In this issue: Conference pull-out
Illinois Counseling Association Annual Conference
November 11-13, Lisle, Illinois
Welcome to the second annual issue of the Illinois Counselor magazine. Between its covers you will find a good representation of the counselors of Illinois, who they are and what they have to offer. You will meet school counselors, mental health counselors, academics and students, supervisors, innovators, minority representatives and more. Counselors are a potent force for promoting healthy relationships, successful students and workers, and individuals of all ages who are capable of effectively managing their lives.

In these pages you will also find out about the Illinois Counseling Association, an organization devoted to helping Illinois counselors do their best to help their clients. ICA does that by providing an unparalleled source of necessary information about pertinent legislation and licensure. We assist divisions to present conferences and workshops, helping to keep counselors up to date on best practices and helping them earn continuing education for license maintenance. We are a great source of all kinds of information and networking opportunities.

ICA’s biggest event of the year is our annual conference. Join us for Envisioning the Future: Advancing the Theory and Practice of Counseling, November 11-13, at the Lisle Hilton, in Lisle, Illinois. We are planning a weekend of stimulating programs, networking and fun.

Dr. Margaret Wehrenberg, a nationally known authority and best selling author about brain research on anxiety and depression, will be our keynote speaker. She will also present an all day pre-conference workshop describing how new science reinforces important counseling and psychotherapy modalities.

Conference information and registration details are included in this issue of the Illinois Counselor.

I hope to meet many of you at the conference or at other ICA activities throughout the year. Together, we all will work to provide Illinois residents the highest quality of service.
# FEATURES

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The Importance of Being There

I just got off the telephone with a member who works with children going through the adoption process, and it struck me how important it is to have someone “be there” for you.

With so much technology at our fingertips sometimes we don’t slow down and think about how important it is for us to have people in our lives.

Parents are “there” for their children. Teachers are “there” for their students. Doctors are “there” for their patients. Counselors are “there” in a big way to help us through whatever challenges we face in our busy lives.

I have to say that my appreciation and respect for the Counseling profession has grown tremendously in my 3 years as your ICA Executive Director.

No matter what your specific area of expertise, Counselor Educators, College and Career Counseling, School Counseling, Mental Health Counseling or any other specialty area, by your being “there” for your clients and students you make someone else’s life a bit easier, happier, less stressful and better.

You are “there” for others. The Illinois Counseling Association is “there” for you.

By being an ICA member, you make it possible for someone to be at the other end of the line when you have a question or a problem. Your membership makes it possible for ICA to be “there” to support your local Mental Health Department in a time of community crisis. Your membership makes it possible for ICA to be your eyes and ears as a political advocate for you in Springfield and in Washington. Your membership makes it possible for us to provide you with a wide variety of professional development opportunities, and your membership makes it possible for us to provide networking opportunities so you can share experiences with other counselors in your discipline.

ICA is continuously looking for ways to be “there” in other ways as well. Our Professional Registries, our new Author’s Book Nook, and our new Facebook, LinkedIn and Twitter connections are making communication easier.

Yes, ICA is “there” for you. Your membership makes us possible, and we thank you all for being “there” for us, too!
November 11, 2010

We extend our congratulations to the Illinois Counseling Association on their 62nd year of service to Counselors. We look forward to many more years of collaboration and collegiality.

As an expression of our appreciation to all ICES members for their years of dedicated service to our profession and the counselors in training that we serve, ICES is extending a special invitation to all ICES members to attend our Pre-conference Workshop at a member appreciation rate of $60 for a full day. Please invite your colleagues from all disciplines to join us at this Pre-conference Workshop and feel welcome in our division!

The Future of Training Counselors: A Conversation with Drs. Kleist & Scofield, ACES Past Presidents

This all day workshop will explore the impact of national directions relevant to the preparation of professional counselors. This discussion will be led by two former Presidents of the Association for Counselor Education and Supervision (ACES). ACES is a division of the American Counseling Association and represents educators and supervisors of counselors. Our focus will be on defining trends, such as outcome driven assessment of students and supervisees; current curricular trends as many states move to sixty semester hour degree programs; and other emergent issues. The afternoon session will have three round robin breakout groups that will provide attendees with the opportunity to engage in a more focused exploration of topics and how they apply to their program.
Handling Perfectionism

By Margaret W. Ehrenberg, PsyD

Is your client a perfectionist? Whether you are a career counselor or school counselor helping a worker or student to become more successful and efficient, or a therapist who sees the perfectionism associated with anxiety, you will want to consider how perfectionism stands in the way of flexible, adaptive behavior and decision-making. You will note how it interferes with problem-solving, spontaneity and fun. In effect, perfectionism produces the opposite of its goal for so many people. The saying “Perfect is the enemy of good,” reflects how often good functioning in the world is sacrificed in a person’s effort to be perfect.
There are various reasons why people begin to show perfectionism, but one of the major reasons is to control anxiety. When a person discovers that attempts to be perfect diminish anxiety about being good enough, making mistakes or doing what is right, a pattern sets in that leads people to review their work repeatedly, double-check for errors, work extra hours, and do work themselves rather than entrust it to others. It can emerge at any age, from an eight year old who feels anxious about performing speed tests for math facts and decides to do extra math problems every day even though they aren’t assigned, to an adolescent who wastes hours making a Powerpoint look perfect even though it only took an hour to create good-enough content, to an employee who won’t leave the workplace until the inbox (virtual or literal) is empty, regardless of whether the contents were important on that day.

Working with perfectionists
In interactions with others, the perfectionist often wants control of a situation so that “it’s done right.” What these perfectionists do not realize is that they are going to worry no matter how hard they work.

Most perfectionists don’t identify themselves as such: they are more likely to describe themselves as “careful” or “detail-oriented.” A counselor can help this person to see both their efforts and their goals, and plot ways to try new behavior and observe the consequences. Give assignments such as:

• List the negative consequences of perfectionism – are you seen as controlling? Do you take on extra work without being asked and then feel overworked? Do you feel exhausted? Does the anxiety still come back?

• Stop using “all” or “never” language. Quit worrying that letting down your guard will cause serious problems that others will blame on you. Mistakes are not intolerable, and they are not proof of your unworthiness.

• Plan for “non-perfect” performance. Decide not to take on a specific one-time job that someone else could do, such as writing a report. The goal: to see whether the work gets done even if you don’t do it, and that if it doesn’t get done, that the world doesn’t end.

• Observe the imperfect work of others, and how people accept it with surprising frequency as “good enough.”

• Assume some responsibility, but do not do what others are supposed to be responsible for. Then watch. What do others do, and how do you feel?

• Deliberately do not finish some work, such as including many more footnotes in a term paper than necessary. These kinds of detail-oriented items typically turn out to be inconsequential, and noticing that may help the perfectionist become willing to dial down their efforts.

• Observe how little anyone cares whether you were perfect.

• Note that when unexpected problems occur, most people usually cope.

• Learn what makes the difference between important and inconsequential tasks, and to distinguish between what is essential and what is not.

Finally, work with the perfectionist whether at school, home or office to answer the question, “How important is it?” about each task. There are two sides to this question that both effectively diminish the perfectionism. One is to ask, “How important is it to do this specific task perfectly?” The other side is to look at what is not being done while spending excess time on the perfect performance. “How important are the things I am not doing in order to spend this extra time on perfection?” “Am I giving up social life, personal time to relax or exercise, or time to do other work that needs completing?” Once a person can see that life would be less hectic, richer, healthier or calmer by doing things less perfectly and getting more done, the burden of being perfect is on its way to being lifted.

Margaret Wehrenberg, PsyD, is the author of two books on anxiety, The Anxious Brain and The 10 Best-Ever Anxiety Management Techniques, and her new book on depression from W.W. Norton, The 10 Best-Ever Depression Management Techniques, is due in March 2010. She is a frequent contributor to the award-winning Psychotherapy Networker magazine. In her private practice she specializes in treating anxiety and depression and is a nationally recognized speaker on these topics.
I am nearing the end of the supervision time for my Master of Art degree in Clinical Psychology, and as I am, I find myself reflecting on the experience. As a triple minority, a gay, an African American-male, and a counseling student, I entered into my supervision with fear and trepidation. I knew who my supervisor was going to be, but I had no idea what kind of supervisor she was going to be like. Like many other African Americans in the field of counseling, I worried that perhaps my supervisor would not be sensitive to my needs as a minority supervisee.
Prior to ever being accepted into a practicum/internship site, I worried over where to actually apply for this experience. Issues which I believed were central to me specifically were the sites themselves. I had to decide whether or not I was going to apply to a site which served the LGBT population exclusively or the general population. Would I be better served working in a setting for the gay population? If I did my practicum in a “general” or “straight” agency, would my sexuality be an issue?

The second issue I had to tackle was whether or not I was going to look for a site which specifically served African Americans and other minorities. Even though we live in the 21st Century, issues of race and racism are not things of the past, and the notion that education weeds out racism is truly naïve. It has been my experience that education merely provides individuals with the tools to be more sophisticated in their racist acts. Therefore, I found myself having more to think about and more decisions to make when it came to looking for a practicum.

My supervisor was a White, heterosexual female, basically the exact opposite of me. I wondered whether I would be able to learn anything from her or if my own issues would get in the way of the experience. Yes, I knew that I had the potential to sabotage my own educational experience, and this too gave me pause. I wondered whether my White counterparts had to think about all of these things when they applied to practicum or was this phenomenon specific to minorities or to me.

One of the things which made my supervision experience a major success was my supervisor, first and foremost. Her clinical skills and skills at supervising were second to none. Another thing she did in my supervision which made for a great experience was to talk about our differences of ethnicity and sexuality; she was not afraid to lay it on the table for discussion. Her willingness and fearlessness to discuss issues of race and sexuality showed me that these were not issues to impede my progress but ones which would serve to enhance my experience.

She was open and showed me a vulnerability which I do not think many supervisors would be willing to show to a newer clinician, much less a student clinician. And it was this vulnerability which gave me the assurance that this was going to be an experience of unprecedented proportions. All of my life I have had people who were “over” me; parents, teachers, bosses, and professors, and I walked into this experience fully expecting to have yet one more person play “expert” to my “novice,” but she did not do that. My supervisor, this straight, White woman, was open and willing to take on the role of the student, to learn from me, a gay, Black man; in that instance I was the expert.

Suffice it to say my practicum experience could not have been better. During my tenure with this supervisor I learned things about providing therapy and about myself, things I would never have learned had I chosen a site where I would have worked with a supervisor who was merely a mirror image of me. I believe that often times this is the case in supervision. How tragic it would have been had I not met this wonderful, straight, White woman, and I like to think how tragic it would have been for her as well. I learned many things from her, but I believe that this gay, Black man also taught her things about herself that she did not know.

The purpose of this article is to share my experience as a minority supervisee with those who are, or will be, in the position to supervise other minorities. I hope that when the opportunity to supervise a student, someone who is wholly unlike you, comes up, you will jump at the chance.

Remember that there is a good probability that the minority student did not choose your site through happenstance; they more than likely put in a lot more thought and effort in choosing your site than the average student. You have the opportunity, the privilege, of being that student’s first supervisor, and what you do or don’t do can set the stage for the rest of their professional life. Here are some things to focus on as a supervisor to help insure that you and your minority supervisee have a productive experience which will not only increase their self-efficacy but will also improve your skills as a supervisor:

- Don’t be afraid to discuss your differences. Minority students are well aware of the fact that they are not White, and so you won’t embarrass them by having a frank and open conversation about the “pink elephant” that is in the room; this applies to sexual minorities as well.

- Be open to learning. No one knows everything, and being a supervisor of a student speaks more to your longevity in the field than to your knowledge-base. Allowing your minority supervisee to be the ‘expert’ of his or her own life experience will give both of you a rich clinical experience.

- Be willing to be vulnerable. In many instances minority students took a much longer, more thought provoking road before they actually got to the place where they are sitting before you in supervision. It is important that you be willing to show them that you are just as human as they are and that it is perfectly all right.

Joel Filmore is a newly admitted doctoral student in the College of Education at Northern Illinois University in the department of Counseling Adult and Higher Education, majoring in Counselor Education and Supervision. His primary research interests are in the areas of Multiculturalism, LGBT Health Issues, Identity Development, Substance Abuse and Ex-offender Re-entry.
Would it surprise you to know that half to two-thirds of the beds in many psychiatric hospitals are reserved for children and adolescents? When a child tries to cut her wrists or takes an overdose of pills, that child needs to be protected, and a psychiatric hospital is a good place to do that. If a child is hearing voices, a hospital stay or medication may be in order. However, serious psychiatric conditions represent a small portion of the complaints for which parents, teachers, police, and mental health counselors send kids to a psychiatric hospital. I know this because I interview these young patients to determine if they really need to be hospitalized.

When I meet with a new patient and their parents, I ask, “What got us here today?” That’s when I start hearing the list of common parental frustrations: “he won’t listen to me”, “she won’t go to school”, “he goes out and doesn’t tell me where he is”, “she swears at me”, “he won’t behave”, “he gets into fights”, “she loses her temper,” “he’s disrespectful!” When I ask if the patient has made statements about or attempted to harm himself or someone else, I often hear, “Yes, he said he wishes he were dead just yesterday!” In mental health, we don’t take any statement of self harm lightly. Yet, when kids are angry, they say things like “I wish I were dead” or “I’ll kill that &@#.” Adults used to treat these statements as what they are: the angry reactions of a child.

The fact that a kid gets into fights at home, or in the community, won’t go to school or do his/ her homework, loses his temper, or even spends the night at a friend’s home without permission, does not make him mentally ill. In some cases, counseling the child or teen may help with these behaviors. Yet, kids, especially teenagers, are often not the best candidates for counseling or therapy. Counseling is not like giving someone an aspirin for a headache. For counseling to be effective, the patient has to believe they have a problem. I have counseled many teens, and few of them think they have a problem.

Kid’s lives are more problematic today because they are facing greater challenges. They deal daily with over-crowded schools, overloaded parents, drugs on the street, and early initiation to sex, to name a few. These are cultural problems, not mental health problems. Yet, our culture has decided that mental health care is the answer. Insurance companies will usually not write a check unless the patient has a mental health diagnosis. The mental health field has obliged by labeling kids with Oppositional Defiant Disorder (he won’t follow rules), Impulse Control Disorder (she does things without thinking), and Bi-Polar Disorder (he loses his temper or gets moody a lot).

I believe that there is a more effective response to many of these behavior issues. This
response was born from my background in family crisis counseling and my training in divorce mediation. It has acquired the name “Parent-Child Mediation” and it comes down to three words: “Relationship”, “Influence”, and “Listening”.

A parent’s “relationship” is the only leverage that allows him or her to have an influence on the child’s decision making. Once the child is too big for a parent to pick up and carry around, the parent has as much influence over the child’s behavior as the relationship supports. When the relationship is broken, it can be difficult to fix. How do you keep any relationship operational? You listen.

Every parent thinks they listen to their child, and the sorry truth is that so many don’t. I see this at the hospital and in my practice. Often, when I talk to kids and teens without their parents in the room, I ask if going to counseling with mom or dad might help. You would be surprised how many of them nod their head or say “maybe.” Some say, “My mom (dad) would never do that.” Some of them are so alienated from their parents that they refuse such an idea. They can barely stand to be in the same room with their parents anymore. Fortunately, that’s a minority.

If the problem is in the parent-child relationship, no amount of medication, no intervention with the child is going to fix the problem. It is the parent-child relationship that needs “treatment.” How do you, as a counselor, help parents and kids fix their relationship? First, the parent has to learn to listen to their child, really listen. When the child feels heard, there is a good chance the child will listen. How do you start this process?

You assure everyone involved that THEY are not the problem. The relationship is the problem, and relationships can be fixed. This may take some doing with parents who have been sold the idea that their child or teen has a mental health problem. It is comforting to believe that someone else, a counselor, a doctor, a hospital, can fix their child. Parents are also afraid that they are going to be blamed for the problem. It helps to remind them that there was a time when the relationship with their child or teen worked, and you are going to help them find a new relationship that works.

For the child or teen, you must create a safe atmosphere. The child must feel that you will help them say what they have to say and that you will help their parents listen. Obviously this assumes you’ve done some screening for abuse. You can’t ask the child to trust if there is real danger of harm.

Then you set the stage by explaining what mediation is about. Mediation is a process in which a third party assists communication in order to help solve a problem. Mediation is not therapy; it is not family counseling; it is about helping the parent and child or teen communicate and build a future that they can all live in. You assure the parent and the child that we are not going to rehash the past or assign blame. What’s done is done. We are going to focus on a plan for the future.

In divorce mediation the mediator helps the couple create a property settlement and a child custody agreement. Those are the problems to be solved. Of course, the couple has baggage and will try to bring it up. The mediator calmly redirects the conversation to the task. The mediator maintains a fully neutral position and advocates for neither partner. In mediating between a parent and child, the mediator relinquishes the neutral position at times to advocate for the child. This is because of the difference in power between a child and a parent. However, the focus is not on the child’s agenda but on getting mom or dad to listen and understand the child’s point of view.

The content of mediation is problem oriented. How do we create a communication process that will work for the parent and child? How will they resolve disputes outside of the mediation itself? Inevitably, past issues with emotional content will arise and need to be dealt with.

However, the mediation process should usually be directed away from the emotional content. “Well, I hear that you had a fight last week and called each other some names and you are both upset about that. Can we agree that, from now on, you will not call each other names?”

Most counselors have negotiated behavior contracts between a parent and child. Parent-Child Mediation is more basic. The goal the mediator aims at is, “How will they conduct their relationship,” not, “What will little Johnny’s bedtime be.” Basic rules of respect have to be ironed into their daily lives. This will be new for many parents who believe that respect is something they are owed, and they should not have to do anything to get it, including giving it in return.

The hard part about this for a counselor is that we are trained to think in terms of causation. How did the problem start? That is not relevant to mediation. If the mediator gets bogged down in the “why’s,” the process will stall. The mediator needs to focus on “how do we move forward.” Alfred Adler said, “When you meet a man that’s lost, you don’t ask him where he’s been, you ask him where he wants to go.”

The mediation process is rooted in dispute resolution, something completely omitted from my graduate program. There are many universities that offer 40 hour basic dispute resolution training. I recommend this as an addition to any counselor’s repertory.

At the hospital where I do assessments, I see parents and police dragging children and teens in every day. Somehow, the hospital is supposed to fix them. The parents are angry and frustrated. They are often more problematic to deal with than the child. One day, I was talking to a parent after the assessment. She said to me, “I have never heard my daughter say so much about herself. You have a way with kids.” Sadly, I thought, all I did was listen.

Charles Hughes spent over 30 years in the corporate world as a technology expert and project manager. In 2005, he graduated from the Adler School of Professional Psychology (Chicago) with a Masters in Marriage and Family Counseling. He worked as a family crisis counselor, a residential counselor with DCFS wards, and currently does emergency assessments at a Chicago hospital. He trained in divorce mediation at DePaul University’s Center for Dispute Resolution and is in private practice as a counselor and divorce mediator in Oak Park, Illinois. www.charleshughescounseling.com
The Coalition of Illinois Counselor Organization, which is significantly supported by the Illinois Counseling Association, continues to represent all Illinois counselor interests. Our lobbyist Daniel Stasi recently worked on the passage of several pieces of legislation. A few of those are highlighted here. For a more complete list, please go to our website www.cico-il.org.

The Counselor Licensure Act was amended to no longer allow Bachelor level candidates to become LPCs. This is consistent with other states.

A bill on school bullying was passed into law. It creates expanded definitions and provisions concerning bullying prevention, it makes changes concerning the criteria for bullying, the written policy on bullying that schools must adopt (including posting requirements), and the implementation of the written policy. It requires that schools maintain records concerning any bullying incidents. It adds provisions concerning criminal and civil immunity for specified parties. It also adds provisions concerning gang resistance education and training for students. I suggest getting a copy of the legislation to share with your administration. It was SB3266. The full bill can printed at www.ilga.gov.

In 2013 the Counselor Licensure Act will be up for review and reenactment. We are taking a proactive position to assure that the licensure act continues to provide the protections it currently provides and to discourage any significant negative changes. Many other states have seen challenges to what degrees or other requirements there are for licensure. Some states have seen attempts at legislation to restrict the scope of practice for counselors in the areas of diagnosis or testing. It is important that every Illinois counselor join in the effort to maintain the great counselor licensure act we currently have. Membership in ICA is your best way to keep informed of changes.

On the federal level we, along with ACA, and other groups are continuing to push for coverage of LCPCs under Medicare Insurance. We continue to work on getting the Veteran’s affairs Department to implement the 2006 law for the expanded employment of counselors.

More information on all the federal initiatives can be found at www.counseling.org.
The State of Illinois has a large Lesbian, Gay, Bisexual and Transgender (LGBT) community, however there is no state chapter of the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling (ALGBTIC). A state chapter of ALGBTIC would be dedicated to providing training and support to IL counselors who work with LGBT clients. According to the bylaws of the Illinois Counseling Association it is necessary to begin as an interest group. We would like to connect with counselors, counselor-educators, and counseling students in the state of Illinois who would be interested in being a part of a state level organization to meet the needs of this growing and highly visible community. Also, please join us in November at the ICA conference for an organizational meeting. If you have any questions or are interested in joining an IL state interest group that addresses the needs of the LGBT community please contact Dr. Dennis Frank: dfrank@roosevelt.edu or Joel Filmore, MA: jfilmore@uicalumni.org

Career professionals will be available for consultation and advice. Watch for presentations on various job-search related topics to help you be productive, efficient, and successful with your career development and transition.

Stay tuned for more details and stop by the ICDA booth!
Transcranial Magnetic Stimulation

New Frontiers in Treating Depression

By STEPHEN SMITH MS,LPC,CADC

As a therapist one of the most frustrating problems I have run into has been the patient who presents as medication resistant to depression or the patient who, for either occupational or biological factors, cannot be on medications. It is not frustrating because the patient is difficult or obstinate but because they often present with a great deal of hopelessness over trying new medications or with the belief that their depression can never be managed effectively. Helping them develop behavioral coping skills and ensuring that they manage their day to day routines is a start and can decrease some symptoms, but for the most part this clientele presents with poor self esteem and a high likelihood for abusing drugs and alcohol.

In exploring additional options for the treatment of depression there has not been much development outside of improving the medications and minimizing their side effects to better help the patient get into the habit of long term compliance.
The advent of these medications in the last half of the century has drastically helped how we can treat patients who are experiencing severe symptoms of depressive disorders, helping them to lead more functional and productive lives. Any therapist who has worked with a patient who is on the correct dosage of medications versus a patient who is currently off of their medications understands the vast difference in the openness and outlook of these individuals.

Yet now, at long last, we are beginning to see the start of new and effective treatments for depression that do not involve managing multiple medications or heavily invasive procedures such as electroshock or vagus nerve stimulation. The Food and Drug Administration has approved Transcranial Magnetic Stimulation (TMS) from Neuronetics as a new treatment for major depressive disorder in patients who have failed prior medication treatments for depression.

This treatment caught my attention for many reasons. Not only is it innovative and interesting insofar as its methodology and development, but it is also a remarkable option for patients who have resistance to typical treatments for depression and who do not necessarily want to undergo a more invasive procedure.

It is always, in my opinion, more beneficial to those who suffer from mental health problems to present as many options as possible, and the more we increase our capability of treating various mental health problems, the more likely we will be able to find effective treatments for all who suffer, rather than just the majority. When we are speaking of depression, we are talking about an illness that affects over 14 million Americans every year. Medications help the vast majority, but that still leaves a remarkably huge gap of about 4 million for whom medication treatments have not been effective for one reason or another.

TMS uses a small highly concentrated magnetic field that functions similarly to an MRI, utilizing a small treatment coil that is positioned over the left prefrontal cortex on the individual, which is then activated and emits short, rapid pulses. These pulses are believed to stimulate the firing of neurons in the left prefrontal cortex, which is the area of the brain believed to regulate our moods. In this way TMS works very similarly to current medications for depression. The treatments last for about forty minutes and occur five times a week for between four to six weeks. During the trials prior to FDA approval no major side effects were reported, and the only irritation reported was a slight warming sensation on the head. When compared to the side effects that can occur with medications for depression, this is a heartening find.

A session is quite interesting to observe. The patient is seated in a reclined position and able to read, watch television, or listen to music during the active treatment time. The coil hovers just above the left prefrontal cortex, and the patient is not hooked up to any wires, so there is a much more comfortable feel to the whole procedure. A technician activates the treatment coil, and you hear a light rapid tapping that comes on in cycles. Patients report minimal disturbance from this tapping, as they adapt to it quickly and are not distracted by the treatment. Because it is non-invasive and non-systemic, there is no recovery time and no preparatory time, so the patient can come to the appointment and sit right down in the chair and then depart without any recovery time needed. The time commitment may seem substantial at first, but when you look at the general brevity of the sessions, this is a treatment that could realistically be completed during a patient’s lunch hour.

The outcomes from the trial runs on TMS are certainly heartening. Previously approved and utilized for treatment in Europe, it has failed to really gain a strong foothold in the treatment community in the United States until recently. Currently Neuronetics Neurostar System is the only FDA approved treatment manufacturer for TMS treatment coils. Cost effectiveness studies also indicate a marked savings and an increased productivity trend in individuals who undergo the treatment for depression versus those who continue to cycle in and out of various medication regimens and shorter term, crisis focused treatment.

For a therapist who has worked with those suffering from chemical dependency and mental illness or for the therapist who has worked with the patient who cannot take medications or who has had no positive response, such a treatment presents an excellent opportunity. For many therapists, myself included, it has always been easier to blame the individual’s lack of compliance for the ineffectiveness of their depression medications. If they just stuck with it, they would experience a notable decrease in their depressive symptoms. We see so many who are adequately treated by medication that we can believe that medications are the only way to effectively recover. We may then look at the faults of the individual rather than continuing to explore more options for treating their depression.

This is not a miracle treatment, nor does it claim to be. The FDA approval makes it clear that this treatment is indicated for those who are pharmacologically resistant to medication, so it is important to understand that all options should be considered prior to choosing this route as a course of treatment. Individual psychotherapy should be maintained and psychiatric monitoring should continue to occur in order to help the individual process through any past issues and continue to develop their coping skills in combating symptoms of depression.

The goal of our profession is to help restore hope and provide an individual with the means to begin to take back control of their life. A treatment such as this is yet another effective tool in our clinical toolkit to help our patients develop and sustain recovery from major depressive disorder. For pregnant women or those in professions where medications could jeopardize their employment status, this is a treatment that provides a safe and effective means of treating their symptoms. A patient with restored hope is more engaging and active in a therapy session and often begins to develop a sense of confidence that has been eroded by years of combating mental illness. To be involved on the front edge of this treatment is a wonderful opportunity, one that I feel passionate about, and one that I believe can help a segment of the population that previously had few options available to it. TMS provides clinicians a unique resource that could benefit clientele who may have previously felt as though they had no options left.

Stephen Smith currently works as the manager of Aspen Counseling and Consulting in Rockford, IL., currently the first and only provider of TMS Therapy in north central Illinois. He has extensive experience in working with individuals and families dealing with addictions, mental health problems, life skills development, LGTBQ issues and life issues specific to young adults. He is also an experienced trainer on various topics and has conducted educational seminars and trainings both regionally and nationally.

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**ICA Annual CONFERENCE**

### 2010 CONFERENCE SCHEDULE OF EVENTS

<table>
<thead>
<tr>
<th>Day</th>
<th>November 11</th>
<th>November 12</th>
<th>November 13</th>
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</thead>
<tbody>
<tr>
<td><strong>Thursday,</strong></td>
<td>7:30 a.m. Pre-Conference Registration</td>
<td>7:30 a.m. Registration and Continental Breakfast</td>
<td>7:30 a.m. Registration and Continental Breakfast</td>
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<tr>
<td><strong>Friday,</strong></td>
<td>9 a.m. - 4 p.m. Pre-Conference Workshops</td>
<td>7:30 a.m - 4 p.m. Exhibits</td>
<td>7:30 a.m.-4 p.m. Exhibits</td>
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<td><strong>Saturday,</strong></td>
<td>4:30 p.m. - 7 p.m. Governing Council Meeting</td>
<td>9 a.m. Opening-Keynote</td>
<td>8 a.m. Division Meetings</td>
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<td><strong>Everyone Invited</strong></td>
<td>8 p.m. - 10 p.m. Welcome Reception</td>
<td>11: 30 a.m.-12:20 p.m. Workshops</td>
<td>9 a.m.-11:50 a.m. Workshops</td>
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<td>12:30 p.m. Awards Luncheon</td>
<td>12 p.m. Lunch-General Membership Meeting</td>
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<td>2:00 p.m.-3:50 p.m. Workshops</td>
<td>1:20 p.m.-4:10 p.m. Workshops</td>
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<td>4 p.m.-6 p.m. Division Meetings</td>
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<td>6:30 p.m. Reception</td>
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<td>7 p.m. - 11 p.m. Awards Banquet &amp; Party</td>
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<td>12 p.m. Lunch-General Membership Meeting</td>
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**Register online at:** [www.ilcounseling.org](http://www.ilcounseling.org)

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**The Hotel**

The **Lisle Hilton** hotel in **Lisle, Illinois** is convenient to **Downtown Chicago**, and offers complimentary shuttle service to the local Metra train station. The hotel is at I-88 and Naperville Road. Conference Rate: $79 + taxes per night. Reserve rooms using special link on ICA website or call (630) 505-0900 hotel and use group identification, CICA before Oct. 20.

**The City**

Lisle was permanently settled in 1832 after the Blackhawk War. It began as a small farming community. This early beginning makes Lisle Township the oldest settlement in DuPage County. Visit nearby attractions such as the Morton Arboretum, Chicago Premium Outlets Mall, and the Naperville Riverwalk. The people of Lisle are affectionately known as "Lilacs" or "Lileseans." In July 2007, Lisle was ranked #20 in Money magazine’s list of "100 Best Places to Live"

**The Activities**

In addition to 5 Pre-Conference, 60 Main Conference selections, and 9 poster sessions. Purchase books written by ICA members at the ICA Bookstore. Enjoy the Thursday night Welcome reception (at no extra charge). The keynote on Friday is Dr. Margaret Wehrenberg. Friday night dine and party to music by Prism Light DJ's. During the conference our ISERVIC division is sponsoring a wellness room and our ICDA division will be on hand to assist with your career development path.
**Keynote**

**NEW SCIENCE STRENGTHENS THE FOUNDATION OF COUNSELING**

What counselors have known for many years is that our work with people in the arenas of cognition, emotional healing and behavioral management is vital to the wellbeing of people who suffer from a myriad of disorders. What we are learning in this new millennium is the impact of neurobiology on mental health conditions. Some people are born with genetic vulnerabilities to depression, anxiety, addiction and even to personality disorder. Experiencing trauma and neglect can alter a healthy brain with outcomes ranging from attachment disorders to PTSD.

Keeping up with emerging trends challenges us all, but we can quickly grasp the basics of how psychotherapy uses the brain to change the brain. What counselors can do with the scientific advances in our field is what we have already learned to do – only better. Technology is bringing us some innovative ways to work with brain wave patterns, energy flow and biofeedback. Research in neurobiology is helping us to target symptoms more rapidly and with greater efficacy. Evidenced-based treatment options help us focus interventions quickly and to optimal effect.

As we envision the future of psychotherapy, we are aware, as never before, of how rapidly new information comes our way, how important holistic assessment of our clients is and how much we can do to help clients achieve rapid and long-lasting recovery. In her keynote address, nationally known speaker and author Dr Margaret Wehrenberg will highlight trends in understanding and treating mental health disorders that can bring new vibrancy to clinical work and enhance the recovery of all of our clients.

**Pre-Conference Workshop**

**The 10 Best Ever Anxiety Management Techniques**

The Counselor’s Anxiety Treatment Toolbox

Learn methods to help your clients calm their minds and diminish physical, cognitive and behavioral symptoms of anxiety. Dr. Wehrenberg will present methods that really work to eliminate panic, generalized anxiety and social anxiety disorder in clients of all ages. She will differentiate aspects of addiction, attention deficit and Asperger’s disorder that affect anxiety diagnosis and treatment. Using her knowledge of the underlying causes of anxiety, she will describe how and why psychotherapy can use the brain to rid the brain of anxiety. She will show you how to help your clients reduce anxiety for life and you will leave this session prepared to apply effective methods to provide prompt, effective relief of symptoms of anxiety.

Course Learning Objectives:

1. Apply specific, effective lifestyle changes plus breathing and relaxation techniques to relieve and eliminate anxiety.
2. Recognize features of sleep, guilt, and anger specific to anxiety disorders and how to resolve those problems.
3. Help clients identify panic triggers and avert panic attacks.
4. Help clients stop the rumination of the worried brain that marks generalized anxiety disorder.
5. Apply principles of defeating fear and making positive change for people with social anxiety disorder.

Margaret Wehrenberg, PsyD, is a Licensed Clinical Psychologist and is the author of The Anxious Brain. An expert on the treatment of anxiety and depression, she also has extensive training and expertise in the neurobiology of psychological disorders. She is co-founder of the Reflex Delay Syndrome (RDS) Research and Training Institutes, founded to promote research and treatment for this disorder affecting academic, social and emotional functioning in children. She earned her M.A. specializing in psychodrama and play therapy with children. She was trained in addictions counseling and has years of experience in that field, working with the U.S. Army in Germany and Lutheran Social Services in Illinois before beginning a private psychotherapy practice. Since obtaining her doctorate from the Illinois School of Professional Psychology, she has specialized in treating clients with trauma and anxiety disorders. As a consultant, she is a sought-after speaker for continuing education seminars, consistently getting the highest ratings from participants for her dynamic style and high quality content.

In addition to clinical work, she has written articles for The Psychotherapy Networker magazine, is the author of Stress Solutions: Ten Effective Strategies to Eliminate Your Stress, and has produced Relaxation for Tension and Worry, a CD for breathing, muscle relaxation and imagery to use with anxious clients. Her new book (2007) is published by W. W. Norton, The Anxious Brain: The Neurobiological Basis of Anxiety Disorders and How to Effectively Treat Them.
Mindfulness for Counselors: Individual Counseling, Groups & Families

Presenter: Elana Rosenbaum, MSW, Mindfulness based stress reduction trainer.

This program will introduce and expand participants' understanding of the approach of mindfulness in professional counseling. Participants will learn basic approaches to promoting mindfulness for themselves and clients though varied experiential meditations, mindful communication exercises, and discussions. A basic concept of the program is that counselors who can effectively center themselves can more effectively counsel with individuals, groups, and families.

Program goals: Define mindfulness and learn to communicate it in user friendly terms.

All-day workshop sponsored by Illinois Association for Group Work and Illinois Association for Couples and Family Counseling.

Elana Rosenbaum, MSW, LCSW, is a leader in the clinical application of mindfulness meditation to cancer care. She has authored Here for Now: Living Well with Cancer through Mindfulness, the basis of many workshops, and created audio-CDs with guided meditations. In 1995 she was diagnosed with Non-Hodgkin’s lymphoma and subsequently underwent stem-cell transplantation. Her ability to thrive and embody mindfulness in the face of adversity led to the development of a mindfulness-based intervention for bone marrow transplant patients at the University of Massachusetts Medical Center, Emory University and Dana Farber Cancer Institute.

She is adjunct faculty at the renowned Stress Reduction Clinic at the University of Massachusetts Medical School where she worked directly with Jon Kabat-Zinn as one of the founding teachers. She’s been teaching and educating patients and healthcare professionals in mindfulness, including leading cancer centers, for over 25 years. Elana has a private practice in psychotherapy in Worcester, Massachusetts and is a sought after teacher, speaker, workshop leader and research consultant.

The Future of Training Counselors: A Conversation with Dr. David Kleist & Dr. Tom Scofield, ACES Past Presidents

Presenters: Drs. David Kleist & Tom Scofield

Two former Presidents of the Association for Counselor Education and Supervision will lead a discussion exploring the impact of national directions relevant to the preparation of professional counselors. This all day workshop will focus on defining trends, while the afternoon session will have three breakouts to explore implications of these trend.

Program goals – 1) increase participants’ awareness of current curricular trends, 2) explore training implications of national directions in counselor preparation, 3) promote collegiality among educators who train counselors in Illinois.

All-day workshop sponsored by Illinois Counselor Educators and Supervisors.

Family Relationships & Social Networking Sites: Implications for Family Counseling

Presenter: Dr. James Ruby, Counselor Educator at University of California at Fullerton

Couple and family counselors will be enlightened regarding the impacts of social networking websites and how these sites might emerge as counseling topics and be addressed. Program participants will be engaged in a discussion of the counseling implications of a web-based research study that
investigated the nature of family relationships in light of social networking websites like Facebook and MySpace. Current trends and specific implications for couples and family counseling will be presented.

Program goals: 1) program participants will learn how social networking sites work, 2) how research participants characterized their interactions with family members via social networking sites, 3) learn the dangers/challenges of social networking, 4) learn specific issues to address in counseling and strategies for addressing them effectively.

Half-day workshop, presented in the morning, sponsored by Illinois Association for Couples and Family Counseling evolving technology.

James Ruby is a counselor educator who has been training human service professionals in several different settings including Lewis University, Northeastern IL University, and Argosy University in Illinois. In California he has worked with National University, Capella University, and California State University, Fullerton. He has also worked in various counseling settings including schools, community mental health centers, faith-based organizations and in private practice. Dr. R. Ruby has published one book, and several articles. He received his PhD from Loyola University in Chicago and holds licenses as a counselor, a marriage and family therapist and is also credentialed as a school counselor. Dr. Ruby is married and has two sons and presently resides in Fullerton, CA.

Afternoon: Understanding Addiction – The Lefever Model

Presenter: Dr. Ken Kubicek, Assistant Professor, Lindenwood University

This presentation will explore the Lefever Model of addiction as it applies to both substance and behavior addictions. Aspects of successful treatment and recovery will also be discussed.

Program goal: 1) Review the process of addiction according to the Lefever model, 2) Illustrate the PROMIS questionnaire assessment for addiction 3) Discuss the elements of successful recovery from addiction.

Half-day workshop sponsored by Illinois Association for Couples and Family Counseling evolving technology.

Ken Kubicek, PhD, is the Department Chair of the Professional & School Counseling graduate degree program at Lindenwood University in Belleville. He received his Doctorate in Counseling & Family Therapy from St. Louis University. He also has a master’s degree in Secondary Education/ Mathematics and a bachelor’s degree in Applied Math & Computer Science, both from Southern Illinois University in Edwardsville. In Illinois, he is a licensed clinical professional counselor.

He has worked as a high school teacher, business manager, retreat house coordinator, and counselor. He has been a staff member, board member and co-director of the Gateway TEC retreat program for teenagers. He has also been a staff member and co-director of the Illinois Teen Institute on Substance Abuse and a staff member of Operation Snowball, both peer leadership and drug abuse prevention programs for teenagers. He served on staff at Memorial Hospital as the clinical supervisor in the Outpatient Mental Health and Counseling Program and the Employee Assistance Program. He still serves as a debriefer on the Memorial Hospital Critical Incident Stress Debriefing team. He published a book titled “Recovering Aholics: Why They Say They Are Successful”. He is married with one child and his wife is a therapist in private practice.

Annual Conference Poster Sessions

• Daniel Stasi Counselor Licensure - How to obtain, renew and relocate your license.
• Daniel Stasi Recertification for Type 73: The Process and Q & A
• Dr. Anna Marie Yates W hat’s Black and W hite and Red All Over?
• Ruth Ellen Thomas Building and Repairing the Teacher-Student Relationship with Play Therapy
• Ciemone Rose HIV Prevention for Racial and Ethnic Minorities on College Campuses
• Sean Parker Working with the Developmentally Delayed Adolescent Female Population
• Eric Melton W in Them O ver: Adlerian Methods Applied to Contemporary Adolescent Issues
• Evelyn Duesbury Innovative Model for Facilitating Clients’ Interpretation of Dreams
• Al Milliren Turning Crisis Into Opportunity = The Park Forest PD Guided Vision Program
Friday Workshops

Cyber Bullying: Prevalence, Impact, Future Directions and Implications for School Counselors
Private Practice: Questions and Answers
Strengths-Based Clinical Supervision: You’re not in Kansas Anymore
Women In Transition from Hetero to Bi or Lesbian: Identity, Vulnerability & Courage
“The Miners Canary” singing a song of hope
The G-U-I-D-E-S Model: The Leadership Role of School Counselors in Implementing SEL
Family Relations via Internet-based Social Networking: Study Findings and Implications for Counseling
Serving People with Disabilities Following a Disaster
Focus on Wellness: Creatively Reduce Stress with Music, Imagery & Mandalas.
The Counseling Experience: When your client has experienced an unimaginable tragedy
Mindfulness & Counseling for Wellbeing
Clinical Training of Interns in College Counseling Centers
Applying Strength-Based Counseling Skills
Exploring The Cognitive Emotional Process as it relates to mental illness and addiction
Neuroplasticity: Are You Hip With the Change?
Characteristics of Effective Professional School Counselors: Results from a Qualitative Research Study
7 Habits of Highly Effective Clinicians
Effectively Working With Abusers (Perpetrators of Domestic Violence)
Triadic Supervision with Professional Counselor Trainees
What’s Good About Anger? Motivating People to Change
Identifying the myriad of Abuses: Learning about the survivor skills and needs of a woman who grew and flourished
Residential Treatment: The Shift From a Behavioral Model to a Trauma Model
Strengths Processing: Considerations of Over Use and Under-Use
Evidence Informed Mental Health Practices for Children and Adolescents
Carl Rogers as a Social Justice Advocate
Crisis Counseling: A Haitian Experience
The Needs of Suburban Middle School Students: What should School Counselors know?
Social Media and How Counselors Can Utilize it in their Work Setting
Cultural Mistrust, identity and Help-Seeking behaviors of African American Men
Cutting Edge Issues for CICO Organizations: What All Members Need to Know
The Joy of Working: A School Counselors Dialogue
Pastoral Psychotherapy - Integrating Psychology and Theology in Clinical Practice
Compulsive Hoarding: How to Assess and Treat this New Diagnosis on the Horizon
Career Counseling for Counselors and Counselor Educators too!
A Preliminary study of the Benefit of Teaching Direct Care Workers in Extended Care Facilities
Knowledge and Attitudes Regarding Aging Using Adult Learning Models
Man in the Mirror: Gender Identity issues among Heterosexual and Homosexual African American and Caucasian men.
LGBT Intimate Partner Violence: Victim’s Counseling Experiences
The Playfulness of Solutions: Integrating Play Therapy and Solution Focused Therapy
Boys and Barbies, Girls and Guns: Counseling Kids with GID
Grief Therapy: Cultural Perspectives on Death and Grief
Sandwich Generation Stressors of the Middle-Aged Working Woman
How to Win Teachers and Influence Administrators: Counselors As Change Advocates
Exploring and promoting racial identity development as a therapeutic tool for working with Black adolescent males
Envisioning High ACT Scores: Utilizing Relaxation Techniques with High School Juniors
Who is running the show in couples counseling: strategies for early engagement
The Fear of Being Called Queer: Bridging the Emotional Storm of Coming Out
Writing for ICA Publications: Sharing Your Knowledge, Marketing Your Skills and Developing Your Self
Size Matters: Men, Body Image, & the Drive for Muscularity
Evidence Based Substance Abuse Treatment for Individuals, Teens, Families
The Amazing Magic of the Power of the Group
Lois Lane Loves Superman: The Borderline & the Ultimate Codependent
Enhancing Clinical Efficiency and Therapeutic Efficacy in Relational Counseling and Therapy
An Experiential Voyage into Understanding the Struggles Minority Adolescents Face with Identity Formation
My Child had Autism or ADHD. What can I do?
Domestic Violence: A South Asian Perspective
You Think You Know Your Role as a Counselor? Listen Closely
Treating Addiction as a Chronic Mental Health Condition: Implications, and Meaning

Saturday Workshops

NTU Psychotherapy Framework with African American Clients
Evidence Informed Mental Health Practices for Children and Adolescents
The Effectiveness of School Counselor Supervision with Internship Trainees Utilizing the ASCA Model
Carl Rogers as a Social Justice Advocate
Crisis Counseling: A Haitian Experience
The Needs of Suburban Middle School Students: What should School Counselors know?
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You Think You Know Your Role as a Counselor? Listen Closely
Treating Addiction as a Chronic Mental Health Condition: Implications, and Meaning

Lead Presenter

Jennifer E. Beebe
Bob Walsh & Norm Dasenbrook
Jeffrey Edwards
Linda S. Slabon
Ray Piagentini
Toni Tollerud
James Ruby
Pamela Arnold
Louise Dimiceli-Mitran
Kathy Bisbee Johnson
Chris Rybak
Katherine Helm
Susan E. Kerstein
Brian Katz
Michele Kerulis
Sandra Kakacek
Carrie Cherep
Dennis Deer
Alexandra Novakovic
Lynette J. Hoy
V. Manger
Bill Blundell
Al Milliren
Darrick Tovar-Murray
Debra Pender
Colette Blakely
Cyrus M. Ellis
Charles E. Myers
Roberto Clemente
Daniel Stasi
Leslie Holley & Tovar Murray
CICO BOARD
Julia Yang
Susan Mielke
Mei-wei Chen
Byron Waller
Michael Smith
Ryan Hancock
Shannon Derrmer
John Anderson
Eric Dutt
Eunha Kim
Scott Wickman
Ken Oliver
Heidi A. Larson
Sara Schwarzbaum
Matthew Stanley
Francesca Giordano
Nicholas Weshinskey
Catherine McNeilly
Suzanne Walker
Cheri DeMoss
Kevin Stouffer
Linda Brown-Jackson
Phillip Hawk
Naveeda Athar
Chantelle M. Peterson
Mark Blagen
Pre-Registration and Conference Registration
Make your own HOTEL RESERVATIONS BY OCTOBER 20, 2010 directly with the Lisle-Hilton. Use group code CICA. ICA Room Rate: $79.00 per night + tax. Phone (630) 505-0900
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.

___ ICA College Counselors ___ ICDA Career Development
___ ICES Counselor Educators ___ ISCA School Counselors
___ IAMC Multicultural ___ IMHCA Mental Health
___ IAACE Assessment ___ IAADA Adult Development
___ IACF Couple & Family ___ IASGW Group Specialists
___ ICSJ Social Justice ___ 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, 2010. No refunds will be given for late cancellations. ICA shall assume no liability whatsoever. Any substitutions or alterations will be made upon written request to ICA received on or before October 31, 2010. No refunds will be given for late cancellations. ICA shall assume no liability whatsoever in the event that a workshop(s) is cancelled, rescheduled or postponed due to a fortuitous event, Act of God, unforeseen occurrences or any other event that renders performance of this conference impracticable, illegal or impossible. This shall include, but not be limited to: war, fire, labor strike, extreme weather or other emergency. Speakers and topics were confirmed at the time of publishing, circumstances beyond the control of the organizers may necessitate substitutions, alterations or cancellations of the speakers and/or topics. As such, ICA reserves the right to alter or modify the advertised speakers and/or topics if necessary without any liability to you whatsoever. Any substitutions or alterations will be updated on our Web page as soon as possible.

Continuing Education Hours:
This program is cosponsored by IMHCA and is recognized as providing CEUs 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 11, 2010
Attendees may earn up to 6 Continuing Education Hours at the Pre-Conference FRIDAY AND SATURDAY
November 12-13, 2010
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 Session

Circle Pre-Conference Payment Choice

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<tr>
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<th>Member</th>
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<tr>
<td>Full Day (1 full day or 2 half days)</td>
<td>$100</td>
<td>$120</td>
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<tr>
<td>Half Day Only (1 half day AM or PM)</td>
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**Full Day (circle workshop choice)**
10 Best Ever Anxiety Management Techniques - Margaret W ehrenberg
Mindfulness for Counselors - Elana Rosenbaum
The Future of Training Counselors - Drs. Kleist & Scofield

**Half Day-AM (circle workshop choice)**
Family Relationships & Social Networking - James Ruby

**Half Day-PM (circle workshop choice)**
Understanding Addiction - Ken Kubicek

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 ____________________________
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Expiration Date ____________________________ CVV Code ____________________________

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Counselors Have Their Own Political Action Committee

by Pat McGinn

Dan Rostenkowski died today, August 11, 2010. I met him once in the hallway outside his office in the Rayburn Building. Diane Krzyzanowski and I were in Washington to lobby for counselor inclusion in Medicare. Her mother lived in his district in Chicago. He was Chair of the House Ways and Means Committee with jurisdiction over Medicare. The conversation went well until I said the word ‘Medicare.’ Rosty turned on his heel, said, “I gotta go vote!” and disappeared. It was 1993.

We have been working ever since to bring counselors into the list of providers for Medicare Part B, and in the course of time a new tool has been added to our toolbox: the Professional Counseling Fund. The PCF is a Political Action Committee, a PAC, which means its sole purpose is to raise money from counselors to be used as political contributions to those in Congress who are in a position to help make this happen. None of our contributions is huge, but we purchase tickets to fundraisers so that our lobbyist, Scott Barstow, can attend these events and make our case to the congressman and his or her aides. It is one more way to get us on the radar screen.

Medicare is not our only cause, of course. Counselors are also deeply invested in changing the arcane requirements of TRICARE and in helping protect and expand the Primary and Secondary School Counselor Program, which helps put counselors in schools that would not have them otherwise.

The Professional Counseling Fund was founded by four volunteers in 2004 and has been working away ever since with the help of an expanded Board of Directors. Though we receive memberships and contributions from all over the country, I am proud to report that counselors from the State of Illinois have been by far the most responsive to our appeals for support. I attribute this to the heightened awareness among Illinois counselors of the gains that have been made for them over the years by those of us who have labored in the political arena on their behalf. Though some of that memory may be fading for those who were too young to live through the process and for whom licensure and insurance reimbursement are a given, still, the sense that counselors and their clients cannot ignore the political process seems to have taken root in the DNA of Illinois Counselors and their educators.

The Professional Counseling Fund needs many new members and ongoing support if it is to reach its targets and its goals. So this is an appeal to you, to the counselors of Illinois, to recognize that our PAC is neither unethical, illegal, nor fattening, but is one of the ways we can use to communicate with members of Congress for the good of the profession.

A PCF membership is $50.00 per year ($20.00 for students) and comes with a dandy little gold lapel pin. Send your check to Pat McGinn, 5703 S. Kenwood Avenue, Chicago IL 60637 or contribute online at the website www.counselingfund.org. I will be happy to answer questions at 773-363-8313 or patmcginn@uchicago.edu

ICA Southern Conference - A Community of Counselors: A New Tradition
March 11, 2011
Gateway Center - Collinsville, IL

♦ Breakout Sessions, Reception and Networking following final workshop.
♦ Workshop proposals should be submitted electronically by November 30, 2010.
♦ See ICA website www.ilcounseling.org for proposal form and registration.
School counselors have a pivotal role in assisting students in making career choices. According to Conneely et al. (2006), school counselors can be stakeholders in providing opportunities for career and technical education (CTE), linking students to post-secondary education and careers. In response to the need to ensure that school counselors are recognized as CTE stakeholders, the Illinois State Board of Education (ISBE) is developing an initiative aimed at providing resources to student services personnel who provide guidance counseling at the secondary level. The initiative is part of an on-going effort called the Curriculum Revitalization Project (CRP), designed to meet challenges in preparing students for occupations requiring 21st Century skills.

To address these challenges, the Illinois State Board of Education began an initiative to revitalize the curriculum for secondary school level career and technical education in the state in 2005. Under the direction of ISBE, a group of organizational entities established a “partnership” to develop a web-based curriculum resource for all educators in the state. The focus of this effort is the creation of computer-based curriculum “libraries” that would be on-line and available to all career and technical education teachers in Illinois. The content areas chosen for the revitalization initiative to date include Technology and Engineering Education (T and EE), also known as Industrial Technology (IT), Health Science Technology (HST), Family and Consumer Science (FCS), and Business and Marketing Education (BME). Funded through a combination of funds provided through Public Law 109-270 (Also known as the Carl D. Perkins Career and Technical Education Improvement Act of 2006), with the addition of state resources, the Curriculum Revitalization Initiative has produced a library of hundreds of lessons. The development of additional lessons and the expansion of the lesson libraries continue. In 2009 the term “Curriculum Revitalization Project” (CRP) replaced the designation “Curriculum Revitalization Initiative” (CRI) to indicate the ongoing nature of the associated activities. In 2009 an initiative focusing on the relationship of school guidance counseling to career and technical education in Illinois was established. Data were collected as part of the ISBE Curriculum Revitalization Project, leading to the following conclusions:

The majority of EFEs (65%) and ROEs (93%) believe that counselors would benefit from professional development sessions on the value of CTE and access to career counseling resources. The majority were willing to host Counselor Academy workshops put on by the CR Project.

Recommendations from EFEs included a need for:
- Counselor professional development
- Toolkit of Resources
- A central location/person to call to find resources
- A means for counselors to network among themselves

ROEs recommended:
- Using Counselor Academies
- Avoiding workshops in Feb., March & April due to ISAT/PSSA

Specific topics recommended for workshops included:
- Career Clusters
- Programs of Study
- How CTE can Help Raise Test Scores
- How To Do it “All”
- Developmental Counseling Techniques
- The Importance of Abilities and Aptitudes in Career Counseling
- Scheduling
- How to Use ICPs for Scheduling
- Importance of Post Secondary Community College Programs
- The Value of Middle School (MS) CTE Orientation Courses
- How to Prepare MS Counselors and Principals to “Sell” CTE to Students and Parents

During this same period a needs assessment instrument was pilot tested in three areas with school counselors. The results indicated that:
- The most significant issue for counselors is time, followed by resources
- Most counselors are aware of some Internet resources
- Many counselors saw a counseling value in selected CR Project lessons

Based on the preliminary data presented above, plans to provide resources for school counselors in providing educational opportunities leading to 21st Century skills are being developed through the ISBE Curriculum Revitalization Project.

Notes
Data provided through a grant from the Illinois State Board of Education Curriculum Revitalization Project, 2009/2010

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Robert W. Hotes Ph.D., LMHC is a counselor and educator in Springfield Illinois. He is a member of ICA, ISCA, ICD A, APA, and IPA, and a fellow of the Association for Psychological Science. He works for the Curriculum Revitalization Project. He can be reached at rhotes@ioes.org

www.ilcounseling.org 23
The field of counseling has made great strides in awareness and education about discrimination and “–ism” pitfalls. However, one of the most prevalent prejudices is rarely discussed. This form of discrimination affects more individuals than all US minorities combined! People wear it as plain as the noses on their faces. There is no covering up being overweight or obese.

Weight is the most overlooked and underappreciated form of discrimination. Somehow it is easier to discuss someone’s race or sex life rather than weight. For many it is a taboo topic. How has this issue been overlooked in graduate training, prominent textbooks and journals? Suffering from obesity will undoubtedly alter all micro/macro systems and psychosocial development. The effects of weight run deeper than phenotype. For example, compared to other chronic diseases, “obesity may be the worst socioeconomic handicap that women who were obese adolescents can suffer” (Dietz, 1998). Yet few talk about it.

Graduate training lacks acknowledgement, sensitivity training and professional guidance for working with individuals who suffer from weight disturbances. However, racism, cultural sensitivity, homophobia and sexism are typically discussed in detail. This is quite unfortunate, given that 68% of the U.S. adult population is overweight or obese and the prevalence continues to rise. Obesity will never go away. Floods of individuals who fight this disease are and will continue to flock to counseling offices in ever greater numbers. Presenting concerns will most likely be non-weight related; however, counselors cannot ignore the role of body mass on inter and intra personal distress.

Look around, there is a prevalent anti-obesity bias embedded into the American culture. People who suffer from this disease are slammed by it day in and day out. Imagine this: you have to sit on the edge of your chair at work because you cannot fit into the one you were provided; later that day there is a meeting, and everybody watches as you try to fit an additional eight inches of body mass into a chair that is too small. You feel like a sardine. You book a flight for vacation only to learn you have to pay double; then to top it off, you go to see your counselor for depression, and you cannot fit into the waiting room chair, all the while there are tabloid magazines full of beautiful people and cellulite criticism all over the office.

Almost every aspect of an obese person’s life is plagued by discrimination; travel, work, toilet seats, clothes, chairs, theme park rides, doctors—the list goes on. This partial list does not even include the social aspect. ‘Obese’ connotes something: lazy, stupid, no willpower, weak, no control, slob, incompetent, “How can (s)he do that to himself?” and disgust.

The counseling profession is at a point where obesity education and sensitivity must be considered and addressed. Review the following points to begin moving into a more weight-friendly practice.

1. Learn about the disease of obesity. Yes, obesity is a disease. As such it should be considered as serious as diabetes, depression or cancer. The disease of obesity is not defined as lack of willpower. Powerful neuroendocrine factors are at play once an individual starts gaining weight. These factors, for some, make weight loss difficult. Often these clients have had years of weight cycling. Having friends, family and coworkers root for success in weight loss, then having to deal with debilitating shame, guilt and self-blame when it is regained. Physiological make-up alone is not at fault. The government does not protect citizens

Tina Musselman RD, CCN, LDN
from a food industry that pumps food full of addictive substances. This is a very exciting time for food addiction research. Monthly, new articles are published demonstrating how food can interact with the brain’s reward system in susceptible individuals. According to David Kessler (2009) fat, sugar and salt “are hijacking the brains of millions of people by activating their neural circuits.” Food consumption is also driven by memories and anticipation of a desired food. This is where marketing tactics come into the mix. How can one fight a gooey ice cream sundae mixed with pleasant memories of childhood? Nonetheless this is simply a brief overview of a complex web that contributes to being overweight and obesity. There must be an understanding that this is not solely the individual’s fault.

2. Explore personal obesity biases and sensitivity. Like most forms of discrimination, a practitioner may think (s)he is sensitive to the needs of the client, but learns that there is still more work to be done. Harvard University has a wonderful project, Project Implicit www.implicit.harvard.edu/implicit, where individuals can go on-line to learn if personal biases exist, including an anti-obese preference.

3. Is your office obese-friendly? When working with this population regularly, it is not uncommon to hear embarrassing stories of broken chairs or other physical blunders. Purchasing bariatric furniture is a significant investment. However, a cost effective way of being more weight friendly is to have sturdy, comfortable chairs without arms in waiting rooms and offices.

4. Review the literature that is available. Are there tabloid magazines, Shape, Men’s Health, etc. present? If so, consider switching to more neutral magazines such as Readers Digest or National Geographic. These simple touches indicate sensitivity and empathy the moment a client walks into the office and will be noticed by larger clientele.

5. Be willing to go there. As noted above, weight is a very sensitive topic. A counselor may find that there is an impasse in counseling and not understand why. Weight may be the “elephant in the room.” Consider this scenario. The client has been in counseling for 14 sessions presenting with depression after a preterm child is born with incomplete lung formation and passes shortly after. The client feels frustrated about the lack of progress she has made. However, deep down she may feel remorse that her obesity may have been a contributing factor to the pre-term delivery, but she is too afraid to disclose such thoughts for fear of judgment and personal shame.

It is critical to address how being overweight, obesity, food and the reaction from others has impacted the client’s life. Most likely, it is a breath of fresh air for the client to discuss how weight has impacted his/her life in a safe and non-judgmental environment. It can help build the therapeutic bond and pave the way for a more honest and deep exploration of self. If this is difficult for the practitioner, seek supervision and additional training.

It is also important to consider the impact of food, weight and activity level on family patterns, culture and communication. Obesity is a disease that is passed down transgenerationally. Believe it or not, only a small portion of the disease is genetic; the rest is environmental. Food is a way of showing love and care. It is a way of easing hurt and pain. Eating can become a deterrent to avoid talking about what should be discussed. Families no longer bond and heal by playing ball in the back yard, bowling, or taking a bike ride. Consider the role food and weight play in family structure and communication. Practitioners may encourage family meals, activity time or game night when working with families and couples.

6. Use your client advocate hat. Very often obese individuals may neglect preventive healthcare. A female may go years without having a pap smear because she is too embarrassed. The same applies for a colonoscopy, mammogram or prostate check. Obesity alone raises the risk of specific types of cancer, but having screening done too late can be the difference between treatable and terminal disease. Is your client taking medications consistently, especially if there is a list of 10 or more? Lastly, don’t forget sleep patterns. The client may not only be struggling with anxiety at night, but may also have sleep apnea that no amount of counseling can correct. Reach out to local resources and expand referral bases. Are there physicians in that area that a counselor can align with? Ultimately it will benefit both parties.


With the growing popularity of hypnosis, it is important for LCPCs and counselors to have a working knowledge of hypnosis techniques and applications not only for use in their own practices, but also in order to make intelligent referrals.

What is hypnosis?
In its most basic form, it is a state of mind in which the mind is highly focused and which is measurable using an EEG. In therapeutic uses of hypnosis, the concentrated mind is paired with relaxation. The person is alert and aware of everything going on. This is contrary to a common belief that a person is “out,” or asleep when in hypnosis. Hypnosis is not sleep. Therapeutic hypnosis is also very different from stage hypnosis. In fact, the way hypnosis is used in entertainment, both on stage and as portrayed in some movies, may be unethical for clinicians.

Brief history of hypnosis
We have known for thousands of years that hypnosis works, but we didn’t know why. In fact, many of the misconceptions about hypnosis have come from the strange explanations of what was going on. Because the medical community could not understand why it worked, early users of the process, such as Franz Mesmer, were discredited by the German medical establishment.

However, in 1954 hypnosis was approved by the American Medical Association for use in all areas of medical treatment. We are only discovering in the last decade why it works, and that it does work. Researchers, using techniques that range from PET scans to traditional psychological research methods, are discovering the effects of hypnosis on the brain. These techniques show how hypnosis can access areas of the brain that are not amenable either to medication or more traditional forms of psychotherapy.

Benefits of hypnosis
The benefits of hypnosis are wide ranging. Simply being in that state of concentration and relaxation has beneficial effects on the body, such as reducing stress and many of the detrimental effects of stress. The effect is the same as meditation. The difference between meditation and hypnosis is what one does when one is in that state. With hypnosis, that relaxed state is paired with a direct suggestion designed to meet the person’s goal. This form of hypnosis is effective for relaxation and achieving simple goals. Research has also found that simply using this state of concentration and relaxation can promote positive brain changes. In the long run, these changes can help a person be more relaxed in situations which, in the past, were stressful. There are also the physical benefits of reduced stress, which has implications for many mental and physical disorders.

Hypnotherapy
Hypnotherapy expands hypnosis, using multiple direct suggestions to meet larger goals such as reducing nail biting, improving school and sports performance, and in some instances, helping with smoking cessation and weight loss.

Hypnoanalysis
Hypnoanalysis is the most advanced way to use hypnosis therapeutically. The process of hypnoanalysis is designed to rapidly access the original cause of symptoms such as anxiety, phobias, panic, PTSD, depression, relationship issues and other Axis I disorders. It uses a detailed history, word association exercise, and age regression along with direct suggestions to resolve the root cause of the issue. Symptoms can often be resolved in as few as
10-30 sessions. The end result for the client in hypnoanalysis is that in most cases he/she is symptom free. Again, neuroresearch in the last decade is giving solid evidence for why this form of hypnosis works, in that it accesses areas of the brain where negative emotions and responses are conditioned.

**Ethical considerations**

Hypnosis does present some ethical issues. In the state of Illinois and in some other states hypnosis is not regulated. Lay hypnotists are allowed to use the full range of hypnosis techniques. For simple hypnosis, used for relaxation and simple goals, this is usually not a major issue. However, sometimes it can be. Sometimes a client who is in a relaxed hypnotic state will go into an abreaction or spontaneous age regression. This can even happen during simple guided visualization or relaxation exercises. If a therapist is not trained to handle that situation, a client can experience it as a re-traumatization. Hypnotherapists need to be trained not only in hypnosis techniques, but should also have specific training in assessment, diagnosis, psychotherapy, and specifically in dealing with age regression.

The top organizations which train in hypnosis only train licensed clinicians with a Master’s degree or above. Licensure, membership in a professional organization which has ethical standards, such as ACA, ICA, IMHCA or NASW, and a Master’s degree that includes training in some form of psychotherapy are important qualifications to protect clients.

**Making referrals**

If a clinician determines that a client would benefit from or is interested in hypnosis, a quality referral would include knowing the clinician’s education level, licensure, and that he/she is board certified by a national hypnosis organization, such as the American Academy of Medical Hypnoanalysts. If a clinician is interested in training in hypnosis, he/she can find out what the requirements are for training and also if the training includes direct experience with age regression.

**Contraindications**

There are contraindications for the use of hypnosis. First, it is not very effective for people with developmental disabilities and should not be used with someone who is in a psychotic state. Second, there are some psychotropic medications which inhibit the effectiveness of hypnosis, especially benzodiazepines which have an effect on short-term memory. Hypnotherapy and hypnoanalysis will still work, but it may take twice as long. Finally, the techniques of hypnosis for children are somewhat different, and for more serious problems specialized training may be indicated.

**Summary**

What should a Counselor know about hypnosis? First, it is a very effective tool for a wide range of problems. In settings where clients have limited resources such as limited or no insurance coverage, hypnosis can sometimes be the most rapid, effective mode of treatment. Symptoms which may take years to alleviate with traditional forms of psychotherapy can often be resolved in 10-30 sessions of hypnoanalysis when used by a trained professional. Finally, it is important to know that all hypnotists are not the same, especially in states where the practice is not regulated. Finding Practitioners with high quality training is important for appropriate referrals.

Mary Kullman, MS, LCPC, received her Master’s degree from Northern Illinois University. She is a Diplomate in the American Academy of Medical Hypnoanalysts (A A M H), and has a private practice, Alpha Counseling Center, in Naperville, Illinois, specializing in hypnosis and hypnoanalysis. She has a variety of clinical settings, with 23 years as a hypnoanalyst. She has been a Training Analyst for A A M H for the past 16 years and is a regular presenter at local and national conferences. She is a board member of A A M H, currently serving as Board Chair. Her website is www.counselingoptions.com.

Jeanne Clark, MSW, LCSW, ACSW, is a Diplomate Medical Hypnoanalyst, is a President of the American Academy of Medical Hypnoanalysts. She is a Training Analyst for A A M H and is a regular presenter at local and national conferences. Jeanne has a private practice specializing in using hypnosis to increase the effectiveness of psychotherapy. She has over 28 years experience helping people change and meet their goals, including 15 years experience using hypnosis and 7 years as a hypnoanalyst.

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An Arena for Change
An Overview of Equine-Assisted Psychotherapy
SANDRA L. KAKACEK EdD, LCPC

“If people are having problems in their lives, they should go to horse therapy to get in touch with their inner selves and to relieve stress. Once they leave there, they’ll have smiles on their faces. Most dudes like to be tough, but on the inside, a horse opens up one’s weakness and brings out the softness.” Juvenile Age 17

We are fortunate to have a myriad of mental health providers such as professional school counselors, mental health counselors, social workers, pastors, friends, and psychologists, to name a few, to help unlock the mysteries of today’s youth, as well as to address the stresses of life on couples and families. Many are ameliorated in traditional office settings. However, for some, a unique, hands-on experience in a completely different setting provides an opportunity for social and emotional growth and development. Equine-Assisted Psychotherapy (EAP), conducted in an arena, and involving no riding, may be the best new counseling venue for change.

Why Use Horses?
History indicates that as far back as the Greeks and Romans, animals were used to help people with anxiety and depression. The first documented cases for mental health treatment interventions were in England in 1699 using dogs and cats as relaxation tools. The United States first used animals during the Second World War to help soldiers recover from trauma. The field of animal-assisted therapy grew when Levinson, a psychologist, was conducting a sessions with an autistic child, with few to no social skills. Levinson’s dog, Jingles, suddenly entered the room. The child began to interact with Jingles both verbally and nonverbally. The result was the beginning of research in the 1970’s conducted at Purdue University and the University of Pennsylvania. Animal-Assisted Therapy continued to grow, and now horses have been added to increase wellness.

The North American Riding for the Handicapped Association (NAHRA) was created in 1969 to help serve clients with health related issues. Equine-Facilitated Therapy (EFT) was a specialized
Horses are unique due to their size and power. Even though they are big, people are often drawn to them. Reports say youth often feel relaxed, confident, and connected around horses. In fact, research indicates there is a decrease in mental illness symptoms with EAP. Have you heard “Never let a horse know you are afraid because they will become scared too?” Horses appear to mirror one’s own emotions. Karol (2007) says that a horse’s sensitivity and reactivity to people can model how the individual is acting and feeling. For example, if clients are angry, horses mirror such patterns by pinning their ears back or chasing another horse. Horses also accept people without judging or labeling anyone as “troubled.”

How Does Equine-Assisted Psychotherapy Work?

Equine-Assisted Psychotherapy is unique in that there is always a counselor, a horse person, and, of course, the horse. The counselor takes care of the emotional growth of the person; the horse person tends to the horse’s well being and the physical safety of the people in the arena, and, of course, the horse provides the opportunity for mirroring feelings.

Each session is designed to provide an experiential, hands-on activity that helps the client develop problem-solving skills. EAP is unique in that it does not require clients to ride or mount the horses. The tasks of interacting with horses are noted by the counselor. It is the meaning or interpretation that clients give to the interactions with the horses that provides information to the counselor to help change behavior. EAP represents an experiential, creative approach that claims to “... facilitate personal explorations of feelings, powers of intuition and energy, understandings of self, nature, relationships, and communication” (Rothe et al., 2004, p. 375).

Equine-Assisted Psychotherapy contains semi-structured, experiential, problem-solving activities designed to temporarily frustrate clients, requiring them to create solutions or “think out of the box,” to develop problem-solving skills, work cooperatively with others, gain insight, think creatively, and increase self-esteem by understanding how their behaviors impact others. Metaphoric communication is the primary mechanism responsible for facilitating changes in EAP. “The four prime target areas that may facilitate the behavioral/emotional changes using metaphors to explain or account for a horse’s puzzling behavior are (what is the horse afraid of?), analogical language referencing props during activity (what does the halter mean to the horse and what is your halter?), clients relating life lessons they learned that were embedded within a structured activity (what does it mean that you all had to link arms to get a horse over the obstacle?), and clients’ metaphorically extrapolate lessons learned to cope more effectively with life’s challenges (e.g., if teamwork is required to move the horse, how do you “team” with others to solve issues beyond the arena?” (Kakacek & Ottens, 2008, p. 19).

Application of Equine-Assisted Psychotherapy

Equine-Assisted Psychotherapy can be applied to individuals, groups, couples, and families. The ages range from 4-80. The array of issues that is responsive to treatment spans the gamut from depression, Aspergers, learning problems, attention issues, anger, bipolar, etc. Research has pointed to the use of EAP with Oppositional Defiant youth. They exhibit hostility, noncompliance, and aggressiveness; and they tend to be resistant to treatment (Hanna, Hanna, & K ey s, 1999). This pattern of defiance creates obstacles for change; however, some studies have shown improvements in oppositional behaviors and social interactions for youth involved in EAP. Clients with Aspergers syndrome and attention deficit disorder seem to increase their problem-solving skills and perceptiveness of nonverbal cues in relationships. Another, more clinically oriented application of EAP, has yielded positive results with clients diagnosed with depression, anxiety, posttraumatic stress disorder, and adjustment disorders, among others.

Discussion

Equine-Assisted Psychotherapy continues to grow as a viable mental health treatment. Currently, incarcerated youth participate in weekly sessions, with the goal of self-awareness, reducing anger, and developing effective problem-solving skills. Additionally, EAP has become a valuable treatment for children, adolescents, and adults with Aspergers to help them develop social skills. Individuals and families with a variety of mental health issues, from depression to bipolar disorder have also begun to utilize EAP. The unique setting and the metaphorical applications for change provide a creative means to accomplish therapeutic goals.

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As mental health professionals it is our calling to help clients negotiate the murky waters of life. Without being overly intrusive, we insert ourselves into the psyches of our clients with hopes of unlocking and/or freeing clients of psychological imprisonment. The need to relieve client suffering is starkly evident when counseling LGBT (lesbian, gay, bisexual, and transgendered) African American clients who maintain affiliations with traditional faith institutions that disavow and in many cases demonize same-sex relations.

The history of the black church in America is deeply entwined in the cultural, economic, theistic, and political ethos of the black community. gay or straight. This is a given not open to debate. To that end, what a clinician must be aware of is the potential for his or her personal responses to the client to interrupt or preempt the therapeutic alliance. The clinician must be willing to hold his or her personal belief systems and judgments in check when viewed in the light of what’s best for the client. This is not always easy to do. As clinicians we are appalled at any situation which restricts the growth and well being of our clients. However, when we perceive clients to be, consciously or unconsciously, complicit in their own suffering, we might be inclined to blame the victim. (“Why would you remain in or attend a church like that?”).

Subconscious and preconscious issues can cloud our judgment and shape our intervention, and not always in the service of the client. Taking personal inventory—and seeking supervision if necessary—can free us to better assist the client in reframing his/her negative religious experiences. Affording the client this skill set or perspective is critically important when dealing with the African American client (gay or straight) for whom leaving the church is not an option—be it for ideological or logistical reasons. Though as counselors we don’t endorse any institution or platform which demeans or discounts our clients, we must take care not to attack systemic institutions which seem to cause harm, without examination of their merits and their meaning in the life of the client.

How does the clinician effectively work with the African American LGBT client who presents with issues of rejection and/or estrangement, but for whom leaving the church is not a tenable option?

This writer suggests the following intervention:

**Empathize**

Resist the urge to save the client. An effective clinician will be able to reach inside the client’s field of experience to find a place of commiseration and offer an unconditional understanding and point of view. By the time clients come to us, they are already experiencing psychological pain or discomfort. We must be careful not to compound that situation. Empathizing forges a ground for the exploration and examination of issues the client may be suppressing or unconsciously resisting. To continually subject oneself to abuse may
indicate some underlying pathology.

Validate
It is important to affirm the client’s participation in a faith tradition that has historically been the bedrock of African American survival. Knocking the black church and/or beating up on its leadership is counterproductive and an anathema to the therapeutic process, especially when dealing with clients for whom religion is a dynamic part of their existence. Doing so may serve to compound the client’s anxiety further with a sense of guilt or betrayal for seeking help.

It is important that non-African American clinicians frame language in ways that reflect a healthy appreciation of the client’s heritage, but do not patronize or be condescending to the client. Due to a shared history and cultural identity, many African American counselors have the latitude to navigate these waters with less chance of appearing confrontational or condescending. This is not to suggest that non-African American counselors are less effective with this population; however, it does point to the need for non-African American counselors to be culturally competent and sensitive when dealing with cultural issues of this magnitude.

Explore
Explore with the client the meaning of faith and community. Because African Americans are attached to the church and the community’s culture, it is important to explore how clients reconcile religious beliefs with personal truths. It is through healthy exploration that notions of conflicted sexuality and impaired self-esteem may surface. It is also in this vein that options for change in spiritual direction may be explored, either in terms of scriptural scholarship, alternative church homes, and/or promoting a sense of reconciliation in the decision to remain at the original place of worship.

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Marvin D. Evans is a Licensed Clinical Professional Counselor, located in Chicago, IL. He has been working in the field of Counseling for the past twenty years. He is developing a specialization in Minority Issues.
Letter from the Past President: Membership Matters

Jeffrey Edwards, EdD, ICA Past-President

This is my first time writing this column as the Immediate Past-President, and I must say I feel a bit ambivalent. A year is such a short time in which to get much done, yet enough to know what else I would really like to have accomplished. Fortunately, ICA’s leadership is in the solid hands of current president, Yonah Klem. I am sure she will do an excellent job; but as with our national and state governmental leadership, we also have a few different agendas, or directions we would like to see ICA take. Let me talk about a few of the issues I still see as important to our growth and/ or development.

The issue of numbers is still huge to me. With a membership of just over 2500, we are far better off than we have been in the past, but not quite good enough to accomplish the sort of “big dreams” I know that we should have to be first rate. I issued a challenge to our members to double that by having every member bring one more unaffiliated counselor into the fold of our association. It is just that simple; everyone brings in one additional member, and we can be over 5000 members. We could do a great deal, and beat Texas as the largest state branch. Now there is a worthy goal!

Next, counselors have a huge stake in what is happening in licensure these days, as many counselor training programs move to a 60 hour masters degree so that parity with other guilds and portability—the ability to move your license from one state to another effortlessly—is a reality. How do we do this without alienating those groups (members of CICO) who were part of our heritage in gaining licensure, or what should we do about the psychologists who use our licensure to obtain sites for their clinical experience during training, only to abandon it later when they no longer need it? What about those in psychology masters programs, and how do we get them to feel wanted in our association?

A fact of life is that as licensure became a reality for many in many guilds, the need for affiliation in association groups seemed unnecessary to some. The waning membership in IPA, Illinois Social Workers, and with our own under affiliated but licensed brothers and sisters in counseling does bear out the fact; some professionals don’t see themselves as needing affiliation with their peers as long as they are licensed and “doing their thing.” I know that those of you who are part of ICA don’t agree with this. Part of our professionalism is being connected to our associations. By being involved, being part of what happens, and participating, you continue to be part of a profession that is diverse and viable, as well as one that gives you meaning.

We open our doors and our membership to all guilds in Illinois who want to know what it is like to meet with others who work with people in the many different venues in which we all participate. Being a part of ICA means having a voice in your profession, and knowing what collegiality is about, so you can continue to be life-long learners as well as giving back to the profession.

This coming November we will be having our 62nd Annual Conference in Lisle. The Illinois Counselor is sent out to over 10,000 folks in the mental health field, asking them to come and join our merry band. It is a grand time, and we have excellent workshops and pre-conferences planned, and events that will be just plain fun. If you are a member, this is time to feel the power of being with your colleagues as well as learning. We all need to be fed as well as to get our continuing education credits, and this is the place to do so. If you are one of our sisters or brothers who is on the outside looking in, join us in what is the best thing you can do for yourself professionally. Come and be a part of a wonderful, growing group of professionals. If you are one of us and have friends who are not affiliated, beg, implore, cajole, or drag them along to the best dang conference in the Midwest. See you all very soon!

ILLINOIS COUNSELING ASSOCIATION FOUNDATION

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 62 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 and click on ICA Foundation. Thank you for considering a gift to support ICAF.

Visit 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. The deadline for grant application is September 1st, each year for grants awarded at the November ICA Conference.
Upcoming Dates to Remember

October 2010
10/01/2010  IMHCA: NCE/LPC Test Preparation Workshop
10/04/2010  CCA Chapter Meeting
10/08/2010  Region 1 Meet & Greet, Chicago Suburbs
10/16/2010  IMHCA: NCMHCE/LCPC Test Preparation Workshop
10/24/2010  Executive Committee Meeting

November 2010
11/1/2010   CCA Chapter Meeting
11/11/2010  ICA Governing Council Meeting
11/11/2010  ICA: Annual Pre-Conference at the Lisle Hilton
11/12-13/2010 ICA: Annual Conference at the Lisle Hilton

December 2010
12/04/2010  IMHCA: Starting, Maintaining and Expanding a Successful Private Practice Workshop
12/06/2010  CCA Chapter Meeting

January 2011
01/15-16/2011 IMHCA: NCMHCE/LCPC Test Preparation Workshop
01/28-29/2011 IMHCA: NCE/LPC Test Preparation Workshop

February 2011
02/03/2011  ISCA: Pre-Conference ASCA Model at Chicago Marriott O’Hare
02/04/2011  ISCA: Annual Conference at Chicago Marriott O’Hare
02/11/2011  CCA Chapter Meeting
02/11/2011  ICA: Southern Conference
02/11/2011  IMHCA: Play Therapy Workshop
02/12/2011  IMHCA: Annual Conference at Marriott Renaissance Oak Brook

March 2011
TBD  ISERVIC Spring Retreat
03/04/2011  ICA Governing Council Meeting
03/05-06/2011 IMHCA: NCMHCE/LCPC Test Preparation Workshop
03/11/2011  ICA Southern Conference - Collinsville, IL
03/11/2011  IMHCA: Starting, Maintaining and Expanding a Successful Private Practice Workshop
03/23-27/2011 ACA: Annual Conference in New Orleans, LA
03/25-26/2011 IMHCA: NCE/LPC Test Preparation Workshop

April 2011
04/04/2011  CCA: Chapter Meeting
04/29/2011  ISCA: Annual Conference at University of Illinois Springfield

May 2011
05/02/2011  CCA: Chapter Meeting
05/14-15/2011 IMHCA: NCMHCE/LCPC Test Preparation Workshop

June 2011
06/12/2011  ICA Executive Committee Meeting
06/15/2011  ICA 2001 Illinois Counselor Article Submission Deadline
06/25-28/2011 ASCA: Annual Conference in Seattle, WA
06/30/2011  ICA 2011 Annual Conference Proposal Deadline

September 2011
09/23-24/2011 IMHCA: NCE/LPC Test Preparation Workshop
If you're asking yourself why join a Professional Association, then read on!

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

How does ICA help you?
- ICA publishes a quarterly newsletter and an annual magazine, the Illinois Counselor, that keeps you up to date on all aspects of Counseling in Illinois and on the National front.
- If you choose to belong to one of our 12 Divisions, you will also receive newsletters highlighting the important happenings in that specific area of Counseling.
- ICA’s web site: www.ilcounseling.org keeps you current in this fast paced professional world with information at a click of your mouse.
- ICA’s blast email system sends you notices about items of interest quickly and efficiently, so you always know what’s going on in the Counseling world.
- Follow ICA on Facebook, Linked In and Twitter!

Professional Development
- Professional Associations offer their membership quality continuing educational opportunities. Your membership not only provides you with significant discounts on the Conferences and Workshops offered, but more importantly, makes those Conferences and Workshops possible, so when you need continuing education, there are quality workshops for you to choose from.
- ICA hosts a 3 day Annual conference providing as many as 80 different workshops on a variety of interesting topics.
- ICA’s 12 Divisions and Chapters host workshops throughout the year on topics from NCE and NCMHCE test preparation and Counselor Supervision, to workshops on a variety of speciality topics like College and Career Counseling, School Counseling, Counseling for the Elderly, and many more.

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

Networking
- Professional Associations provide many opportunities for networking and interaction with your fellow professionals. Whether it’s through working together on a committee, attending meetings, workshops and conferences, or chatting on the web site forum, you can make many connections that can lead to increased knowledge or a better position.
- ICA through its’ Chapter and Division activities as well as the ICA annual conference gives Counselors the opportunity to network with up to 500 other Counseling professionals.
- ICA also offers the ICA Forum, our web based chat room, for you to use 24/7, which gives you the opportunity to network with over 2,000 of our members!

Advocacy
- The whole is always greater than the sum of its parts.
- ICA is vigilant in our monitoring of legislation that can affect the Counseling Profession in Illinois and nationally. ICA is a recognized voice in Springfield. ICA is Your Voice in Springfield!
- The over 2500 Counseling Professionals that make up the Illinois Counseling Association can share in the pride that they are, through their membership, supporting a high level of professionalism and competency in Illinois Counseling. Together with you, the Illinois Counseling Association is dedicated to making lives better through community service, educational opportunities and political advocacy.
- Being a part of ICA gives you a voice in shaping counseling in Illinois. Join TODAY, and be heard!