offers empathy and makes adjustments to his homework as needed.

Rupture and repair

Rupture is defined as tension or a breakdown in the counselor-client collaborative relationship. Repair involves counselors making statements and taking actions to restore the therapeutic relationship. Rupture can happen at any time during counseling. Usually it involves clients withdrawing or showing irritation.



After a few weeks of logging his mindfulness meditation, Darrell appears agitated. When Sharice asks about the log, Darrell says, “This is a waste of time, and I don’t know why you thought it was going to help. I’m done with this stupid meditation.”

Sharice responds empathically and then explores with Darrell the source of his frustration. She discusses how embracing a passive attitude during meditation can be extremely difficult, especially because of the pressured and problem-solving orientation he has at work. She apologizes for pushing the idea of mindfulness meditation.

Darrell’s response is paradoxical. He spontaneously shares how important it is for him to find time to get out of his hard-driving mentality. Sharice then tweaks the mindfulness approach they have been using. The new emphasis moves away from formal logging and embraces small moments of progress.

The relationally focused, scientifically based counselor

Beginning with Rogers and moving forward into the 21st century, counseling

practitioners have embraced the therapeutic relationship as central to positive counseling outcomes. However, at times, allegiance to and emphasis on the counseling relationship has been viewed as anti-science. The good news is that, now, more than ever, we have growing empirical evidence to support the efficacy and effectiveness of a relational emphasis in counseling. In this article, we reviewed and illustrated specific ways in which you can emphasize the therapeutic relationship *and* be evidence-based. This is welcome progress for the counseling profession in general and counseling practitioners in particular. ❖

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

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Member Insights – By Jean Peterson

Bringing counselor expertise to court

Counseling professionals' knowledge related to human development, ethical behavior and systems can position them to serve as expert witnesses across a wide range of cases



As a counselor educator, I could have done more to prepare counseling students for involvement with the court system. Pertinent discussions were usually limited to child custody, records, privileged communication, subpoenas and counselors' vulnerability in the courtroom. I had experienced depositions and had written clinical summaries, but I had never appeared in court. My own preparation had included nothing about being an external expert witness.

Then I had an experience that underscored the importance of teaching and learning about court involvement. Although attorneys might not think of counselor educators and school and mental health counselors first when needing an expert witness, a counseling perspective might be crucial to an outcome. Apparently, mine was.

A bit of history

During the 1980s and early 1990s, a number of articles and monographs addressed court involvement for helping professionals. During that era, psychologists were growing in number, assessment was valued and psychological witnesses were increasingly used. In addition, media outlets were discussing "recovered memory," and a high-profile case led to criteria for admissible expert testimony. However, conceptual literature noted that attorneys did not always appreciate the expertise and objectivity of therapists in the courtroom, and, because expertise was not standardized, lawyers and experts with stronger credentials could challenge witnesses.

Roles and behaviors related to court processes were also being clarified for counselors. I paid attention to Ted Remley Jr., a helpful legal voice in the field. I learned that both general and expert witness roles are possible, with the former providing facts and the latter providing opinions. An expert witness educates judge and jury by reviewing and interpreting facts and records, making inferences and then informing in neutral, understandable language. School and mental health counselors are more likely to be general, or fact, witnesses, although experience and special training might make them desirable as expert witnesses.

Journal articles about counselors' involvement have been rare since then, but thanks to contributors such as Carolyn Stone, school counselors can access guidelines related to subpoenas, court orders and privileged communication, for example. However, media interest in bullying and the growing number of states with pertinent statutes suggest that

courts will increasingly be involved in cases related to school safety. In such cases, a school counselor or counselor educator may be asked to serve as an expert witness, examining counselors' and others' roles or perhaps providing an opinion about the climate or culture of a school.

A surprising request

Eventually, I was contacted from a distance by the attorney for Wendy (pseudonym), a bright 22-year-old, in a civil case against a school district. Alleged negligence in the wake of extreme harassment had contributed to two extended traumatic experiences for Wendy.

My purpose here, in describing my experience as an expert witness, is to provoke thought about counselor court involvement, roles and behaviors, institutional cultures, ethical behavior, systemic contributors to harassment, and potential developmental impact of harassment and retaliation after reporting. Details about the process and time involved might lessen counselors' concerns if asked to be involved.

Traumatic experiences

I was told that, during ninth grade, Wendy was assaulted physically and harassed with graphic sexual language by a school bus driver almost daily for several months. Allegedly, he had groped her when she entered and exited the bus, jerked her clothing to expose her underwear and asked about her sexual behavior. Wendy observed another student's similar experiences.

Wendy realized that her younger sister, beginning to mature physically, soon would be vulnerable. She talked with her sister, who talked with the elementary school counselor, who contacted Wendy's mother, who in turn contacted the school principal, superintendent and sheriff.

The second traumatic experience occurred after Wendy's parents filed a complaint. Allegedly, the bus driver began drug- and sex-related rumors about Wendy, which were then perpetuated by students who considered the driver an ally. Their unrestricted behavior on sports-team buses

(e.g., beer, pornography) matched the driver's voyeuristic interest in their social lives. He talked with them about Wendy's parents' complaint, and, according to an interview during the investigation, encouraged one student to lie on his behalf. At school, Wendy, who formerly had enjoyed social ease, was harassed and marginalized. At the end of her junior year, she transferred to another school.

During the criminal case, which took place after Wendy's transfer, the bus driver was acquitted. According to Wendy's new attorney, who contacted me, adolescent witnesses for the prosecution had not presented themselves well in court, even in how they were dressed. Wendy would tell me later that she herself was "not prepped." This new attorney was now preparing a civil case, focusing on the school system.

Credentials

I was initially surprised to be contacted. Then I considered my professional background. I was knowledgeable about school culture. When the attorney met with me, I told him I had been a teacher, counselor or group specialist in schools for 25 years and a counselor educator for 15, supervising school- or agency-based field experiences. I had worked closely with school administrators in several schools.

In addition, principals-in-training at the university were required to enroll in my Introduction to School Counseling course, and they interacted with the school counseling students formally and informally about their respective professional roles. As a counselor educator, I had led a national study of bullying and was acquainted with trauma literature through a 15-year qualitative study of a survivor of trauma. Beyond that were coursework and clinical experiences in family therapy. I had licenses in school and mental health counseling. Thinking about these experiences gave me confidence. Still, I had anxiety: I would be a first-time expert witness.

An educational experience

What I was asked to do fit my expertise. Training and experience in school counseling were important for my first formal opinion, whereas experience in counselor education was important for my second. The attorney initially traveled to meet with me for two hours. He described what he had learned about the bus harassment and the responses of school personnel after Wendy's parents filed the formal complaint.

We soon communicated again by phone. I explained relevant concepts, including the developmental lens I routinely used as a counselor, examining developmental tasks (e.g., identity, direction, relationships and autonomy), "stuckness" and task accomplishment. I described findings in my study of trauma and noted literature related to posttraumatic stress disorder (PTSD). We discussed the bullying study and my study with John Littrell of a school counselor who transformed a school culture from bloody fights to harmony. In the latter, the school culture was deemed to be malleable, and a strong counselor-principal partnership was essential to the positive change. I assumed that principal and counselor roles and relationship, school culture and climate, bullying and PTSD all would be important to this case.

At that point, I formally agreed to be involved and was asked to keep track of hours. I said I would ascertain whether bullying legislation existed in that state when the alleged harassment occurred, and the attorney agreed to locate student handbooks of the school from that time. I subsequently met with a faculty member in educational administration at the university and consulted by email with a superintendent who was a former middle school principal, asking how he would respond to an anonymous scenario resembling Wendy's. His details were helpful as the attorney and I considered what administrators did and did not do in Wendy's case. I also received university permission to engage in the court process. This permission included a formal admonition that I be clear, both in oral and written testimony, that I did not represent the university or its perspective.

The attorney later sent me a thick loose-leaf binder containing documents and resources for me to study, including:

- ❖ The student handbooks and the school district's anti-harassment policies
- ❖ Depositions from the superintendent and a teacher for the earlier trial and Wendy's affidavit
- ❖ Wendy's mother's formal complaint
- ❖ Summaries of student statements in the sheriff's investigation report
- ❖ Polygraph results for Wendy and the bus driver
- ❖ A letter regarding the bus driver's disciplinary record and his responses to two sets of interrogatories

- ❖ Wendy's school attendance, academic performance and psychological evaluation records

I studied these materials in preparation for my upcoming meeting with Wendy. The attorney's assistant arranged for my in-person interview with Wendy and clarified my focus:

- 1) Wendy's experiences during the harassment
- 2) How experiences with the bus driver, students and staff affected her mentally, emotionally and psychologically
- 3) How she was treated by school counselors
- 4) Whether permanent damage had occurred

I then developed an interview protocol. The interview lasted 3 1/2 hours.

As I asked about Wendy's experiences, including during the criminal case, I included questions about development. I also assessed her morale, alert to possible depression, suicidal ideation and PTSD. As directed, I asked about contact with school counselors, whether and how much administrators were aware of her distress, the responses of teachers and peers, and attendance and classroom achievement. Subsequently, I submitted a report to the attorney. Over the next three months, we conferred four times by phone as I prepared to write an affidavit.

The affidavit

Writing the actual affidavit required about seven hours. I needed to peruse the binder materials and notes from my interview with Wendy, communicate once with her by phone to verify details and develop a carefully written, facts-based document. In it, I first presented my credentials and professional employment record as well as a list of the documents I had examined. I explained that I had conducted an interview of a specific length, and I asserted that the information I had gathered from Wendy was the kind counselors rely on during assessment of concerns. Then I presented two formal "opinions."

First opinion

The first opinion was that the district failed to exercise reasonable care to protect Wendy from a backlash of ridicule and retaliation by faculty and students that was foreseeable under the circumstances. Both action and inaction were part of this neglect. I then discussed pertinent aspects of school administration, school

counseling and school culture. I first described some differences in the roles and training of principals and counselors. Pertinent to this case, a head principal sets the tone and establishes the professional culture and climate, including expectations of ethical behavior from counselors and institutional tendencies to ignore or address conflict and other systemic concerns.

I explained that a school counselor can be an oasis for troubled individuals while also staying alert to general student morale. Trained to be nonjudgmental, objective, proactive, collaborative and not a disciplinarian, the counselor is skilled in listening and responding and helping students cope with stressors and live effectively. The American Counseling Association's 2014 code of ethics, which makes respecting the dignity and promoting the welfare of clients the counselor's primary responsibility, guides decision-making and behavior. The American School Counselor Association's ethical standards state clearly that school counselors' primary obligation is to the student and that they are to inform officials about conditions that are potentially disruptive or damaging to school mission or personnel. All of these

aspects were pertinent to the case against the school.

Inaction: Administrators' inaction suggested a school culture not geared to ensuring a safe environment for learning. School became a hostile and dangerous place for Wendy. Her parents were her only adult advocates.

1) Administrators did not take Wendy's situation seriously, even though they were aware of the sheriff's interviews at school and an earlier complaint about the bus driver. According to a deposition, a key administrator did not read students' statements.

2) Administrators did not suggest that Wendy see a school counselor, who could have focused on her emotional health, and did not partner with school counselors to ensure her protection after the retaliation began.

3) Administrators ignored the bullying. According to Wendy, "About 15 [students] routinely harassed me."

4) Administrators did not direct teachers to be alert for situations needing intervention, an action that might have given teachers permission to support Wendy. She sensed distance from formerly approachable teachers. Only two teachers, over the course of two

years, offered a supportive comment (e.g., "Sorry to hear about everything").

5) The harassment was visible to teachers. On one occasion, a clique of high-profile students interrupted a class, asked for Wendy and bullied her in the hall with threats of rape.

6) An administrator did not honor Wendy's request to see a counselor after she was accosted by the girl whom Wendy had witnessed being assaulted. The girl would not acknowledge being assaulted and denied that Wendy had been assaulted. Only Wendy was sent home.

7) Administrators and teachers never asked why Wendy was often absent in the afternoons ("because I couldn't take it anymore"), even when they had seen her earlier in the day. One of Wendy's parents usually came to the office while she signed out, in full view of a principal.

8) The bus driver continued to drive his school route for several weeks after the complaint.

The inaction of the counselor Wendy consulted was also pertinent. Wendy's well-being was at issue, and an alleged sexual abuser/harasser was under investigation prior to the first trial.

1) The counselor did not intervene with the bullies/harassers (e.g., talking

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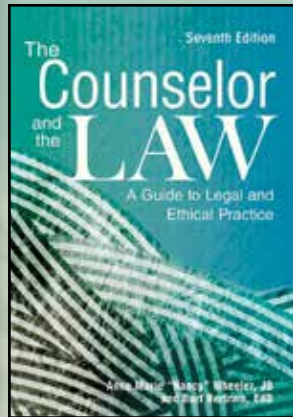
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The Counselor and the Law: A Guide to Legal and Ethical Practice

Seventh Edition

Anne Marie "Nancy" Wheeler and Burt Bertram



"As the use of technology in counseling rapidly shifts, the authors clearly address opportunities and challenges and suggest practical recommendations for handling ethical and legal issues related to communication. As an educator and practicing counselor, I consider this book a must read for anyone in our profession."

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Argosy University-Atlanta

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Rollins College

The Counselor and the Law has been updated to reflect changes in the 2014 ACA Code of Ethics, findings of recent court cases, and new federal and state legislation. Attorney Nancy Wheeler and Burt Bertram, a private practitioner and counselor educator, provide an overview of the law as it pertains to counseling practice; an in-depth look at counselors' legal and ethical responsibilities; and an array of risk management strategies. This edition contains a thoroughly updated chapter on distance counseling, technology, and social media; regulatory updates to the HIPAA and the HITECH Act; and recent case law developments regarding legal risks for counselor educators. Civil malpractice liability, licensure board complaints, confidentiality, duty to warn, suicide and threats of harm to self, professional boundaries, records and documentation, and managing a counseling practice are also discussed in detail.

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with them individually) and was not active on behalf of a student in crisis, especially in a complex situation that involved threats and a distressed target.

2) When Wendy wanted to talk with the counselor after being accosted ("I'd done the right thing and gone to him"), he did not advocate for her when the principal sent her home.

3) Unlike her sister's counselor, who appropriately called Wendy's mother, Wendy's counselor listened during their several meetings after the retaliation began ("I was often red-faced and crying"), but did not validate feelings or speak of reporting the situation to administrators. The collaborative aspect of addressing serious problems was missing.

4) The counselor did not contact child protective services or discuss that possibility with administrators. The situation involved a school employee with responsibilities for minors ("full power," according to the student handbook), alleged sexual harassment of a student and implied danger for other students.

Actions: The superintendent was not receptive to Wendy's parents' complaint and was not respectful when they initially met with him. Administrator actions suggested a toxic school culture that gave permission to school personnel to treat Wendy and the situation inappropriately.

1) After Wendy's mother complained about the incident in which harassers/bullies asked that Wendy come into the hallway, the teacher who had deferred to them said to Wendy, "I can no longer trust you." The implicit school-culture message was that students should not tell parents about distressing incidents.

2) Wendy's mother learned that one junior high teacher had commented to a neighbor that "[the bus driver] always liked the young girls. ... I thought it was consensual." This indicated that at least one teacher was aware of the bus driver's behavior and normalized it.

3) In class, a teacher compared "the bus driver thing to the McDonald's hot-coffee case."

Second opinion

The second opinion was that Wendy suffered long-lasting psychological injury — PTSD, depression and developmental stuckness — as a result of the school district's failure to protect her.

Scholars have theorized that bullying inherently involves a power differential. The bully or someone with more power

than the bully is responsible for stopping bullying, not the person with relatively little power. Wendy said the bus driver had “total control.” She said, “I tried to sit in back. If called to the front ... I tried to laugh it off, told myself that I was just being oversensitive.”

Wendy’s behaviors make sense in that context. In addition, many adolescents do not report harassment because much is at stake, and they are not likely to know how to handle that level of embarrassment, especially in front of peers. The lack of a supportive and protective response from school administrators during the bullying had an impact on Wendy’s well-being and development.

Emotional development: Stuck in sadness, anger. With her experiences invalidated, Wendy said, “I analyzed myself to death.” Reflecting feelings of hopelessness, she said, “I feel like it’s never going to end. Why can’t I be done with this?” She was “nervous about the future,” asking, “Will I ever be able to move on?”

I concluded that her symptoms of depression did not reflect a neurological predisposition: “Other than this, nothing in my life could be called ‘unhappy’ — boyfriend, family.” All of her sad language was related to the situation with the bus driver and the consequent bullying. She felt deep anger about the situation being “pushed aside” even by people who were supportive in public. When asked to elaborate on her statement about “the system,” she referred to the school failing her and the bus driver being acquitted. She then said, “I can understand why people ... seek violence instead of authority.”

PTSD: Stuck in reactivity. Wendy described symptoms associated with PTSD in my study of trauma: hypervigilance; extreme, confusing emotions; and high reactivity to contextual reminders. She was “afraid I’ll run into the principal at a public event.” She was “terrified” when she saw the bus driver in the lobby at her worksite: “I wanted to hide in the back.” When seeing a school bus, “my hands become sweaty.”

Social development: Stuck in not trusting. Workplace relationships and friendships had been affected. In the past, she had “friends all over the place.” Now it was “hard to let people get close.”

Physical/sexual development: Uncomfortable, self-conscious. Wendy’s responses to my questions about physical and sexual development fit the literature about sexual abuse: “My body image was fine. ... I wore anything, happy with

myself.” Now there was doubt: “Maybe I let too much show.” She said she currently wore T-shirts and jeans with “nothing showing.” She worried, “Will they see me as provocative?” The bus driver’s comments had led to reactivity to even playful sexual comments, which affected her relationship with her boyfriend: “I’m still uncomfortable with sexuality.”

Career development: Stuck. This former honor student said her vision of her future was “absent.” When I asked where she might be now without this experience, she said, “I’d be a teacher.” About higher education, she said, flatly, “I thought about college, but I don’t know what I could do forever [as a job] to make me happy.”

Outcome and implications

After the attorney studied the affidavit, we had two conversations. Eventually, he reported that the school district had refused to settle out of court and that the defense would probably want a deposition from me. However, three months later, he sent news that the case had been resolved. The terms would remain confidential, but he added, “I do believe this case will do some good down the road for similarly situated students.” He said I could reference the case in the future, and he approved the manuscript for this article. He indicated that he had learned from me.

Wendy’s parents’ persistence and the attorney’s investment and instincts about school-system culpability were advantageous. During several years of struggle, Wendy and her parents demonstrated courage, first at school and then during two court cases. This case is a reminder to counselors and counselor educators of the potential impact of receptivity and nonreceptivity of school personnel to frustrated parents and distressed students. It also underscores the potential impact of adult and peer aggression on development.

I encouraged the attorney, when a trial was expected, to incorporate the concept of school culture, not just climate, into his argument. Cultures have norms, protocols, actual and de facto leaders, and implicit and explicit rules. Behaviors at many levels here reflected well-established constraints, permissions and toxicity. Wendy’s experiences in her new school were in stark contrast to those in the school she had left.

Counselor educators can raise awareness in their teaching that institutional cultures differ, reflect leadership and affect students’ and clients’ well-being. A school

counselor’s actions and inaction can affect school culture just as any other school leader’s behavior can. Counselors elsewhere can similarly contribute to and be affected by institutional culture.

More situations such as Wendy’s are likely to generate court cases. State laws now define bullying and require school districts to address bullying behavior, giving children and their parents leverage for complaints. However, counseling professionals’ knowledge and experience, especially related to development, ethical behavior and systems, can be applied beyond bullying cases. Their expertise is potentially valuable across a wide range of cases with similar overtones.

I am now an expert witness for the second time, for another case involving bullying. Regardless of whether it goes to trial, I am reminded that counselors and counselor educators can indeed be expert witnesses. I believe that discussing such court involvement during counselor preparation can help counseling professionals be confident in that role if asked, and I hope that first-person accounts such as this one might help counselors embrace the process. ❖

Jean Peterson, professor emerita at Purdue University, focused most of her clinical work and research on the social and emotional development of gifted youth, with special interest in those not fitting common stereotypes. She received 10 national awards related to research and 12 at Purdue for teaching, research or service. Among her several books is *Talk With Teens About What Matters to Them*. Contact her at jeanp@purdue.edu.

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Questions for ACA's president-elect candidates



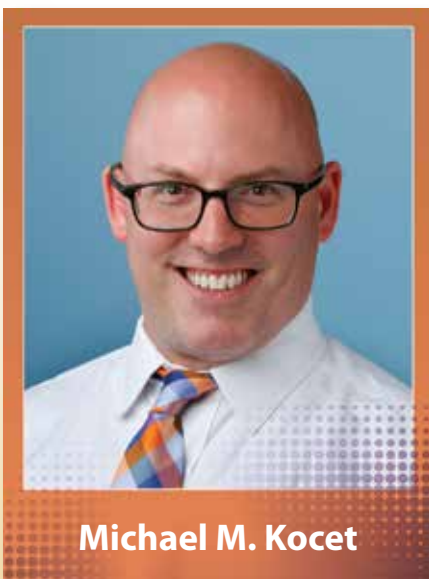
Heather Trepal



Judy Daniels

The five candidates vying to become the American Counseling Association's next president-elect were asked to provide their answers to address several issues of importance to the association and the counseling profession. Additional information for each candidate, including biographical information, qualifications and reasons for seeking office, will be published in the December issue of *Counseling Today*. Online voting for all ACA, division and region elections will begin Dec. 1.

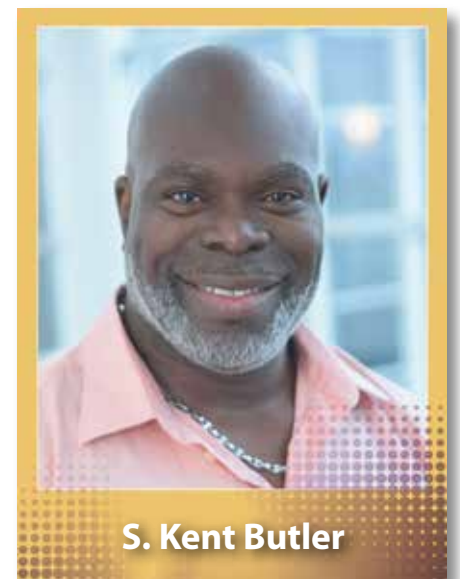
Editor's note: The following answers are published as the candidates submitted them. They have not been edited.



Michael M. Kocet



Brian S. Canfield



S. Kent Butler

CANDIDATE QUESTIONS

For more than six decades, the American Counseling Association has worked to promote diversity and inclusion in the practice of professional counseling and counselor education. Please share your background, experience and views in regard to promoting higher levels of infusing diversity. Additionally, what specific goals would you have as president to continue to promote increased diversity in all levels of leadership positions?

Heather Trepal: I believe that diversity is of paramount importance in the counseling profession. Leaders from diverse backgrounds and life experiences enrich the profession. My background as a rape crisis counselor and advocate to protest violence against women was foundational to my development as a counselor and leader. My research on gender issues, including a focus on women and parenting, is also very important to me. Over the past four years, I have worked with colleagues to bring bilingual bicultural training opportunities within my counseling program, including creating a certificate in bilingual counseling and a study abroad program that promotes transnational dialogue. I believe that we must train all counselors to provide culturally competent services.

As an organization, we need to make intentional efforts to promote increased diversity in leadership positions at all levels. As President, I would make these efforts a priority by proposing an emerging leader program where seasoned leadership (e.g., Governing Council members, President of divisions and Region Chairs) are asked to serve as mentors for new leadership candidates. I would also ask the divisions and regions to reinforce diversity as a core value of their mentoring and leadership development opportunities.

Michael M. Kocet: Being committed to diversity and inclusion is not just a professional mandate, it is a personal

passion of mine. As an educator and leader, I incorporate ACA's seminal document - *the Multicultural and Social Justice Competencies* into all facets of my work in and out of ACA. As a gay male, I strive to be a strong ally for others who may experience marginalization and oppression due to their cultural identity. Viewing diversity through a lens of intersectionality, I strive to be aware of how my cultural privileges impact my leadership roles. In order to foster greater diversity at all levels of the association, I would create a Diversity Leadership Training and invite emerging leaders of color, LGBTQ+, and other underrepresented groups to be part of the ACA Institute for Leadership Training, but include training that specifically addresses the unique needs of leaders of color. We must be more intentional about not recycling past leaders, but instead, mentor new leaders and empower individuals to share their unique voices in order to create policies and practices that are welcoming and challenge the status quo in our association.

Judy Daniels: As a lifetime member of ACA and founding member of Counselors for Social Justice, I have addressed issues of diversity within ACA for decades. I worked with former ACA President Coy (1995) to design the ACA national conference opening session as a platform to feature multicultural counseling competence and recognize multicultural leaders. I have published books/articles, presented at conferences, and written for *Counseling Today* on diversity issues. I am an ACA Fellow and I have received national/divisional counseling awards related to multiculturalism/social justice, including the Dr. Judy Lewis Counselors for Social Justice Award; the Wrenn Award for Humanitarian & Caring Person, The Ohana Award, and the Mary Smith Arnold Anti-Oppression Award. Promoting and infusing cultural competence and social justice within ACA and the counseling profession has always been at the heart of my work.

My goals for continuing to promote and increase diversity in all levels of leadership include: a) assessing institutional/organizational barriers and assets in leadership recruitment/retention; b) designing solutions to barriers,

including increasing collaborations with branches/divisions on grass-roots leadership development and training; and c) creating a diverse ACA Emerging Leaders and Advocacy Training Program targeting underrepresented groups, practitioners, students/new professionals, states with unique needs, and varied specializations.

Brian S. Canfield: As counselors we serve culturally diverse clients and communities. A major focus of my professional life has been devoted to creating innovative intercultural education and training opportunities for students and colleagues. I have developed courses in "intercultural issues," "multicultural counseling", and related topics for six different universities. In addition to leading professional counseling delegations to Cuba, Turkey, Rwanda, and Israel, I have presented professional development training workshops on diversity issues throughout the USA and in Turkey, Australia, Malaysia, China, Italy, Cyprus, UK, Canada, Germany, Bahamas, and Mexico. I am the founder and director of the Oxford Family Counseling Institute that has been held annually in the United Kingdom for the past 16 years. This international gathering has brought together counselors, educators, and graduate students to build relationships and share knowledge about counseling, family, and diversity issues. As ACA President, I would work to expand affordable intercultural training opportunities for professional counselors and graduate students throughout the USA and internationally.

S. Kent Butler: Prior to counseling I was privileged to direct an African American Cultural Center. The very essence of the position was to engage a predominantly White university in meaningful interactions enlightening the community on Black culture. The directorship provided wonderful exposure to a myriad of Intersectionalities launching a passionate advocacy within me that embraced multiculturalism and social justice principles. Past and present life experiences, education, and counseling practice have developed me into a self-aware counselor and educator, a conscientious man, who at my very core

stands for fairness and justice. As an ACA member I am blessed to have continued mentorship sown into me by amazing leaders; each teaching me the impact one may have when they are ethical and care with integrity. Their mentorship opened the door to my voice being heard within ACA, AMCD, my university, and surrounding communities. Standing on their shoulders I've actively engaged in leadership opportunities ranging from 20/20 – A Vision for the Future to teaming with extraordinary individuals and creating the Multicultural Social Justice Counseling Competencies. My goals are to give back through mentoring diverse future leaders and creating safe spaces where our entire ACA family may openly and honestly participate in difficult dialogues with colleagues; ultimately benefitting the clients we serve.

Graduate students and new professionals are considered the future of our profession and our association. Under your leadership as president, what would you do to assist graduate students and new professionals as they develop their counselor identity, regardless of specialty area? As president, how would you help them transition into sustained professional membership while continuing their involvement with ACA?

Judy Daniels: It has been my honor to mentor students/new professionals for three decades in school, mental health, and rehabilitation counseling. This supports my belief that diversity in leadership across specialty areas is integral to our profession's future. Our new generation of counselors brings renewed energy and perspective to ACA, and I would feel profoundly privileged to support them in developing their counselor identity and leadership/advocacy skills while envisioning their professional dreams.

Data suggests members join ACA to: a) satisfy career/goal achievement by understanding counseling trends and pursuing on-going training/education; b) promote ethics, professionalism, and the value of counseling; and c) pursue public policy/advocacy efforts. If elected,

my goals to address these areas include:

- ❖ Providing informative email/social-media/communication blasts alerting members of issues impacting the profession, and ACA's actions/responses, and advocacy involvement opportunities.

- ❖ Linking members with local/national initiatives, and ACA partner organizations, assisting them to learn about and participate in areas such as disaster relief, legislation, and professional/social advocacy.

- ❖ Developing an ACA Emerging Leader/Advocacy Program for students/new professionals and practitioners.

- ❖ Increasing community service engagement initiatives.

- ❖ Examining avenues for ACA to strengthen divisions/branches, and implementing strategies for increasing student/new professionals' meaningful representation and involvement.

Doing so invests in our profession's future!

S. Kent Butler: Fundamental truths: We need to feel we are valued and that we belong. As a shy and awkward student, I joined ACA admiring, from great distances, many whom I read and referenced - secretly branding them 'counseling celebrities'. I didn't dare reach out and make first contact or presume I was even worthy of that task. Granted, some newbies find their own way, but others may require assistance. Early contact with leaders facilitated my breakthrough. Shortly thereafter a person I still hold in high esteem taught me a very valuable lesson: respect people and their important works but don't put them on untouchable pedestals. Rather learn, grow, and proliferate those learnings to other emerging leaders. I truly appreciate my mentor's ideology. As President, a major focus would be Valuing Sustained Membership. A vital component to sustained membership entails embracing both graduate students and new professionals and providing them a true sense of 'professional' belongingness. Communicating about things that matter to members while endorsing ACA-wide mentorship, promoting active engagement, providing networking opportunities, supporting aspiring leaders, and creating a culture that is inclusive! Making ACA an organization

people want to identify with, where they anticipate the next conference not only for the learning opportunities and CEUs, but for the connections!

Brian S. Canfield: Overall, new counseling professionals are compensated at an unacceptably low level compared to other professional groups such as social work. ACA can more effectively advocate on behalf of counselors to expand employment opportunities in the private sector, and at the State and Federal level. An increase in the demand for professional counselors will result in higher pay due to "supply and demand" market forces.

Students aspire to a career in which they can earn a living and help others. "Student status" is temporary, while being a "counselor" is a career-long role. As a profession, it is our responsibility to engineer career paths that "mainstream" students as early as possible in their careers. Students need "seats at the table", not a separate table.

Success in any field is all about building relationships. As ACA President, I would work to expand professional networking opportunities for counselors, particularly for students and new professionals. I consider students to be "colleagues in training". One of the best strategies I have found for promoting student success is to create opportunities for professional involvement and actively invite students to serve in meaningful roles through association membership, conference attendance, committee and board service, and other professional roles.

Michael M. Kocet: If you spoke to my graduate students I have taught over the years, they would tell you that I speak incessantly about the importance of students engaging in professional associations and serving as student leaders. As President, I would work with national, state, and regional leaders to ensure that task forces, committees, etc. have graduate students and new professionals represented throughout ACA, our divisions, and branches. Many ACA divisions are creating *Emerging Leadership programs* and as President, I would encourage divisions to share resources and information across these programs to promote greater

collaboration and help students learn about as many facets of our organization as possible. I would encourage the creation of a Leadership Shadowing program, where students and new professionals could gain opportunities to learn alongside senior leadership in our organization and develop competencies as a leader, how to manage problems, develop organizational resources, and resolve ethical challenges. One way to have sustained involvement in the profession by students is having them know what Schlossberg (1989) calls “a sense of mattering and belonging” – feeling a deeper connection to our organization. Mentoring and leadership programs can help facilitate this. We must encourage their ideas and harness their energy to create workable solutions to address the challenges we face.

Heather Trepal: Graduate students and new professionals are the lifeblood of the counseling profession. In many ways, they are one of our association’s most important investments. If elected President, I would like to see increased retention of graduate student and new professional members. Sometimes, the association gains these members while they are in graduate school or during their first year post-graduation. They are introduced to the importance of membership during their graduate training. This mentorship and professional identity development is crucial. As a counselor educator, I have made it my life’s work to commit to the development of graduate students in the profession.

As an association, we must figure out how to retain their membership; getting these members involved early on so that they have an active stake in ACA. This is not just about showing the value of ACA membership. It is about introducing them to advocacy efforts and helping them invest in their careers. The skills that they learn can help them to advocate in the future regarding employment, certification, licensure and reimbursement. If elected, I would love to begin an advocacy training program for graduate students and new professionals so that they could learn the value of these skills.

Vision is a vital part of leadership, especially for a large, influential professional organization such as ACA. Please share your vision for the profession and for ACA. What is your particular leadership skill set that, when combined with your personality, would contribute to your success as ACA president?

Brian S. Canfield: Throughout my career, I have been involved in efforts that have helped move our profession from unregulated marginality to recognition and licensure in all fifty states. I have also worked with colleague in several other countries (most notably Turkey) to help expand recognition of the profession counseling. One of the biggest challenges we face as a profession is the multitude of national and state counseling-related associations and organizations competing for members, dues, conference attendance, and influence. My vision is to improve relationships and build bridges between ACA, state branches, national divisions, and other organizations such as CACREP and NBCC. I envisage ACA as an “umbrella” organization - not one that eclipses other organizations, but one that provides a forum for a unified voice for the counseling profession. This can be accomplished by bringing together association leaders to shape areas of common interest. Organizations do not build collaborative relationships, people do. I would propose that ACA leaders actively engage leaders in other organizations, culminating in a “counseling summit” to address areas of common concern such as “license portability” and ensuring that counseling establishes and maintains parity with other professions such as psychology and social work.

S. Kent Butler: My vision for ACA and the counseling profession as a whole is to take our rightful place at the table as the preeminent leaders in all things counseling. For far too long other professions have been able to define and dictate our narrative providing obstacles that have imperiled our growth and development. I believe we need to own our status as counseling experts and proactively market counseling utilizing data and personal stories that showcase

the excellent work we do on behalf of our clientele. A current hurdle we face is portability. Moving forward, strategically we must lead the way and invite allies to join us as one united voice; realizing the strength we have in numbers. I am a vision oriented leader who is insightful, conceptual, and logically seeks greater understanding. Myers Briggs indicates my type as INTJ. I possess many of the qualities however they don’t all represent every aspect of my personality. While laidback, I listen, I’m hard-working, and I passionately advocate for the counseling profession. I believe these qualities support a collaborative working relationship that is inviting and that will provide the ACA community with great leadership.

Heather Trepal: I am proud to be a professional counselor. I look forward to the day when all counselors are proud to call themselves “counselors” and not mask behind other words that may seem more recognizable to the public. The public needs to know who we are, what we do, and what makes professional counselors unique. That is my vision. We have a unique opportunity to impact legislation that strengthens our professional identity. Recent efforts at deregulation have forced counselors to come together on behalf of the profession to protect our licensure and scope of practice in some locations. Recent efforts have also shown that counselors have gained access into new employment settings such as the Veterans Administration. My vision is to develop, promote, and increase advocacy efforts for professional counselors in all settings.

ACA will continue to serve the profession as the eminent counseling membership association. In addition to being a strong advocate for the counseling profession, I believe that I am a collaborative leader. If elected, I will work hard to foster communication among the ACA divisions, regions, committees, and branches. I will work to collaborate with our partner counseling organizations to serve our profession. We are stronger together.

Michael M. Kocet: As a leader, I bring a passion and vision for what is possible within our association. A key initiative that I would take on as President

is the creation of an *ACA Practitioners Council*. This Council would consist of members working full time in clinical practice (educational, agency, hospital, or private practice settings) who may not hold membership in a division or branch. The Practitioners Council would be an advisory group for the Governing Council to understand the unique needs of practitioners, particularly those members not affiliated with any division or branch. We can do better at integrating practitioners into the work of our association. Not everyone has the financial resources or ability to attend the annual national conference, so we must be creative in having our practitioner leaders serve through alternative methods. I would practice *Greenleaf's Tenets of Servant Leadership* in my role as President. Tenets such as: listening, empathy, healing, persuasion, commitment to the growth of people, and building community are hallmarks of a servant leader. I am a collaborative and relational leader. I am comfortable rolling up my sleeves, completing whatever task needs to get done. I also have the ability to utilize diplomatic communication in order that all stakeholders are valued and heard.

Judy Daniels: My Vision: ACA will unify and lead the profession by enhancing counselor competence in promoting: human dignity and development through diversity, mental and physical well-being, and advocacy for human rights and professional issues for clients/families and communities to thrive. ACA will enable counselors to become catalysts for change by providing members with resources, opportunities for innovative cutting-edge training, and actionable advocacy strategies.

My goals: Promote professionalism by advocating for counselor licensure portability, fair compensation, and significant legislative issues through grassroots and public policy actions; Examine trends and identify experts who can infuse new skills/knowledge into conferences and branch trainings and strengthen branches/regions; Develop engagement strategies for members to advocate for human rights and professional issues impacting clients/communities.

My Skillset: I understand ACA's organizational opportunities and challenges and I have the skills to address these. As a lifetime member and ACA Fellow with 30 years of experience, I have served: Two terms on the governing council and the executive committee, 5 years on the ACA human rights committee, as a division president (CSJ), and on a branch board. I am a self-reflective collaborative team-player, who conscientiously studies the issues and proactively addresses them.

Let's join together to move the profession forward.

During these perilous times, what should the role of the ACA president be in dealing with social issues and legislation that may impact the profession and our counselor constituents?

Michael M. Kocet: As a leader in the area of ethics for our association, I believe in the importance of respecting individual counselors' personally held values, beliefs, and spiritual/religious traditions, but this commitment must be balanced with our ethical responsibilities to serve all clients and not impose our personal values within the counseling relationship. I am very concerned about the growing number of states passing conscience clause legislation and its impact on ACA. As President, I would appoint a special task force whose purpose would be to examine the issue of conscience clause legislation and its impact on the counseling profession. I would also partner with ACA legislative affairs staff, to do all we can to lobby for the repeal of such laws that would prevent professional counselors from providing ethical, competent services to clients and stakeholders. I would also convene a special ethics summit with experts in multiculturalism, spirituality, and ethics to identify best practices for counselors from diverse religious, spiritual, and secular belief systems that support our personally held belief systems, while at the same time providing effective services for all clients. The ACA President must serve as the cohesive voice of the association, especially on social and legislative issues.

Heather Trepal: I believe that ACA must serve both the profession and our constituents with a continued involvement in legislation and advocacy work. The person serving in the role of the ACA President should be an active role model and voice for legislative efforts that impact professional counselors who work in all settings. In this increasingly politicized time, the ACA President must also stay abreast of the social issues that impact the profession and our constituents.

The President's role is to inspire members to come together in advocacy efforts and be vocal in taking important stands on issues that affect counselors. They must also remember and be aware of the diversity of the membership so that no members are inadvertently marginalized or feels that their voices are not represented in the dialogue.

The President's role is to not simply to serve as a leader but to also provide opportunities for the membership to advocate for their clients and our profession. I believe advocacy training is key. I would like to continue to build on the incredible efforts that the association has undertaken as far as advocacy on both social issues and involvement in legislation that impacts counselors.

Judy Daniels: Social justice is unequivocally a part of our work as a profession and as counselors. It is critical that the ACA President speak to, and advocate for these issues, and for professional counseling. If elected, I will passionately advocate on your behalf, and invite your participation. For years I have been involved in the multicultural/social justice movements within our profession. I am grounded in action, advocacy, empowerment, prevention, and systemic change. In March 2017, I initiated a Governing Council motion to create advocacy statements for ACA to pro-actively respond to human rights/social justice issues that impact the profession/clients/communities we serve. As president, I would expand our efforts with this policy. Collaboratively, we can identify advocacy issues from which new position statements can be drafted, develop counseling and public policy strategies, and examine how to disseminate information to

members. Together we can develop tools, resources, and engagement strategies to create change and impact clients/families/communities/systems, while addressing public policy legislation. As a spokesperson for ACA and the profession, I will speak out on issues of portability, immigration, poverty, discrimination, racism, Medicare/Medicaid/health-care, anti-ACA legislation (e.g., TN), LGBTQI concerns and other emerging issues. It would be my privilege to serve you in this capacity.

S. Kent Butler: Times ARE perilous, and the ACA President should be a fearless, knowledgeable, articulate leader projecting professionalism, confidence and a strong sense of organizational pride. The role is multifaceted. Internally instilling confidence in the membership and externally showcasing the statistically significant difference our members provide for the greater good are equally as important. It is imperative that the President understands the social issues of the day, their relationship and impact to our profession and its members and to

be a strong advocate and spokesperson. On a regular basis, ACA's leader needs edification and immersion into the various communities serviced by ACA membership to expand their worldview and help inform leadership practices. The President also needs to be legislatively astute in relation to public policy, its impact on the profession, with the ability to 'lobby' and advocate appropriately. A strong leader will work closely with their leadership team, listen to the membership allowing a myriad of voices to guide the decision-making process, recognizing that as leader it often falls to them to ultimately make final and/or difficult decisions. Regardless, the decisions should be measured, unbiased, and in the best interest of ACA positively propelling the organization forward.

Brian S. Canfield: We live in a politically challenging time. As a national association with a large and diverse membership, it is essential that we advocate for our professional "core values" – while respecting the diversity of our membership and engaging in candid

and open dialogue, so that we may better serve society and our clients. While we differ from one another in many respects (e.g. age, gender, work setting, stage of career, ethnicity, political affiliation, etc.), as members of a professional association, we share a common professional identity as "counselors" and a genuine desire to help others. I believe that what we hold in common as counselors far outweigh our differences.

The ACA President serves as the "public voice" of the Association. However, Association policy is set by the ACA Governing Council, not the President or Professional Staff. As ACA President, I would bring into focus issues of importance and work with all members of the Association to find solutions. Effective leaders create an open and collaborative environment in which issues can be examined, analyzed, researched, debated, and duly acted upon in accordance with our policies and bylaws. ♦

Enter the 2018 Graduate Student Essay Competitions to Win \$500, a 2018 Conference Registration, and More!

The ACA and American Counseling Association Foundation (ACAF) Graduate Student Essay Competitions are open! Two grand prize essayists will receive \$500, a complimentary 2018 Conference & Expo registration, and publication in *Counseling Today*.

The deadline for essay submission is January 9, 2018, at 11:59 pm ET.

Learn more at counseling.org/essaycontests



COMING EVENTS

KCA Annual Conference

Nov. 1-3

Louisville, Kentucky

The Kentucky Counseling Association 60th Annual Conference will be held at the Crowne Plaza Airport Hotel. The celebratory theme is “Advocacy, Treatment and Collaboration: 60 Years of Counseling Excellence.” Christian Moore, Sam Gladding and Sadiqa N. Reynolds will be our keynote speakers. A variety of preconference workshops are scheduled for Nov. 1. Registration includes NBCC hours, an opening reception, school counselor and LPCC/LPCA luncheons, social events and a closing awards buffet brunch. For more details and registration information, visit the website at kyca.org.

TCA Annual Professional Growth Conference

Nov. 15-18

Galveston, Texas

With more than 160 CE programs, 50-plus exhibitors and in excess of 2,000 counseling professionals in attendance, the Texas Counseling Association’s 61st Annual Professional Growth Conference and Annual Meeting will educate, enlighten and enhance your professional skills. Make valuable connections with other professionals, spend some time walking on the beach and take the chance to recharge your batteries. The San Luis Resort Spa and Conference Center is the perfect place to explore this year’s theme, “Counselors Choosing Courage.” Take time out of your busy schedule to make new connections, gain valuable insights into the latest trends and research, and enjoy Galveston Island. For more information, visit txca.org.

ASGW National Conference

Feb. 1-3

Savannah, Georgia

The Association for Specialists in Group Work cordially invites you to join us at the ASGW Conference. Escape the cold, wintry weather and wrap yourself in a blanket of positivity focused on our conference theme — “Groups Nurturing Positivity for Greater Good” — as well as on other topics. Enjoy Savannah’s Historic District at the newly renovated DeSoto Hotel, with affordable room rates of \$149 per night. Learn from our outstanding keynote speakers, Sam Gladding (Feb. 2) and Carolyn Stone (Feb. 3), and attend a range of dynamic sessions. CEUs are available. Register early for the best rates at asgw.org/asgw-store/asgw-conference-registration. See you in Savannah!

TSCA Annual Professional School Counselor Conference

Feb. 18-20

Galveston, Texas

Join the Texas School Counselor Association at Moody Gardens for Texas’ largest gathering of professional school counselors as we learn, network and recharge. Enjoy more than 70 CE programs, networking events and 40-plus exhibitors that will take your professional skills to the next level. Take time out of your hectic schedule and enjoy the beautiful Moody Gardens rainforest, aquarium, museum and so much more. This conference is co-sponsored by the Texas Counseling Association. For more information, visit txca.org.

ACA 2018 Conference & Expo

April 26-29

Atlanta

Join the American Counseling Association at the Georgia World Congress Center for the national counseling event of the year. Attendees

can earn CEs through a wide variety of timely education sessions, take advantage of powerful learning opportunities such as the Grad Students & New Professionals Only Series, collaborate with counseling peers from around the globe, gain career insights and leads at the ACA Career Center, relax and recharge at special evening events and so much more. Attending the ACA Conference & Expo is an investment in your career. Register early and save. Preconference Learning Institutes will be held April 25-26. For more information and to register, visit counseling.org/conference.

FYI

Call for research study participants

Monmouth University is sponsoring a research study that seeks to understand how school counselors use technology in practice. Results will provide a more clearly defined picture of the types of technologies used, with whom school counselors are using technology and what training and support they are receiving. To take the survey, visit Bit.ly/SchoolCounselorSurvey. Participants who provide their email address will be entered into a drawing for a chance to win one of the following: an iPad, a document camera, a Fitbit Flex, an Amazon Echo Dot and a \$25 iTunes gift card. Prizewinners will be randomly selected from the pool of participants at the end of survey administration on or before June 30. Contact Sarah I. Springer with questions at sspringe@monmouth.edu.

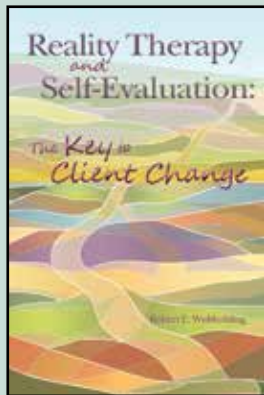
Call for journal submissions

The *Wisconsin Counseling Journal (WCJ)* is seeking articles for possible publication in its Spring 2018 edition. The journal places emphasis on original, data-based research but will consider conceptual articles (e.g., position papers,

NEW!

Reality Therapy and Self-Evaluation: The Key to Client Change

Robert E. Wubbolding



“Dr. Robert Wubbolding has written a very helpful book explaining and extending the role of clients self-evaluating their behavior. He provides practical strategies for creating action plans that lead to positive behavioral change and his cases and sample dialogues bring these strategies to life.”

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Human Services and Counseling
California State University, Fullerton

“This is another brilliant book by Dr. Robert Wubbolding, long-time trusted associate of the late William Glasser, MD. It is an insightful guide to the process of self-evaluation, which is a reliably effective way to fulfill your own needs and be happy.”

—Carleen Glasser

President, William Glasser, Inc.

This unique resource discusses the core concepts of self-evaluation and the WDEP system of reality therapy, and answers the commonly asked question: “How do I intervene with clients who appear to be unmotivated to make changes in their behavior?” Detailed interventions and sample counselor–client dialogues throughout the book illustrate work with clients dealing with posttraumatic stress, anger issues, grieving and loss, self-injury, antisocial behavior, career concerns, relationship problems, and more. Dr. Wubbolding’s techniques are readily applicable to mental health and educational settings, with cross-cultural application to clients of various ages.

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case studies). All manuscripts submitted are subject to a peer-review process involving members of the editorial board. *WCJ* is focused on topics of interest to counselors, including the following four areas: innovative methods, theory and research, professional development, and current issues affecting counselors and the counseling profession. For submission guidelines, contact editor Melissa Kraemer Smothers at kraemerm@mtmary.edu. For additional information about the journal, including abstracts from previous editions, visit wisconsin counseling association.com.

Call for journal manuscripts

The *Journal of LGBT Issues in Counseling* is accepting manuscripts for consideration for publication. The journal publishes manuscripts that report cutting-edge research, best practices, and emerging trends and issues focused on counseling LGBTQ+ communities at all developmental stages of life. Manuscripts represent one of the following categories: empirical research, innovative practices or theoretical articles. Manuscripts should be of interest to clinical mental health and school counselors, counselor educators and other helping professionals working in diverse settings, including schools, mental health agencies, family service agencies, universities, addiction and offender treatment settings, and sexual health centers. For detailed submission guidelines or further questions, visit the journal’s webpage at Taylor & Francis Online, tandfonline.com/toch/wlco20/current, or contact editor Michael Chaney at chaney@oakland.edu. ❖

Upcoming deadlines for Bulletin Board submissions

- ❖ December issue: Nov. 1
- ❖ January issue: Nov. 30

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

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