Illinois Counselor
Supporting Professional Counseling in Illinois Since 1948

In This Issue:

Courage; The Contagious Spirit
of the Counselor’s Lifework
November 12-14, 2015 • Skokie, IL
DoubleTree Hotel and Conference Center

Special Edition Annual Conference Issue:
Up to 19 CEs for Counselors, Social Workers, Psychologists and Marriage and Family Therapists.
As the Illinois Counseling Association President I welcome you to “The Illinois Counselor” the colorful window to our association.

This magazine, the work of many dedicated contributors, is truly a virtual window into our organization. A window to the diverse interests and research of the writers, and a window to the creative, colorful and talented designers that make it so attractive. In this edition we have the work of talented theorists from our state association as well as writers from outside Illinois who have asked to share their ideas in these informative pages. We also have contributors who are licensed in other disciplines, lawyers, social workers, and psychologists contributing to make the work of the helping professional richer and more collaborative.

The theme for our annual conference in November is “Courage, The Contagious Spirit of the Counselor’s Lifework”. You will find information and registration materials inside. It is also a theme you will see throughout this publication and woven into the workshops that you can experience at our conference in November.

I cannot help but think of one of my heroes, Jimmy Carter, who has made his life work one of Courage. At the time this welcome is being written, Jimmy is fighting a new, personal battle with his same courageous spirit. He is still teaching his Sunday school class in his little Georgia town to overflowing crowds who see his courageous life and teachings as personal inspiration. He also plans to continue to supervise national elections and hold symposiums while being treated for his illness.

Many counselors have made contributions to the Carter Center, both financial and as volunteers. Many remember, on this 10th anniversary of Hurricane Katrina, the trip to help our Louisiana brothers and sisters, sponsored by counseling associations. We, as helping professionals, know that associations need support and an active membership. Many counselors volunteer in various ways to make the Illinois Counseling Association so effective. Nevertheless, I’m disappointed that many people leave the work of courageous change up to our active associations. Many who appreciate and benefit from the work of associations to bring about change, know someone else will do it. I have heard non-member counselors say they appreciate the hard work of the Illinois Counseling Association. They even acknowledge that ICA has had the courage to work to expand our counselor’s role, influence the state laws governing our practice and protecting our scope of practice, and improve the ability to earn a good living and protect the health of our citizens. ICA currently has 2,712 members. There are over 11,000 licensed counselors who practice in Illinois. Where is the other 11,300? We would love to welcome you to have the courage to join us. Membership is fun and spiritually fulfilling. You will make friends. You will find opportunities, and you will make a difference. Follow the example of someone like Jimmy Carter. Feel the contagious spirit of the counselor’s lifework.
The CACREP Dilemma

There has been a lot of excitement stirred up by the latest announcements by ACES, AMHCA, and NBCC that going forward these groups will be supporting only CACREP as a path to licensure portability. The ACA Board voted that their future legislative agenda will be to use a CACREP standard in all Federal legislation. For example, issues dealing with the VA, TriCare reimbursement, and down the line, possibly Medicare.

Many graduates from non-CACREP programs have contacted our office wondering what their status will now be. We are also getting inquiries from counseling programs wondering the same thing.

Here are the facts.

The State of Illinois recognizes Pastoral Counselors, Art Therapists, Dance Therapists and School Counselors who take all the same classes as Mental Health Counselors plus additional classes in their specific discipline. Graduates of clinical psychology programs can also be licensed as counselors in Illinois as long as they meet the educational requirements.

Illinois currently has over 120 counseling programs from over 40 universities statewide. About two thirds of these are non-CACREP programs graduating qualified students. These universities employ qualified Counselor Educators that may or may not fall within the CACREP standards because they may not have graduated from a CACREP program themselves.

Illinois’ position is one that relies on the content and quality of the education the counselor receives and not on whether the name of the degree fits the CACREP specifications.

The truth is that these groups who support CACREP only as a path to reciprocity or Federal legislation are NOT the ones making the laws in each state. These are policies of these groups, NOT the LAW. State legislators make the laws in the state with regard to who can become licensed to practice in any state regularized area. If you want Illinois to remain inclusive of other degree programs then YOU must let your legislators know how you feel.

On the Federal level, these groups again, don’t make the laws. Our U.S. Senators and Representatives make the law at the Federal level, but they need to hear from YOU.

One thing that you can count on is that the groups supporting this change in State licensure and the push at the Federal level WILL be contacting the ones who make the laws. As individuals it is imperative that we make ourselves heard on this important issue as well, because laws made in the State and Federal legislatures DO AFFECT our ability to practice our profession.

How To Find...

Your US Senators
Senator Richard Durbin:
www.durbin.senate.gov/contact
Senator Mark Kirk:
www.kirk.senate.gov/?p=contact

Your US Representatives
http://www.house.gov/representatives/find/

Your Illinois State Senators and Representatives:
http://ld.nie.capwiz.com/nea/il/
directory/stateid?state=IL&hvr=state

Ronna Heinig, MA

Executive Director’s Message

TheSORROW of the Disenfranchised

Pet Grief: the Sorrow of the Disenfranchised

By: Joy Davy, LCPC, NCC

As counselors, we are encouraged to develop our “niche” or “niche,” in order to attract and serve the clients we work with. One of my two niches is pet grief. The other is new mother challenges. One-third of my caseload at any given time is comprised of people devastated at the loss of one of their most profound connections, in some cases, the most profound connection in their lives.

I am writing this article to help counselors across Illinois understand the need for pet grief counseling and pet grief support groups and to persuade them to take seriously the pain and loneliness that the death of a pet can cause a client. One of my pet grief support attendees told us that a pet group she could not talk to her “regular therapist” about the death of her beagle, she was experiencing on the death of her beagle, because the therapist insisted that the client’s pain was not about the death of the dog, but rather about all the other previous losses in the client’s life. This caused the client to feel that her deepest feelings were being discounted even by her therapist. Of course, it is true that all our losses bring up all the previous losses. However, for many people, the loss of an animal companion is a deeply painful experience and deserves respectful attention in its own right.

Pet grief is a disenfranchised grief, meaning it is one that tends to receive little support or understanding. Sufferers, running to the people in their life for compassion, are likely to hear such unhelpful comments as: “It’s just a cat, you know.” “It was just a cat, you know and “Why don’t you just get another one?” These remarks leave the griever feeling very alone, and wondering, “Am I strange? Am I crazy? Is there something wrong with me, to love a cat as much as I do?” These remarks leave the griever feeling very alone, and wondering, “Am I strange? Am I crazy? Is there something wrong with me, to love an animal so much?” This can be a painful burden of shame to the already crushing grief that the person feels.

The “pet parent” of today is different from the “owner” of the past. For many people, the dog, cat, house rabbit, or other pet is their main emotional support. This is not to say that pet grief is only suffered by people who don’t know how to connect to other people; that is not the case. Most of the pet grief cases I see are people who do have friends, professions, and interests. It is true that many are childless people or empty nesters, but not all of them. In any case, if there is a typical profile of the person who is devastated by pet grief, my impression is that it would be a person who found validation and consistent support in the animal companion. The pet most likely accompanied them through significant moments of their lives and may in some way have their identity linked to the pet. For example, people in the neighborhood identify them and their dog as a duo. For some people, the animal is a surrogate child. For others, the pet is a stand-in for a sibling. One woman who attended our pet grief group referred to her chihuahua as her “soul mate.” I have even wondered if, for some people, the pet symbolizes their own inner child who they are able to nurture as they should have been nurtured and, thus, heal childhood wounds. Each relationship is unique and deeply layered.

One childless woman in our group shared that Mother’s Day was especially hard for her after the death of her cat. She had thought of herself as “Frannie’s mom.” This confidence was one she could only have shared in a pet grief support group or with a counselor she was sure understood pet grief, because she was aware that this feeling would be criticized by others who did not “get it.”

Why do some people bond so deeply with their pets? The famous “cuddling hormone,” oxytocin, may play a role. It is said that when you pet your dog or cat for three minutes, you experience a release of this bonding hormone in your brain and so does your animal. So, there is a physiological component. Many people allow their pets to sleep on their beds. The animal may sit with you while you work at the computer, accompany you to the coffee maker, or take a walk with you. In short, there may not be any person who spends as much time with you, touching you and keeping you company, as your dog, or cat does. And so, we bond.

In my book, Healing Circles: Grieving, Healing and Bonding with Our Animal Companions, I explore the nature of the bond between people and their companion animals, the grief process, and suggestions for healing from pet grief.

Joy Davy maintains a private practice in Hinsdale, where one of her specialties is Pet Grief. She works with individuals to gently process and resolve their pain on the loss of an animal companion and facilitates a monthly pet grief group performed at the the Hinsdale Animal Cemetery. For more information, see www.joydavy.com
ICAs 6th Annual Southern Conference

Friday, March 18, 2016 • Collaboration & Courage: Uncertain Times & New Partnerships

DoubleTree by Hilton Hotel, Collinsville
1000 Eastport Plaza Drive, Collinsville, IL 62234
Tel: 618.345.2800

• 24 Breakout Sessions
• Workshop proposals should be submitted electronically by October 31, 2015
• See ICA website, www.ilcounseling.org for proposal form and registration information

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In recognition of National Suicide Prevention Month, this September, Gateway is offering expert-led webinars to help healthcare professionals understand the connection between suicide and substance abuse.

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<td>September 17, 2015 12:30 - 1:30</td>
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*Based on Press Ganey Behavioral Healthcare survey April 2015
BACKGROUND

In the spring of 1986, the Illinois Psychological Association tried to change their profession from being regulated under a title protection law to a practice protection law. This would mean that in the State of Illinois only a licensed psychologist could perform the services contained in their law's definition of psychology. They had also greatly expanded the definition of the practice of psychology to include every activity usually performed by any psychotherapist. All Therapists not licensed psychologists would have become instantly illegal if this bill had become law. It was on the Governor's desk, having passed the legislature unanimously. The psychologists told the legislators there was no opposition. And they were right. Counselors had no political presence in Springfield, nor much political expertise. The legislators had been told that this was just a bill to re-authorize their status with no important changes.

Linda Gottlieb and Yonah Klem were counselors who had a practice in Naperville. They were acquainted with Representative Terry Steczo, who was a Democrat (the party in power in the legislature; Mary Lou was a Republican), and he was the Chair of the Regulation and Registration Committee, which would have jurisdiction over the lobbyist. Not all ICA presidents were as close as Steczo and Mary Lou became, but they were. Steczo introduced the lobbyist Len Sherman, met over lunch with Terry, and he agreed to sponsor the bill. Mary Lou continued to make contacts with legislators.

Linda Keel and Pat McGinn were appointed co-chairs of the Government Relations Committee by the IACD President, Twy Jones. Linda agreed to handle internal ICA affairs and Pat would manage external affairs.

Meanwhile, Linda Gottlieb, Yonah Klem, and Richard Weinberg had begun meeting together to write an alternative bill. Linda Gottlieb, after extensive research into laws from all the other states, authored a new bill, taking the education and supervision requirements, as well as the scope of practice, from those bills and the Illinois social worker act (since social workers were educated at the master's level).

The friends developed a large mailing list, and, recognizing the need to be more formally organized, Linda became the president, database manager, and newsletter editor of a new organization, Professional Counselors of Illinois (PCI). All three contributed seed money to fund the mailing expenses and to ask counselors to subscribe to the newsletter in order to stay informed about the bill, the process, and about when and how to contact legislators. During the writing process, they continued to contact other counselors, counselor organizations, and counselor educators for input. Linda spoke to groups around the state, and in the Fall of 1987, she presented the proposed bill to IACD. The bill writing took place for almost a year after Linda presented the proposed bill to IACD.

In the meantime, spreading the word and getting people educated and involved went on—all done and financed by a small cadre of volunteers. There were multiple mailings. The group needed people and needed money. They begged for both, and finally the word started to take hold. There were invitations to speak at the various counselor schools and agencies; people started calling for more information. Some donations came in.

In order to be introduced to the Legislature, the bill needed a sponsor. Mary Lou Cowlishaw continued to advise Linda and Yonah and agreed to be a co-sponsor, but she explained that Representative Terry Steczo should be asked to be the primary sponsor. Terry was a Democrat (the party was in power in the legislature; Mary Lou was a Republican), and he was the Chair of the Regulation and Registration Committee, which would have jurisdiction over the licensure bill. Mary Lou asked Terry and asked him to meet with the Task Force. Linda and Pat, along with Janet Hansen and the IACD lobbyist Len Sherman, met over lunch with Terry, and he agreed to sponsor the bill. Mary Lou continued to make contacts with legislators.

OPPOSITION

The idea of licensure was not supported by all counselors. Initially, the most vehement opponents were other counselors. The school counselors were very threatened by this bill, convinced that it would somehow be used to hurt them, and no amount of reassurance that it had nothing to do with school counseling would satisfy their passionate objections. Their objections were ultimately soothed by a change in the bill to create a level of licensure that did not require the two years of clinical supervision and did not grant independent practice. Some IACD Presidents and many members of the Governing Board were also opposed, especially over the idea of using the Association's reserve to pay the lobbyist. Not all ICA presidents were opposed, however. In the long process there were several supportive presidents, most notably Dean Van Diver and LaCleta Hall.

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Lobbyists

The ICA lobbyist was Len Sherman. Len taught them a number of things: that you don't get a bill through the legislature by making speeches about the justice of your cause; that you have to cultivate friends in the legislature (including making contributions to election campaigns); that constituents have to make relationships with their own legislators; that you need a good sponsor who believes in your bill and is willing to work for it. When Len took a new job, the Task Force had to find a new lobbyist. Linda Gottlieb and Pat interviewed a number of candidates, and on Terry Steczo’s advice, ultimately hired John O’Connell. It was an excellent decision.

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THE LEGISLATIVE PROCESS
HOUSE COMMITTEE ON REGULATION AND REGISTRATION

John and his team worked on the bill’s language and got it pretty much all put together so Terry could introduce it to the Committee on Regulation and Registration. It was important to make a good presentation to the Committee when the bill was called, but even more important was to make friends for the bill among the members of the Committee to ensure that it would pass out of the Committee. The counselor constituents of those Committee members were urged to make contact and make the case for the bill. In the course of this effort, those constituents had to be educated as to what this all was about and why it mattered to them. Getting counselors to become politically aware and—harder still—politically active was a huge job. So was tracking legislators who support counselors and what they do (besides scheduling high school classes).

Committee hearings were held early in the morning in Springfield with not much more than 24 hours notice. Springfield was a three and a half hour drive south from Chicago. The group made the trip repeatedly. Early on the bill (thanks to Terry) was not defeated but was held over to be considered at a later time (to provide some time to do more work on the Committee members and with the many opponents). Sigh. More early morning trips. Then came the day when, weary-eyed, the Band watched in amazement as Terry took the bill through the unanimous Committee vote in less than one minute, and it was done! Sleepy counselors gaped with open mouths. Terry just smiled. Step one completed.

FLOOR OF THE HOUSE

From there the bill had to go to a vote on the floor of the House and needed a majority of the 118 Representatives to vote for it. The opponents (Illinois Hospital Association, Illinois Psychologists Association, Illinois Medical Society) went into high gear. ICA had very few members of the Illinois Mental Health Counselors Association (IMHCA). Most ICA members were school counselors and counselor educators. Most, though not all, of the ICA leadership was indifferent or opposed; the school counselors were suspicious, and the counselor educators, with some exceptions, were not interested. The people who were affected had to be located, educated, and brought into action.

MONEY, MONEY, MONEY

Money was needed to pay the lobbyist (who was working at a deep discount) and to produce the materials to reach out to the counselors of the state. To be fair to the ICA Governing Council, despite deep misgivings, they did pass a motion to fund the lobbyist. During a very tense meeting when the proposal was being presented, a beautiful voice came from the back of the room, “What else are you going to do with the money?” She saved the day. The motion passed.

The Hardy Band sold buttons for $2.00 each to support lobbyist licensure and sold information in a newsletter that cost a subscription of $10.00. The Government Relations Committee had a budget; and Linda Keel submitted a successful grant request to ACA for $3,000.00. Of course, all personal labor and expenses were contributed, including all those drives to Springfield and the phone lines that Linda and Pat maintained at home. Sandy Pichard and her husband Lee were very generous with their time and talents. The daughter of the Governor’s family physician, Patricia Ferris McGinn is a licensed clinical professional counselor in private practice and past President of the Illinois Counseling Association and past President of the Illinois Mental Health Counselors Association. She has taught for many years in the School of Social Work at the Art Institute of Chicago and has been active in political activities for counselors on the state and national level. Patricia has served ICA as editor of the CONTACT newsletter and Illinois Counselor Magazine.

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We have a lobbyist in our Executive Director of the Coalition of Illinois Counselor Organizations (CICO), Dan Stasi, but political effectiveness for an organization that does not have vast sums of money to spend depends on the involvement of the grassroots members. That means that we are still all the hard Band. We are needed to make phone calls, send emails, and write letters to our representatives in Springfield. “Eternal Vigilance is the Price of Freedom,” they say. Something like that applies to us: we need to stay alert to the needs not only of our clients and our jobs, but also the needs of our profession.

Many counselors resist this kind of talk. They don’t like the idea of being political. It doesn’t feel right to those who care for the suffering of others. But to protect the profession and to protect our jobs means to protect our ability to continue to care for these vulnerable people. The State of Illinois is facing deep cuts in all kinds of social services, including mental health care. Insurance companies will always have their own interests at heart. It will be a very intense struggle in the next few years. We need to be ready to advocate for counselors and the clients of counselors, whether they are in schools, agencies, or private practices. “Eternal vigilance…”

Pat McGrane, LPC

Patricia Ferris McGinn is a licensed clinical professional counselor in private practice and past President of the Illinois Counseling Association and past President of the Illinois Mental Health Counselors Association. She has taught for many years in the School of Social Work at the Art Institute of Chicago and has been active in political activities for counselors on the state and national level. Patricia has served ICA as editor of the CONTACT newsletter and Illinois Counselor Magazine.
Courage is the theme of the 2015 Illinois Counseling Association Annual Conference. The inspiration for this idea comes from the work of the giants of our profession. It also comes from clients who overcome daunting personal obstacles with our help. It comes from activist colleagues who have persisted in urging state legislators as well as insurance and managed care companies to form regulations allowing us to have a profession where we assist clients while making a good living. And lastly, it comes from the courage of the counselors whose enthusiastic spirit energizes all of us.

Today we are engaged in another struggle to renew our courage, one not unlike others that have presented themselves in the past. The current example may be a major issue that requires all of the strength and courage described above. The Illinois Counseling Association is working with the Illinois Mental Health Counseling Association to keep members up to date with changes in Insurance and Managed Care coverage for counselors. As the insurance industry re-invents itself in response to the Affordable Care Act, we, as counselors, must also adjust. ICA/IMHCA's Insurance and Managed Care Task Force has discovered a notable development.

After investigating this amendment, counseling a lawyer and contacting BC/BS sources, your Insurance and Managed Care Task Force as has discovered a notable development. It appears that the subsidiary of Blue Cross/Blue Shield, the BlueChoice Network, will reduce payments for counseling services by 15%. Our source tells us that this will not reduce regular BC/BS payments just yet. But any client who produces a Blue Choice identified insurance card will have reduced mental health payments in the order of 15%. A provider must decide whether or not to sign the amendment. Many mental health providers are unsure about signing. If a provider did not sign by July 1, regular BC/BS payments for mental health services will continue, but they will not be able to serve any Blue Choice identified clients.

THE CHALLENGE

The Task Force is monitoring changes in policy being developed by insurance companies. In the past, counselors fought to gain state licensure and then to convince insurance companies to recognize our license so we could be paid for our services. We have had this recognition for insurance reimbursement for almost 20 years, but now we must work to keep these insurance payments from being reduced. Recently, a blast e-mail went out to all ICA members about a critical change in payment rates that took place last spring. Starting July 1, 2015, private practice providers had to decide whether to sign an amendment to their Blue Cross/Blue Shield contract. This is a major issue for providers.

If a provider signs the amendment, they will be paid the lower amount stipulated for Blue Choice specified clients. The problem is that there may be more insured individuals urged to go with Blue Choice, as it will undoubtedly be less expensive for their employers and themselves. New enrollees in the Affordable Care Act insurance pools will most likely be Blue Choice card holders. This is complicated, and is not information provided by any insurance company, nor is it the position of ICA or IMHCA.

Blue Cross Blue Shield Response to the ICA Managed Care Committee Questions:

What are the essential terms of this new amendment to the current BC/BS contract?
The BlueChoice document is an amendment to the Participating Provider Agreement for its offering of the BlueChoice product. The BlueChoice Amendment would need to be on file.

What is the reimbursement rate for this contract? How does it differ from the BC/BS PPO rate?
Reimbursement is 15% less than the PPO rate for Choice members.

Is it possible for signatories to reconsider their decision now, if the full answers to these concern are provided by you? Many members were unsure and worried about the impact of this addendum.

Would an official of Blue Cross/Blue Shield be interested in writing an article for their professional publication, explaining the background and more details of the Blue Choice addendum? Yes. We will be publishing a Blue Review article and communicating the formal effective date of the BH Blue Choice network.

Robert J. Walsh, M.A., LCPC, has been in private practice in Illinois for over 33 years. He has been President of the Illinois Mental Health Counselor Association and established the Illinois Mental Health Counselor Association Employment, Managed Care and Insurance Task Force. He has been chair of the American Counseling Association's Public Policy and Legislation Committee.

He is President of the Illinois Counseling Association. He is co-author of The Complete Guide to Private Practice and contributes a chapter on marketing a private practice in the Professional Counselor's Desk Reference. He is a member of the American Counseling Association and the American Mental Health Counselors Association.

Robert J. Walsh, NCC, LCPC

COURAGE: The Contagious Spirit of the Counselor’s Lifework

By: Bob Walsh, LCPC, President, Illinois Counseling Association

Courage is the theme of the 2015 Illinois Counseling Association Annual Conference. The inspiration for this idea comes from the work of the giants of our profession. It also comes from clients who overcome daunting personal obstacles with our help. It comes from activist colleagues who have persisted in urging state legislators as well as insurance and managed care companies to form regulations allowing us to have a profession where we assist clients while making a good living. And lastly, it comes from the courage of the counselors whose enthusiastic spirit energizes all of us.
subscribers have viewed his instructional videos

dentists: Understanding the Attraction” in 27 states.

Rosenberg has facilitated his

He is also the co-owner of Advanced Clinical

based in the Northwestern suburbs of Chicago.

Who Hurt Us

The number one and most excruciatingly

repellent and compulsive pattern of rela-

Sadly, like any drug or process addiction,

or narcissist who, by their very nature,

connection and emotional fulfillment.  While

a drug addiction, codependents seek to

and feelings of relational perfection.  Like

temporary or fleeting moments of euphoria

without narcissists, their drug of choice, create

tiny trauma results in successive layers of

accumulated “sediment,” which, over time, eventually

morphs into a harder rock-like boundary protecting the person from

their forgotten and unresolved traumas.

Because of the powerful natural forces of

compaction, the original trauma eventually

becomes “fossilized.”

With mettucious care, paleopsychother-
apists carefully, cautiously and empath-

ically dig down to the original layer of

sediment where the trauma fossil has been

encountered. With the full attention to the

trauma fossil, this form of psychotherapy

aims to resolve the underlying prob-

lems that have previously been ignored, invisible or unresponsive to other forms of

treatment. In this training Rosenberg

will present an outline for paleopsychotherapy,

which uses specialized techniques to dig

though the layers of one’s life in order to

unearth one’s trauma fossils - forgotten identity and unresolved early childhood

trauma.

with narcissists, addiction patterns are

temporary or fleeting moments of euphoria

and feelings of relational perfection. Like a

drug addiction, codependents seek to

replicate the initial blissful experience of

connection and emotional fulfillment. Sadly, like any drug or process addiction,

the codependent cannot control the “drug” or narcissist who, by the same token, cannot be controlled. Despite chronic dis-

apointments, broken promises to self and

others, and a cascade of negative conse-

quences, codependents continue their cycle

of personal and relational self-destruction. The number one and most

painful withdrawal symptom is psycholog-

ical loneliness. This form of loneliness

is reported to be as agonizing as any other

chemical addiction withdrawal symp-

ptom. Codependency addiction and its

unique withdrawal symptoms can also be

explained by basic neurophysiology and

biochemistry.

All Day Workshop

Mental Health Law - understanding family law, guardianship, DCFS, and

doctor the dangers they present to counselors

Jonathan Nye, JD Family, Mental Health & Social Service Law

Participants will be presented with a

comprehensive introduction to the confiden-
tiality requirements of the Illinois Mental Health and Developmental Disabilities

Confidentiality Act, HIPAA, the Illinois

All AM Half Day workshop

PaleoPsychotherAPY: Unearthing

Trauma fossils

Ross Rosenberg, LCPC  •  Author of

The Human Magnet Syndrome

PaleoPsychotherAPY and Trauma fossils

are powerful psychological metaphors that

aptly communicate the complexity of bur-

ied childhood attachment trauma and the

effective treatment of it. Ross Rosenberg,

a trauma, codependency and additions

expert, will explain why many presenting

problems are actually symptoms of other

underlying psychological problems, which

have long been relegated to the dark con-

elines of one’s unconscious.

Codependency, for example, is rooted in

childhood attachment trauma, which, over

the years, has been covered up with layers

of “sediment.” With each passing year,

inaction and lack of attention to the origin-

of one’s unconscious trauma results in

successive layers of accumulated “sediment,” which, over time, eventually

morphs into a harder rock-like boundary protecting the person from

their forgotten and unresolved traumas.

Because of the powerful natural forces of

compaction, the original trauma eventually

becomes “fossilized.”

with narcissists, their drug of choice, create temporary or fleeting moments of euphoria and feelings of relational perfection. Like a drug addiction, codependents seek to replicate the initial blissful experience of connection and emotional fulfillment. Sadly, like any drug or process addiction, the codependent cannot control the “drug” or narcissist who, by the same token, cannot be controlled. Despite chronic disapointments, broken promises to self and others, and a cascade of negative consequences, codependents continue their cycle of personal and relational self-destruction. The number one and most painful withdrawal symptom is psychological loneliness. This form of loneliness is reported to be as agonizing as any other chemical addiction withdrawal symptom. Codependency addiction and its unique withdrawal symptoms can also be explained by basic neurophysiology and biochemistry.

All PM Half Day workshop

Codependency Addiction: The

Compulsive Attraction to Narcissists

Ross Rosenberg, LCPC  •  Author of

The Human Magnet Syndrome

Ross Rosenberg, a codependency and

addictions expert, will introduce his

codependency addiction model and outline

treatment objectives and protocols. His

“codependency addiction” concept picks up

where his breakthrough book, The Human

Magnet Syndrome, left off. Not only are

codependents reflexively and irresistibly

attracted to pathological narcissists, but

they are also totally controlled by a

powerful and insidious addiction.

Codependency addiction manifests as a

representative and manipulative pattern of rela-
tionships with pathologically narcissistic

lovers. Short or long-term relationships

and Federal Alcohol and Substance Abuse

Confidentiality Acts; they will be intro-
duced to Guardianship law for Adults and

Minors; the Marriage and Dissolution of

Marriage Act; the Domestic Violence Act; and

the Illinois Abused and Neglected Minors Reporting Act obligations.

The intent of the presentation will be to assist in

malpractice avoidance, understanding the process of an IDPR investigation and prosecution of a case by the Department, and understanding how to minimize your chances of financial, criminal, and profes-

sional liability.

All Day Workshop

Mental Health Law - understanding family law, guardianship, DCFS, and

doctor the dangers they present to counselors

Jonathan Nye, JD Family, Mental Health & Social Service Law

Participants will be presented with a

comprehensive introduction to the confiden-
tiality requirements of the Illinois Mental Health and Developmental Disabilities

Confidentiality Act, HIPAA, the Illinois

All AM Half Day workshop

PaleoPsychotherAPY: Unearthing

Trauma fossils

Ross Rosenberg, LCPC  •  Author of

The Human Magnet Syndrome

PaleoPsychotherAPY and Trauma fossils

are powerful psychological metaphors that

aptly communicate the complexity of bur-

ied childhood attachment trauma and the

effective treatment of it. Ross Rosenberg,

a trauma, codependency and additions

expert, will explain why many presenting

problems are actually symptoms of other

underlying psychological problems, which

have long been relegated to the dark con-

elines of one’s unconscious.

Codependency, for example, is rooted in

childhood attachment trauma, which, over

the years, has been covered up with layers

of “sediment.” With each passing year,

inaction and lack of attention to the origin-

of one’s unconscious trauma results in

successive layers of accumulated “sediment,” which, over time, eventually

morphs into a harder rock-like boundary protecting the person from

their forgotten and unresolved traumas.

Because of the powerful natural forces of

compaction, the original trauma eventually

becomes “fossilized.”

with narcissists, their drug of choice, create temporary or fleeting moments of euphoria and feelings of relational perfection. Like a drug addiction, codependents seek to replicate the initial blissful experience of connection and emotional fulfillment. Sadly, like any drug or process addiction, the codependent cannot control the “drug” or narcissist who, by the same token, cannot be controlled. Despite chronic disapointments, broken promises to self and others, and a cascade of negative consequences, codependents continue their cycle of personal and relational self-destruction. The number one and most painful withdrawal symptom is psychological loneliness. This form of loneliness is reported to be as agonizing as any other chemical addiction withdrawal symptom. Codependency addiction and its unique withdrawal symptoms can also be explained by basic neurophysiology and biochemistry.

All PM Half Day workshop

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malpractice avoidance, understanding the process of an IDPR investigation and prosecution of a case by the Department, and understanding how to minimize your chances of financial, criminal, and profes-

sional liability.
The “Golden Rule” of the Helping Professions: Courage in Action

“Do unto yourself as you would expect others to do unto themselves” is Ross Rosenberg’s “Golden Rule” of the helping professions. This ethical and moral imperative requires psychotherapists to courageously tend to their own mental health, especially if they plan to honestly and effectively provide mental health services to others. When we “talk the talk while walking the walk,” we are providing effective and compassionate psychotherapy treatment. On the flip side, a therapist’s ability to accurately diagnose, create sound treatment plans and provide successful clinical services is fundamentally sabotaged when they have neither recognized nor attempted to solve a problem or challenge that they either have not recognized in themselves or have chosen to ignore.

Seasoned psychotherapist, trainer, and best-selling author, Ross Rosenberg, discusses the “Golden Rule’s” ethical mandate for congruency between a counselor’s mental health and that of their client. Rosenberg will explain why effective mental health services absolutely require all therapists to have a handle on their own mental health. His “Golden Rule” promotes the simple idea that courage and vulnerability is a two way street. A therapist who courageously seeks professional services for their own problems or challenges has an exponentially higher probability of successful treatment outcomes compared to the frightened and myopic therapist. Embodying a willingness to be vulnerable and work through one’s mental health blind spots is perhaps the number one indicator of positive therapy outcomes.

Ross Rosenberg has over 26 years of experience as a psychotherapist, counselor, and certified addiction specialist. He is the author of Ross Rosenberg’s “Golden Rule” of the Helping Professions: Courage in Action. Rosenberg has facilitated his seminar, “Emotional Manipulators & Codependents: Understanding the Human Magnet Syndrome: Why We Love People Who Hurt Us,” which was endorsed by Melody Beattie and Harville Hendrix.

Rosenberg is a national seminar speaker and consultant in the areas of depression and anxiety. He is also the co-owner of Clinical Care Consultants, a counseling center based in the northwestern suburbs of Chicago. He is the co-owner of Advanced Clinical Trainers, a Chicago-based training company. He is a national seminar speaker and consultant in the areas of codependency, sex love addiction and internet addictions, dysfunctional or problematic relationships, narcissism and borderline-personality disorders. Rosenberg has facilitated his seminar, “Emotional Manipulators & Codependents: Understanding the Attraction” in 27 states. He has also developed a robust following with his YouTube channel, through which more than 1500 subscribers have viewed his instructional videos over 60,000 times a month.

The “Golden Rule” of the Helping Professions: Courage in Action

Keynote: Friday, November 13

Title: “Running Through It” A program for Individuals Experiencing Depression and/or Anxiety

Lead Presenter: Laurie Siegel

Credentials: MA, LCPC, CADC, MSASII

Addressing Concerns of Youth Living in Violence Stricken Neighborhoods

Lead Presenter: Andre Joachim Jr

Credentials: BA

College-Based Career Counseling Program for Recent African Immigrants

Lead Presenter: Irene Wise

Credentials: MA

Connections between the Chemistry and Counseling Classrooms: What?: Creative Interdisciplinary Pedagogical Ideas in the Classroom

Lead Presenter: Lucy Parker

Credentials: MA, LPC, NCC

Counselors for Social Justice: The Courage to Challenge Islamophobia

Lead Presenter: Jahaan R. Abdullah

Credentials: MA, LPC, NCC

Crisis Management by Using Physical Restraints in Schools and the Importance of School Counselors Understanding the Methods, Laws, and Ethics

Lead Presenter: Katharina P. Lyons

Credentials: BS

DBT: Acceptance and Change

Lead Presenter: Stephanie Peuerer

Credentials: BA

Evidenced Based Treatment Modality for Self Injury Behavior

Lead Presenter: Dominique Davis

Credentials: MEd

Exploring Personal Identity Within Military Culture: Group Work for Military Connected Families

Lead Presenter: Katherine M. Win

Credentials: MSEd, LPC, NCC, ACS, PEL:

School Counseling

Grit and Growth Mindset: Enhancing Student Success and Resilience

Lead Presenter: Christy Fraticola

Credentials: BA Psychology

Group Play Therapy

Lead Presenter: Kayleen Ernst

Credentials: BA

Intergal Life Practice: An Assessment Tool & Road Map to Wellness

Lead Presenter: Allison Altman

Credentials: BS

International Counseling Traits: Identifying Counseling Traits Ranked Most Important by International Counseling Professionals through QSort Analysis

Lead Presenter: Nathan D. Perom

Credentials: EdD, LPC

Predictors of and Self-Reflection on LGBT Counselor Competence

Lead Presenter: Joseph A. Campbell

Credentials: PhD, LPC, ACS, NCC

Professional Mirror Syndrome: The Courage to See What We Say

Lead Presenter: Sharvon Henry

Credentials: MA

Stepping Out of Your Client’s Comfort Zone

Lead Presenter: Marla D. Miller

Credentials: PsyD, LPC

Using Aroma Therapy With Clients

Lead Presenter: Laurie Siegel

Credentials: MA, LPC, CADC, MSASII

Using Creativity to Build Client Character

Lead Presenter: Lucy Parker

Credentials: MA, LPC, NCC

Using Creativity to Further One’s Understanding of His or Her Individual Counselor and/or Counselor Educator Identities

Lead Presenter: Lucy Parker

Credentials: MA, LPC, NCC

About Ross Rosenberg

Ross Rosenberg has over 26 years of experience as a psychotherapist, counselor, practice owner, professional trainer, consultant and certified addiction specialist. He is the author of The Human Magnet Syndrome: Why We Love People Who Hurt Us, which was endorsed by Melody Beattie and Harville Hendrix. Rosenberg owns Clinical Care Consultants, a counseling center based in the northwestern suburbs of Chicago. He is also the co-owner of Advanced Clinical Trainers, a Chicago-based training company. He is a national seminar speaker and consultant in the areas of depression and anxiety.
A Lifetime of Learning: The Counselor’s Role in Supporting Infant Mental Health
Acceptance and Commitment Therapy with Couples
Adharian and Cognitive Behavioral Theory: An Integrative Approach
B.L.O.N.I.C. (Believe It Or Not I Care): A Collaborative Effort to Ensure Peer Mentoring Effectiveness
Black Counselors Association: Support, Advocacy, and Educational Advancement of African American Counselors
Clinical Supervision Practices and Strategies: Preferred Methods of Use and Their Perceived Level of Effectiveness
Counseling Clients with Complex Trauma and Addiction
Courageous Supervision: Addressing Sensitive Topics with Counseling Trainees.
Empowerment of Language: Metaphor Applications with Anxiety Disorders in Equine-Assisted Counseling
Finding the Courage Within: On Becoming a Leader Among Professional Counselors
Five Positive Techniques that Every Counselor Should Know.
Grants Help to Empower Professionals and Enrich Lives: Have the Courage to Apply
Grief Beyond the Basics, Enhancing Treatment and Approaches, Differentiating Clinical versus Normal
Leveraging Group Techniques to Enhance Clinical Skills Training
Observations on Marriage Counseling From an Old Pro
Organizational Counseling: Applying Counseling Skills to Business and Industry
Preparing Counselors to Strengthen Resiliency Skills of At-Risk Children and their Families
Preparing Future Counseling Leaders: The Keys to Successful Mentoring Relationships
Showing Courage in Front of Others: How to Give an Effective Presentation
Strategies for Engaging Adolescent Boys in Counseling
The Courage to Advocate for, and Support LGBTQ+ Clients across the Lifespan
Title (Workshop presentations subject to change)
Thursday, Pre-Conference Workshop

Attendees may earn 6 Continuing Education hours at the Pre-Conference.

Conference Friday and Saturday

Attendees may earn up to 13 Continuing Education hours for participation in conference sessions.

Conference Package includes: Welcome Reception; Breakfasts; Friday and Saturday Luncheons; Friday Reception; Keynote Session; All Content Sessions

Special Activities at the Conference

Pre-Conference & Conference Registration

Pre-Registration must be received before November 1, 2015 to take advantage of the early registration discount.

Make your own hotel reservations by October 31, 2015 directly with the Doubletree Hotel using the link on the ICA website www.ilcounseling.org. The group code is ICA and the rate is $119/night plus tax.

Name ____________________________
Street/Credit Card Billing Address ____________________________
City ____________________________ State ______ Zip ______
Phone (H) _______ (W) _________
E-mail ___________________________
Card Number ___________________________
Expiration Date ____________ CVV Code _________
IDFPR License # ________________

ICA Members Only: Mark only one. The division you mark will receive a portion of your registration fee.

- IIAARC Assessment
- ICAA College Counselors
- IAADA Adult Development
- ICDCA Career Development
- IACFC Couple & Family
- ICES Counselor Educators
- IALGQTC LGBT Issues
- ICJS Social Justice
- IAMC Multicultural
- IMHCA Mental Health
- IASGW Group Specialists
- ISCA School Counselors
- IACAC Children & Adolescent
- ISERVIC Spirituality & Religion

Special Needs: I require all meals to be vegetarian

Contact ICA, in advance, for other needs 877.284.1521

Cancellation Policy: Refunds, minus a $25 processing fee, will be made upon written request to ICA received on or before October 31, 2015. No refunds will be given for late cancellations. ICA shall assume no liability whatsoever. Any substitutions or alterations of the speakers and/or topics if necessary without any refunds will be given for late cancellations. ICA shall assume no liability whatsoever. Any substitutions or alterations of the speakers and/or topics if necessary without any advertised speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics may occur due to unforeseen circumstances beyond the control of the organizers may necessitate substitutions, alterations or cancellations of the speakers and/or topics. As such ICA reserves the right to alter or modify the advertised speakers and/or topics if necessary without any liability to you whatsoever. Any substitutions or alterations will be updated on our web page as soon as possible.

Special Activities at the Conference

- ICDA Career professionals will be available for consultations.
- Free Headshot Photography:
  - Have a free head shot taken for your professional or personal use.
  - Duran Studio Photography will be on hand on Friday 10 AM to 3:30 PM and on Saturday 10 AM to 1:30 PM to take your photo.
  - Digital copies of the photos will be available for download from the ICA website following the conference.

Special Activities at the Conference

- Visit the ICA Division Tables
  - Special Needs
    - I require all meals to be vegetarian
  - Cancellation Policy: Refunds, minus a $25 processing fee, will be made upon written request to ICA received on or before October 31, 2015. No refunds will be given for late cancellations. ICA shall assume no liability whatsoever. Any substitutions or alterations of the speakers and/or topics if necessary without any advertised speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any advertised speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterations of the speakers and/or topics if necessary without any substitutions or alterat
Children and Disaster: It’s What Happens Next that Counts

By Victoria Nelsen

Rudolph Dreikurs once remarked that chil-
dren are excellent observers but horrible inter-
preters. This insight is particularly pertinent to young children who experi-
ence crisis or disaster. Whether a natural
disaster, such as Hurricane Katrina, or a
tragedy like 9/11, young children are
possessed of unique developmental and
cognitive factors which render them par-
ticularly vulnerable to the immediate and
latent effects of crises and disasters. As in-
sisting families post-disaster, it is impor-
tant for clinicians to consider how children
tend to think, experience their world, and
frame their responses.

As Paul Baltes observed, human growth
and development are ongoing from birth to
death and thus the various ways disasters and crises affect
diverse age cohorts. Teenagers are insulated somewhat by
collective egocentrism and the invisibility fake, while elderly
individuals’ rich life-experience may help them gauge perspective
and develop coping strategies. Conversely, young children pos-
sess relatively undeveloped defense mechanisms. Combined
with their unique cognitive and physical vulnerabilities, they
emerge as particularly susceptible to the negative outcomes associated with disaster.

These include stress, anxiety, depression, PTSD, symptoms of temper, social
withdrawal, and fear. Their egocentrism, lack of operational and representational
thought, and reliance on sensory percep-
tions to organize their world, can also
contribute to misperceptions and faulty adaptations.

In the post-disaster period it is inevitable that parents and caregivers experience
stress and adjustment difficulties. Par-
ents’ heightened negative emotions are often exacerbated by guilt over children’s
exposure to disaster. Social anxiety regarding
long-term outcomes, and a natural desire
to protect and shield children from further trauma. These responses, combined with
their own trauma, can result in heightened
stress levels which may manifest in ways
that compound the effects of the original
disaster on children.

While young children lack the cognitive skills to fully comprehend disaster, they remain extremely sensitive to emotional
nuance. Infants as young as nine-months
old can accurately interpret facial expres-
sions. While this serves essential evolu-
tionary and survival needs, it also means
that non-verbal cues, including parents’
facial expressions and levels of warmth and
responsiveness, are inadvertently im-
pactful. For pre-verbal children the issues
are compounded by the lack of language
as the reassurance and connectedness
associated with verbal communication is
lost. Psychoeducation for parents can be
an important intervention. Clinicians may
wish to focus on advising parents about
the impact of their non-verbal cues and behaviors and promot-
ing self-care strategies. For most parents,
self-care is low on their list of priorities, but given the
plurality of negative impacts to children associated with paren-
tal stress and emotional dysregu-
lation, clinicians can advocate for consistent and effective self-care.

For verbal children, efforts to communicate about a disaster
may be inhibited by their preop-
erational egocentrism and poor
perspective taking skills. These
may lead to false-assumptions
that the disaster was their fault.
Discussion of this belief can be inhibited
by their perspective that everyone knows
and shares their mea culpa attitude.
Pre-operaional egocentrism and perceptual
salience may cause children to assume parental distress or anger is directed at
them, as opposed to correctly attributing this behavior to the disaster. Parent’s abil-
ity to scaffold children’s understanding of unfamiliar and disturbing circumstances is thereby a key factor in mitigating confu-
sion, fear and stress. Clinicians may assist parents using Patterson’s Parent Manage-
ment Training – Oregon Model (PMTO), which emphasizes skill encouragement,
limit setting, monitoring, interpersonal problem solving, and positive involve-
dment. A simultaneous focus on affect and emotional regulation has been identified
as further enhancing children’s long-term adaptation and wellbeing.

The impacts of disaster and crisis on children are apparently more significant when one considers that formative experi-
ence is a significant indicator for long-
term emotional health. Early risk factors
potentially influence brain development,
emotional regulation, and stress responses, and may escalate a risk for psychopatholo-
gy in later life. Assessment, in conjunction with parents, and an accurate articulation
of the various impacts experienced by chil-
dren are critical in painting a full picture
and promoting positive outcomes.

While older children are better equipped cognitively, affectively, and socially to deal with crises, parents and caregivers are key
in shaping younger children’s posttrau-
matic adaptation. Unfortunately studies
suggest negative impacts on parenting.
For example following the 9/11 attacks par-
ents indicated feeling less patient towards their children. Hyper vigilance, increased
emotional reactivity, decreased emotional
regulation, labile affect, and inconsistent
discipline and boundary setting are also
associated with parents who struggle to cope post-disaster. This can translate into a
lack of support and diminished capacity to meet children’s needs, ultimately impact-
ing the successful development of emo-
tional and behavioral regulation.

The impact of disaster on couples is also significant for children’s development as high levels of parental stress and conflict
affect children’s sense of security. Infants
who frequently observe parental conflict
are more likely to be withdrawn and nega-
tively reactive.

When considering disaster effects on chil-
dren one must appreciate the immediate
impacts, such as visual or physical expos-
sure and loss of basic amenities, as well as more long-term issues, such as parental
response and coping style. Understanding
and evaluating parental responses to di-
saster is critical as this affects and deter-
mines child outcomes. While post-disaster
adaptation depends on numerous factors,
parental and family reactions have been identified as highly significant to the re-
covery process. Support groups or survivor groups can be useful in assisting parents
to adjust and adapt to their new post-disaster
world. Positive outcomes for parents trans-
late into positive outcomes for children.

Disasters such as 9/11 and Hurricane Katrina also pose a threat to psychoso-
cial development due to stress in unfamiliar
neighborhoods, and the loss of commu-
nal spaces, such as parks, nursery schools
and recreation facilities. These factors are
highly significant because social support
is identified as a critical factor in positive
outcomes and post-traumatic growth for
disaster survivors in terms of adaptation
and coping style. While we intuitively
accept that social contact and support are important aspects of dealing with trauma,
research is now asserting the primacy of these effects over social support consid-
ered so vital that studies identify young
children’s limited social network as a risk
factor in post-disaster recovery.

Media coverage of disasters may also be a pernicious factor in exacerbating and com-
ounding children’s stress levels because
limited abstract and logical thinking im-
pacts we see this distancing through symbolic representations, such as pictures and TV
images, from reality. When children are
exposed to news footage or pictures of di-
saster, it is akin to reliving the event.
High levels of media exposure have been linked to increased distress.

In assisting children and families exposed
to disaster and crisis, it is clear that a num-
ber of factors contribute to the potential
for heightened and continued negative
outcomes, or successful adaptation and post-traumatic growth. Areas of focus
include facilitating parent-child communica-
tion and encouraging purposive, positive,
non-verbal cues for parents of pre-verbal
children. Shielding young children from
graphic images of disasters may also prove beneficial; that which is seen can never be unseen.

Clinicians may also focus on scaffolding
events for their younger clients as well as
assisting parents in this supportive task.
As social support is known to be highly benefical, clinicians should be equipped to
offer referrals and opportunities for social
growth. For those taking on a number of clients it may behoove them to initiate a survivor support group outside the confi-
nes of the therapy setting.

There is a paucity of research regarding the
effects of disaster on children’s develop-
ment and while some studies show high
levels of trauma and PTSD, others con-
tend the majority of children are relatively unscathed. However, further research
would assist clinicians in understanding
the impacts and in developing more effec-
tive resources and support mechanisms.

Victoria Nelsen

Victoria Nelsen is a Masters candidate in Counseling & Forensic Psychology at Adler University. She has a special interest in Equine Therapy, and its applications for trauma survivors. She is a PATH In-
structor, and currently lives in Chicago with her husband, step-children, horse (baby), and a
very spoiled cat.
My 31-year-old client was doing great. Following intensive outpatient treatment for a High Risk DUI arrest, he was now completing twelve months of aftercare, attending AA several times per week, chairing meetings, working the Twelve Steps with his sponsor and mentoring his own sponsee. I gave him a good prognosis on his discharge summary. Fast forward two years. At some point he relapsed and again became entangled with the law. A short time later I learned he was dead.

Another 31-year-old client of mine passed on his discharge summary. Fast forward two years. While driving with my family, this client pulled beside my car at a stoplight and began shouting at me. After I got past the shock, I heard him insist that he was clean and sober, and that my clients were smart; they recognize cynicism when they see it. Of course, they interpret it to mean their counselor either does not care or does not believe people can change, or both. It is axiomatic that a client should not work harder than his or her client. It is equally true that a client will put in little or no effort if his counselor does not care. I found this realization to be frightening; I wanted to be effective, to make a difference. Service to others is one of my highest values. I wanted, at the end of the day, for my career to have mattered for my clients and for society.

So how have I avoided the cynicism trap? Here are some mental tricks and personal beliefs that have worked for me: First, as is implied in my two opening stories, I am terrible at making predictions. I work with clients who have a wide range of motivations; some are fully ready to change self-damaging behavior, whereas others are only satisfying their court requirements, simply by “filling a chair.” Although it is easy to assume that clients in the former group will succeed and the ones in the latter fail, it is impossible to know this with any degree of certainty. I work with a person for only a short time, just a small snapshot of an individual’s life. Factors unimagined by me will influence that person’s choices far into their future. I can safely believe that some people who do poorly during counseling will become ready and willing to make personal improvements later on. This belief gives me hope, so I can stay positive.

Second, although my clients are often unmotivated and even self-subtaging, at the moment they are doing the best they can. This realization allows me to take the pressure off them and accept them as they are and where they are.

Third, a personal value I hold deeply is that everyone deserves to be treated with compassion and loving kindness, even when or maybe especially when they are difficult and uncooperative. In my most charitable moments I am able to see my clients as dear relatives who are struggling and need a little help.

Fourth, although my life is going reasonably well right now, I may be in a difficult situation similar to my clients’ someday. Should that happen, I hope to be treated with kindness and respect while being in need of help.

Finally, I am not superior to my clients only more fortunate. I was blessed to grow up in a good home with loving parents. We never lacked for any necessity. My parents instilled the value of higher education in me from an early age and supported me as I pursued my degrees. Most of my clients were not nearly so lucky.

These are some of the mental tools that have helped me over the years, which might help you, too. Perhaps you will come up with your own ideas to add. Your clients will be all the better, and I believe you will be more satisfied in your career if you can stay hopeful and avoid the cynicism trap.
What is Drama Therapy?

The North American Drama Therapy Association defines Drama Therapy as “an active, experiential approach to facilitating change. Through storytelling, projective play, purposeful improvisation and performance, participants are invited to rehearse desired behaviors, practice being in relationship, expand and find flexibility between life roles, and perform the change they wish to be and see in the world.” Psychodrama, ritual and role play are also used.

Drama Therapists are trained in psychotherapy and drama/theatre. They hold a masters or doctoral degree from a program accredited by the North American Drama Therapy Association (NADTA) or a masters or doctoral degree in mental health or theatre supplemented by required courses stipulated by the NADTA in its Alternative Training Program. The designation Registered Drama Therapist (RDT), and the more advanced credential Board Certified Trainer (BCT) is awarded by NADTA to applicants who fulfill requirements beyond the academic degree, including clinical internships, supervised professional practice, and documented clinical experience.

What is Dance/Movement Therapy?

According to the American Dance/Movement Therapy Association, “Dance/Movement Therapy is the psychotherapeutic use of movement to further the emotional, cognitive, physical, and social integration of the individual.” The therapeutic process of using dance and motion allows clients to better understand their feelings and regulate their emotions. Thus clients learn to express their emotions through creative movement which is a powerful form of communication.

Dance/Movement Therapists (DMT) enter the profession with a masters degree, which includes psychological content as well as DMT specific content, such as theory, movement observation and assessment. DMT professionals can be a Registered Dance/Movement Therapist (R-DMT), or the more advanced credential, Board Certified Dance/Movement Therapist (BC-DMT), attained upon the completion of supervised clinical hours as well as passing an examination.

What is Art Therapy?

As described by the American Art Therapy Association, Art Therapy is “a mental health profession in which clients…use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and emotions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem.” Art Therapy consists of creating many different kinds of art and then processing the total experience through individual and group therapy. Art therapy allows clients to share and understand things about themselves that they might otherwise find difficult to express.

Art Therapists hold a masters or doctoral degree in Art Therapy from a program accredited by the American Art Therapy Association. The designation Art Therapist Registered (ATR) is awarded by the Art Therapy Credentials Board with the completion of 1000 hours of supervised direct clinical contact.

What is Music Therapy?

The American Music Therapy Association defines music therapy as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.” Music therapy provides avenues for appropriate self-expression that can be helpful to those who find it difficult to communicate. Research shows that many areas of life are supported and enhanced through music therapy, such as emotional growth, increased motivation, and improved self-image and self-identity. Essentially, music therapy provides an outlet for expression of feelings and emotions that translates into healing of the whole person.

Music Therapists are musicians trained in physiology, biology/neurology, psychology, development and pathology. They hold a baccalaureate, masters or doctoral degree from a program accredited by the American Music Therapy Association. The designation Music Therapist Board-Certified (MT-BC) is awarded to applicants who fulfill the degree requirements, a 900 to 1200 hour internship and the completion of the Music Therapy Board Certification Examination.

What is Expressive Arts Therapy?

According to the International Expressive Arts Therapy Association, “The expressive arts combine the visual arts, movement, drama, music, writing and other creative processes to foster deep personal growth and community development.” Use of the expressive arts multiplies the avenues by which a client can seek meaning, clarity, and healing. It deepens and transcends traditional talk therapy by acknowledging that each client's process is unique. Intermodal in its approach, expressive arts therapy realizes that all modalities and movement between them supports the expression of all the senses, thus focusing on the process of creating rather than the artistic outcome.
The word, anniversary, is defined in the Merriam Webster Dictionary as a date that is remembered or celebrated because a special or notable event occurred on that date in a previous year. And 10 years ago for the members of the Illinois Counseling Association, something special and notable most certainly did occur!

On January 25, 2005, the Illinois Counseling Association Foundation achieved 501(c)(3) tax-exempt status from the IRS to function as an independent organization, which functions to support the counseling profession in Illinois. Past ICA President MeriL W. Schulze requested that the first contributor and upon his death in 2012 built on his unswerving belief in supporting counselors by leaving the Foundation a one million dollar bequest. In November 2005 ICA members, Dale Segnitz, Harvey Kelber, Larry Rawlins, Melanie Rawlins, Toni Tollerson, and Robert Nejedlo each contributed $1,000 as founders and encouraged others to give as they were able. Over the last 10 years, hundreds of ICA members have made charitable contributions to the Foundation. The Foundation is thankful for every gift. It all adds up and ensures that the Foundation can continue the mission of providing financial support to encourage professional development and research which addresses social issues within Illinois.

In fact, your gifts have resulted in the Foundation awarding more than $107,000 in grants. These funds have enhanced the work of hundreds of counseling professionals and graduate students as well as ICA and its Divisions and Chapters creating a ripple effect that positively impacts the lives of countless clients. For example:

- Provides recipients of the Merlin W. Schulze Professional Development Grant with funding to conduct a workshop for their peers sharing what they learned at the conference or training they attended.

- Allows mom, dad and two children who are identified as part of a community in crisis and with the Robert J. Nejedlo Social Emphasis Grant award are able to board a bus that provides them transportation to formerly out of reach, both logistically and financially, family counseling sessions complete with healthy snacks. During the session they receive support from both teaching professionals and counselors in training who are gaining firsthand knowledge they can use in their own work upon completion of their degree.

- Offers statistical information collected and analyzed that helps to define a learning method and shape the future of licensed counselors, like you! Made possible through research grants and seed funds gifted through an award of the Melanie E. Rawlins Research Grant.

Stories like these point to the fact that the Foundation has much to celebrate, but also has considerable momentum and plans to keep growing!

The Board of Directors has made prudent investment decisions – allowing the principal funds to build and use the interest income to fund grants. In spring 2014 they enlisted the help of a consultant to put together a strategic plan that lead to hiring an Executive Director and creating a comprehensive development plan.

In the recent months the Board and Executive Director have also worked to increase ways to communicate with ICA members about the Foundation. On the Foundation website, www.icafoundation.org, enhancements to-date include: set up of online giving option— you can make a charitable gift with the convenience of a credit card, multiple pieces of information providing insight about the Foundation’s work, and the addition of a comprehensive listing of all past grantee’s projects. Additionally, there is a strong focus on being available for questions and actively having a Foundation representative participate in ICA, Chapter, and Division activities.

ICA members have helped the Foundation since November 2005. Here are just a few ways to participate in the Foundation’s 10 Year Anniversary Celebration during the ICA Annual Fall Conference held in November 2015:

Participate in the workshop we are presenting: “Grants Help to Empower Professional and Enrich Lives: Have the Courage to Apply”. Use the training to help you apply for a 2016 Foundation Grant as well as other grants that can support your work.

Congratulate the 2015 Grantees as they receive their awards on Friday evening of the conference—this year up to $30,000 will be shared between the three grantees. Granters are chosen via a blind review. You are encouraged to contact a board member or the executive director with your questions or suggestions about the grant process.

Learn more about the actions and outcomes of the work of past grantee’s as they are recognized for completing their final grant reports. Look for these colleagues of yours in the workshop presenter listings—many are chosen by the ICA Conference committee as workshops to present.

Commemorate the Foundation’s Anniversary with a gift of $10.00, or more. There will be an Anniversary Gift Box at the Conference. Making a gift to the Foundation is a great way to honor the work of a respected colleague, memorialize the loss of a loved one, and/or commemorate a professional milestone of your own (years of practice, newly earned professional certifications, terrific feedback from clients or successes of your students, etc.).

A sincere thank you for standing alongside those who initially made the decision to invest in the future of counseling. The work today of the Board of Directors of the Illinois Counseling Association Foundation demonstrates that the commitment remains strong and with your continued support the future will most certainly offer even more opportunities for Illinois counselors that are worth celebrating!
The Courage to Ally
By: Cory Schneider, LMFT • LGBTQ Educational Consultant & Psychotherapist

The past two decades shows us how a school’s climate positively impacting educational equity, student motivation and academic performance, and students’ academic alike enjoy being at school. However, when anti-LGBTQ bias remains un-addressed, it engenders a climate that excludes individuals because of sexual orientation and gender non-conformance. Researchers have studied the impact of anti-LGBTQ bias on school climate and how it fosters a negative learning environment and even victimization of LGBTQ-identified and gender non-conforming youth. Results have revealed that all students, LGBTQ or otherwise, who are exposed to this climate of exclusion experience school as unwelcoming, which leads to poor academic performance and much higher incidents of harassment, bullying, victimization and sometimes school violence.

A real-life example of a school’s culture creating a climate with anti-LGBTQ bias that resulted in school violence is illustrat-ed in the HBO documentary, “Valentine Road,” where in 2008 in Oxnard, California, a gay-identified and gender non-conforming student was shot dead in his classroom by another student triggered by anti-LGBTQ bias. It will come as no surprise that the school’s culture was representative of Oxnard’s community culture at the time, and, I would argue, is still the case today.

Psychologists, Mental Health Counselors, Therapists and Social Workers all play a crucial role in neutralizing LGBTQ trig-ma and phobia in educational and community settings, most notably because we all share a comprehensive understanding of how bias impacts identity development and learning. Ethically, I believe, counselor-ships should take particular interest, since our very discipline allies us with this cause. Efforts to depathologize the LGBTQ spectrum have given rise to Illinois House Bill 217 (Protecting Youth from Harmful, Ineffective Conversion Therapy), a stark amen for ascribing pathology to this very same spectrum decades ago. I believe it is our duty as mental health professionals to promote safety, well-being and inclusion of the LGBTQ identity in community and educational settings. It is our ethical duty to ally.

It seems to me that most psychological and educational professionals inherently commit to promoting safety and well-being where youth are concerned. The inclusion of LGBTQ spectrum and gender non-conforming youth is where many people experience conscious (and sometimes unconscious) internal conflict and external resistance.

Being an ally is not all that different from being an LGBTQ-identified or gender non-conforming individual who struggles daily around presenting or “coming out,” namely since allies “come out” too, in support of LGBTQ identities. Allies and LGBTQ individuals both experience much questioning of self, questioning of others’ acceptance, as well as having difficulties integrating and sustaining a sense of identity or gender presentation, but by asking about their experience respectfully, you offer an abundance of reflection and kindness. Allowing for the inclusion of LGBTQ spectrum in spite of all the conflict and resistance takes courage. Do you have it?

LGBTQ-identified individuals have long feared losing their jobs should their identity be revealed. Many allies fear being perceived as trying to recruit teens into the gay and lesbian lifestyle, even when they are just attempting to start a Gay Straight Alliance on campus, just as LGBTQ individuals must often defend against this very outlandish accusation.

Allies often experience just as much external bias as those who identify as LGBTQ simply because of their alliance to this spectrum’s civil rights and liberties. Indiana, Arkansas, North Dakota, Texas and many other states persistently and current-ly make attempts to pathologize LGBTQ identities and to strip away access and protec-tions in areas such as educational equity, marriage, housing, employment and even health. These groups often present obsta-cles to allies when undertaking LGBTQ inclusion, namely because allies who attempt to promote safety, wellbeing and inclusion run the risk of being perceived as attacking religion.

Non-recognition or exclusion of LGBTQ spectrum people directly impacts students who are attempting to stabilize a positive sense of self. Non-recognition of this spectrum also misses an opportunity to aid youth who come from discriminating families. When an LGBTQ youth leaves home for the day to sit in a classroom for seven hours where they may experience additional exposure to an anti-LGBTQ climate, that student is at risk for a compounded injury to their social-emotional and identity development. Allies outside of the home can serve a vital purpose of being that one individual that an LGBTQ or gender non-conforming youth can turn to when families discriminate or even reject.

Allying for LGBTQ spectrum youth raises visibility and promotes acceptance; it offers validation, mirroring and respect to our youth’s humanity. Being an ally enables one to neutralize anti-LGBTQ bias and counteract the oppression against youth in this spectrum. Alllying for LGBTQ youth includes protecting them from disastrous shaming and harmful practices like sexual orientation change efforts (SOCE). LGBTQ-identified individuals have

References:


Corby Schneider, LMFT
Cory Schneider is an LGBTQ Educational Consultant and Psychotherapist, in private practice in Los Angeles. Schneider consults for schools, non-profits and businesses providing professional development workshops with a focus on LGBTQ spectrum, identity development, educational equity issues, classroom climate control, diversity and inclusion and bullying prevention and intervention. He has trained counselors, teachers, administrators, stakeholders, families and youth. You can email Cory at affirmationfoun.dation@hotmail.com, or read more about his work at www.affirmationfoundations.com.
There are three different “entities/governing bodies” that have a huge impact on how we practice the art of counseling in Illinois:

- Illinois State Practice Law
- Ethics Codes (ACA, AMHCA, APA, NASW etc.)
- HIPAA

You should have updated information from all three (depending on your license) with your HIPAA compliance documentation. Each influences how we practice but also provides standards for documentation. It would be a good idea to read them. Some of them actually make sense. While there is some overlap, they do focus on different aspects of counseling practice. Where they do overlap, the strictest prevails.

I think the intent of this law is to legally take away someone’s right to firearms and a firearms owner’s identification card if they meet the above criteria. But it seems to me that, if the client meets the above criteria, they should be hospitalized and the hospital should make the report.

For more information:
IDHS FOID Mental Health Reporting System
401 North Fourth Street
Springfield, Illinois 62702
Fax: 217-557-7975
https://foid.dhs.illinois.gov/foidpublic/foid/

Program Questions:
IDHS.FOID@Illinois.gov

Illinois is also one of the few states that allows counselors to keep “personal notes,” which are kept separate from the clinical record and are treated as the personal property of the counselor. Personal notes are not subject to legal proceedings.

Neither the ACA code of ethics nor HIPAA addresses the issue of reporting clients regarding firearms or personal notes. The ACA Code of Ethics
Every professional counselor in private practice needs to have procedures in place detailing what will happen to current clients and records should the professional leave the practice, die, or become disabled and unable to practice. The American Counseling Association (ACA) in your recent code of ethics addressed this very issue. Section C.2.h., Counselor Incapacitation or Termination of Practice, states, “When counselors leave a practice, they follow a prepared plan for transfer of clients and files in the case of their incapacitation, death or termination of practice. Counselors leave a practice, die, or become disabled and intellectually disabled. The Act goes on to state, “the identity of the person making the report shall not be released to the subject of the report. The clinician shall not be held liable for making or not making the report except in cases of willful and wanton misconduct.”

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So you need to include this possible disclosure in your informed consent document. In my informed consent it reads, “If you present as a clear and present danger to yourself or others, developmentally or intellectually disabled then I am mandated to report you to the Department of Human Services.”
https://foid.dhs.illinois.gov/foidpublic/foid/

Neither HIPAA nor any code of ethics addresses this issue.

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https://foid.dhs.illinois.gov/foidpublic/foid/

Neither HIPAA nor any code of ethics addresses this issue.

Identified colleague or records counselor a plan for transfer of clients and files.”

All professional counselors who are covered by the ACA code of ethics are mandated to comply with this provision.

Transfer Plan:
Counselor Incapacitation or Termination of Practice Form is a document that contains the following information:

The appointment of a custodian who will be in charge/possession of all client records. The custodian will need to have passwords, keys, access to records and active clients (appointment book). The counselor will need to notify all active clients and handle requests for releases of information. Moreover, the custodian will be responsible for destruction of records after seven years and needs to be named in your informed consent.

An example of inclusion in the informed consent document would be: In the unlikely event that I am unable to provide ongoing services Jane Doe, MA, LCPC will provide those services and will maintain your records for a period of 7 years. Jane Doe, MA, LCPC may be contacted at 1-234-567-8910.

Neither HIPAA nor Illinois Practice Laws speak to this issue.

HIPAA
While we all know that a release of information needs to contain a description of the information to be released, the name of who is disclosing, the name of the recipient of the disclosure, the purpose of the disclosure, the expiration date, and consequences for not signing, etc., HIPAA and the state of Illinois take it one step further.

HIPAA requires that the release of information states the client has the right to revoke the release at any time, that there is a potential for record disclosure by recipient and information may not be protected by federal law and treatment or payment is not conditional on permission to release information.

The State of Illinois requires that a release also contains that the client has the “right to inspect and copy information to be disclosed, that only information relevant to the purpose of the disclosure is released and no information disclosed after death (except by legal representative).”

Lecture by Dr. Hecker, CaroH Media and Marketing 11/2014.

The ACA Code of ethics does not speak to this issue. So, you can see that knowing how each of these entities affects your practice is essential. Getting the HIPAA regulations and ACA code of ethics are as easy as going to http://www.hhs.gov/ocr/privacy/ or www.counseling.org. Finding Illinois practice laws can be a little more challenging. Your best bet for the latest up to date information on Illinois practice law is to join the Illinois Counseling Association. Your best bet for the latest up to date information on Illinois practice law is to join the Illinois Counseling Association. Your best bet for the latest up to date information on Illinois practice law is to join the Illinois Counseling Association. Your best bet for the latest up to date information on Illinois practice law is to join the Illinois Counseling Association.

Taken from:
Crysand Press
Norman C. Dasenbrook MS, LCPC
www.counseling-privatepractice.com

If you are interested in counseling counseling in Rockford, Illinois, you can contact Norman C. Dasenbrook, LCPC
Norm is a mediator concentrating on family, corporate and work group mediation. He has co-authored “Harnessing the Power of Conflict. Leading, Learning and Living, 2003, Crystal Press.” He also serves as an executive coach for improved performance and interpersonal skills for organizations (crysand.com).

Lecture, teacher and consultant. Norm is a counselor who maintains a private practice in individual, marriage and family counseling in Rockford, Illinois.

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I sat first chair, second clarinet in my grade school band. We were giving a holiday concert for what to me felt like an enormous audience made up of our parents and other assorted teachers, staff and students. The mood in the room was high and all seemed to be enjoying the various holiday favorites that our band and the school choir were regaling the audience with.

I first noticed the heat. It felt like crept from my toes and rather quickly worked its way up my legs, body and eventually my cheeks and brow. I was instantly aware that it was happening again. This horrible malady where I felt as if we were real, began shaking, and like I was completely crazy. My breath started coming in gasps, felt as if I were unreal, began shaking. This horrible malady where I was certain that everyone could see the terror in my face as I felt as if my mind was going to be given to others what was being given to me; the opportunity to know what I now know as agoraphobia increased, accompanying me. The panic attacks and inability to sit in the middle of any activity with causing them, I became a prisoner in my home, weeping when my husband left for work and exhausted by the attacks that occurred all through the day and at night. I eventually crawled there, my husband of 32 years. I was so fearful of getting there, that I had to get the mail. As I began to associate the mail with causing them, I became desperate to talk myself out of it. I began to associate the washroom, and eventually even going out to get the mail. As I began to associate each activity with causing them, I became a prisoner in my home, weeping when my husband left for work and exhausted by the incessant attacks that occurred all throughout the day.

One day I was unable to leave my bedroom to go down the hall to use the washroom. I eventually crawled there, but decided that I was going to either kill myself or get help. It was then that I met my first counselor. I was referred to me as “odd.” Even during that time, I continued to associate my symptoms with caring for them, that my husband drove me there and waited outside the classroom for me. Eventually, my comfort level and my skill at managing my symptoms grew and I began to attend classes at the college. I continued onward with my coursework. I earned my Masters-degree in counseling at 44 years-old, and eventually my doctorate at 53.

In looking back, I am awed by the amount of courage it took for me to be so afraid and do what I needed to do anyway. I knew that others suffering from this can overcome it and live full and satisfying lives. I continue to struggle periodically with anxiety and panic, but I now realize the enormous reserves of courage that are always within me. The biggest thrill is to be able to give to others what was been given to me; the opportunity to believe in myself, the opportunity to grow beyond what I ever thought I could, and the opportunity to serve as a role model for those that have yet to uncover their hidden courage.

Around 30 years-old my husband, daughter and I moved about 25 minutes south of my hometown where I had lived my entire life. It may as well have been another country. I felt isolated and unable to drive to visit my family and friends without my husband accompanying me. The panic attacks and what I now know as agoraphobia increased, occurring in the grocery store, at my daughter’s bus stop, and eventually even going out to get the mail. As I began to associate each activity with causing them, I became a prisoner in my home, weeping when my husband left for work and exhausted by the incessant attacks that occurred all throughout the day. One day I was unable to leave my bedroom to go down the hall to use the washroom. I eventually crawled there, but decided that I was going to either kill myself or get help. It was then that I met my counselor and began to discover the courage that had been inside all along, unbeknownst to me.

Though tremendous diligence on my part and skill and patience on my therapist’s part, I learned about relaxation techniques, explored the sources of my distress that led to the attacks, and learned to manage the thoughts that I tortured myself with. As 37 I attended my first college course. It was offered in a satellite location in the local mall. I was so fearful of getting them, that my husband drove me there and waited outside the classroom for me. Eventually, my comfort level and my skill at managing my symptoms grew and I began to attend classes at the college. I continued onward with my coursework. I earned my Masters-degree in counseling at 44 years-old, and eventually my doctorate at 53.
If you’re asking yourself why join a Professional Association, then read on!

Information
• As a Professional you need to keep informed as to what is happening in all areas of your chosen field.
• Educationally, you need to keep current with all developments in the scope of your work. Learning new models and methods doesn’t stop in college or graduate school.
• Politically, you need to know what laws affect you and your profession. You need to know what bills are being considered that have an impact on your work, and what you can do to influence legislation to promote your profession.

How does ICA help you?
• ICA publishes a quarterly newsletter and an annual magazine, the Illinois Counselor, that keeps you up to date on all aspects of Counseling in Illinois and on the National front.
• If you choose to belong to one of our 14 Divisions, you will also receive newsletters highlighting the important happenings in that specific area of Counseling.
• ICA’s web site: www.ilcounseling.org keeps you current in this fast paced professional world with information at a click of your mouse.
• ICA’s blast email system sends you notices about items of interest quickly and efficiently, so you always know what’s going on in the Counseling world.
• Follow ICA on Facebook, LinkedIn and Twitter!

Professional Development
• Professional Associations offer their membership quality continuing educational opportunities. Your membership not only provides you with significant discounts on the Conferences and Workshops offered, but more importantly, makes those Conferences and Workshops possible, so when you need continuing education, there are quality workshops for you to choose from.
• ICA offers a 3 day Annual conference providing as many as 80 different workshops on a variety of interesting topics.
• ICA’s 14 Divisions and Chapters host workshops throughout the year on topics from NCE and NCMHCE test preparation and Counselor Supervision, to workshops on a variety of specialty topics like College and Career Counseling, School Counseling, Counseling for older adults, and many more.

Members’ Only Benefits
• All Professional Associations offer their members a little something extra, only for them.
• ICA offers members a Job Listing service that is accessible only to ICA members. We also offer a registry for LCPCs in Private Practice to list their Mental Health practice for public access as well as a Speaker Registry that allows our members to list themselves as being available for speaking engagements.
• New to the ICA website is the College and Career Counseling Registry. A place where College and Career Counselors can list their services to the public.
• Also, new to the ICA website is the “Book Nook” where members can showcase their publications and books are featured on a rotating basis on the ICA Home Page.

Advocacy
• The whole is always greater than the sum of its parts.
• ICA is vigilant in our monitoring of legislation that can affect the Counseling Profession in Illinois and nationally. ICA is a recognized voice in Springfield. ICA is Your Voice in Springfield!
• The over 2,700 Counseling Professionals that make up the Illinois Counseling Association can share in the pride that they are, through their membership, supporting a high level of professionalism and competency in Illinois Counseling. Together with you, the Illinois Counseling Association is dedicated to making lives better through community service, educational opportunities and political advocacy.
• Being a part of ICA gives you a voice in shaping counseling in Illinois. Join TODAY!

Networking
• Professional Associations provide many opportunities for networking and interaction with your fellow professionals. Whether it’s through working together on a committee, attending meetings, workshops and conferences, or chatting on the web site forum, you can make many connections that can lead to increased knowledge or a better position.
• ICA through its Chapter and Division activities as well as the ICA annual conference gives Counselors the opportunity to network with up to 500 other Counseling professionals.

ICA also offers members a searchable registry for Private Practice, Speakers and College and Career Counselors.

ICA Membership
• ICA Membership Professional Student/Retiree
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  ISCA Illinois School Counselor Association $30.00 $15.00
  IAARC Illinois Association for Assessment and Research $12.00 $6.00
  IА АДА Illinois Association for Adult Development and Aging $12.00 $3.00/$6.00
  IАСАC Illinois Association for Child and Adolescent Counseling $20.00 $10.00
  IАСFС Illinois Association for Couples and Family Counseling $12.00 $6.00
  IАLГBITC Illinois Association for Lesbian, Gay, Bisexual and Transgendered in Counseling $12.00 $6.00
  IАMС Illinois Association for Multicultural Counseling $15.00 $5.00
  IАSГW Illinois Association for Specialists in Group Work $12.00 $6.00
  IАСA Illinois College Counseling Association $15.00 $7.50
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Ethics Pledge: As an Illinois Counseling Association member, I do hereby pledge to uphold the American Counseling Association Code of Ethics and Professional Standards of Practice at all times.

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