

SUPPORTING PROFESSIONAL COUNSELING IN ILLINOIS SINCE 1948



# ILLINOIS COUNSELOR

AN ILLINOIS COUNSELING ASSOCIATION PUBLICATION

FALL 2009, VOLUME 1

In This Issue:  
Conference Pull-Out Section

*Resilient and Working  
Together in the*  
**LAND OF LINCOLN**

THE 2009 ILLINOIS COUNSELING ASSOCIATION ANNUAL CONFERENCE  
NOV. 11-14, SPRINGFIELD, IL

SPECIAL EDITION ANNUAL CONFERENCE ISSUE



## Resilient and Working Together in the Land of Lincoln

### *The Illinois Counseling Association's Annual Conference for 2009*

Dr. Jeffrey K. Edwards, ICA President

I would like to invite you to the Illinois Counseling Association's Annual Conference, to be held in Springfield Illinois. This year the conference title is Resilient and Working Together in the Land of Lincoln, and we will also be celebrating Abraham Lincoln's 200th birthday. Talk about resiliency! We have pulled out all the stops to make this a great conference for all to enjoy.

When I saw the mock up cover of this, our first annual edition of ICA's combination Special Issue Contact and Conference Brochure, I was simply knocked out. Some time ago our Executive Director Ronna Heinig convinced us that not only would this be a great way to showcase this publication we send to our members, but that we could access those of you who are yet to become members of our wonderful association. Yes, this premier issue is being sent to over 8000 counselors in our state. Well, I was down with that, as my daughter would say. I want to promote our association to all counselors as the best way to network, and to stay current with legislative concerns that are of importance to us all. I hope you like our new format. ICA is changing in many ways to be up-to-date.

But what I really want to do is to give you a personal invitation to our annual conference, and all the wonderful things we will make available this November. ICA's conference committee has once again been working hard to provide you with a quality and informative event. In fact, we began working on this year's conference the last day of last year's conference, as we met to evaluate and begin planning for our mid-state Springfield event. And we have met monthly since then to report on different conference teams' progress, hear new ideas, and tweak the product to make it great. This year's Keynote speakers will include Mr. Richard Yep, the Executive Director for the American Counseling Association, who will be speaking Friday about how membership in our associations really matters (sound like a theme I have been pushing?), and on Saturday, Dr. Toni Tollerud, a past ICA President, will be talking about ICA's resiliency and future directions.

Merriam Webster defines resiliency as the ability "to recover from or adjust easily to misfortune or change." But it is more than that; it means to grow from one's unfortunate experiences and come out better than before. Resiliency is being knocked down twice, and getting up three times in order to finish strong. Resiliency is helping those we work with to see themselves and others as being "at potential," rather than "at risk." Resiliency reminds us that when the weather is forecasted for 30% chance of showers, it also means that there is a 70% chance of staying dry. My hope is that this

conference will reflect the resiliency and the strengths you have and work toward in your own practices, as well as the resilience and potential of the Illinois Counseling Association.

So, join us as we celebrate Abraham Lincoln's 200th Birthday as well as ICA's resilient potential, in Springfield, Illinois, for the 2009 annual conference, November 12th, 13th and 14th. Come and join us as we host an exciting Pre-Conference program in addition to our full palette of Main Conference workshops, and division meetings, along with planned fun historical activities and tours for your family and significant others. Registration is available on line for all activities.

See you in Springfield.

**"But what I really want to do is to give you a personal invitation to our annual conference, and all the wonderful things we will make available this November."**

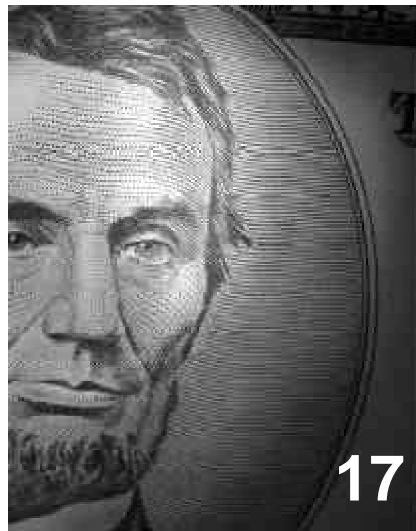


# ILLINOIS COUNSELOR

Fall 2009

*An Illinois Counseling Association Publication*

**Volume 1**



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and Pre-Conference**

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*Published for*  
Illinois Counseling  
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*Published by*  
Illinois Counseling  
Association

*Editors*  
**Fran Giordano  
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*Layout and Design*  
**Daniel Stasi  
Ronna Heinig**

**Published September  
2009**

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## EXECUTIVE DIRECTOR'S

### Message



I recently had the opportunity to attend the ACA Leadership Conference in Alexandria, VA, and I have renewed optimism for the power of our association to facilitate change.

ACA sent over 100 of us from all over the United States to Capitol Hill to advocate for the inclusion of counselors in Medicare reform legislation. I had the honor of meeting with aides from both of our US Senators offices, and my Congressman (Bill Foster, pictured left) while in Washington D.C. It was an experience that I will never forget.

In recent months I have called upon many of you to assist with our legislative efforts, and thanks to your phone calls, e-mails, letters and visits to your State Legislators, we have had a very successful year in Springfield. It is a reminder that the whole is truly greater than the sum of its parts.

“...we have had a very successful year in Springfield. It is a reminder that the whole is truly greater than the sum of its parts.”

In this, the first issue of “Illinois Counselor” our members have contributed many terrific articles for you to enjoy. We have also included information about who we are at ICA. For many of you this will be new information. For our members it is an overview of what your support has accomplished over the 61 years that ICA has been advocating for professional counseling in Illinois.

Without the support of our membership we would not be there to answer your questions, provide information, promote your professional development, support our communities when tragedy strikes, or be your legislative advocate in Springfield.

To those of you who are not members, I invite you to become part of our association. To our membership I would like to say, thank you for all you do!

## ICDA Promotes Counselor Career Development at the ICA Annual Conference

The Illinois Career Development Association has been invited to conduct a 2 day special event at the ICA Annual Conference this year.

ICDA members will be conducting FREE one on one consultations with conference attendees on Friday and Saturday during the ICA Conference in Springfield.

Conference Attendees will be able to sign up for individual consults with a professional career development counselor.

Sign up with ICDA at their table in the main exhibit area.

Bring your resume and lots of questions.

Take advantage of this opportunity to enhance your job search skills and land the job of your dreams!

### ALSO

**On Saturday at 3:00 PM, ICDA's Lauri Dishman will be presenting:  
“If You Build It, Jobs Will Come: The Importance of Networking.”**





# Letters to the Editor



A LETTER FROM DR. MERLIN SCHULTZ, AN EARLY LEADER OF ICA

March 4, 2009

TO ALL COUNSELORS IN THE STATE OF ILLINOIS  
(Especially to those that do not belong to ICA)

My affiliation with the Illinois Counseling Association goes back to 1962, when I was employed in the position of Director of Pupil Services in the Maine Township High Schools. Ever since I retired in 1976, my membership has stayed intact. It has been a long run and one which has proved to be a rewarding experience.

There is a strong conviction on my part that ICA has provided the best of leadership in promoting and strengthening counseling. As a state-wide association it represents a strong and unified voice in assuring that the profession has a meaningful role in our society.

I am continually troubled as to why we have such a discrepancy between the total number of counselors in Illinois and the total membership of ICA. Today ICA's membership has grown to the highest level ever, but there is still much room for improvement. We need ICA now more than ever not only to represent the counseling profession but also to provide counselors a vehicle to represent their interests. It should be every counselor's desire to hang together in actively insuring that their training, experience and expertise is recognized and used. Counselors have a long way to go in instilling a frame of mind in all counselors that it is a wise investment to belong to an association that represents their interests.

Little by little in the years I have been around counseling, it is making worthwhile strides toward coming to grips with the total complexity of the needs of society. No longer do we need to justify the need for counseling. However, much remains to be resolved.

All of us are faced with many strings pulling us this way and that. Membership solicitations come by the dozens. We are bombarded with requests to join associations, and we have to make decisions about where to place our loyalty and the time and money to go with it. I, for one, have made my decision. I have found that ICA represents me and what I believe in. I would hope that all counselors would feel the same way.

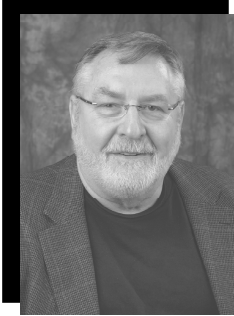
Finally, a caveat: ICA is an association, as distinguished from a service club, company, agency, or social club. Joining ICA means not only having a key to open the door to the benefits of membership, but also to having an opportunity to serve with others in promoting and ensuring the success of our profession.

Sincerely,

*Merlin Schultz*  
ICA President 1970-71

# 3 • 2 • 1: A Powerful Small Group Learning/ Get-Acquainted, Skill Development Experience

Al Milliren, Ed.D., Associate Professor  
Governors State University, University Park, IL



*Al is a Nationally Certified Counselor, Board Certified in Professional Counseling, and holds the Diplomate in the North American Society of Adlerian Psychology. He has been a junior high school counselor and*

*teacher, an elementary school counselor, and a Professor of Counseling at Illinois State University and at the University of Texas of the Permian Basin. He is a national and international workshop presenter and conference speaker and has authored or co-authored several books and numerous articles on Adlerian Psychology and related topics.*

*That<sup>1</sup> which takes us to our successes can also lead us to our downfalls.*

- - - F. X. Walton<sup>2</sup>

As counselors, we know that each individual who sits with us presents a rich tapestry of life experiences that is woven from personal strengths and resources. Our task is to discern the private logic and basic convictions of the person. To do so, the counselor needs to develop certain skills for understanding the individual. The 3 • 2 • 1 activity was created to achieve exactly that. Three major objectives are built into the structure of the activity. First, it was designed so that participants could practice the use of focusing questions. Second, the activity was designed so that participants could get experience listening for the person's strengths that lie within the content of the person's story. Finally, the design was such that each participant could then process the over- and under-use of a person's strengths.

This activity is ideal for any small group with five or six members. This limitation makes it particularly useful for practicum and intern supervision groups where this is the practical limit on group size. It takes about an hour and a half to complete the activity

with a group of five or six participants. The absolute maximum would be no more than ten participants and even that is almost too many. In this latter case, it becomes a factor of time. As a group leader you always have the choice of "pass or play." Consider playing, however, particularly if you plan to work with a group over a period of time.

## Phase One.

The activity begins after general introductions of group members have been made. The general structure is for the group leader to initiate the activity by asking for a volunteer. A general focusing question is directed to the volunteer participant. Possible questions might include

- "You said earlier that you came to the States nine years ago. How did that come about?"
- "I think you stated that you knew you wanted to be a counselor since you were in the eighth grade. What was it that led you to know that you wanted to be a counselor?"
- "When 'X' occurred, what was that like for you?"
- "What would I have seen when that was going on?"
- "What was it like for you to grow up being the oldest girl in your family?"
- And so on.

The three people sitting to the right of the volunteer will each, in turn, ask a focusing question. Focusing questions are often the skill that is emphasized least in counselor/therapist preparation. In fact, many supervisors prohibit their students from asking questions of their clients as if such an activity is totally taboo! It is my belief that we need to prepare counselors and therapists to ask "good" questions – the What? Who? Where? When? and How? kinds of questions. These create an

opportunity for the client to tell his or her story in his or her own way.

Focusing questions are formed based on the information just shared by the individual. New information is not introduced and, if the person shares a lot of information, the focusing question is generally based on the last of the information shared. The question, "Why?" is never asked unless it really means "For what purpose?" When asking "why" of a client, there is usually a state of defensiveness created that interferes with a cooperative, exploratory process. The use of focusing questions allows for an increasingly deeper level of communication between two individuals who are in a relationship of equals.

During this period of questioning, it is the job of the facilitator/supervisor to make sure an effective focus question is asked. If not, the questioner should be immediately given feedback and helped to ask a good question. If this is not done, the group members do not have an opportunity to observe the effectiveness of "good" focus questions. It is also necessary to maintain task orientation. Each person on the right of the volunteer is allowed one focus question and after the third person is done, the questioning is over. The facilitator should make sure that this phase does end. Often the group will want to continue on with the discussion and questioning, but the experience loses its effectiveness if allowed to go any further. Beginning counselors have a tendency to want to "bird walk" and wander, and sometimes even give advice rather than to listen and just facilitate a person's story.

## Phase Two.

The next two group members are then invited to identify one strength each and share those with the volunteer. While the focus questions were being processed in Phase One, these two participants had the task of listening to the volunteer's story and becoming aware of his or her strengths. This is not always one of the easiest tasks. We are well prepared to look for a person's weaknesses or to find what is "wrong" with

(Continued on Page 7)

them. We are not always trained in the ways of strength identification and so the group facilitator may have to “coach” the two group members.

With practice, a person can easily identify five or six strengths in even the shortest of conversations with another person. What seems to be an additional challenge is presenting the strength to the volunteer. I ask that this be done with two conditions. First, that the person sharing the strength identify the elements of the volunteer’s story that support their reasoning or conclusion as to how they became aware of the volunteer’s strength. For example, “I believe you to be quite family oriented since you mentioned enjoying family activities several times when you talked about the things you did on weekends.” Second, it is important that the strength be presented in a nonjudgmental manner. “I believe you have . . .” or “I see you as possessing a lot of . . .” rather than “You are intelligent” or “You are punctual.”

It is an amazingly positive experience to work with strengths. Often, the group has difficulty finding a word to use to label the strength, particularly if the volunteer has discussed something on the negative side. The following “short list” may be helpful for

**“It is an amazingly positive experience to work with strengths.”**

those times when there is a need to get unstuck:

Adventurous	Industrious
Ambitious	Ingenious
Candid	Light-Hearted
Confident	Optimistic
Conscientious	Original
Cooperative	Persevering
Dependable	Persistent
Easy-Going	Progressive
Efficient	Reserved
Energetic	Spontaneous
Enterprising	Talented
Generous	Tenacious
Independent	Thorough
Individualistic	Versatile

### **Phase Three.**

The last person has an important task. His or her job is to help the volunteer process the strengths information using the following questions:<sup>3</sup>

- 1) You heard two strengths presented to you. \_\_\_\_\_ and \_\_\_\_\_. How well do these strengths resonate with you? What kind of a fit are these for you?

[Pause and allow sufficient time for the volunteer to respond.]

- 2) Which of these two strengths seems to be more you? Which one serves you best?

[Again pause and allow time for a response.]

- 3) Thinking about that strength, what happens when you over-use it?

[Pause.]

What happens when you under-use it?

[Pause.]

- 4) Is there anything you might change during the coming weeks that might make things better for you in terms of using that strength to achieve better balance for yourself? You don’t need to answer this, but just consider it as something you might do on your own behalf.

As the facilitator, you will need to keep the process moving until each member in the group has participated in all phases of the experience. This is a challenge because it is easy to get caught up in the process and spend too much time invested in one person’s story. Keeping in mind that there are four or five other group members waiting for their turns will help. You will then have to move so fast that the remaining participants will not benefit from the activity.

Teaching counseling in a wholistic manner is a tough job. Too often I find that the learning activities I develop focus on only a single concept at a time. This creates a kind of linearity in the process. Then, students wind up thinking that counseling is a linear process and that we complete one technique before going on to the next activity or

technique. Counseling, however, is a wholistic act, and it is important to develop, when we can, activities and experiences that work in a wholistic manner. The 3 • 2 • 1 activity just happens to have a three dimensional purpose. It is aimed at developing depth in communication while learning focusing questions and, while in that process, it emphasizes identifying strengths and the extent to which one might over-use or under-use them. The 3 • 2 • 1 experience is simple and yet powerful in its effectiveness.

Recently, while meeting with my supervision group, I was reminded once again of the impact the 3 • 2 • 1 activity has on group participants. We were discussing the previous week’s experience in the 3 • 2 • 1 activity. One of my supervisees was sharing how much she had learned. She was describing all the ways she might use the activity in her practicum, as well as in her school once she graduates. She talked about how neat it was to be able to get to know so much about the members in the group so quickly as well as being able to get more practice on counseling skills she wanted to learn. And then, she said she really liked the over- and under-use of strengths! She never could figure out how to talk about a person’s weaknesses. I could not have asked for better “PR.”

### **(Footnotes)**

<sup>1</sup> Any strength, ability, characteristic, or personal asset an individual might possess.

<sup>2</sup> This has been quoted in various forms but originated with Dr. Francis X. Walton, Counselor, Consultant, and Mentor, Adlerian Childcare Centers, Columbia, SC.

<sup>3</sup> It is helpful to print off the four questions on a separate sheet or card so that the group member can easily read them. The questions should be read exactly as they appear here since the language used is important.





*Dr. Toni Tollerud is starting her 20<sup>th</sup> year at Northern Illinois University as a counselor educator. She has dedicated her life to teaching, counseling, and education for over 40 years. She has been an active member of ICA, serving as president from 2001-2002 as well as*



*President of several other divisions. Over the past 6 years she has done numerous supervision workshops for IMHCA and considers supervision, along with school counseling, GLBT issues, and social-emotional learning to*

*be her areas of expertise.*

In 2003 the Illinois state licensure board required that all professional counselors who are LCPCs accumulate a minimum of 18 hours of training in the area of supervision. Since that time IMHCA, ICA and other providers have been offering supervision training around critical issues such as ethics, planning, evaluation, building relationships, impairment, and cultural issues. These workshops are focused on skill building, theory, and best practices for supervisors. At the same time, supervisees have also benefited, since these workshops provide vital information on what to expect in a healthy supervisory relationship, clarifying ethical behaviors of supervisors and supervisees, and effective evaluation. The result is to have a more informed professional workforce in our state who act ethically, who assist newer members of the field in their healthy growth and development, and who understand that supervision needs to be an intentional, planned, systematic process engaging professionals in best practices.

Mastering the art and science of being a competent supervisor requires more than taking a class or a couple of workshops in supervision theory and practice. It requires continuing training and exposure to new ideas and to evolving ethical and legal issues. To that end, this article will discuss three emerging key practices regarding supervision and formulate them into professional supervision recommendations. I strongly recommend that all supervisors consider these recommendations and integrate them into their own practice in order to clarify our behaviors as supervisors, contribute to the effective growth and professionalism of our supervisees, maintain the highest ethical standards, and enable positive client outcomes.

#### **Recommendation #1: Be Mindful and Intentional in supervision planning**

Being mindful is the essence of intentional planning for working with a supervisee. It means having the basic knowledge about what constitutes good supervision in order to perform one's duties

# **Clinical Supervision: Tips for Effective Practice**

Toni R. Tollerud,  
Ph.D., LCPC,  
NCC, NCSC, ACS

effectively. Being a good supervisor is more than being a good therapist. It includes the following best practices:

1. Develop a supervisor's disclosure statement or contract. Whether you are supervising an intern or a junior member at your agency, it is critical that you develop a disclosure statement or contract at the start of the supervisory relationship. This tool addresses informed consent and, more importantly, it discloses the professional responsibilities, roles, expectations, ethical concerns, evaluation methods, and any other pertinent information within the supervisory relationship. It should contain specific information about the expertise of the supervisor, how supervision will be conducted, the theoretical approach to be used in supervision, ethical issues including confidentiality in the supervisory relationship, and the expectations regarding supervisee behavior. It is important to go over the tool with your supervisee. Generally the supervisor and the supervisee sign the tool after the discussion to insure that it has been thoroughly explored and understood. The disclosure statement and/or a supervisory contract should lower

anxiety for the supervisee and the supervisor. Fall and Sutton (2004) offer some excellent examples of disclosure statements and Osborn and Davis (1996) provide information on developing supervision contracts.

2. Articulate your model of supervision. Many supervisors are unable to explain how it is they DO supervision. Consequently, helping supervisees in their own development is often haphazard or unclear. While it is true to suggest that our supervision model may closely represent our clinical approach, being intentional in supervision is different from working with a client. Bernard and Goodyear (2009) suggest a wide variety of supervision models.

One model that is helpful in understanding the supervision process is called the Discrimination Model (Bernard, 1979). This model is situation specific (hence the name) and helps the supervisor to see the value of using a variety of roles strategically in order to serve both the needs of the supervisee and the goals of the supervisor. Selecting among the roles of teacher, counselor, consultant, and administrator, the supervisor is able to offer the best interventions to challenge or support the supervisee. The supervisor can also emphasize a counseling intervention or skill, conceptualize the client sessions by focusing on themes or patterns, or personalizing the response to focus on the supervisee to promote insight or awareness.

3. Have a plan in mind. Constructing a good supervision session should not be an accident. The supervisor should create a plan. Just as in a good counseling session, however, the plan is changed or augmented based on the needs of the client or supervisee. Nevertheless, providing a meaningful structure helps to guide the supervisory session for optimal learning. A

*(Continued on Page 9)*

good plan will assist supervisors to cover necessary administrative information while providing sufficient time for clinical supervision. Good supervisors find ways to focus on the clinical needs of their supervisees in order to process counseling sessions and ensure that the supervisee is working effectively with each client.

**Recommendation #2: Always keep supervisor's case notes.**

Professional clinicians in this litigious era have learned to keep accurate and clear case notes on their clinical work. This same rubric applies to the role of the supervisor. Documentation helps

protect the supervisor against legal liability and creates a record of what transpired during a supervisory session. Key aspects of these

notes should include the presenting issues of the supervisee, ethical or legal concerns, and statements of how the supervisor dealt with them. Additionally, agency policies and procedures must be carefully covered so that the supervisor is clear that correct procedures are being followed. Here are three suggestions for good supervisory notes:

1. Stick to the behaviors. Supervisory case notes are not places to report diagnoses or hunches; they should rather reflect what the supervisor suggested the supervisee do or not do in their therapy. Focus on facts and feedback shared with the supervisee.
2. Document the most at-risk clients. When supervising an experienced supervisee, it is often the case that not every client session will be explored in supervision. However, seasoned clinicians should know when it is best to raise issues about troubling or difficult clients. Additionally, they should be able to share when they feel less adequate or ineffectual with a client.
3. Watch for burnout and impairment. The primary role of supervisors is to be sure that clients are safe and protected. Generally a supervisor works with the supervisee on clarifying case conceptualization and on considering more effective interventions. However, at times, a supervisee can be affected by internal and external forces that may impair their ability to work effectively with a client. Good supervisors are always watching for this. Most importantly, when a supervisor suspects that a supervisee is struggling, the supervisor must raise these issues in supervision. This can create an uncomfortable atmosphere, but it is very necessary if change and assistance is to occur. At the same time, supervisors must be cautious not to do personal counseling, but to suggest personal counseling for supervisees and to discuss whatever remediation will best serve the supervisee's needs.

**Recommendation #3: Practice multicultural competencies as a supervisor.**

We know that culture influences and shapes us, our characteristics and personality traits. This means that all the

"isms" including gender, race, culture, sexual orientation, age, ability, and size play roles in who we are and how we see the world. These dynamics permeate the supervisory relationship and must be addressed if we are to utilize best practices in supervision.

Today's counselor training programs generally include multicultural training, but that alone is not enough to insure that counselors are working sensitively with clients. It is the role of the supervisor to monitor this and to address it with supervisees as they discuss their clients. But it is hard for some supervisors to raise such personal issues. When we avoid such topics, we are failing to maximize the opportunity to be effective, both in the supervisory relationship and in supervisee/client relationships. To that end the following points should be considered.

1. Supervisors must become aware of their own cultural/ethnic biases and limitations.
2. The supervisory session needs to be a safe, nonjudgmental environment that allows for an open discussion of multicultural issues, values, and ideas.
3. Supervisors must cultivate and communicate acceptance and respect for the supervisee's culture and perspectives.
4. Supervisors need to be familiar with and facilitate racial identity development with their supervisees.
5. Supervisors must model being a multicultural counselor with clients as well as in the supervisory session.
6. Supervisors should seek supervision or consultation when they do not know how best to help a supervisee.

Supervision is a complicated and intricate process. Done right, it can be extremely helpful to young professionals in mastering their work as clinicians. Furthermore, good supervision has the potential to improve our profession and raise the standards of care and best practices in the field. May these "tips" add to your toolbox of skills as a master supervisor. **ICA**

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# Earliest Memories: Freeing Emotional Stuck Points

Chris Gough, LCPC



*Chris Gough is currently in private practice in DeKalb IL. Previously he was a counselor and director of child and adolescent inpatient programs as well as working at a counseling agency. He has explored the use of*

*metaphor in counseling for nearly 25 years, which he has integrated with his evolving use of Earliest Memories. He has provided training in both topics in various settings. He is an adjunct instructor at Mount Mary College in Milwaukee, where he teaches classes in human growth and development in the graduate art therapy program. He can be contacted through e-mail at [metaphorical1@aol.com](mailto:metaphorical1@aol.com)*

Sarah, a middle aged woman, presented with fear of flying. One of her Earliest Memories (EM) was a scene in which her mother told her to bring dinner to the table for mother and her brother. Carrying the dinner, she tripped and fell, landed on the wood burning stove and was scalded. She was then scolded by her mother for her failure.

There are numerous current therapy approaches utilizing memory in general and earliest memories in particular. This article will focus on the approach the author has derived from 25 years of practice. The following is influenced by the work of Milton Erickson with metaphor and indirect unconscious learning, as well as the work of Adler with earliest recollections.

Earliest Memories (EMs), succinctly put, seem to be the way the unconscious or emotional brain encodes and communicates emotional stuck points. These appear to be learned in our

formative years and serve as an unconscious filter for our perceptions and choices, which can result in a potentially life long pattern of not getting our needs met. Retrieving the EM can serve as a gift to the conscious mind by presenting this dynamic in the language of the body (e.g. feelings, sensations, narrative) where it can be re-imagined and re-encoded to facilitate unconscious learning (99% of emotional learning is unconscious).

EMs seem to have what can be described as embedded symbolic commandments. In the case of Sarah it is important to add that she reported that she was “failing” in the four key relationships of her life: Mother, Husband, Boss and Daughter. So the embedded commandment here takes roughly the form of: Thou shalt try and fail at nurturing (feeding) and achieving

*“Earliest Memories (EMs), succinctly put, seem to be the way the unconscious or emotional brain encodes and communicates emotional stuck points.”*

success in relationships. Paradoxically then, success at following the commandment is achieved by failure in relationships; unconscious success, conscious failure. Another key aspect of the EM is *sensory symbolism*. In the EM *failing* is literally *falling*. Since she was failing in all key relationships, she was due for... a big fall; thus her fear of flying. In therapy Sarah re-imagined her EM and, working on the blueprint of its dynamics, fixed all four relationships and flew without a problem.

The body seems to encode these important, though dysfunctional, unconscious learnings in the form of memories which may then be accessed and evolved. Further, it is very important

to clarify that it is not any conscious interpretation (Insight) that is responsible for change but the client’s often lengthy work of making connections on the “inner-net” by re-imagining the ideal outcome for the EM. Essentially the process has the following steps and considerations.

- 1) The client is guided to embody the emotional state of their presenting problem with questions like: when was it at its worst? What was that *like*? (metaphor).
- 2) The therapist asks for the EM that comes to mind *now*, preferably from before the age of 7. It is important to clarify that it is a memory of a specific event and neither a class of memories nor a fleeting image.
- 3) The therapist makes a distinction with the client between the historical facts of the memory (which can not be changed) and the reality of the memory that exists now in their imagination, where anything is possible. The client is the writer, director and actor in the re-written movie scene of memory. The therapist can ask the client to re-imagine the memory, changed for the better, in the first person present tense. There are two types of responses here: Preventative, where the negative event is avoided, and Corrective, where one begins with a hurt and moves toward a healing. The client can be gently guided to the second, healing choice.
- 4) Remind them if they get “stuck” that the imagination can find its way around any and every block. Refrain from imagining it for them unless they give up. Check to see after each re-imagining that it is OK to see it that way.
- 5) At this point be clear with the client that the emphasis is to have the needs of the child (them) met in the most ideal way: from real to ideal and from hurting to healing. Next, ask that their new scene have the child as well as a mother or mother figure and/or father figure each take an initiative to meet the child’s needs. There are 3 levels involved in this step. The initiative cho-

*(Continued on Page 23)*





## Today's Job Market

Margaret Nichols, M.A.



*Margaret is an executive coach in private practice and provides training in the areas of leadership development, communication skills, consultative selling skills and account development strategies. She is also an executive level*

*career consultant and has helped over 200 senior level executives transition into new careers during difficult economic conditions. Margaret's education includes a B.A. in Education from the University of Illinois and a Masters degree in Counseling from DePaul University in Chicago, Illinois. She is a member of the American Society for Training and Development (Chicago Chapter). She holds current clinical licensure status in both Illinois and Washington state.*

It's a whole different job search game out there right now. The best prepared, most strategic and creative marketer will get the job – not necessarily the most qualified candidate.

Let me get to the point:

### Understand and showcase your strengths:

Seek out the advice of a job counselor to understand your strengths and how to position them. There are a number of great career assessment tools out there such as the Strong Campbell Interest Inventory, The Birkman First Look, the Myers-Briggs Personality Indicator and the 15PF.

Do your homework so you know how to lead with your strengths. For example, if you are a people person with great organizational skills and you can't find a job in the construction industry where you have worked for 20 years, then seek out a project management position in another line of work. You may need to go

back to school and get a certificate in Project Management – but it's worth it.

### Network 'till you drop:

So you say to yourself – I don't know anybody in any industry but the one I have been working in for the past twenty years. This simply is not true. You have friends, neighbors, golf buddies, sports friends, relatives etc. and they all have their own unique "circle of influence" – tap into it. This is the wrong time to be shy and retiring – make yourself join professional networking sites such as LinkedIn – and just do it!

### Get Creative:

Get into your favorite potential employer through the back door. Anybody you know who works there can become your "inside coach" and give you a "thumbs up" when they see an opportunity for you.

Try apprenticing for a subject matter expert in your field – do it for free but ask them to

***“Try apprenticing for a subject matter expert in your field...”***

write you a great letter of recommendation in return for your efforts.

Volunteer in an area of interest. It doesn't matter if you have experience – just get in the door and start helping out. Then keep your ears and eyes open. Be ready to seize the day!

### Ignore Age Discrimination:

If you are doing the three steps above: networking, leading with your strengths and getting creative – then you don't want to derail yourself just because an interviewer's face or demeanor changes when they first see you in the waiting room. That is just an initial reaction on their part because they are conditioned to want to hire younger workers. Your job is to blow right past that initial perception and focus on your strengths. You can do this if you truly believe in yourself. So believe in you and market you and network you and showcase YOU.

### This is a numbers game:

If you get in front of enough people, at the right level, within a myriad of companies, sooner or later you will generate an offer. It's simply the law of averages. Every "no" is getting you closer to your "yes." So work the 80/20 rule and spend 80% of your time doing the 20% of activities that will generate an OFFER.

**That's right, 80% of the time you should be:**

- Cold calling – yes, this is a GREAT way to identify opportunities but it demands a thick skin
- Following up with leads within your network
- Meeting with people via interviews, informational meetings, general socializing
- Customizing your resume to the specific position you are applying for
- Creating the best LinkedIn profile you can write
- Researching new opportunities
- Relentlessly following up on interviews based on the fact that you have asked for the next step in the process and you are pursuing it.

ICA

# Labyrinths

## Catalysts for Therapeutic Growth

Neal Harris, M.A., LCPC, DAPA



*Neal Harris is a Licensed Clinical Professional Counselor, with a Master's Degree in Applied Psychology, and a diplomat of the American Psychotherapy Association. He has practiced the art of psychotherapy for the past 22 years. He is also the managing director of Relax4Life, a holistic education and services center and is the patent holder of the 2-person, 2-handed*

*Intuiopath® finger labyrinth design he uses in therapy*

L

ooking back on over a decade of using labyrinths in counseling, all indications point to the powerful role they can play in facilitating the therapy process, especially in promoting relaxation and trust. The following is an example of using a 2-person, mirror-image, wood finger labyrinth design in therapy. Jim, a 32 year old man, came to counseling because he was "feeling anxious for no apparent reason". We talked back and forth for the first few minutes of the initial session about his doctor prescribing anxiety medication (which he didn't want to take), and then I suggested to Jim to try a device that I told him has helped many people relax and be able to explore issues more effectively; he agreed to try it. I took out the double Chartres labyrinth (Intuiopath®) design and, sitting across from each other, we began our fingerwalk journey to the center of our respective sides of the design. As we were doing so, I asked him to share whatever bubbled up in his consciousness during his finger journey (without prejudging or censoring this material), and I told him I would do the same. He seemed nervous at first, but soon he was sharing bits and pieces about problems at work, such as not being respected for his contributions, which had begun affecting his home life. He would arrive home each night, eat dinner and have several beers while watching TV until he fell asleep. This led to arguments with his wife about how "they never do anything anymore together" and how he hadn't been intimate with her in several months. He said she had accused him of having an affair at work.

With this background information, and while both of us were still moving through the labyrinth design, I asked him to verbalize why he might be feeling anxious. He proceeded to give some typical answers about not feeling valued and then, seemingly

without thinking, he blurted out that he didn't like himself or his job and felt trapped like a "caged animal." After that last comment, he looked up from the labyrinth pattern with bright eyes and a smile and stated, "I never thought about it that way before." Now to therapists reading this, this conclusion could be guessed from his situation, but coming up with it himself using the finger labyrinth helped him make some quick changes that reduced his anxiety without medication. Jim proceeded to share with his wife what he'd been feeling, and this led to his decision to change positions within the company. Jim spent a total of six, 1-hour sessions with me and was then sent on his way with much less anxiety and feeling better about himself and his prospects for creating a more meaningful and satisfying life.

I have also used walking labyrinths numerous times in therapy situations, and it is clear that they, like finger labyrinths, can have a profound effect on both relaxation and trust. It has been my experience that walking labyrinths (especially when walked by more than one person at the same time) tend to hold up a hypothetical "mirror" in front of a client where he/she can see the truth behind any ages old defense mechanisms made up of unproductive thoughts, attitudes or beliefs that are held in their mind. As a result, clients seem more ready to look at and potentially release some of these in favor of developing new, more satisfying ones.

For example, a couple came to me to learn relaxation techniques to better cope with the anger and frustration they felt when dealing with authority figures. I invited each to walk the labyrinth that was on my premises; the wife did so, the husband refused to take part. After we briefly discussed her experience, the couple went on their way. The following week when they returned, the wife was very excited and proceeded to talk about how "nice" those in authority positions had seemed to be that week in their interactions with her. Her husband said they still treated him "just as badly." I noticed that her face had a soft smile on it (almost an inner glow), and her body language was much more open than during the previous week. His face and body features continued to look like those of an angry man (much like hers had looked the previous week). She said that it seemed like a miracle the way everyone was so nice to her, and I suggested to her that maybe the world hadn't changed, but that her expectations of the world had, and that was enough for the people in authority to treat her differently. This was a very eye opening statement for her, and it immediately began a process of unraveling long-held beliefs about how she was powerless to have positive relationships, especially

(Continued on Page 13)

with those she perceived to be in authority over her. As a result of incorporating the walking labyrinth early in the counseling process, this woman went from being angry and closed to confident and open when dealing with authority figures.

I use a finger labyrinth in counseling at the same time as my clients do in order to promote relaxation and the resulting increase in awareness on both our parts. The finger labyrinth helps me be a better listener and helps take a newer client's attention away from the typical reluctance they have around talking about their issues. Moving a finger through an inlaid wood path (with eyes open or closed) allows both of us to relax and focus. When this happens, clients become much more aware of their own issues and the blind spots that tend to keep troubling patterns locked in both mind and body. The therapist in turn becomes more capable of being "tuned in" intuitively to the client's process and is therefore able to facilitate change more readily.

Moreover, in my practice I opt to create a more equal footing between myself and my clients by letting the client know up front that he or she has his or her own strengths and weaknesses, and I do as well. I model this when I work with a finger labyrinth right alongside them. In this more equal environment, the hierarchical barriers to effective communication tend to break down, which speeds up the development of mutual trust. Also, for counselors dependent on managed care and its tendency to limit the number of sessions, finger labyrinths tend to foster issue resolution in a speedier time frame when used in conjunction with conventional talking therapies.

I believe on a more mysterious level that it is also incredibly important to acknowledge the unseen forces that are present in the therapy room and that assist with the unfolding of issues and the therapeutic process. Through the use of finger labyrinths and via the relaxation their pathways afford, both client and therapist are helped to tune into these forces to receive the "aha" answers to problems they are both carrying into the therapeutic relationship.

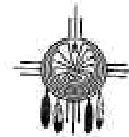
While finger labyrinths are a terrific catalyst to most therapeutic issues, some clients who have been brought up in a particular religion or belief system will be afraid to try them. Those who are actively psychotic, clinically depressed, in the manic phase of Bipolar Disorder and those who have Borderline Personality Disorder may not be good candidates. In addition, working with finger labyrinths as part of a therapeutic strategy can also present a challenge to both newer and more experienced therapists. As I see it, labyrinths are an intuitive playground for the spirit. They involve intuition and a willingness to allow whatever comes up in the process of fingerwalking to surface without judgment or censorship. Therefore, therapists who think they "know" what each client needs and who have a theoretical road map of how to get there using a favorite therapeutic modality may find using a finger labyrinth in therapy uncomfortable. With experience, however, most therapists using finger labyrinths report clients are resolving their issues more quickly, while the therapists themselves are experiencing heightened intuitive gifts and better listening skills—the cornerstones of every successful therapist.

Naturally, not all labyrinth experiences facilitate happy endings like the two case studies above. After all, labyrinths (be they walking or finger ones) facilitate one's awareness of the shadow

self, the parts of ourselves that have been hidden from consciousness. Therefore using labyrinths in counseling can lead to clients coming face to face with their darker side and feeling temporarily worse about their lives. This is a natural part of therapeutic growth for which the labyrinth experience acts as a powerful catalyst.

Labyrinths have their definite place in the counseling arena. As more and more therapists across the globe are adopting the use of finger and walking labyrinths in their practices, we will be seeing an upsurge in the effectiveness of those practices and the satisfaction those clients experience. Since finding out about labyrinths 13 years ago, I have incorporated them as a large part of my counseling repertoire. Other counselors have done the same, mostly using the Intuipath® double finger labyrinth design. The labyrinth has proven to be a valuable tool in the counseling room, especially when therapists hit a brick wall and need a catalyst for moving their clients towards greater balance and health. At these times, labyrinths can open new doorways to growth for both clients and therapists.

Neal can be reached at [neal@relax4life.com](mailto:neal@relax4life.com)



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*Estela M. Pledge is a Licensed Clinical Professional Counselor, a Master Addiction Counselor and an Approved Clinical Supervisor. She has been working in the field of substance abuse and mental health. She is currently employed at Western Illinois University and has a private practice for women. She does consulting for SAMHSA. She is currently a director for CACREP and is former board member of NBCC. She is a member of NBCC, ACA, ICA, and IAAOC (International Association of Addictions and Offender Counselors).edallas@macomb.com*



**Y**ears ago I was working at an outpatient center that provided treatment to mental health and substance abuse clients. The director asked that I give a speech to a group of counselors on codependency. I was stunned, scared, and reluctant, since I had been out of school for only two years. What did I know about this topic that I could possibly share with a group of experienced counselors? Yes, I had heard about codependency; after all, I was working with substance abuse clients and their families, but to address a group of professionals seemed overwhelming. I spent hours researching the topic and found I was becoming both interested in and excited about the challenge.

After my speech to the counselors the director then asked me to develop a group for codependent women. I went back to do additional research in family systems; self-esteem, personality disorders, developmental and feminist theory, communication styles and anything that could help me further understand this concept.

#### **Codependency 1**

The term codependent appeared in the field of chemical dependence in the late seventies. It was first used to describe the person or persons whose lives were affected as a result of their being involved with someone who was chemically dependent. This person was seen as having developed an unhealthy pattern of coping with life in reaction to someone else's drug or alcohol abuse. There was confusion, however, about whether it was a personality disorder or a coping mechanism brought about by severe and prolonged stress. In the 90's it was seen as a pattern of learned behaviors that exaggerated a need to control, a need for external validation, dependency needs, and self-neglect.

In relationships, codependency resulted in a loss of identity and self-esteem which could cause enmeshment, isolation, and over responsibility. Over time, codependency was identified as being present even in individuals who were not involved with someone with a substance abuse problem. These individuals had symptoms that were determined to be pathological enough to warrant counseling. Another common thread was that the clients reported feeling tired, frustrated, sad, confused and sometimes depressed about what they were doing wrong in their relationships.

#### **Codependency 2**

By this point I needed to know that if it indeed these women were functioning with a dysfunctional pattern, what criteria should I use to determine who would be in the group? The eight week group was a closed group for six to eight women who had met the codependency criteria as measured by the Spann-Fischer Codependency Scale. All the women had read and signed forms regarding informed consent and confidentially when they first presented to the agency. They also had to read and sign group rules. On the first group session all this information was once again reviewed and group members were

# Codependency Revisited

Estela M. Pledge, M.S. Ed., NCC, LCPC, MAC, ACS

reminded throughout the sessions that what went on in group must stay in group. Another condition was that each potential member had to complete a genogram and list some of their family of origin rules.

It took a lot of planning to decide how to organize the group. There were some issues that caught my attention from the beginning: (1) the women signing up for group were successful professional women; (2) they asked why this kept happening to them; (3) in relationships they functioned from their emotions and (4) they all had a romantic definition of love. I decided to use a cognitive/behavioral approach in order to help them shift from the emotionality in their lives.

The group was both didactic and process. The didactic work included learning about the theories, definition, and dynamics of codependency. We used the genograms to understand their family dynamics and their birth order in the family. We discussed self-defeating behaviors, values, self-esteem, and differentiated the types of relationships such as an intimate one from a romantic one. And most of all, the women learned how to stop and think about themselves, who they were, what they wanted and what they were willing to do to change their thinking and behaviors. A major exercise was to use the formula: I/E (intellect over emotion) and the PAC model (parent, adult, and child). These concrete models helped them gain control over their emotions. The women worked hard on understanding that a relationship not only had to feel good but it also had to think out well.

#### **Codependency 3**

During these group sessions there were several issues that caught my attention. First, I was surprised that just because a person is successful in their professional life does not mean they are successful in their personal life. I realized that not only were emotions processed differently in the brain but that jobs have structure which directs the person to behave and think in the interest of the employment. Secondly, there were no middle children in the groups. The women were either the oldest or the youngest female. If they had an older female sibling, then there was a minimum of five years between them.

This dynamic had me revisit and introduce the work of Alfred Adler to the group. From this flowed ethnicity, perceptions, and reaching goals. The groups were powerful because the women worked as a group and supported each other.

I no longer do this type of group, but I continue to see women in my private practice who present with what are called codependency issues. Currently this work has included helping them recognize that the term "soul-mate" is elusive and sold by the media. My hope is that women learn to understand that the first relationship they must consummate is the one with themselves.

ICA

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Association and Illinois  
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Coordinator of Darkness to  
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She is currently serving  
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**D**uring a recent  
presentation on the long term  
effects of childhood sexual abuse, I  
noticed that the audience was rapt with  
attention save for two or three participants  
who closed their eyes. They were doing  
this either to really focus, or to separate  
themselves from the difficult material, or  
maybe they were just tired. These are  
typical responses to the work of dealing  
with childhood sexual abuse.

Closed eyes is a great image to start with  
in discussing this topic. People have  
closed their eyes to childhood sexual  
abuse for years, and it's not likely to  
change any time soon. The reality is,  
though, that closing your eyes to sexual  
abuse is what enables abusers to abuse.  
They utilize the discomfort of others to  
conceal what they are doing and it  
provides the opportunity for them to  
continue to victimize. Opening our eyes  
and talking about sexual abuse will limit  
the opportunity for perpetrators. Children  
who do tell will often tell their other

# Counseling Survivors of Childhood Sexual Abuse

Heather Randazzo,  
LCPC, ATR-BC  
Director,  
Illinois Art Therapy  
Association  
Art Therapist  
and  
Expressive  
Therapies  
Supervisor

parent or a trusted adult. When that person  
doesn't know how to respond, they too  
close their eyes. Victims then learn to keep  
it to themselves. By the time they come  
for counseling, they have developed many  
ways to shut out and contain the  
memories.

In the beginning of treating an abuse  
survivor, there is usually an intense focus  
on what happened. Helping the client tell  
their story, assessing the effects depending  
on the developmental level, and  
discovering the relational dynamics and  
current status all play key roles in the  
clinical work of healing. There is also the  
work of exploring the separation process  
that survivors go through to manage the  
pain, shame and inner conflict of  
experiencing childhood sexual abuse.  
Frankly, it is exhausting for the client and  
for the therapist. Clients need to learn to  
take care of themselves, something that  
is essential to the healing process. It is

emotionally strenuous for them  
to acknowledge the childhood  
sexual abuse, explore the effects  
and develop new ways of coping  
and relating to others.

As a Counselor and an Art  
Therapist I have been working  
with survivors of childhood  
sexual abuse for about ten years.  
I have worked with other  
presenting problems as well;  
otherwise, I surely would have  
burnt out by now. I have worked  
with many foster children and  
teens who endured multiple  
abusers for extended periods of  
time, teens in intact families  
whose parent or close family  
member abused them once or  
multiple times, and adult  
survivors who had long kept the  
memories from others or  
themselves. Each person I have  
worked with has demonstrated  
courage, anger, shame and  
honor, and I consider it a  
privilege to be included in their  
healing journey.

The presenting problem is  
rarely expressed as the need to  
heal from childhood sexual  
abuse. Typically it is depression  
or anxiety or marital trouble.

There is a section in the initial  
interview about abuse or trauma, and the  
client will pause and look away and say,  
"Yes, when I was a kid..." And so we  
begin. The client will then be able to  
focus on him or herself and shut their eyes  
to everything else. It is important that the  
therapist provides acceptance and  
understanding, showing strength and  
courage in addressing the issues. This  
enables the client to acknowledge their  
experience and begin the path of self  
awareness, self acceptance and  
integration.

Within the safety of a therapeutic  
relationship, the client will develop the  
courage to talk about the hidden truths.  
Client and therapist will work on  
identifying and releasing the anger and  
shame, disappointment and fears. I learn  
about who it was, what he did, when,  
where and who should have protected. I  
learn about what was told and what

(Continued on Page 23)



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# VISIT BOSTON

## EXPERIENCE SUFFOLK UNIVERSITY FALL 2009

### FALL OPEN HOUSE

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### INFORMATION SESSIONS

September 26

October 12

October 23

### NEW ENGLAND SCHOOL OF ART & DESIGN INFORMATION SESSIONS

September 25

October 30

November 20

### STUDENT-TO-STUDENT INFORMATION SESSIONS

October 17

October 24

### TRANSFER ADMISSION

### SESSIONS FOR SPRING 2010 APPLICANTS

September 25

October 23

November 06

### INTERVIEWS AND TOURS

September 19

October 3

October 10

October 31

November 21

December 5

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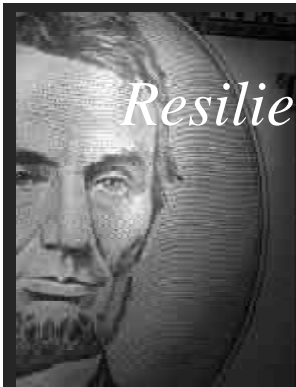
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# ICA Annual CONFERENCE

## 2009 CONFERENCE SCHEDULE OF EVENTS

### Wednesday, November 11

5:30 p.m. - 9 p.m.  
ICA Leadership  
Development Academy

### Thursday, November 12

7:30 a.m. Pre-  
Conference Registration  
9 a.m. - 4 p.m.  
Pre-Conference  
Workshops  
4:30 p.m. - 8 p.m.  
Governing Council  
Meeting  
8 p.m. - 10 p.m.  
Welcome Reception

### Friday, November 13

7:30 a.m. Registration  
7:30 a.m. - 4 p.m. Exhibits  
9 a.m. Opening-Keynote  
Richard Yep  
9 a.m.-4 p.m. Workshops  
12:30 p.m. Awards Lunch  
4 p.m. Division Meetings  
6 p.m. Reception  
7 p.m. - 9 p.m. Awards  
Banquet

### Saturday, November 14

7:30 a.m. Registration  
8 a.m. Division Meetings  
7:30 a.m. - 4 p.m. Exhibits  
9 a.m. Opening-Keynote  
Toni Tollerud  
9 a.m.-4 p.m. Workshops  
12 p.m. Lunch- General  
Membership Meeting



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Hilton Springfield, 700 East Adams St. Springfield, IL 62701. (217) 789-1530. Conference Rate: \$90 + taxes per night. Reserve rooms using special link on ICA website or call hotel and use group identification, Illinois Counseling Association. The Hilton is located in the historic downtown area of Springfield 2 blocks from the Amtrak train station.

### The City

Springfield became the Illinois state capital in 1837 with the help of a young lawyer and politician named Abraham Lincoln. He lived in the city until he left to become the 16th President of the United States, in 1861. From that moment on, the city's history and future have been inexorably tied to this most famous and beloved American citizen.



### The Activities

In addition to 7 Pre-Conference, 55 Main Conference selections, and 9 poster sessions, this year's conference will host the Illinois Career Development Division of ICA in a special 2 day Career Consult opportunity for counselors attending the conference. Also look for the Technology Corner and experience the versatility of Twitter, Face Book and Linked In. Purchase books written by ICA members at the ICA Bookstore.

Enjoy the Thursday night Welcome reception (at no extra charge). Keynotes include Richard Yep, ACA Executive Director on Friday and Dr. Toni Tollerud on Saturday. Join Abe and us for dinner on Friday night and dance to the music of Prism Light DJ's.

Bring your family and they can sign up for a special Lincoln Library tour on Saturday. Take Amtrak to Springfield and use the special conference rate available to conference attendees.

**Register online at:**  
**[www.ilcounseling.org](http://www.ilcounseling.org)**

# Keynotes



**Friday, November 13, 2009**

## **Opening Keynote**

**"The Road to Resiliency: Overcoming the Potholes of Doubt, Confusion, and Uncertainty"**

### **Richard Yep**

Richard Yep, CAE, is the Executive Director of the American Counseling Association, the largest membership organization of professional counselors in the world. Rich is also the chief staff officer for the ACA Foundation.

As a speaker Rich has delivered presentations on various issues impacting not-for-profit organizations relative to public policy, leadership development, ethics, membership retention, and product development. He also writes a column in *Counseling Today*, and is a co-editor of *Terrorism, Trauma, and Tragedies: A Counselor's Guide to Preparing and Responding*, now in its third edition.

Currently, Rich is a member of the American Society of Association Executives and serves as Chair of their Diversity Committee. He has been profiled in *Associations Now* magazine and on the ASAE and The Center website. For the past four years he has sat on the Board of Trustees of Excelsior College and currently serves as Chair.



**Saturday, November 14, 2009**

## **Opening Keynote**

**"Is Resiliency Enough? Surviving Illinois Politics and Professional Pressures with Courage"**

### **Dr. Toni Tollerud**

Toni R. Tollerud, Ph.D. is a Presidential Teaching Professor of Counseling in the Department of Counseling, Adult and Higher Education at Northern Illinois University. As an educator for over 39 years, Dr. Tollerud has had extensive experiences in supervision training, including student teachers, school counselors, agency counselors, and counselors-in-training

Dr. Tollerud is a Past-President of the Illinois Counseling Association, North Central Association of Counselor Educators and Supervisors, and the Illinois Counselor Educators and Supervisors. She has received numerous awards for her professional work including the Illinois Mental Health Counselors Association Outstanding Service Award in 2006 and Illinois Counselor Educators' Educator of the Year Award in 2003. She has published numerous articles and book chapters on counseling issues. She is a Licensed Clinical Professional Counselor, National Certified Counselor, National Certified School Counselor, approved Clinical Supervisor, and a graduate of the University of Iowa. She also holds certificates for elementary and secondary teaching and school counseling for the State of Illinois.

## **NEW this year at the CONFERENCE!**

### **Free Career Consultations:**

ICA has invited the Illinois Career Development division to host a 2 day forum to assist conference attendees in their job search activities. Whether you are looking for employment now, or may be doing so in the future, use this opportunity to meet with a professional Career Counselor for some valuable one on one time. (See the ICDA ad on page 4 for additional details).

### **ICA Author's Bookstore:**

We have invited ICA members who have published books on counseling and related subject matter to participate in our first author's book sale. Look for the book sales table in the exhibit area of the conference.

### **ICA Technology Corner:**

ICA has invited several of our grad student members to display and demonstrate some of the latest in social networking tools such as Twitter, Linked In and Facebook. See the software in action, and get ideas for how to best use social networking in your world.

### **Amtrak Train:**

If you don't want to drive to Springfield, we have arranged for special rates on Amtrak for conference attendees. Call Amtrak at (800)872-7245 and use Convention Fare code X66W-960 when making your reservation. The Hilton Hotel, is just 2 blocks from the train station. Contact the Hilton at (217)789-1530 to arrange for hotel pick up ahead of time.

# ICA Annual Conference Presenter List

## Friday Workshops

Attitude Modification: Applying Yes Attitudes to Life Challenges  
 Considering Your Legacy to Counseling  
 Creative Growth With Equine-Assisted Psychotherapy and Other Animals  
 Cultural Barriers in Counseling: Converting Prejudices and Stereotypes into Advantage  
 Effectively Working With Perpetrators of Domestic Violence  
 Enhancing Counselor Resiliency Through and Review and Update of Professional Ethics  
 Enhancing Resiliency in Youth Through Animal Assisted Therapy  
 Helping Couples Work Together Through an Optimistic Experiential Approach  
 LifeSavers-A High School Suicide and Crisis Prevention Program that Truly Makes a Difference!  
 NLP Fast Phobia/Trauma Cure  
 Parents and Schools: Making the Move from Huh? to Aha!  
 Private Practice? Questions Answered  
 Red Cross Psychological First Aid  
 Resilience in Sexual Abuse Survivors  
 Resilient Kids & Families: Substance Prevention and Intervention in Schools & Homes  
 School Counselors Leading the Charge for Academic Resiliency  
 Sexual Addiction 101: Understanding that it is not about sex  
 SUICIDE.....One is Too Many.  
 The Critical Role of School Counselors in Social-Emotional Learning: GETTING ON BOARD!  
 Today I Peeled An Artichoke: Focusing On Focus Questions and Strengths Identification  
 Universals Counseling Approaches and Techniques  
 Using a Team-Based Approach to Create a Well-Rounded Student-Athlete Identity

## Saturday Workshops

"The Male Experience" Effectively Counseling and Understanding Men Who are Impacted with HIV, Incarceration, Substance Abuse and Sexuality Issues. (MSM, Bi/Gay)  
 A Comprehensive Intervention Framework Empowering Students-of-Color in a White Majority School  
 Bouncing Back: Children and Play Therapy Theory, Techniques, and Implementation  
 Brief Interventions for Clients Suffering from Alcohol and Other Drug (AOD) Problems  
 Counseling couples: Something new, something old  
 Counselor Self-Care; A Holistic Model  
 Counselors with Mental Health Disorders: Should they be allowed to Practice?  
 Creating a School-Based Gay Straight Alliance  
 Developing Resiliency in Traumatized Children through Child-Centered Play Therapy  
 Domestic Violence - what every counselor needs to know  
 Emotional Skillfulness in African American Marriage  
 Enhancing Professional School Counselor Training Through Service Learning  
 Finding the Right Fit: Psychoeducational Groups for Undecided Students  
 If You Build It, Jobs Will Come: The Importance of Networking  
 Improvisational Acting Techniques in Counseling: An Experiential Investigation  
 Log Off or Log Out: An Internet Addiction Prevention Program for Students  
 Multimodal Assessment Approach: A Necessity In Counseling Immigrant Clients  
 Pastoral psychotherapy, feminism and spirituality  
 Poetic License: Grieving the Death of a Parent at Mid-Life  
 Religion, Spirituality and Counseling: What are We Talking About?  
 Remembering Abraham Lincoln  
 Self-care for the Supervisor: A Creative Arts Approach  
 Self-expressive therapy: Self-care for helping professionals  
 Strengths-Based Clinical Supervision: From Effectiveness to Greatness  
 Struggles Minority Adolescents Face with Identity Formation  
 The LATIR Group: Language and Therapeutic Interaction Research  
 Through the Mindful Gate: College Students Stress Reduction Curriculum  
 What is a Licensed Clinical School Counselor? The Expansion of the School Counselors Clinical Role  
 When Counselors Need Counseling: We don't always practice what we preach  
 When the internet says hello will you be able to answer correctly?  
 When the Pager Goes Off: Handling Crisis Calls in a Small Mental Health Clinic

## Lead Presenter

Julia Yang  
 Stephany W. Joy-Newman  
 Sandra Kakacek  
 Eric Dutt  
 Dennis Deer  
 William McFarland  
 Christine Burback  
 Patricia Robey  
 Judy Ashby  
 Virginia Brubaker  
 Gabriela Medina  
 Bob Walsh  
 Pam Arnold  
 Stef Standefer  
 Yoli Six  
 Teresa A. Fisher  
 Michelle Tebrugge  
 Ray Piagentini  
 Toni Tollerud  
 Alan Milliren  
 Michael Illovsky  
 Michele Kerulis

Stephvon T.D. Cook

Dan Elgin  
 Julie Robinson  
 Mark T. Blagen  
 Julianne Derichs  
 Gary R. Koch  
 Roberto Clemente  
 Erin Mason  
 Charles E. Myers  
 Chantae Griffin  
 Shea Dunham  
 Erin Mason  
 Jason Haas  
 Lauri Dishman  
 James Ruby  
 Abby Reel  
 Nithyakala Karuppaswamy  
 Susan M Mielke  
 Bill Abler  
 Ray McKinnis  
 Charles Pistorio  
 Kris Larsen/Jessica Young  
 Nan Giblin  
 Andy Young  
 Linda Brown-Jackson  
 Scott Wickman  
 Stephanie Myers  
 Byron Waller  
 Sara Schwarzbach  
 Daniel Stasi  
 Mary Colleen Mack

## Poster Sessions

An Innovative Approach to Resolving the Unresolved Issues Shared by many Compulsive Hoarders Victoria Herbert  
 Benefits and potential problems of exercise in treating depression.  
 The exploration of methodologies proven to alleviate test anxiety in school children  
 Applications of play therapy with sexually abused children  
 Obtaining the Training: How Learning Format Impacts the Experience of Supervision  
 Animal Assisted Therapy  
 High School Student-Athletes & Transition Programming: A Descriptive Pilot Study  
 Using the Illinois Model in Collaboration with Teachers  
 Listening for Client Strengths

Erin E. Walters  
 Mera El Ramahi  
 Angie Yoder  
 Heather Paessler-Chesterton  
 Catherine Spannagel  
 Jim Klein  
 Anna Marie Yates  
 Susan E. Kerstein

**Pre-Conference and Conference Registration**

Make your own **HOTEL RESERVATIONS BY OCTOBER 22, 2009** directly with the Springfield Hilton. Use group code Illinois Counseling Association. ICA Room Rate: \$90.00 per night + tax. Phone (217) 789-1530

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

**ICA MEMBERS ONLY:** Mark only one. The division you mark will receive a portion of your registration fee.

- |   |  |
|---|--|
| <input type="checkbox"/> ICCA College Counselors  | <input type="checkbox"/> ICDA Career Development         |
| <input type="checkbox"/> ICES Counselor Educators | <input type="checkbox"/> ISCA School Counselors          |
| <input type="checkbox"/> IAMC Multicultural       | <input type="checkbox"/> IMHCA Mental Health             |
| <input type="checkbox"/> IAACE Assessment         | <input type="checkbox"/> IAADA Adult Development         |
| <input type="checkbox"/> IACF Couple & Family     | <input type="checkbox"/> IASGW Group Specialists         |
| <input type="checkbox"/> ICSJ Social Justice      | <input type="checkbox"/> ISERVIC Spirituality & Religion |

**SPECIAL NEEDS:**

- ☐ I require all meals to be vegetarian  
Contact ICA, in advance, for other needs  
(877) 284-1521

**Student Verification Required:** Faculty signature to verify that you are enrolled in a graduate counseling program for a minimum of 4 semester hours.

Name of College / University \_\_\_\_\_

Professor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Cancellation Policy:** Refunds, minus a \$15 processing fee, will be made upon written request to ICA received on or before October 31, 2009. No refunds will be given for late cancellations.

**Continuing Education Hours:**

This program is cosponsored by IMHCA and is recognized as providing CEs for: **LPC / LCPC** and **LSW / LCSW** (IDFPR license # 159-000650). **LMFT** (IDFPR license # 168-000148). The National Board for Certified Counselors for National Certified Counselors (Provider No. 2014). CPDUs from ISBE Provider # 102999.

**PRE-CONFERENCE LEARNING INSTITUTES**

**Thursday, November 12, 2009**

Attendees may earn up to 6 Continuing Education Hours at the Pre-Conference

**CONFERENCE FRIDAY AND SATURDAY**

**November 13-14, 2009**

Attendees may earn up to 11 Continuing Education Hours for participation in conference sessions

**Conference Package includes:** Welcome Reception- Breakfasts - Friday and Saturday Luncheons - Awards Banquet - Keynote Sessions - All Content Sessions

Circle Pre-Conference Payment Choice	Non-	
	Member	member
<b>Full Day (1 full day or 2 half days)</b>	\$100	\$120
<b>Half Day Only (1 half day AM or PM)</b>	\$ 60	\$ 70

**Full Day (circle workshop choice)**

Consciously Creating Wellness - Louise Dimiceli-Mitran  
Supervising School Counselors - Fran Giordano & Toni Tollerud  
Mission Control: Understanding the Brain - Linda Zimmerman

**Half Day-AM (circle workshop choice)**

Intervening With Families - Keith Neuber  
New Challenges in Aging - Bob Nejedlo and panel

**Half Day-PM (circle workshop choice)**

Counselors Serving Veterans - Bill Vander Heyden and panel  
A Family That Plays Together Stays Together - Julianna Robinson

	before 11/04/09	11/04/09 and after
<b>ICA MEMBERS</b>		
Conference Package	\$240	\$275
Friday only (includes breakfast & lunch)	\$130	\$145
Saturday only (includes breakfast & lunch)	\$140	\$160
<b>ICA MEMBER RETIREES</b>		
Conference Package	\$215	\$245
Friday (includes breakfast & lunch)	\$125	\$145
Saturday (includes breakfast & lunch)	\$135	\$155
<b>STUDENTS</b>		
Conference Package	\$215	\$245
Friday (includes breakfast & lunch)	\$125	\$145
Saturday (includes breakfast & lunch)	\$135	\$155
<b>NON-MEMBERS</b>		
Conference Package	\$300	\$345
Friday (includes breakfast & lunch)	\$145	\$165
Saturday (includes breakfast & lunch)	\$160	\$185
<b>PRESENTERS/EXHIBITORS</b>		
Register online at <a href="http://www.ilcounseling.org">www.ilcounseling.org</a>		

**ADDITIONAL TICKETS (each)**

Friday Luncheon	\$ 20	\$ 20
Friday Dinner & Entertainment	\$ 40	\$ 40
Saturday Luncheon Fiesta Buffet	\$ 30	\$ 30

**Contribution for Volunteers' Lunches**

**TOTAL AMOUNT ENCLOSED:** \$ \_\_\_\_\_

Make check payable to **ICA Conference** and mail to ICA, P.O. Box 367, DeKalb, IL 60115. Fax (815) 787-8787. Credit Card payment complete below:

Name on card \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

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## PRE-CONFERENCE WORKSHOPS

### Pre-Conference Thursday, November 12, 2009 Full Day

#### **Consciously Creating Wellness with Guided Imagery, Music Relaxation and Mandalas**

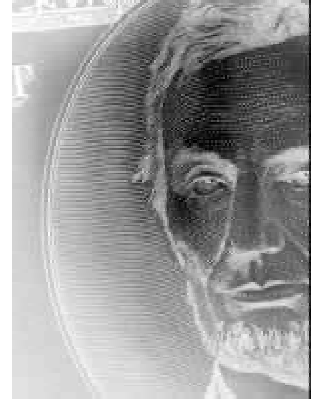
**Sponsor:** ICA

**Presenter:** Louise Dimiceli-Mitran

**Program Synopsis:**

Achieving wellness implies taking responsibility for a healthy lifestyle. Participants will learn to create wellness for themselves and clients using music, guided imagery, relaxation and mandala work. Wellness theories will be discussed, relaxation and imaging techniques demonstrated, and case stories shared. Attendees will create an individual wellness plan using guided imagery, music and mandala work, and receive tips on how to guide a client through this process.

**Program Goal:** 1. Learn to use creative processes to facilitate wellness practice. 2. Understand how to use and choose music, simple guided imagery techniques to achieve relaxation and meditation. 3. Learn various wellness theories and terms and how to apply them in clinical practice.



#### **Supervising School Counselors: Practical and Ethical Considerations**

**Co-Sponsor:** ISCA

**Presenters:** Fran Giordano & Toni Tollerud

**Program Synopsis:**

It is critical that school counselors receive supervision. However, often it is difficult for them to find a well trained supervisor who is skilled in state-of-the-art school counseling and supervision practices. Learn concrete school supervision skills and increase your knowledge of the ethical issues impacting this setting.

**Program Goal:** This workshop will teach participants concrete school supervision skills and increase their awareness of supervision ethical issues that impact school settings.

**Program Objectives:** Participants will look at effective ways to structure a supervision session.

#### **Mission Control: How Can we Help our Clients by Understanding the Brain that Drives Us All**

**Co-Sponsor:** IMHCA

**Presenter:** Linda Zimmerman

**Program Synopsis:**

Have you every wondered why, despite their stated desire to change, some clients are unable to make that change? Join us as we explore the interaction of our brain and emotional states in therapy. When you leave this workshop you will understand how people learn, use their memories, and automatically respond to others, and how you can help them change their behavior. The morning session will begin with a very basic interactive introduction to the brain. We then will explore how we control our thoughts and behavior. You will leave this workshop with a new understanding of ways to help your clients make cognitive changes that will help them overcome past patterns of behavior.

### Pre-Conference Thursday, November 12, 2009 Half Day Morning

#### **Intervening With Families to Achieve Sustained Changes in Behavior**

**Co-Sponsor:** Lewis and Clark Chapter

**Presenter:** Keith Neuber

**Program Synopsis:**

The workshop will increase participant understanding of the common sense principles of human dynamics as they relate to clinical assessment and intervention. Participants will practice techniques for engaging families and collaterals in achieving sustained changes in individual behavior. Participants will leave with increased confidence in working with families to bring about timely changes that are maintained over time.

**Program Goal:**

To develop participant skills at engaging families to effectively alter behavior that can be sustained over time.

**Program Objectives:**

To increase participant understanding of the Systems Theory principles of human dynamics. To present and demonstrate a family intervention approach to clinical assessment and intervention. To provide role play and video-tape practice to facilitate participant understanding of the principles.



## PRE-CONFERENCE WORKSHOPS

### Pre-Conference Thursday, November 12, 2009 Half Day Morning

#### **New Challenges in Aging for Clients and Counselors**

**Co-Sponsor:** IAADA

**Presenters:** Bob Nejedlo, Melanie Rawlins, Larry Rawlins, Leslie O’Ryan, Patricia Kozik, and Robert Bracki

**Program Synopsis:**

In view of a depressed economy, the content of this workshop will examine five major challenges for counselors and clients. First, learn about perspectives on aging. Second, how can we manage our money in order to survive the recession. Third, turning to family history for survival strategies. Fourth, mustering the courage to grow old. Fifth, caring for ourselves. This workshop utilizes information, activities, and suggested solutions for counselors and clients to meet these challenges.

**Program Goal:** Presenters will identify challenges in aging and examine programs and/or activities that counselors can use with clients.

**Program Objectives:** Participants will hear about perspectives on aging and then learn about activities for mind, body, and spirit enhancement.

### Pre-Conference Thursday, November 12, 2009 Half Day Afternoon

#### **Counselors Serving Veterans: Investing in our Shared Future**

**Co-Sponsor:** ICES

**Presenter:** Bill Vander Heyden and panel

**Program Synopsis:**

Critical information will be provided to help counselors in a variety of settings understand the needs of our returning veterans. The emotional, spiritual, career and educational issues of service personnel returning from Iraq and Afghanistan will be addressed.

**Program Goal:**

Participants will gain an understanding of the critical needs of veterans in multiple counseling settings.

#### **A Family That Plays Together Stays Together: Play As A Family Counseling Intervention**

**Co-Sponsor:** IACFC

**Presenter:** Julianna Robinson

**Program Synopsis:**

Children are an integral part of many families. This program will integrate theory and experiential opportunities to learn the use of play as an intervention strategy in family therapy. Participants will have the opportunity to share current cases and consult about how they might integrate a play therapy perspective.

**Program Goal:**

Through didactic lecture, video tape clips, discussion-groups, and role playing participants will learn the therapeutic use of play with families.

**Program Objectives:**

Following the workshop, the participants should be able to: 1) identify essential variables in utilizing play as an intervention strategy with families 2) respond to children’s emotional needs during the family counseling experience; 3) communicate therapeutically with children; 4) identify issues unique to the play therapy intervention with families 9) identify the rationale for using play therapy in family counseling

#### **ISCA Follow Us On**



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[www.linkedin.com](http://www.linkedin.com)

## Earliest Memories: Freeing Emotional Stuck Points

(Continued from page 10)

sen first tends to be the client's usual coping mode. The 3<sup>rd</sup> level is almost always difficult and is the stuck point in their pattern. It is critical to achieve this 3<sup>rd</sup> level successfully. To prevent clients from feeling failure it is important to make clear that this is indeed a stuck point by definition and therefore necessarily difficult.

- 6) At this point all 3 levels of initiatives are completed and the client is asked how this can be celebrated within the new scene. A common answer is ice cream. Ask for specifics to ground and anchor the experience.
- 7) Finally, ask them if they see parallels between their presenting problem and the EM when viewed symbolically like a dream. The therapist may satisfy the curiosity of the client's conscious mind by pointing out some obvious parallels. The client is checked in with to make sure they're oriented after what is

usually a 20-40 minute experience. They can be given the homework expectation to look for subtle shifts in how they think, feel and act. This is a very brief overview of EMs utilized metaphorically. It is kept safe for the client by respecting their defenses through having them "choose" a memory that is both representative of the problem pattern but still indirect in "protecting" the conscious mind by not making an intrusive connection to any specific trauma(s) that may cause abreaction or other significant discomfort. It can be used with all ages over 7, although children will work in an abbreviated, though not less powerful form. 



### Illinois School Counselor Association

\*\*\*Special Presentation\*\*\*

## SUICIDE PREVENTION IN THE SCHOOLS

**Dr. David Capuzzi**  
**Feb. 5, 2010**  
**Lisle-Hilton**

**ISCA Members \$30**  
**Non-Members \$100**

**Special**  
**Grad Student Dialogue**  
**with Dr. Capuzzi**  
**Feb. 4, 2010**  
**ISCA Student**  
**Members-FREE**  
**Non Members \$25**

## Counseling Survivors of Childhood Sexual Abuse

(Continued from page 15)

happened next. These factors indicate how the client was affected and what they learned about how the world works. Then we can connect these factors to what we see today. We can understand the connection between their childhood sexual abuse and their depression, anxiety and relationship struggles. We can understand what needs did not get met as a child and what they are doing today to be heard, to be safe and to be loved. At this point, we explore the beliefs or truths that underlie the behaviors. We strive to correct those that are no longer functioning. We challenge the ideas of being unworthy of love, safety and compassion. Then we identify and develop new ways to relate to others. The depression lifts, anxiety dissipates and relationships are rebuilt. Survivors learn to parent themselves. They learn to listen to themselves, to keep safe, and to rest and rejuvenate.

So, in dealing with counseling those who have experienced childhood sexual abuse, we too learn to open our eyes to the pain and shame, honor and courage. We help separate what is working and what is not. We help to integrate the past with the present. We honor the work and the rest and the reenergizing. We learn to care for ourselves as we care for them. It is a privilege to walk the healing path with a survivor. My hope is that more people will open their eyes to the problem and take steps to prevent it from happening and to help heal those who have experienced such trauma.

[suncreststudios@comcast.net](mailto:suncreststudios@comcast.net)



# WHEN COUNSELORS NEED COUNSELING

Sara Schwarzbaum and Julienne Derichs



*Julienne B. Derichs MS, LCPC, is a counselor, writer, lecturer, and adjunct faculty at National-Louis University. She has been in practice for over ten years, spending her early years as a counselor working with adults who suffered with severe anxiety, depression, OCD, and schizophrenia.*

*Currently, Julienne specializes in helping adults who are struggling through difficult situations begin to take control of their lives. Using a solid, solution-focused*

*cognitive approach, she offers her clients a calm, understanding presence to help them sort out problems and find a way to cope and resolve their important concerns.*

*She also writes and publishes Life in Balance, a bimonthly newsletter, which covers topics on personal and professional growth. Julienne has presented lectures and workshops throughout the Chicagoland area on topics such as: The Power of Positive Working: Creating a Positive Workplace, The Art of Communication, and Target Practice: Release Your Stress by Hitting Your Goals. Julienne's most recent article on stress was published in the Fall 2006 edition of Remarkable Woman Magazine.*



*Dr. Sara Schwarzbaum, Ed.D., LCPC, is a family counselor and a professor in the department of Counselor Education and Coordinator of the Master's in Family Counseling Program at Northeastern Illinois University in Chicago.*

*She is the author of numerous articles and two books. Her writings have appeared in the Psychotherapy Networker, Counseling Today, and the Journal of Multicultural Counseling, among other publications.*

*Recently, she has been publishing articles and presenting on the subject of counseling for counselors.*

*In her private practice in downtown Chicago, she specializes in working with couples and she is a consultant, trainer and presenter at hospitals, schools, mental health centers and social service agencies where she addresses the multicultural competency of counselors, working with Latinos and immigrants, and counseling couples, among other topics.*

Counselors don't always practice what they preach. They may be very skilled at helping others, but it is well known that they often don't take care of their own needs. One aspect of the wellness of counselors is their need to learn to become clients themselves, and

yet, counselors who become good helpers don't always make good clients. Some counselors have such unrealistic expectations of their own infallibility that they may blame themselves unnecessarily for things over which they have no control. They either try to be the counselors of their own lives or succumb to the pressure that significant others put on them to become the counselors of their family relationships. Counselors need counseling not only when they are impaired, but simply because they are not good counselors of their own relationships and of their own lives. To be an effective helper it is important to seek continued personal growth, and that includes personal counseling. We know that counselors who seek counseling are better at what they do professionally and personally, than those who don't.

Certain characteristics common to the work of all helping professionals can make them more vulnerable to impairment: their acute sense of empathy, their feelings of responsibility for the outcome of cases, even when dealing with people who have unsolvable or difficult problems, and, of course, exposure to secondary trauma or vicarious traumatization. Some counselors end up with severe impairment, compromising client care. Continued involvement with the painful experiences of others, however, does not necessarily lead to impairment, but it may make counselors more vulnerable to difficulties in their own relationships and their relationships with their clients.

Consider the following:

Carol (all names have been changed to protect client privacy), a busy single mom who works in a group practice, thinks her relationship with her 14-year-old daughter could use a tune up. She wonders: How can I find the time to seek counseling for the two of us? Besides, she'll make fun of me for being a counselor who is in counseling.

Steve, who works primarily with men struggling with substance abuse issues, has a client who is triggering something in him. He thinks it may be related to his relationship with his father, but he also thinks he should be able to figure it out on his own. He says to himself: I already dealt with the issues about my father during individual and group counseling class when I was in graduate school.

Sharon, who spends her days in a busy high school counseling office, has not been feeling like herself lately at work; she is losing patience with her unmotivated students. She thinks she's been quite depressed since her oldest son got divorced. She knows that it would be good to figure out what is going on, especially since she knows that her propensity to depression worsens when she does not pay attention to it, but she is worried that if she talks to her friends, colleagues or her husband about it, they will think she is not a good counselor.

Roberto, an immigrant from a Latin American country, became a rehabilitation counselor after working as a computer programmer for twenty years. He works with Latino families whose children have

*(Continued on Page 25)*

## When Counselors Need Counseling

(Continued from page 23)

severe developmental disabilities. He has been having a difficult time with his wife lately but thinks that he is supposed to be able to deal with it himself, without consulting a couples' counselor. On two occasions in recent weeks he found himself unable to concentrate with the parents of one of his patients who have been fighting in front of him about how best to take care of their child.

Carol Steve, Sharon and Roberto seem reluctant to seek counseling for themselves, even when they would recommend it to others in similar situations. When counselors hold beliefs of which they may not be entirely aware, barriers to effective self-care may arise. The belief that counselors should have the ability to solve their own problems without outside help or that they are immune to struggles of their own because they are skilled at helping others may trick them into thinking that they are experts who are failing at what they do if they struggle with their spouses, their children or their moods.

Less experienced helpers may be worried about what their supervisors or spouses will think of them. More experienced ones may, in turn, worry about finding a counselor appropriate for their level of expertise. Being in counseling/therapy is a sure sign that the counselor is not in control and can become helpless and dependent. The humility needed to turn to another colleague for help may turn into shame and trigger feelings of failure, weakness or inadequacy.

Graduate programs in counseling rarely make counseling for their students a mandatory requirement, so students often graduate without the experience of personal counseling. Additionally, in busy agencies and schools, many counselors receive only task supervision, not clinical supervision. Good clinical supervision helps counselors identify personal issues that influence their work with clients. It is often in clinical supervision that counselors learn the extent to which their own lens affects what and how they view a situation. While advocating for mandatory counseling and supervision post licensure poses its own challenges within a democratic profession, it is important to realize that lack of clinical supervision and lack of personal experience as a client may end up acting as barriers to personal counseling many years after graduation.

When counselors do not seek personal counseling, the impact on their work depends on a variety of factors including counselor personality style, current and past life circumstances, and, obviously, the nature of their professional activities. Counselors often compare themselves to the clients and the families they work with, and this

comparison may affect how they view not only themselves but also their clients. Impaired empathy or problems with the fidelity of empathy can also occur, causing counselors to over-identify or to get angry with their clients. Moreover, not having the experiences of weakness, vulnerability, or dependency that being a client brings on makes it harder to understand the nature of such feelings in others who seek their help as clients.

*“Additionally, in busy agencies and schools, many counselors receive only task supervision, not clinical supervision.”*

Clients tap our vulnerabilities, and it can be a challenge to figure out how some of them affect our lives without the personal counseling to sort it through. Additionally, we risk behaving like counselors in our own relationships, or becoming dependent on clients for our own self-esteem regulation. Some counselors may work with

clients as a way to avoid working on their own problems; the tendency to cut out human relationships is not an unusual response of counselors who work with difficult professional situations.

When counselors do become clients, they may show certain characteristics that tend to be similar to the ones that prevent them from seeking help. Some counselors intellectualize the therapeutic relationship by citing books or theories. Others may be worried about being judged by their counselors about their professional abilities, which can impact how real they are as clients, and how easy or difficult it is for them to shed their counselor persona. Additionally, a counselor as client may compete with the counselor and be hyper-vigilant to the meaning or impact of their counselor's minor interventions or comments. This may impact how they show vulnerabilities, struggles, or inadequacies.

We all need counseling, just based on the nature of our work. By the time the personal issues have crossed the boundary and are getting in the way of the work we do or of our lives, things may have gone too far. Becoming clients, challenging as it may be, may help us live better personal and professional lives.

ICA

# Outreach Intervention

## Reduces Juvenile Recidivism

Cherie L. Barnes, Chicago State University

Cherie L. Barnes, MA, NCC, LPC is a graduate of Chicago State University's Counseling Psychology Program. Cherie is employed with Youth 1<sup>st</sup> Counseling Services, Incorporated as a Master level therapist. Cherie's interests include Child and Family therapy, mental health issues across the lifespan, Anger Management Counseling, Group work and Brief Counseling. In 2008 Cherie was awarded the Wendell S. Dysinger, Outstanding Professional



Counseling Publication from ICA. Cherie hopes to obtain a PhD in Counseling in the near future.

In today's uncertain times, it is not uncommon to turn on the television or radio to get news reports that youth are in trouble. With the school year beginning, we can ask, "How will youth survive and even thrive under current circumstances?"

One documented cause of antisocial behaviors among youth is involvement in negative relationships. We know that youth tend to hang out with peers and others who are just like them. Youths who are involved in criminal acts tend to share their anecdotes with those they are around the most, creating a peer environment conducive to promoting crime. It is important that society provide young people with options to alleviate antisocial behaviors lest more and more youth end up incarcerated.

Research suggests that antisocial behavior is manifested by low self-esteem, poor peer and adult relationships, and instability in the home life. (Wright, Caspi, Moffitt, & Silva, 2002 p. 231). According to research, association with delinquent peers is due to low social control, poor self-concept, and interpersonal inadequacy (Brooke et al., 1997). Poor or ineffective parenting will produce children who lack self control (Lerner & Galambos, 1998). Associating with antisocial peers exposes the young person to modeling of antisocial behavior and attitudes. Youth who see antisocial behaviors are more likely to act on them than those whose peers just talk about it (Mills, Kroner & Mongrain, 2005 p. 47). Youth who engage in risky behaviors are also at risk for delinquency (Blaske et al., 1989). Social learning of antisocial behavior can be used to explain an increase in antisocial behavior during the adolescent years (Corbett & Petersilla, 1994). Exposure to delinquent peers can increase rapidly from the preteen years through adolescence and into the late teenage years. It should be noted, however, that antisocial behavior can be changed by exposure to positive influences.

Ways that have been found to reduce antisocial behavior in youth are providing them with positive outlets to release the negative energy and providing supportive relationships with adults who will listen to

them. This is where community and family based interventions come into play. These programs do not guarantee that a youth will be free of crime, but outcome studies do show that they are helpful (Rosenbaum et al., 1998). Examples of activities for at-risk-youth include sports, which serve to encourage a positive outlet for aggression, summer camps to promote socialization, and after school programs (Ludman, 1993). While these programs may exist within communities, not taking advantage of them is a detriment to a youth's emotional well-being.

Community and family based programs play an important part in reducing crime, especially when they provide early intervention by offering support to at-risk-youth and their families. Participating in a program that has long term goals for youth and their families achieves the best outcomes, although being involved in this type of program does not guarantee a problem free childhood or adolescence. (Davis, Lurigio & Rosenbaum, 1998). Although research suggests that community based programs are good, these are also the least effective in providing treatment for juvenile delinquency because to treat

delinquent behavior such intervention demands that the family structure and lifestyle adapt to the needs of the juvenile. (Northey, Primer & Christensen, 1996). Research by Greene (1993) and Garbarino (1991) insist that any program that will positively impact a youth will foster coping skills, self-efficacy and relationship with family and other adults.

States across America are making efforts to reduce crime among youth. For example, Delaware, Maryland, Colorado and Texas have implemented programs that are targeted to reduce recidivism rates in their communities by focusing on the youth; these states are reaching out to the youth to deter them from becoming involved in delinquent behavior. In the state of Delaware, children of inmates receive monies from a federal grant to help break the cycle of violence. These monies are used to provide staff to mentor youth and to provide other services that would discourage young people to take part in crime. In Maryland they have developed a program that allows youth access to services to prevent juvenile crime and recidivism. They are providing treatment to at-risk-youth and their families in their homes and in their communities. Texas has embarked on a plan to help youth adjust to having a parent incarcerated. The program, modeled on the Big Brother and Big Sister movement of North Texas, pairs children of inmates with mentors who will visit the youth twice a month for a year to provide mentoring (Juvenile Justice Digest, 2005 p2).

Community based programs play an important role in developing the minds of youth. Providing activities for youth to release their aggressive behavior in a healthy manner is a key factor in developing law abiding citizens. By providing activities and positive mentoring for youth not only after school but year round provides youth the vehicle for building self-esteem, self-control and healthy peer & adult relationships.

**"States across America  
are making efforts to  
reduce crime among  
youth."**



# Past President's Perspective

Pat McGinn, LCPC



Your ICA officer corps has worked very hard on a number of exciting projects. I would like to list them all together to show the current dynamism of ICA and its leadership.

1. The Annual Conference, planned for Springfield November 12-14, is proceeding wonderfully well under the guidance of Jeff Edwards, the current president, and his devoted team, led by Michele Kerulis. The 200<sup>th</sup> anniversary of the birth of Lincoln adds a special glow to this year's conference.
2. The Leadership Development Academy, which will precede the conference on November 11 and 12, is in the planning stages with a fine planning committee, and has received so many enthusiastic applicants that we had to enlarge it to 30 participants.
3. You are reading the first ICA Magazine, titled *Illinois Counselor*, which is being sent to **all** the counselors in Illinois. Don't miss the excellent articles and registration information about the annual conference.
4. The southern conference also has a dedicated planning committee, led by president elect Yonah Klem. They have selected a location—Collinsville—and will plan their 2011 event with maximum opportunities for networking as well as professional development.
5. ISCA AND ICES continue their work to perfect the Illinois Developmental Model for counseling in the schools.
6. Ronna, our Executive Director, is certainly not least in this list. She has accomplished many amazing things for us, one of the most outstanding of which is getting this magazine underway. Besides increasing our membership by 500 (!), she has also developed a way for us to hold meetings online to help overcome our problems with distance, and she has been tireless in retrieving the financial information of all the divisions. Her role in coordinating the response to the tragedy at NIU was recognized with an award at the national level. The *Contact*, our newsletter, also received an award.
7. The "four presidents" were delighted to welcome Fran Giordano as the new President elect-elect of ICA. We also thanked her for serving as editor of the award-winning *Contact*.
8. Dan Stasi, who represents us all as the Executive Director of CICO, has traveled many times to Springfield this year to promote counselor causes in the Illinois legislature and to express counselor disapproval of some bills that are harmful to counselors and their clients. Our representation is so solid at the state level that I think we sometimes take it for granted. Talk to your friends in other states if you want to understand the difference! Dan's CICO report is also available in this magazine.

This is only the top of the bubble, but I hope it gives you a feel for the energy and commitment that is going into the professional counselor divisions and chapters throughout the state. Having completed my term as President, I take great personal satisfaction in knowing that the association is in such good hands, and I am filled with gratitude for all the support and kindness I have received from ICA members and leaders this year. At the meeting on July 11 I gratefully turned over the gavel to Dr. Jeff Edwards to begin our 2009-2010 Association year. It should be great!



## IMHCA Annual Conference 4/15/10-Oak Brook Dr. James Garbarino



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*The author is an LCPC and CADC. For 21 years he has worked in residential, inpatient and outpatient settings. He works and resides in Chicago, and can be reached at [lind312@hotmail.com](mailto:lind312@hotmail.com)*

# Wheat and Chaff

## Unraveling the “Recovery” Movement

Eric Lindquist

The Recovery movement has gradually gained prominence in mental health. Recovery’s definition can be elastic and can depend upon one’s agenda, but a basic definition is that clients should set the tone for any potential services. The primary agenda for the movement is to refute the belief that individuals with Serious Mental Illness (SMI) cannot improve. It also views risk taking, known as the “dignity to fail,” as a form of growth. The frequently perceived lack of growth or improvement in the seriously mentally ill is sometimes attributed to treatment that is driven by clinicians rather than by clients.

Recovery has multiple origins, including the Civil Rights movement and Self Help groups. Small but vocal offshoots are organizations in which the members are less interested in influencing the mental health service infrastructure than in being left alone by it. Their websites sometimes reveal eloquent, moving testimonies of self-empowerment. A growing fourth source appears to be composed of managed care, SAMSHA, and accrediting agencies who believe the time is right to reduce payments to publicly funded clinics behind the idea that “no one ever gets better.”

In some ways the Recovery movement is constructive, and in some ways it serves cross-purposes. Philosophically, the enhanced dignity that comes through clients being full partners in the course of treatment and their potential recovery must be accepted. More pragmatically, outcomes are more likely to be successful if treatment is intrinsically driven by clients. Additionally, the Recovery movement is sophisticated enough to assess that the percentage of kept appointments is not always the best indicator of progress. Most

therapists probably know of an unreliable client who ultimately improved, and another who kept appointments religiously with nothing to show for it. Intuitively this movement understands that adult clients can’t be forced to do anything by someone else’s sheer will, and that progress is more likely when the client has bought into treatment goals, which obviously goes beyond signing a treatment plan written by someone else.

Recovery’s strength-based focus may be long overdue. In fact, focusing on a person’s limitations would seem contraindicated and almost begging for a futile power struggle. A related issue is the historic focus on diagnoses and the medical model’s emphasis on disorders and deficiencies without taking areas of strength or growth potential into account.

Some sources associating themselves with Recovery have a bias toward some forms of service with limited regard to client preference. Credentialing bodies favor Community Support, which emphasizes a client’s ability to address concrete matters like improving the ability to grocery shop or to navigate public transportation. Conversely, anything that might be insight oriented is frowned upon, even when clients request it. The result can sometimes be that the client shows no inclination toward change or growth and the clinician is criticized for not raising the GAF score.

There are five possible sources for lack of improvement. Most clients experience some circumstances that cannot be immediately reversed. After weighing the arguments for and against, a sizable percentage will consciously or unconsciously attempt to cut their losses and seek guidance in emotionally tolerating the status quo. This can be in the form of medication or of using a

counselor to emote about their plight or both. A second coping mechanism is SSI, of which 70% of clients in community mental health are recipients. This \$575.00 a month eliminates destitution but guarantees poverty, and most who get on it are still continuing to receive it five years later. A third is the families of SMI, and parents in particular. Some major criticisms of clinicians by parents are that clinicians are controlling, desire to dictate the terms of treatment, and act like the clients are inanimate objects. Quite frequently, clinicians suggest something similar when family members tell the clinicians off the bat what the client “needs” and what the clinician “needs to do” about it. Fourth is that the risk, opportunity, and yes, dignity of living on one’s own has been eliminated for 95% of applicants of subsidized housing. The fifth is the medical-model DSM, with its deficit-driven model of assessment. The same credentialing bodies that espouse Recovery refuse to consider reimbursing a provider who digresses from DSM language. Indeed, having it both ways is one of the movement’s recurring themes.

As a profession, we are conditioned to smile, nod, and affirm, which in this instance could be counterproductive. Those who critique Recovery may be dismissed as “stuffy, out-of-touch Freudians who never cared about consumers like we do.” And yet as counselors we are well positioned to appreciate the positives of the Recovery movement without abandoning our own understanding of what experience, empathy and insight tell us is in our clients’ best interest. More importantly, attaching a little balance, nuance, and intellectual honesty to Recovery won’t necessarily harm those we are attempting to serve in the present or in the future.

ICA

# Coalition of Illinois Counselor Organizations

Daniel Stasi, CICO Executive Director, Lobbyist



The Coalition of Illinois Counselors (CICO) has had a very successful history in Illinois promoting legislation on behalf of all Illinois Counselors.

CICO is comprised of seven associations. The associations include the Illinois Counseling Association, Illinois Mental Health Counselors Association, Illinois School Counselor Association, American Association of Pastoral Counselors, Illinois Association of Art Therapists, Illinois Dance/Movement Therapists, and the Illinois Association of Rehabilitation Professionals. Together they represent thousands of Illinois counselors.

It is an elegantly designed entity that brings together Professional Counselors from a number of counseling specialties to work together for the good of the profession.

CICO was founded in 1990 around the issue of licensure for counselors in Illinois. The original role of CICO has expanded to encompass all issues relative to counselors and community mental health issues. CICO employs Daniel Stasi as their Executive Director and Lobbyist to work on state legislative issues in Springfield. In addition we support the work of national associations in Washington, D.C. on federal legislation.

In the last 19 years we have accomplished many things. These have included:

- Gaining Licensure for counselors
- We continue to work to strengthen, improve and protect Illinois counselor licensure through changes to licensure laws and rules.
- Changed the Counselor Licensure Act to become a Practice and Title Protection Act instead of just a Title Protection Act.
- Included LCPCs as Qualified Examiners in the Mental Health Code.
- Changed the School Code to no longer require that school counselors have a teaching certificate.
- Added LCPCs to the Insurance Code.
- Added Definition of a School Counselor to the School Code.

- Expanded the Insurance Code to include mental health parity for serious mental illnesses. We continue to work on expanding this list to include other disorders. Most recently eating disorders and PTSD were included.
- LCPCs were added to the Crime Victims Compensation Act as reimbursable providers.
- Added LPC/LCPC as mandated reporters of child abuse.
- Mandated habilitative services for children.
- Established confidentiality protection for students and school counselors.
- Established changes to Medicaid rule 132 to benefit counselors and community agencies.
- Expanded job openings at DCFS to professional counselors.
- Held several successful University Counselor Educator summits.
- Conducted Day on the Hill lobbying events in Springfield.
- Added school counselors as "professional workers" in the school code to allow for intern reimbursement.
- Supported the Children's Mental Health Partnership.
- Established recertification requirements for school counselors to include continuing education.
- Changed the mental health code to allow LCPCs to sign admission orders for minors.
- Created the Mental Health Graduate Education Scholarship Act.

On the federal level we continue to support the efforts of the American Counseling Association and the American Mental Health Counselors Association for the passage of legislation allowing LCPCs to be reimbursed for services provided to Medicare recipients.



## MEMBERSHIP IN THE ILLINOIS COUNSELING ASSOCIATION INCLUDES MEMBERSHIP IN CICO!

As you can see, we have been very busy representing the interests of **all** Illinois counselors. The support of the Illinois Counseling Association and its members has made Illinois a national leader in advocacy on behalf of counselors and their clients.

# Private Practice Economics

Norman C. Dasenbrook, MS, LCPC, & Robert J. Walsh, MA, LCPC



*Norman C. Dasenbrook, MS, LCPC, has over 29 years experience in the fields of mental health, consulting, teaching, publishing, business and alternative dispute resolution processes. Mr. Dasenbrook is also co-author of *Harnessing the Power of Conflict: Leading, Learning and Living*, 2003, Crysand Press. He is a Fellow in the Collaborative Law Institute of Illinois and serves as an executive coach for health care and business ([cysand.com](http://cysand.com)).*



*Robert J. Walsh, MA, LCPC, has been in private practice for over 28 years. He has been president of the Illinois Mental Health Counseling Association and established the Illinois Mental Health Counseling Association's Employment, Managed Care and Insurance Task Force. He has been the chair of the American Counseling Association's Public Policy and Legislation Committee.*

**Q:** What impact is a struggling economy having on Licensed Clinical Professional Counselors in private practice?

**A:** The experts seem to indicate that the recession officially started in December of 2007. The December 2009 issue of *Psychotherapy Finances*, vol. 34, No. 12, Issue 416 reported that of seventy-four respondents to a questionnaire about the effect of the economy, 43% indicated, "their income was trending lower." However, 62% indicated that they were seeing the same number of clients or more. There was little or no increase in self pay clients (This is why we have long advocated for counselors to partner with insurance and managed care companies to increase the payer mix). Licensed Clinical Professional Counselors in private practice may not feel the impact as much as other professionals. Our personal practices as well as others that we have spoken with have seen little or no significant downturn since the start of the recession to the present time.

It would seem that most Licensed Clinical Professional Counselors in private practice are indeed "riding the storm out" and not heading for the exit. While it is always prudent to keep an eye on practice expenses in turbulent economic times, it may also be a time to increase marketing. Just like the stock market, when stocks are down, it may be a buying opportunity! Some ideas would be to increase speeches and workshops, create a newsletter, get a web site or update an old one, form a listserv, network with colleagues, send letters and brochures to referral sources, hire a part time office

manager, review all print material, join division and state professional organizations, join web based counseling referral sites, personally visit present and prospective referral sources, apply for paneling to more insurance and managed health care companies, get on CAQH (through AETNA) or form a support group. Sometimes we need to go towards the roar.

Many of the Licensed Clinical Professional Counselors we talked to at the ACA Conference in Charlotte last March shared how their practices were doing. We asked them for details about cost effective strategies, payment issues, insurance reimbursement, as well as trends in referrals. Many told us their client numbers were steady, but they also talked about new economic stresses for themselves and their clients. The positives first: Counselors are learning to be leaner with their overhead costs and their time. Time, they say, is money, but not always. Sharing office space with other licensed counselors helps pay your rent. Norm shares his office space with a colleague and splits the cost 50/50. Bob sublets space on days his office is empty with a social worker and another licensed counselor. For each hour the office is used by them he receives \$20, money **not** attached to his time. One counselor from New Jersey shared a new, unique concept she called "virtual office." She explained that a large

office building in her area provides single offices with support staff such as receptionist, secretary and equipment like copy machines, furniture and phone/ fax / computers. Her costs were a fraction of the expense of a new startup. She suggested a Google search to locate sites. Using inexpensive insurance billing methods is another way to save money for the counselor. We have been researching software and services and have found some to be inexpensive or even free. Office Ally <http://www.officeally.com>, Availity <http://www.availity.com> and Optum/UBH managed care <https://www.ubhonline.com/> have online billing and all are free, so no paper (green friendly) or postage stamps are needed. All offer free direct deposit into your business account, saving more paper. Strategies that help the client as well as the counselor in these times include half hour sessions at half price. Getting right to business in the session is needed here. Another is group counseling. The benefits of group are well known and makes access to therapy much more affordable. Time payment, spread over a longer period, reminds me of the way our kid's orthodontist made the cost palatable. Time payment has worked when the therapist allows credit card or periodic remittance. If there are a limited number of sessions offered through managed care, bi-weekly or even monthly

*(Continued on Page 31)*

Robert Walsh, LCPC, and Norman Dasenbrook, LCPC, are co-authors of *The Complete Guide to Private Practice for Licensed Mental Professionals*. Walsh and Dasenbrook co-present the workshop, *Private Practice: Surviving or Thriving*, four times per year in Illinois, sponsored by the Illinois Mental Health Counselors Association. Go to [www.counseling-privatepractice.com](http://www.counseling-privatepractice.com) for more information.

# Professional Counseling Fund: The Counseling Profession's PAC

Rebecca L. Farrell, PhD, LPCA, & Pat McGinn, LCPC, PAC Treasurer

Advocacy. Public Policy. In the counseling profession we frequently hear these words. As counseling professionals and counselors-in-training, we know advocating is an ethical responsibility as indicated in Standard A.6a. of the ACA 2005 *Code of ethics*.

However, what actions are required to be an advocate for clients and the profession? What do you do? The responses will be varied because advocacy can be based in the needs of an individual or a local situation or it can be based in the need to change a major system at the state or national level: that is, in public policy.

The actions of counselor advocates often encompass contacting legislators at the state or federal levels when the focus is on a systemic issue such as Medicare and ESSCP funding. Community resources, programs and key contacts are often sought for individual clients. In essence, we as counselors give of our time to advocate in the hopes of ensuring client and professional welfare.

Advocacy, at a systemic level, requires more than time; it requires financial backing and support for legislators who are proponents of counselor causes. Recognizing that the counseling profession is a special interest group, a political action committee (PAC) known as the Professional Counseling Fund (PCF) was created in 2004. The founding members were Mark Pope, Scott Barstow, Bob Walsh and Pat McGinn. The PAC is designed to contribute



to the political campaigns of Congressional Representatives and Senators in key positions who support and help advance legislation that is significant to the counseling profession.

For the past five years PCF has been upholding its mission to promote the welfare of clients and the counseling profession through these political contributions. To do so, the PAC depends on contributions from counselors who support the counseling profession and want to strengthen it. Every year PCF has held a fundraising reception near the ACA annual convention, but contributions from individuals (not corporations) are accepted and greatly appreciated year round. To ensure yearly contributions from its supporters, PCF has become a membership organization with dues of \$50.00 for professionals and \$20.00 for students. All who join or contribute are kept abreast of developments through monthly email reports via Constant Contact and the PCF website. Members also serve as key

contacts for disseminating information and encouraging others to advocate (and contribute).

For more information about PCF, to make a contribution, and/or to become a member please visit the website at <http://counselingfund.org/>. You may also contact co-presidents Pat McGinn ([patmcginn@uchicago.edu](mailto:patmcginn@uchicago.edu)) or Rebecca Farrell ([beccafarrell@hotmail.com](mailto:beccafarrell@hotmail.com)).

## Private Practice Economics

(Continued from page 30)

appointments could be considered if the client and therapist agree and it is appropriate to treatment protocol, spreading sessions allowing more time for treatment at less cost.

Now some negatives: Counselors reported some bad news about payment issues associated with this economy. A few insurance and managed care companies seem to be more vigilant on pre-existing conditions and now want verification of enrollment each semester when a college student is covered by his or her parents. Utilization review seems to have more stringent overview also.

**Q:**

I have a question about contracting with managed care companies regarding fees. If the contract fee is less than my usual and customary fee, I can't collect the balance? Is that correct? Some therapists I know will charge their clients for the balance.

**A:** We have been asked this question before, and it seems some therapists don't read the contracts or feel they don't have to abide by them. Big practice mistake. Here's the deal: For example, if your contract with XYZ managed care company states the fee is \$70.00 and the co-pay is \$15.00 you agree to accept \$55.00 from XYZ (co-pay + insurance payment = \$70.00) you have to waive the remaining \$50.00 of your usual and customary \$120.00 fee. If you bill the client for that remaining \$50.00 that's called balance billing and not only is unethical but it's considered fraud. You are doing the right thing and the others are open to potentially big problems. Keep up the ethical work.

Walsh and Dasenbrook co-present the workshop, *Private Practice: Surviving or Thriving*, four times per year in Illinois, sponsored by the Illinois Mental Health Counselors Association. Go to [www.counseling-privatepractice.com](http://www.counseling-privatepractice.com) for more information.

# ILLINOIS COUNSELING ASSOCIATION FOUNDATION

by Dr. Melanie Rawlins, Treasurer and Registered Agent

The Illinois Counseling Association Foundation (ICAF) was approved by the Internal Revenue Service for tax exempt status, and thus established in January 2005. The purpose of the Foundation is to promote the field of counseling and to help give vision to the future of our profession in Illinois by supporting professional counselors and graduate students through scholarships, mini-grants, research awards, and other means. The Foundation Directors are focused on empowering graduate students and professionals by enhancing the benefits counselors bring to their communities. Foundation policy is to provide financial assistance from interest accrued on invested principal. With its current financial base, ICAF is able to provide two \$500 grants each year at the ICA Annual Conference. Three such grants have been awarded thus far.

The Illinois Counseling Association has been an organization of dedicated and committed professionals for 61 years. By using Foundation funds, professionals who are dedicated to the values of ICA can help secure its purpose, vitality, and stability for the future.

Donors believe in the positive impact counselors make in society, giving to support counseling in Illinois. To learn how planned giving and tax deductible contributions to ICAF can improve your financial position, visit [www.ilcounseling.org](http://www.ilcounseling.org) and click on [ICA Foundation](#). Thank you for considering a gift to support ICAF.

Visit [www.ilcounseling.org](http://www.ilcounseling.org) to learn about the following grants and application processes: Merlin W. Schultz Professional Development Grant and Melanie E. Rawlins Research Grant. Professional counselors and graduate students are encouraged to pursue these opportunities for financial assistance by the September 20, 2009, deadline.



## Illinois School Counselor Association Annual Conference

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# Upcoming Dates to Remember

## October 2009

10/01-31/2009	Let's Talk Month
	National Domestic Violence Awareness Month
10/02-03/2009	IMHCA NCMHCE/ LCPC Test Prep Workshop
10/03/2009	IMHCA Starting a Private Practice Workshop
10/05-11/2009	Mental Illness Awareness Week
10/08/2009	National Depression Screening Day
10/10/2009	World Mental Health Day
10/23/2009	IMHCA Workshop <i>Ethical Practice of Social Work</i> Workshop (1/2 Day)
10/24/2009	IMHCA Workshop <i>Ethical Practice of Social Work</i> Workshop (1/2 Day)

## November 2009

11/11/2009	ICA Leadership Development Academy
11/12/2009	ICA Pre-Conference Division Workshops
11/12/2009	ICA Governing Council Meeting
11/13/2009	ICA Annual Conference-Springfield

## December 2009

12/05/2009	IMHCA Starting a Private Practice Workshop
12/15/2009	Deadline for CONTACT Winter 2010 Edition

## January 2010

1/1/2010	Happy New Year!
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## February 2010

02/01/2010	National School Counseling Week
02/04/2010	ISCA Graduate Student Member Discussion with Dr. David Capuzzi
02/05/2010	ISCA Membership Special Presentation - Dr. David Capuzzi
	Suicide Prevention Workshop

## March 2010

3/18-22/2010	ACA Annual Conference - Pittsburgh
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## April 2010

04/09/2010	ISCA Annual Chicago Conference O'Hare Marriott
04/15-16/2010	IMHCA Annual Conference Oak Brook Marriott Dr. James Garbarino featured Thursday
04/23/2010	ISCA Annual Conference Springfield U of I Campus



The first part of the paper discusses the importance of the research and the objectives of the study. It then presents a literature review of the existing research on the topic. The second part of the paper describes the methodology used in the study, including the data collection and analysis techniques. The third part of the paper presents the results of the study, and the fourth part discusses the implications of the findings.

The research was conducted using a quantitative approach, and the data was collected from a sample of participants. The results of the study indicate that there is a significant relationship between the variables being studied. The findings have important implications for the field of research, and they provide valuable insights into the topic.

In conclusion, the study has shown that the research objectives have been achieved, and the findings are consistent with the hypotheses. The results of the study are discussed in detail, and the implications of the findings are explored. The paper concludes with a summary of the key findings and a recommendation for further research.



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Time Sensitive Materials

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**NOV. 11-14**

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