ILLINOIS COUNSELOR

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In This Issue:
Conference Pull-Out Section

Counselor Passion
for our
Missions,
our Careers,
and our Relationships

The 2011 ILLINOIS COUNSELING ASSOCIATION
ANNUAL CONFERENCE
NOV. 10-12, SKOKIE, IL

SPECIAL EDITION ANNUAL CONFERENCE ISSUE
I am so pleased to be writing this column for this edition of the Illinois Counselor. I am very excited about our conference in November, and within these pages you will find information about the conference and registration materials. I hope you will plan to attend. You will find the conference theme “Counselor Passion: For our Missions, our Careers, and our Relationships” reflected throughout the conference, making it even more exciting! For example, the conference program will include a statement reflecting the presenter’s passion for their presentation topic. This will help participants understand the personal connection between the topic and the presenter. I am hoping to add fun and humor to the conference with a Mystery Dinner Theater on Friday night. Passion is also reflected in my choice for a keynote speaker: Dr. Brene Brown.

Brene Brown clearly researches and writes about topics she is passionate about. I see her writings to be about the passion in all of us and the barriers to expressing that passion we all may experience. She writes about vulnerability, courage, authenticity, and shame. She is now using that work to explore a concept that she calls Wholeheartedness. Brene’s current research focuses on authentic leadership and wholeheartedness in families, schools, and organizations. On her website, she poses this question:

How do we learn to embrace our vulnerabilities and imperfections so that we can engage in our lives from a place of authenticity and worthiness? How do we cultivate the courage, compassion, and connection that we need to recognize that we are enough – that we are worthy of love, belonging, and joy?

Brené is the author of The Gifts of Imperfection: Letting Go of Who We Think We Should Be and Embracing Who We Are (Hazelden, 2010) and I Thought It Was Just Me (but it isn’t): Telling the Truth About Perfectionism, Inadequacy, and Power (Penguin/Gotham, 2007). She is also the author of Connections, a psychoeducational shame resilience curriculum that is being facilitated across the nation by mental health and addiction professionals. One of her articles appears within these pages.

As all well-chosen themes should, this conference theme represents me as well. My connection to ICA represents my passion for the counseling profession and all the personal and professional relationships I have made through it. My hope is that in reading this edition of the Illinois Counselor, in attending the conference, or in any way that you become connected to the Illinois Counseling Association, you will feel that connection as well.
An Illinois Counseling Association Publication

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Legislation
COUNSELOR LICENSURE LAW TO END DECEMBER 31, 2012

Did you know that every 10 years all licensure laws in Illinois expire and a new law must be enacted? This is true for all professions that have licensure, and the licensure law for Professional Counselors will expire on December 31, 2012. If a new law is not passed, **your license will no longer exist**! Scary thought, I know!

What has to happen between now and December 31, 2012 and who will do the work? Well, I took a little civics lesson from our lobbyist and CICO Executive Director, Dan Stasi, to find the answers to these questions.

First I had to learn how a bill gets to be a law in Illinois. The following is the short version of what needs to happen:

1. The legislation needs to be drafted, or written. In this stage it is called a bill.
2. The legislation needs a sponsor in both the Illinois Senate and the House of Representatives.
3. The bill goes to committee in both houses.
4. Once voted out of committee the bill goes to the floor for what they call a First, Second, and Third Reading, giving the legislators a chance to get familiar with the bill.
5. On the Third Reading the bill is voted on.
6. If both the Senate version and the House version contain identical language and the bill passes both houses, it then goes to the Governor for signing.
7. If the Senate version and the House version contain different language, then the bill goes to a conference committee to iron out the differences. The bill must be passed by both houses with identical language in order for it to become law.
8. Once the Governor signs the bill, it becomes law on its effective day, at least for the next 10 years until we have to repeat the process again.

I know this seems like a lot of work to do something that seems to be already done, but the reason that licensure laws expire is to give the profession an opportunity to update an outdated law. As crazy as all this may seem, it actually is a good thing for the profession, keeping its law current and relevant.

Now, who does all the groundwork for this undertaking you may ask?

Your Professional Association is there to be sure that the legislation is drafted and contains all the caveats and wording to make our licensure law current and easy to understand. We have already started researching parts of the law that need clarification, and we will be drafting the new bill and lining up sponsors in both the House and the Senate. We will follow the bill through committee meetings, answering questions that the legislators have, so the final form of the bill can be voted on, passed and signed by the Governor. All this before December 31, 2012.

**How will you know what’s happening with the new licensure law?**

If you are a member of ICA, we will be sending you updates throughout the process so you can follow your licensure bill as it proceeds down the path to becoming law on January 1, 2013.

**How will you know what changes are going to be in the law that may affect you?**

There will be changes in the law that you will need to know about. This may surprise some of you, but **the State of Illinois is under no obligation to notify current license holders of any change in the licensure law!**

The Illinois Counseling Association will keep our membership notified of any changes in the law. If you are not a member of ICA, this would be a great time to join! A major reason to join your Professional Association is to have access to information that otherwise may not be easily obtained.

Another great reason to be a member is to support the Association that is working to protect your profession in Illinois. ICA is a watchdog for school counseling legislation, mental health licensure legislation and any other legislation that may impact counseling in Illinois.

Our staff will spend many hours working to keep your licensure law current. This would not be possible if not for our membership.
Special Activities At The Conference

Win a Flat Screen TV

Bring Books / Get Books at the Free Book Exchange

Win Gift Baskets

Vote for your Favorite Poster Session

Play Exhibitor Bingo

Network and Have Fun!

Wellness Room

This year at the conference ISERVIC will be hosting a “wellness room”. Please come by to relax, get a mini-massage from a massage therapist, mingle with other members, enjoy refreshments and learn more about ISERVIC.

Make your chair massage appointment at the ISERVIC Exhibit table.

Illinois Career Development Association is again offering free career assistance for our fellow counselors at the Illinois Counseling Association Annual Conference!

Career professionals will be available for consultation and advice. Bring your resume and questions.

Stop by the ICDA Exhibit table to schedule your consultation appointment!
Dr. Sara Schwarzbaum, EdD., LCPC, is a family counselor and a professor in the department of Counselor Education and Coordinator of the Master’s in Family Counseling Program at Northeastern Illinois University in Chicago. She is the author of numerous articles and two books. Her writings have appeared in the Psychotherapy Networker, Counseling Today, and the Journal of Multicultural Counseling, among other publications. Recently, she has been publishing articles and presenting on the subject of counseling for counselors.

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

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

Currently, Julienne specializes in helping adults who are struggling through difficult situations begin to take control of their lives. Using a solid, solution-focused cognitive approach, she offers her clients a calm, understanding presence to help them sort out problems and find a way to cope and resolve their important concerns.

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

Working with couples may be challenging, labor intensive, and frustrating, yet it can also be a most rewarding way of helping people in their relationships. And if you make the mistake of thinking you can implement the counseling skills suitable for individual clients when you work with couples, you are in for a big surprise. Many of the skills you have learned while working with individuals are not effective with couples. You need new tools. This article will address the reasons behind the growing need for couples counseling, why it can be the most rewarding clinical endeavor, and how it differs from individual counseling. Finally, this article will list the essential tools of a couples’ counselor.

The growing need for couples counselors

It is probably a given that a counselor working in any kind of clinical practice today will eventually need to see couples in counseling. It is estimated that over three-quarters of both novice and experienced counselors who work with couples have not had formal training in helping couples in distress. The growing demand for a consultation with a professional about a committed relationship is a reflection of several cultural shifts that have taken place in the United States in the last fifty years. These cultural shifts create more relationship strain. Couples of all ages, whether married or not, heterosexual or same sex, get into crisis mode more often than in past generations, and counselors need to be prepared to address these crises and to be at least reasonably helpful.

Gender role shifts.

Since women have entered the workforce in equal numbers to men and are not as dependent financially as they used to be, they are also insisting on real emotional intimacy. Many men are still culturally unprepared for this change and continue to feel pressure to be (or appear to be) strong and competitive. This can make them seem arrogant, emotionally distant, unaware of their own feelings and/or the feelings of others, and contemptuous of vulnerability. For women, the gender role shifts have created other, no less difficult, challenges. Many women, eager to “fix” their men, are intent on playing the role of men’s best self-improvement program. For same sex couples, the challenges that result in relationship strain are related to cultural oppression and internalized gender bias. If couples get overly critical, the cascade of criticism and defensiveness leading to contempt or withdrawal can become solidified. These cultural shifts have resulted in changed expectations, confusion regarding the different stages of the couple life cycle, more relationship strain, and more requests for couples’ counseling.

Disappearance of extended family networks.

Couples and families are more isolated.
and have fewer models of stable couple relationships. As a result of the isolation, both men and women are, on the one hand, emotionally more dependent on each other and, on the other, expecting that their mates will become their best friend, companion, confidant, lover, provider, parent and more. These unrealistic expectations add extra burdens to the relationship.

**Anti relational forces in our culture.**

Intimate relationships are currently seen as a vehicle for meeting individual emotional needs, which carries its own challenges. When those needs are not met, there is the illusion that moving on to another relationship will fill those needs.

**The Increased availability of counseling professionals and the Internet.**

Since the 1970’s there has been a steady increase in the numbers of mental health and counseling professionals. The utilization of professionals to deal with intimate matters has de-stigmatized the process in many circles, resulting in more people seeking help for their couple distress. Additionally, the Internet has opened new opportunities to search for qualified professionals.

**Self-improvement orientation within the culture.**

There is a growing belief in our culture that people can improve their lives and their relationships by seeking help from a counselor for relational distress. Men and women can survive on their own, raise children, and be financially secure all without the absolute need of a partner. Therefore, there is less tolerance for unhappy relationships for the sake of saving the family. Unfortunately, sometimes couples wait too long to get the help they need, the help of a skilled counselor that could dramatically improve their relationship before it gets to the point of no return.

**The rewards of working with couples**

Most couples seek the help of a counselor at a time of great distress and often as a last resort. This means that couples that make it to the couples’ counselor’s office are generally in crisis and need to raise their level of hope that someone can help them with their problems fairly quickly, since they do not seem to be able to do it by themselves. Counselors working with couples will often hear variations of: “I don’t think I love him anymore;” “We never have sex;” “It is not fun to be around her at home;” “He never listens.” Though it might be difficult to manage the emotional landmines posited by some couples, in reality the crisis is a time of great opportunity for change. Couples that come in with a high level of distress are often the ones that display the most dramatic and enduring changes. Only in the face of severe consequences do people sometimes realize that, as painful and difficult as change can be, it is worth doing to save the relationship. Without such leverage, why would anyone want to change? So, though it is difficult to work with couples in distress, it is also then that people are the most motivated. Obviously, not every couple can be saved. Some people are unwilling or unable to make the changes necessary to keep the relationship going.

**How do individual and couples counseling differ?**

In individual work, the relationship between the individual and the counselor is the most important element in the client’s change. In contrast, in couples’ work, it is the relationship between partners that needs attention and grooming. Of course, both members of the couple need to trust that the counselor knows what he/she is doing but, in general, they are more concerned with each other and the changes they can make within their relationship. You may find yourself thinking that you can get trained in one model or framework that will work for all couples. This is not the case. You will not be very successful at helping couples in distress unless you have a range of approaches and interventions. A “one size fits all” approach may feel more familiar but often doesn’t work with couples. Many models are wonderful for some couples and just don’t work for others.

**The essential tools**

The familiar line “If you only have a hammer, everything looks like a nail” could not be more fitting when it comes to working with couples. You don’t want to run the risk of treating every situation as if it were a nail. It is essential for the couples’ counselor to have a variety of “tools.” You need to know when and how to interrupt the couples’ interactions, whether to be traffic cop or gatekeeper, and when to let couples fight as opposed to stopping their interaction. Most importantly you have to be comfortable taking control of the session from the very start.

The first set of tools centers on being clear about what your goal is for the very first session. Are you interested in gathering history, assessing conflict style, identifying repair attempts, and assessing friendship and love bonds? Let your goal/intention guide the process. Assess early on whether to let them speak to each other or just to you. Couples in distress are very adept at distracting the counselor from his/her goals, so it is important to keep the clients on track by redirecting them. Let the couple understand that your client is the relationship, that counseling is a time to “do something different,” and that you are here to help them change the way they relate to each other. Try to get comfortable with taking and maintaining control of the direction and tasks of the counseling session.

The second set of essential tools is making safe, measured, early interventions through observation and education. Assess their reciprocal interactional pattern and their unspoken contracts, and look for behaviors in the session that reflect these patterns and contracts. Explain your observations to the couple. Ask each to reflect on your observations. Educate your couples about healthy relational skills. Teach them about apologies and forgiveness, about judgment and acceptance, the languages of love, and about real giving.

(Continued on Page 31)
Love is the most important thing in our lives, a passion for which we would fight or die, and yet we’re reluctant to linger over its names. Without a supple vocabulary, we can’t even talk or think about it directly.

Diane Ackerman

Love and belonging are essential to the human experience. As I conducted my interviews, I realized that only one thing separated the men and women who felt a deep sense of love and belonging from the people who seem to be struggling for it. That one thing is the belief in their worthiness. It’s as simple and complicated as this: If we want to fully experience love and belonging, we must believe that we are worthy of love and belonging.

When we can let go of what other people think and own our story, we gain access to our worthiness—the feeling that we are enough just as we are and that we are worthy of love and belonging. When we spend a lifetime trying to distance ourselves from the parts of our lives that don’t fit with who we think we’re supposed to be, we stand outside of our story and hustle for our worthiness by constantly performing, perfecting, pleasing, and proving. Our sense of worthiness—that critically important piece that gives us access to love and belonging—lives inside of our story.

The greatest challenge for most of us is believing that we are worthy now, right this minute. Worthiness doesn’t have prerequisites. So many of us have knowingly created/unknowingly allowed/been handed down a long list of worthiness prerequisites.

Here’s what is truly at the heart of Wholeheartedness: Worthy now. Not if. Not when. We are worthy of love and belonging now. Right this minute. As is.

In addition to letting go of the ifs and whens, another critical piece of owning our story and claiming our worthiness is cultivating a better understanding of love and belonging. Oddly enough, we desperately need both but rarely talk about what they really are and how they work. Let’s take a look.

Defining Love and Belonging

For years I avoided using the word love in my research because I didn’t know how to define it, and I wasn’t sure that “C’mom, you know, love” as a definition would fly. I also couldn’t rely on quotes or song lyrics, however much they might inspire me and speak truth to me. It’s not my training as a researcher.

As much as we need and want love, we don’t spend much time talking about what it means. Think about it. You might say “I love you” every day, but when’s the last time you had a serious conversation with someone about the meaning of love? In this way, love is the mirror image of shame. We desperately don’t want to experience shame, and we’re not willing to talk about it. Yet the only way to resolve shame is to talk about it. Maybe we’re afraid of topics like love and shame. Most of us like safety, certainty, and clarity. Shame and love are grounded in vulnerability and tenderness.

Belonging is another topic that is essential to the human experience but rarely discussed.

Most of us use the terms fitting in and belonging interchangeably, and like many of you, I’m really good at fitting in. We know exactly how to hustle for approval and acceptance. We know what to wear, what to talk about, how to make people happy, what not to mention—we know how to chameleon our way through the day.

One of the biggest surprises in this research was learning that fitting in and belonging are not the same thing, and, in fact, fitting in is about assessing a situation and becoming who you need to be to be accepted. Belonging, on the other hand, doesn’t require us to change who we are; it requires us to be.

Before I share my definitions with you, I want to point out three issues that I’m willing to call truths.

Love and belonging will always be uncertain. Even though connection and relationship are the most critical components of life, we simply cannot accurately measure them. Relational concepts don’t translate into bubbled answer sheets. Relationship and connection happen in an indefinable space between people, a space that will never be fully known or understood by us.

Love belongs with belonging. One of the most surprising things that unfolded in my research is the pairing of certain terms. I can’t separate the concepts of love and belonging because when people spoke of one, they always talked about the other. The same holds true for the concepts of joy and gratitude. When emotions or experiences are so tightly woven together in people’s stories that they don’t speak of one without the other, it’s not an accidental entanglement; it’s an intentional knot. Love belongs with belonging.

After collecting thousands of stories, I’m willing to call this a fact: A deep sense of love and belonging is an irreducible need of all women, men, and children. We are biologically, cognitively, physically, and spiritually wired to love, to be loved, and to belong. When those needs are not met, we don’t function as we were meant to. We break. There are certainly other causes of illness, numbing, and hurt, but the absence of love and belonging will always lead to suffering.
Let’s take a look.

Love:
We cultivate love when we allow our most vulnerable and powerful selves to be deeply seen and known, and when we honor the spiritual connection that grows from that offering with trust, respect, kindness, and affection.

Love is not something we give or get; it is something that we nurture and grow, a connection that can only be cultivated between two people when it exists within each one of them—we can only love others as much as we love ourselves.

Shame, blame, disrespect, betrayal, and the withholding of affection damage the roots from which love grows. Love can only survive these injuries if they are acknowledged, healed, and rare.

Belonging:
Belonging is the innate human desire to be part of something larger than us. Because this yearning is so primal, we often try to acquire it by fitting in and by seeking approval, which are not only hollow substitutes for belonging, but often barriers to it. Because true belonging only happens when we present our authentic, imperfect selves to the world, our sense of belonging can never be greater than our level of self-acceptance.

If you look at the definition of love and think about what it means in terms of self-love, it’s very specific. Practicing self-love means learning how to trust ourselves, to treat ourselves with respect, and to be kind and affectionate toward ourselves. This is a tall order given how hard most of us are on ourselves. I know I can talk to myself in ways that I would never consider talking to another person. How many of us are quick to think, God, I’m so stupid and Man, I’m such an idiot? Just like calling someone we love stupid or an idiot would be incongruent with practicing love, talking like that to ourselves takes a serious toll on our self-love.

Practicing Love and Belonging
To begin by always thinking of love as an action rather than a feeling is one way in which anyone using the word in this manner automatically assumes accountability and responsibility.

-BELL HOOKS’

These definitions of love and belonging have fundamentally changed the way I live and parent. When I’m tired or stressed, I can be mean and blaming—especially toward my husband, Steve. If I truly love Steve, how I behave every day is as important as saying “I love you” every day. When we don’t practice love with the people we claim to love, it takes a lot out of us. Incongruent living is exhausting.

In addition to helping me understand what love looks like between people, these definitions also forced me to acknowledge that cultivating self-love and self-acceptance is not optional. They aren’t endeavors that I can look into if and when I have some spare time. They are priorities.

Can We Love Others More Than We Love Ourselves?
The idea of self-love and self-acceptance was, and still is, revolutionary thinking for me. So in early 2009, I asked my blog readers what they thought about the importance of self-love and the idea that we can’t love others more than we love ourselves.

If we want to take part in this revolution, we have to understand the anatomy of love and belonging; we need to understand when and why we hustle for worthiness rather than claim it; and we have to understand the things that get in the way. We encounter obstacles on every journey we make; the Wholehearted journey is no different. In the next chapter we’ll explore what I’ve found to be the greatest barriers to living and loving with our whole hearts.

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Brené Brown, Ph.D., LMSW is a research professor at the University of Houston Graduate College of Social Work. She has spent the past ten years studying vulnerability, courage, authenticity, and shame. Brené spent the first five years of her decade-long study focusing on shame and empathy, and is now using that work to explore a concept that she calls Wholeheartedness. Brené is a nationally renowned speaker and has won numerous teaching awards, including the College’s Outstanding Faculty Award. Her groundbreaking work has been featured on PBS, NPR, CNN, and was the topic of two 2010 TEDx talks (Houston and Kansas City).

Brené is the author of The Gifts of Imperfection: Letting Go of Who We Think We Should Be and Embracing Who We Are (Hazelden, 2010) and I Thought It Was Just Me (but it isn’t): Telling the Truth About Perfectionism, Inadequacy, and Power (Penguin/Gotham, 2007). She is also the author of Connections, a psychoeducational shame resilience curriculum that is being facilitated across the nation by mental health and addiction professionals. Brené’s current research focuses on authentic leadership and wholeheartedness in families, schools, and organizations.

Brené lives in Houston with her husband, Steve, and their two young children, Ellen and Charlie.

“I can’t separate the concepts of love and belonging because when people spoke of one, they always talked about the other.”

Who You Think You’re Supposed to Be and Embrace Who You Are by Brené Brown
This month of May is my last as a professional school counselor. I will retire May 31st. As that date approaches, I am considering the impact that I’ve had during my professional career. When I worked in addictions, we used to tell someone to dip their fist in a bucket of water and notice the impression they left as they removed their fist. The idea was to force people to realize they are soon forgotten and not nearly as important as they think they are. So, is it really important to know if I’ve made any impression through the years? Well, I certainly would like to think my efforts have not been in vain. Wouldn’t you?

Since graduating from Bradley University in May 1991, I’ve worked with children with behavioral problems, elementary school students, adolescents and adults in both a hospital addiction ward and an outpatient facility, and helped train aspiring counseling interns. Every one of those activities has been a challenge for me and an opportunity for personal growth. More than that, I’ve learned from every person that I’ve worked with. They have taught me as much, or maybe more, than I’ve taught them. So, what do I do now? You see, I didn’t really think about that these past 20 years. It seems to me now that it might have been a good idea to plan better for the rest of my life. Can’t fix it now, but I would like to offer some ideas for those of you who are still working.

First, as a practical matter, there is the consideration of finances. Do you have a financial plan? Don’t get to retirement’s doorway without one. Start now, wherever you are in your journey, and get yourself to a financial planner or read Suzy Orman or whatever you need to do to set up a plan for your future. http://www.suzeorman.com/ The reason I am advocating this is that a lack of financial resources can severely limit your options once you retire. If you are stuck on a fixed income and everything keeps costing you more money, you are not going to be able to enjoy retirement.

My second suggestion is to take a short retreat and list all the things that you’ve wanted to do, but put off until there was more time. Now there will be time and you need to know if those ideas are still relevant. For example, I once had on my list flying in a hot air balloon. I can cross that one off. I’m just not that interested anymore. So, go over your list and cross off the things you used to want to do and are no longer interested in doing. Post your list somewhere so you can see it every day. It really helps to focus your efforts.

Next, I encourage you to read. Here are two suggestions: The Art of Non-conformity – Set Your Own Rules, Live the Life You Want and Change the World by Chris Guillebeau. See www.chrisguillebeau.com; Second: What Color is Your Parachute? For retirement: Planning Now for the Life You Want by Richard Bolles. Both books offer many ideas on listening to your own voice and finding joy in whatever path you chose.

I also want to encourage you to look to your health. I know how easy it is to focus so much on others that you get lost in the process. We became counselors because we wanted to help, and we often get so caught up in helping that there is little time to help ourselves. But you must do it. You will need a healthy body when you get ready to retire. For most everything you need to know, I’d recommend: You Staying Young: The Owner’s Manual for Extending Your Warranty by Dr. Michael Roizen and Dr. Mehmet Oz. In this book the doctors tell about the 14 major agers and what to do about them. This is something we can control, and the sooner we start, the better the results. How are you going to enjoy your retirement, if you’ve worn out your body helping others?

Lastly, I want you to consider your legacy. This is really where I started isn’t it? Stephen Covey says, “The need to leave a legacy is our spiritual need to have a sense of meaning, purpose, personal congruence, and contribution.” I don’t believe that retirement means the end of efforts to leave a legacy. It is just the beginning of new opportunities to work on that legacy. But, what do you want it to be? Work on Chris Guillebeau’s two questions: “What do I really want to get out of life?” and “What can you offer the world that no one else can?” Each of us will have our own unique answers to those questions. The answers are what will motivate us for the rest of our lives. Good luck!

**New Illinois Laws in 2011**

2011 brought forth several new pieces of legislation that our associations either sponsored and/or supported. These included:

**HB 785** allows an adult under guardianship to obtain 5 counseling sessions without the consent of their guardian. This passed and becomes effective 1/1/12.

**HB 1524** added a qualified examiner (this included LCPCs) to the list of persons who can satisfy the requirement of who can be an expert to testify for involuntary commitment hearings. LCPCs were previously excluded from the list. This passed and becomes effective 7/14/11.

**SB 1234** This amended the Confidentiality Act to permit sharing of pharmaceutical records and all health care records with all health care providers. This passed and became effective 8/23/11.

**HB 1530** Strengthens the Illinois Mental Health Parity Law. It added speech language pathologists and certified substance abuse counselors. LCPCs, through legislation we sponsored in a previous year, are already included. It added language making it more consistent with the federal mental health parity laws. This passed and became effective 8/18/11.

**HB 1193** This bill set limits on the recoupment of payments to a health care provider by an insurance company. No recoupment or offset may be requested or withheld from future payments 18 months or more after the original payment is made. Any appeal of a recoupment or offset by a health care professional or health care provider must be made within 60 days after receipt of the remittance advice. This passed and becomes effective 1/1/12.

The counselor licensure rules had several changes in May of 2011 including a requirement for the retention of records. Records must be maintained for at least 7 years. In the case of a minor, records must be maintained 7 years after the minor turns 18.

We joined with other human service provider organizations and other associations to advocate to the Illinois General Assembly and the Governor for adequate funding in Illinois for human services providers. Additionally representatives of the Illinois Counseling Association and the Illinois Mental Health Counselors Association have met with ILBCBS to propose an increase in reimbursement rates for treatment services.

**Medicare**

On a federal level we continue to join with ACA and AMHCA to push for changes in the law to allow LCPCs to bill for counseling services provided to Medicare recipients.

**Illinois Licensure Law Ends in 2012**

Most important will be our work in this next year as the existing law that creates and allows for licensure of counselors in Illinois will cease to exist after 12/31/2012. All licensure laws in Illinois have a sunset or conclusion date every 10 years. The Counselor Licensure Act will expire in 2012. CICO has already started the process of representing the interests of all Illinois counselors in getting a new law enacted to keep licensure in existence for counselors. Every licensed counselor needs to be involved in this process. If a new law is not passed by the General Assembly and signed by the Governor there will no longer be a license for counselors in Illinois. I urge every licensed counselor to get involved with ICA and keep informed about how they can help keep licensure for counselors in Illinois.

If the law is passed, there will no doubt be changes. Information is the greatest benefit of membership in ICA. CICO keeps its member associations informed of changes to the licensure law and rules. IDFPR will never notify a licensee of changes. It is the license holder’s responsibility to know what is in the law.
Starter Kit for Peer Consultation Groups

By Philip Osborne, PhD, LCPC

INTRODUCTION

Peer consultation groups are unique among supervision and consultation groups and have special advantages. First, members usually are experienced therapists by the time they reach a peer consultation group. Their years of professional experience and personal maturity enrich the giving and receiving which take place at a level less likely to occur early in their careers. Second, peer consultation groups are unrelated to performance evaluations such as the supervision and/or consultation therapists receive earlier in their careers, in which supervisors might be responsible for assigning grades, evaluating performance, or even signing paychecks.

The American Mental Health Counselors Association recognizes the importance of peer consultation with these words in its Code of Ethics:

II. Commitment to Other Professionals
B. Clinical Consultation
Mental health counselors may offer or seek clinical consultation from another mental health professional. In clinical consulting, mental health counselors provide critical and supportive feedback. Clinical consultation does not imply hierarchy or responsibility for client outcome.

AMHCA Code of Ethics (Revised 2010), p. 14

Peer consultation groups offer members the opportunity to talk freely about their most difficult cases and about how their interactions with clients affect them. Members also have the opportunity to share in a vulnerable way about how their own life experiences affect their work with clients. Reaching this level of comfort in sharing takes planning and structure for the group as well as time for building the trustworthiness of the group.

This Starter Kit contains the building blocks for starting and nurturing a peer consultation group. It is based on my own experiences with such groups, which I value. My hope is that other counselors who don’t presently participate in a peer consultation group but would like to do so will find here the encouragement and guidance they need to start one.

ADVANTAGES OF PEER CONSULTATION

Peer consultation provides a therapist the opportunity to...

Fulfill the standard of regular participation in consultation. Help create and support professional community, networking, and appropriate referrals while sharing with colleagues in a trustful, respectful, and nonhierarchical manner.

Experience mentoring opportunities, validation and support as both a person and a professional, and similarly support others.

Improve therapy effectiveness through case presentation and benefiting from the experience of other clinicians.

Improve decision making and reduce risk and liability in difficult cases.

Become better at making suggestions which are respectful of personal boundaries and are not mandatory, and become more open to the suggestions of others.

Reduce the likelihood of “compassion fatigue” or “burnout” by having a support network in which therapists’ own needs are addressed.

Understand better one’s own world view, and with the help of peers, the world views of others, including clients’. Place in perspective and make sense of stressful counseling experiences.

(Continued on Page 13)
Become more aware and accepting of reactions to clients and better able to use this awareness in therapeutic ways. Give and receive information, forms, techniques, materials, and other resources in all aspects of practice (clinical, ethical, legal, administrative).

Become a more effective change agent through the exchange of ideas about change.

Promote and maintain high standards of ethical practice and accountability.

Benefit from an inexpensive and personalized means of professional growth and development.

ORGANIZATIONAL GUIDE FOR PEER CONSULTATION

**Practical suggestions for getting started—**

**Size:** three to six members; large enough for a sense of “group” to develop, small enough to fit in an office and allow time for all to speak.

**Leadership:** the initiative of someone is needed in the beginning, then less so as the group members come to “own” the group and share whatever leadership is needed.

**Members:** a diversity of therapy orientations is ok, even desired; mutual respect and good group/interpersonal skills are essential, not optional; treat the decision to join or to invite another to join as a very important decision.

**Meeting frequency:** every 2-3 weeks; weekly is too often for many therapists, and monthly is not often enough for regular consultation; meet on a regular basis (e.g., every other Wednesday, or first and third Wednesdays) to easily book in advance and not waste time setting future meetings.

**Meeting length:** an hour and a half; a two hour meeting is too long for many therapists to commit to, and one hour goes by too quickly.

**Location:** a member’s office or group room, if available; consider rotating locations among members’ offices; requirements—adequate space, privacy, transportation convenience, and parking.

**Attendance:** commitment to regular attendance is expected; if a member can’t make it on a particular day, let the others know; others should meet anyway, even if only two.

**Food/drink:** not recommended; it requires extra effort, cost, and time; it is too easy to let this be a distraction; consider treats for special occasions.

**Agenda:** allow time at the beginning for all members to briefly “check-in;” then hold a case consultation; make a brief time at the end for sharing of other information.

**Attention to group process:** include sharing of feelings and thoughts about what happens in the meetings and among members; be aware of each other’s experiments with vulnerability; build the group’s trustworthiness.

**Contract:** commit to the group for a period of time (six months, a year); then assess individual and group satisfaction; allow for comfortable revision of membership and procedures, as desired.

**CASE PRESENTATION FORMAT FOR PEER**

**CONSULTATION**

**PART I** (Review briefly in order to get to PART II, the more important part of the consultation)

**Who is (are) the client(s)?** Provide basic identification (age, cultural background, marital status, living arrangement, work/school).

**Why did the client(s) come to see you?**

**When did the counseling begin, how many times have you met, how often do you meet?**

**What information is relevant to the presenting concerns?**

**Are there safety issues?** Other legal and/or ethical issues?

**What are the goals of the counseling from the client’s perspective?** From your perspective?

**How has the counseling progressed thus far?**

**How are you conceptualizing the issues in this case?** What diagnoses have you used?

**What do you think keeps the client(s) stuck, if little progress/development has occurred?**

**What are the client’s strengths and supports?**

**PART II** (The tendency of consultation group members is to provide information about how they might work with such a case. This can be useful, but often such questions as the following are more useful to the one presenting the case.)

**What is going on in the case right now that is motivating you to present it for consultation?**

**What do you need from the consultation regarding this case?**

**Are you facing decisions in this case? Ethical/legal concerns?**

**How do you find yourself reacting to the client(s)?** How do you interpret the reactions you experience?

**Have your reactions changed recently? Are you feeling less empathetic towards your client(s)?**

**As you reflect on how this case has gone, what thoughts and feelings do you have about your work in this case?**

**What thoughts/feelings about yourself as a therapist does this case elicit in you?**

Phil Osborne is an LCPC and LMFT in private practice, with offices in Evanston and Bloomingdale. “My practice provides general counseling services along with specialization in marriage and family relationships—affairs, couple conflict management, parenting, leaving home, and personal change and family adjustment. Prior to my fifteen years of clinical practice, I spent twenty-four years as an administrator and teacher of psychology and family science at Hesston College, a small private, two-year college in Kansas.” Still the teacher, he wrote this Starter Kit for Peer Consultation Groups hoping other clinicians will find it useful. Philip Osborne, PhD, LCPC, PhilOsborne1@gmail.com.
Simply put — at its most elemental and practical level — leadership is communicating to people their worth and potential so clearly that they come to see it in themselves. – Stephen R. Covey, (2005). *The 8th Habit: From Effectiveness to Greatness.*

As the Leadership Development Academy is coming around in November for the second time in ICA history, I was supported in my desire to write about the mentoring component of this wonderful event from a personal perspective. I have been a mentor a number of times during my career, and was a mentee (or protégé) several times as I moved from one iteration of my life to the next. I will first define the mentor/protégé relationship, and then I will talk about my early experiences as a protégé, ending with my perspective as a mentor. Both sides of the relationship are worthwhile as well as critical to the growth of leaders in our organization.

Mentoring is, or at least should be, a special relationship between two people who have a desire to use that relationship to advance the career of the protégé. The mentoring part of that relationship can be either agreed upon openly, or, more often, it is an informal exchange with an unwritten and often unspoken agreement that has no specified boundaries other than a mutual respect between the two people with the intent to advance some part of the protégé’s station in life. The mentor is almost always an older or more experienced person in some related field or endeavor, who purposefully and intentionally works to further the expertise and career of the younger, less experienced person. There is an expectation that the protégé will at some point take up their own course of action and become a seasoned senior member in their own right. This last part is an interesting conundrum to some and can be a difficult transition. The only *quid pro quo* in a mentoring relationship is the mutual satisfaction both parties receive from engaging in this very special relationship and time. Mentoring at its best is a path where informal transmission of knowledge, as well as introduction into a higher level of involvement in the chosen field and the support to succeed occurs during a sustained period of time.

There is really something very special about such a relationship that has few expectations other than to help another in an unfettered way. With no formal contract, a good mentoring relationship is characterized by an open, honest, fulfilling relationship for both parties who have true respect for each other. It is this respect that secures appropriate boundaries, leaving the relationship free to go where it may without impinging on the unspoken sacred trust of mutual respect. Alas, as humans we are also flawed, and can miss the mark. But it doesn’t have to be, if this mutual respect is prized. In one of the mentorships I had where I was the protégé, I was encouraged to advance my mental health career by spending “quality” time together with my mentor talking about my goals and experiences and learning the ropes of leadership at a State Mental Health Hospital. Without a formal specific meeting time, the timing of our conversations was up to me. My mentor was a senior level administrator – a social worker – who saw in me the ability to run a large children’s unit, to supervise staff, run staff meetings, deal with upper level administration, as well as carry a case load and run a training program for a multi-professional staff. My mentor’s suggested courses of action to get more involved, and her willingness to spend time discussing issues and pointing out my strengths, possible courses of action and even changes, led me to experiences at a level of administration and clinical supervising that I would never have had without her encouragement and trust.

This relationship led me from being a semi green mental health counselor to one who knew intimately the workings of a large mental health hospital and two large private hospitals, plus a nearby veterans hospital, with access to lots of additional training. At an early stage of my career I gained access and broad experience in the mental health field, took part in state...
administrative meetings, and became an ombudsman of sorts to those facilities around us, as well as to the departments and units on our own campus. It was an exciting and interesting experience that taught me much about mental health administration and multiple treatment venues. The availability and encouragement of my mentor to process and make further suggestions regarding my “education” was critical to my growth.

Two other mentor/protégé relationships occurred during my doctoral program, when two very different, but well connected doyens gladly took me on at different but over lapping times in the last stages of my doctoral program. They encouraged me to write and publish, both individually and as a co-author with them. They allowed me into their teaching, had me co-teach high level courses with them, and led me to connections with the professional associations that made me who I am today. Encouragement was always strengths focused, with suggestions – they were both person centered in their desire to see me realize my potential, and an unspoken understanding that I was rising in stature and position in my field, and at some time would go my own way. They were, in fact, creating a colleague whom they could later depend on and respect. I credit these two for a great part of who I became, and they opened doors for me I might not have been privy to had I not had their relationships to guide me. I still remain friends with them both, but the intensity is not the same as it was for those earlier months and years.

There have become colleagues and equals, and I was always determined to pay the debt I owed forward as I became a mentor to others.

I have mentored several people over the past few years in different ways. Those mentorships are similar to the experiences I had, I hope. I tried to foster the same mutual respect in my desire to assist someone who seemed to be ready to move to a higher career level as I had been assisted. The first was a graduate assistant I had, working on a research project together. The project started as my desire to research a specific situation, but as I handed over more responsibility to my protégé, it became a joint project, where he had as much to say about its direction and methods as I did. I made suggestions about some directions I thought would be important, and he would follow up with even better ways of extracting the data we wanted. As with my own experience, mentoring meant spending time listening to my protégé, providing suggestions, being available, and opening doors for him.

The second young man was already seasoned in a specific part of the field but had ideas about how to work with people in clinical and supervisory ways that were similar to mine. We have worked together in collaborative and respectful ways, in a lower intensity than others, but still with the mutual respect and direction to help him achieve his own goals where I can be of help. In these two mentoring relationships there were no agreements to be in a formal mentor/protégé relationship other than both parties having an interest in a useful and meaningful relationship.

My third mentorship began two years ago as a formal part of the LDA for ICA. I had recommended three individuals for this training, and when the time came to be paired up, Pat McGinn asked if I would like to be a mentor for Stef Standefer. Stef and I already had a good relationship based on our professor/student connection, and I knew Stef to be a competent, highly motivated person whom I would want to see in leadership positions as a colleague. I knew her to be someone who would be her own person and who was able to separate my suggestions into those that fit her and those that would not. I also knew her to be reliable and punctual, two of the character skills I prize in myself, having learned them from my mentors. Stef’s and my relationship existed in ways that are unique to the times. We met formally only a few times, but we carried on a running dialogue through text messages, Facebook messages, phone contacts, and probably most important to me, at our monthly ICA Presidents’ Circle meetings. I asked her to be a part of the planning for the conference my Presidential year, and she did so with joy and thunder; moreover, she stayed on as an important part of the group. I watched her engage in this organization in a way that demonstrated to me that she would be someone who could rise to great heights, and she has. The pay for being her mentor, is watching her blossom, and seeing her face light up when I tell her how proud I am of her work. One should not downplay the effect a mentor’s praise has on their protégé. It is the same look I saw on my mentors’ faces when one of them told me how proud he was of what I was doing as ICA President, or the other as he gladly accepted my offer to write a book together. The closest feeling I know that is akin to this payback is the feeling of flow, when all you are doing seems to be right and time seems to slow as you enter the moment of this relationship. I have been a mentor to others in less direct ways, and it is to me the way all great relationships should be. My reward is in helping someone achieve dreams they only wished they might have.

So, in sum, mentoring is a wonderful process that encourages and focuses our best efforts to be protégé-centered, strengths-based focused, egoless in presence, and ripe in producing good people. It is about providing what the protégé needs, while still being collegial in bearing making suggestions and opening doors to future success. It can create great colleagues to follow us and be great leaders long after we are needed or around. It is a centuries old relationship practice dating back to the Greeks with mention in the writings of Hinduism, Buddhism, Rabbinical Judaism, Christianity, and apprenticing in the medieval guild system; it has legs to stand on that can help create a better organization with a greater focus on always making the world, and in this case ICA, better for all. If you think you can do a good job helping someone who is going through the Illinois Counseling Association’s Leadership Development Academy for 2011 by being a mentor, take the leap – but keep your ego at home. You will learn a great deal about life, yourself and another in the process.

Ed. Note: This article was somewhat shortened from the original for space reasons. The full article can be obtained from the author: jke6245@aol.com.

Jeffrey K. Edwards (Jeff) is the current president of the Illinois Counselor Educators and Supervisors, and a past president of the Illinois Counseling Association. He is Emeritus Professor of Counselor Education at Northeastern Illinois University, and a contributing faculty at Walden University. His 44 years in the field of counseling has encompassed a wide range of clinical and educator experiences where he has mentored many people into the field, in many different capacities. In his spare time during retirement, he has taken up classes in photography under the mentorship of one of the world’s leading Landscape Photographers, Dr. Willard Clay, and Jeff would be more than happy to take your picture if you happen to move into his view.
Of Sound Mind & DEAD Body

Friday, November 11th, 2011

Illinois Counseling Association’s Awards and Recognition Show Filled with Magic, Mystery and Intrigue! Prepare for a KILLER Evening!
Counselor Passion for our Missions, our Careers, and our Relationships

ICA Annual Conference

2011 CONFERENCE SCHEDULE OF EVENTS

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<th>Wednesday, November 9</th>
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<td>Leadership Development Academy</td>
<td>7:30 a.m. LDA Activities All Day</td>
<td>7 a.m. Main Conference Registration</td>
<td>Main Conference</td>
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<td>5:30 pm. Dinner &amp; Welcome</td>
<td>8 a.m. Pre-Conference Registration</td>
<td>7:30 a.m. Continental Breakfast</td>
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<td>7 p.m. LDA Activities</td>
<td>9 a.m. Pre-Conference Workshops</td>
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<td>12 p.m. Lunch (on own)</td>
<td>8 a.m. Keynote</td>
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<td>1 p.m. Pre-Conference Workshops</td>
<td>10 a.m. Keynote book signing &amp; Poster Sessions</td>
<td>11:30 a.m. Lunch</td>
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<td>4 p.m. Workshops conclude</td>
<td>10:30 a.m. Workshop Sessions</td>
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<td>5 p.m. Governing Council begins</td>
<td>11:30 a.m. Lunch</td>
<td>4 p.m. Workshop Sessions conclude</td>
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<td>7:30 p.m. Welcome Reception</td>
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<td>9:30 p.m. Welcome Reception concludes</td>
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<td>4 p.m. Division and Interest Group Meeting</td>
<td>6:30 p.m. ICA Awards and Cocktails</td>
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<td>6:30 p.m.</td>
<td>7 p.m. Mystery Dinner</td>
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The Hotel
Hilton Doubletree Skokie, 9599 Skokie Blvd. Skokie, IL 60077. (847) 679-7000. Conference Rate: $99 + taxes per night. Reserve rooms using special link on ICA website or call hotel and use group identification. ICA. The Hilton Doubletree is located opposite Old Orchard Mall. It is a IACC certified environment.

The City
We are located off Eden's Expressway (I-94), located in the upscale Chicago north suburb of Skokie, Illinois only minutes from downtown Chicago and O'Hare International Airport, adjacent to the North Shore Center for the Performing Arts, opposite Old Orchard Mall.

The Activities:
A Total Conference Experience!

Keynote: Brené Brown PhD, LMSW
Workshops: 5 Pre-Conference, 71 Main Conference and 22 Poster Sessions
Feasts: Welcome Reception, Continental Breakfasts, Lunches, Mystery Dinner Theater
Fun: Many special activities! Exchange books, win gift baskets or a flat screen TV, play exhibitor bingo, Network, get a chair massage or a career consultation.

Register online at: www.ilcounseling.org

www.ilcounseling.org .ICAexecdir@aol.com
The Soul of Counseling: Exploring the Power of Authenticity, Passion, and Being Enough

Brené Brown, Ph.D., LMSW is a research professor at the University of Houston Graduate College of Social Work. She has spent the past ten years studying vulnerability, courage, authenticity, and shame. Brené spent the first five years of her decade-long study focusing on shame and empathy, and is now using that work to explore a concept that she calls Wholeheartedness.

Brené is a nationally renowned speaker and has won numerous teaching awards, including the College’s Outstanding Faculty Award. Her ground-breaking work has been featured on PBS, NPR, CNN, and was the topic of two 2010 TEDx talks (Houston and Kansas City). Brené is the author of The Gifts of Imperfection: Letting Go of Who We Think We Should Be and Embracing Who We Are (Hazelden, 2010) and I Thought It Was Just Me (but it isn’t): Telling the Truth About Perfectionism, Inadequacy, and Power (Penguin/Gotham, 2007). She is also the author of Connections, a psychoeducational shame resilience curriculum that is being facilitated across the nation by mental health and addiction professionals. Brené’s current research focuses on authentic leadership and wholeheartedness in families, schools, and organizations. Brené lives in Houston with her husband, Steve, and their two young children, Ellen and Charlie.
Friday Workshops

A New Paradigm for Treating Reactive Attachment Disorder
Accelerated Learning: Reaching ALL Students
Acceptance and Commitment Therapy Training
Best Practices in Connecting Faith Communities to Mental Health Resources
Child-Senior Relationship Therapy: From Passionate Idea to Applicable Possibilities in School Settings
Counseling Grieving Elementary Age Children: Strategies for the Counselors Tool Box
Exploring the Intersection of Career & Mental Health Counseling
Exploring the Use of Miniatures in the WDEP Process of Reality Therapy
From the East to the Midwest: Adapting Family Talk a Depression Preventative Intervention
Games Played: A Possible Predictor of Career Paths and Passions
Helping Open Peoples Eyes-Project H.O.P.E.
Integration of the Self: Ego State Therapy in the Tx of Trauma
Medically Informed Treatment as a Bridge to Mental Health Counseling
Mindfulness Meditation: An Overview and Implications for Clinical Work
Passionately Helping Counselors
Physician Heal Thy Self
Psychiatric Medication for Children and Adolescents
Retirement, What on Earth Are You Thinking?
SoulCollage Discover your Wisdom, Change Your World
Teaching the ACA Advocacy Competencies
The Counselor’s Role in Advocating for Immigrant Students
The Essence of Tradition and Wellness: Martial Arts as a Counseling Intervention
The Two Metaphors of Counseling—How We Experience Our Passions
There’s More to Life than Ego
Traumatized Children: The Reactive Attachment Child, Their Families and Interventions
What Actually Counts for an Effective Counselor

Saturday Workshops

911: We Make House calls
A Review and Implications for Counseling Military Personnel and Veterans with PTSD
Addicted to Social Media Crack -LinkedIn and Twitter
Adventure Based Counseling: A Model for Encouragement
Alzheimers Helping You and Your Loved Ones Heal
Beyond C.B.T. and Solution Focus Interventions: Exploring Existential Techniques
Beyond CRT: Getting To the Core of Eating Disorders
Career Transition: From Student to Professional Counselor
Compassion Fatigue: Building Tools for Self-Care in Stressful Times
Constructivist Counselor Education: Beyond the Banking Model
Counseling Competency with Sexual Minority Intimate Partner Violence Victims
Counseling Training Labs: Current Trends of Operation and Management
Counselor Self-Care and Difficult Clients
Countertransference of Female Counselors and Self-care
Creating a Ritual for Change: A Collaboration with Empathy and Compassion
Demystifying Anxiety Disorders: Help Clients Overcome the Anxiety Trick
Get up and go! Utilizing running as a Therapeutic Tool
Getting Their Attention: Motivating Disengaged Students
HIV/AIDS: What Counselors Should Know
How Does the Entrepreneurial Mindset Inform Counselor Leadership?
Hustler: Black Males Making the Best Out of a Bad Situation
Implicit Prejudice Attitudes of Counseling Students
Keys to Counseling in Non-Profits: Diversity of Experience and Flexibility
Listening From the Neck Down
Listening to the Body: The Integration of Yogic Principles in Psychotherapy
Mental Health and Fitness
Multicultural Counseling: How to Recognize and Interpret Cultural Motifs in Personal Narratives
One Memory at a Time: Walking Through Trauma to the Other Side
Private Practice; Questions and Answers
Psychopharmacology for Counselors
Psychopharmacology Update For the Mental Health Counselor
Psychopharmacology For the Mental Health Counselor: What’s Your Client’s Money Personality?
Racism-Related Stressors and Ethnic Identity as Determinants of African American College Career Aspirations
Sex...What’s Counseling Have To Do With It?
Sexual Assault, Rape and Re-victimization in College Women
Spirituality and Counselor Education: Connecting the Dots
Stress Strategies and Implications for Decreasing Counseling Students Anxiety and Increasing Self-efficacy
Supervising School Counselors in Internship: Tips for Best Practices
Take a Deep Breath and Relax: High Stakes and Test Anxiety
Teen Talk
The History of Chicago’s West Side African American Community: Clinical Implications
The Power of Personal Story Telling in Enriching Counselor Education
The Urban African American Males Perceptions and Beliefs on Aggression
Using Existential Group Counseling with Adolescents Exhibiting Pre-Borderline Symptomatology
What’s your Client’s Money Personality?
When A Loved One Goes to War: Secondary PTSD Among Military Families

Presentation days are subject to change. See the ICA website www.ilcounseling.org for updated information.
Pre-Registration Must Be Received before November 1, 2011 to Take Advantage of the Early Registration Discount

Pre-Conference and Conference Registration
Make your own HOTEL RESERVATIONS BY OCTOBER 22, 2011 directly with the Skokie Double Tree. Use group code Illinois Counseling Association. ICA Room Rate: $99.00 per night + tax. Phone (847) 679-7000
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.
___ ICCA 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, 2011. 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 post-posted 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 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 # 1029999.

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___ ICES Counselor Educators ___ ISCA School Counselors
___ IAMC Multicultural ___ IMHCA Mental Health
___ IAACE Assessment ___ IAADA Adult Development
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Professor Signature ____________________________________ Date ____________
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Neurotherapy and Neurofeedback: When Counseling and Medication are not Sufficient
Co-Sponsor: ICES
Presenter: Lori A. Russell-Chapin

Program Synopsis: The field of neurobiology and neuropsychology is rapidly growing. Forty years ago researchers discovered that the brain of mice and cats could be trained with operant conditioning. Neuroscientists now understand that the human brain has the capability to adapt and develop new living neurons by engaging new tasks and challenges throughout our life. Even more exciting is the growing body of research demonstrating that the brain can be taught to self-regulate and become more efficient through neurofeedback, a type of biofeedback for the brain. Participants will understand that neurological disregulation results when the brain is using the wrong brainwave, at the wrong time for the wrong task. This causes a state of neurological over-arousal, under-arousal or instability. Handouts, a NF demonstration and protocols will be offered.

Program Goal: Participants will be able to understand the difference between neurotherapy and neurofeedback
Program Objectives: Participants will understand the definition of NF, its causes and necessary protocols

The Roots of Group Work: Indigenous Traditions that Connect Us
Sponsor: IASGW
Presenter: Christopher Rybak

Program Synopsis: Experientially oriented workshop will be highlighted by activities based on indigenous traditions from multiple cultures. These ancient traditions serve as methods of group members identifying deep aspects of each persons unique personal identities while also recognizing the universal aspects of the givens of life that link us all.

Program Goal: Participants will learn through experience a variety of approaches to group work based on indigenous traditions
Program Objectives: a) Participants will increase understanding of group work perspective on collective orientation of many indigenous cultural groups b) Participants will identify connections between collective orientation and the kinds of experiential activities highlighted during the presentation

Counseling Couples: The Essential Tools
Sponsor: IACFC
Presenters: Sara Schwarzbbaum, Julienne Derichs

Program Synopsis: Many counselors work with couples but only a small percentage has had formal training for helping couples in distress. Couples counseling is a challenging process even for experienced counselors. This presentation will focus on the essential tools for counseling couples to facilitate formation of therapeutic alliance and prevent drop out.

Program Goal: To explore the essential tools of a couples counselor
Program Objective: To inform participants of the essential tools for counseling couples

Just-In-time
Sponsor: IAADA
Presenter: Pam Arnold, LCPC

Program Synopsis: A 3 hour training to prepare first time, independently licensed Disaster Mental Health workers to deploy to a Red Cross disaster relief operation. Alternative to Foundations of Disaster Mental Health course. Clinical components of training significantly reduced.

Program Goal: Training to prepare first time, independently licensed Disaster Mental Health workers to deploy to a Red Cross disaster relief operation
Program Objective: Prepare licensed Disaster Mental Health workers to deploy to a Red Cross disaster relief operation
Program Requirement: Must be a Type 73, LPC or LCPC, LSW or LCSW

Music, Mindfulness & Mandalas: Sparking Clients to Creativity in Self-Care
Sponsor: ICA
Presenter: Louise Dimiceli-Mitran

Program Synopsis: Learn how to help clients decide how, when and what kind of music to use, research on the advantages of including music, how to develop an imagery focus, the use of mandalas as a meditation tool, and dyad practice in relaxation talkover techniques. An experiential with live music will be provided.

Program Goal: Learn how, when and what music to use, develop an imagery focus and use mandalas
Program Objective: Expand/develop therapeutic skills in the choice & use of recorded music, imagery & mandalas to inspire clients to create a personal self-care practice
The beauty and effectiveness of metaphor can be seen in one of the multitude of Milton Erickson’s “uncommon therapy” stories about a child being brought to him for bladder problems (enuresis). Being dragged in by his parents to the office, the young boy stomps his feet and yells out that he will not talk to a stranger about his problems. Erickson’s response is very strategic and indirect. Erickson stomps his foot in agreement with the boy and insists that he only talk about what he, the boy, wants to talk about. The parents are let out and the conversation turns to the boy’s favorite pursuit: archery. When Erickson talks about the boy’s interest, he speaks slowly and deliberately (i.e. hypnotically). He describes how the eye and muscles coordinate to carefully control the release toward the desired target. The iris, he emphasizes, contracts and expands at the right time and the right place to allow the archer to deliver the arrow to the desired place. Erickson is indirectly teaching the boy how to control his bladder. His conscious mind follows the indirection of the focus on archery, but the unconscious “knows” he is here to deal with wetting his pants and learns the lesson without ever having directly talked about it.

Metaphor, says Gregory Bateson, is the language of nature. All our experience is encoded metaphorically. When we perceive an apple, we don’t have an apple in our brains; we have a likeness of an apple. The same holds with internal states like emotions. We can’t say what anger IS, we can only say what it is like. A dictionary defines words by other words. The brain communicates experiences by likenesses to other experiences. Further, it has been established by neuroscientists that the mind over time in an individual’s development creates the abstract from the concrete sensory experience on the steps of metaphor. As we mature we live more and more in the world of abstractions, at least consciously. This amounts to our being more and more out of touch with our emotional brain. 99% of emotional learning is non-conscious. The fastest and perhaps most effective way back into contact with and influence on our emotional brain is back “down” the steps of metaphor where we can speak the emotional language of sensations, feelings, images, and narratives by way of metaphor.

With a focus on metaphor the most useful question for a counselor becomes: What is this experience like? The question elicits an internal search through a person’s experience, or “inner net” to find a metaphorical likeness. So, it might be asked: what’s the experience of confidence like for you? This search is itself an important tool in allowing the therapist and the client to consciously shape their emotional world. A major discovery in recent neuroscience is that: neurons that fire together wire together. The search for what this experience is like is an accessing and therefore strengthening of the neural pathways to increase the likelihood of the desired response. It has been said that there are two basic strategies in counseling:

1) access the resource experience and increase it, and 2) access the problem experience and decrease it, change it or best yet, evolve it to a positive experience! When one gets a metaphor of a positive or resource experience, e.g. confidence is a warm sunny day, the very act of imaging this breeds confidence. The image can then be used in myriad ways to strengthen the presence of confidence in the desired context. When the metaphor is of a problem state, e.g. this depression is like a deep dark well, the image of the deep dark well can be EVOLVED to achieve an experiential overcoming of the problem. For example, asking: what can happen to a deep dark well? Someone can lower a ladder. And when the ladder is lowered and you climb out of the well what can that be like? And how can this new experience make a difference? A chain of experiential problem solving is experienced and learned. It is important to let the client struggle to make the connections and evolve the metaphor, as this is the process of experientially getting the neurons to fire together. Clients may struggle somewhat with this process because they are trying to break out of an emotional stuck point.

This brings up another important principle: you have to see it to be it. If a person can’t imagine (see) having confidence in the desired situation, then they will not have access to it and achieve it. It’s important then to gently encourage clients to evolve a metaphor assuring them that the imagination can see its way around any and every block. Another strategy here is to bridge from an area where a client can “see it”. For example a person stuck on an issue in counseling can be asked what their favorite hobby or passion is. Then they can be told your problem is like your hobby. The connections they make will be both insightful and experiential.

Two powerful “ready-made” metaphors are memories and dreams. With memories it can be said that the earlier the memory, the more metaphorically it shows how the brain represents repetitive patterns of experience.
These patterns can be very negative scripts of how we have learned to sabotage our own needs being met, or they might be very positive experiences of a resource that we can use more of now and can access through the memory. As stated earlier the positive memories can be strengthened through repeated recall, and the negative ones can be evolved from hurting to healing memories (refer to 2009 article by Gough on earliest memory work in this same publication).

This writer has found that earliest memories are ideally re-imagined with a father or father figure, a mother or mother figure and the child themselves each taking initiative for making the dream evolve toward the most ideal outcome for the child (client). Dreams, of course, have been used since Freud in psychotherapy; from a metaphorical perspective, though, a very different process emerges. Another guiding principle here is: stay within the metaphor. This means essentially to evolve it without interpreting it. The dream is a representation of unconscious dynamics in metaphorical or symbolic language. When the client describes the dream to us it is now present in the room through the client’s imagination. The client can then be invited to complete the dream consciously now in the therapy session thereby “speaking” back to the unconscious in its own language to resolve the dynamics that are being portrayed.

Some of the virtues of using metaphor are that they are 1) indirect: they bypass conscious defenses by taking the focus off the presenting problem and onto the less threatening metaphor. 2) concrete: in the sensory imagistic language of the emotional brain. 3) specific and precise: they focus, for example, not on sadness in general (which can be discussed without ever feeling sad) but on THIS experience of sadness that the client is experiencing now 4) more direct: in bringing the client into the language of the emotional brain rather that requiring translation to and from the abstract linear language of the conscious and left brain hemisphere.

Finally, a word needs to be said about unconscious or emotional learning which is the norm with metaphorical approaches. Since learning occurs on an unconscious level, clients can often initially not notice consciously the positive change occurring. This is because change is not occurring in the two predominant ways we’ve been taught: insight and willpower, both of which are conscious. The therapist can alertly focus on shifts in how clients think, feel and act and feedback those changes to them. In conclusion then, a large body of research and practice has established metaphorical approaches to counseling as both viable and desirable.

It’s like riding a bike; once you learn to balance the conscious and the unconscious, the emotional and the rational, you never forget how to tune in to the client’s language of emotional learning.

References

Chris Gough is currently in private practice in DeKalb IL. Previously he was a counselor and then program coordinator on both child and adolescent in-patient psychiatric programs as well as a counselor and director at a counseling agency. He has studied, used and taught metaphorical applications in counseling for more than 25 years. He can be contacted through e-mail at: metaphorical1@aol.com

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How the Entrepreneurial Mindset Informs Counselor Leadership

Risk Taking and Counterfactual Thinking

By Francesca Giordano, PhD, LCPC

When we think of the entrepreneurial mindset, we tend to connect it to business environments like a small business start-up. When someone is starting a new business, being able to think both creatively and from a competitive profit orientation seems essential. Rarely are these ideas applied to counseling roles. If we apply these ideas at all to counseling practices, we make the connection that private practices are a small businesses in highly competitive markets, so one must think like an entrepreneur—creative, innovative, profit-driven—in order to make one’s private practice successful. Which is true.

There is much written about the application of entrepreneurial ideas to private practice in terms of marketing and management. Discussion of entrepreneurial characteristics also has much in common with cutting-edge understandings of what makes effective leaders (although again mostly applied to a business context), and these connections have been written about as well. But what about counseling leadership? Can the characteristics that make someone a successful entrepreneur also make someone an effective leader in a counseling context? This is a complex question worthy of significant reflection. This paper will began to explore this question by focusing on the application of two characteristics of the entrepreneurial mindset, a positive one and a negative one, to the counseling leadership context.

Counseling leadership can take many forms and sometimes requires qualities that are difficult to define. We joke that the only thing that makes you a leader is whether anyone follows you, but leadership opportunities for counselors can be found in professional associations, work environments, and volunteer experiences. In these settings leaders are often asked to innovate, motivate, market and evaluate, characteristics one might associate with a business context. Leadership is about relationships, but it is also about ideas and data. It can often involve communication complexity, the ability to multi-task and think on many levels at the same time. As counselors we use our well-honed empathy and skills for bringing about change to create environments in which others can flourish. It is often easier to pinpoint characteristics of an ineffective leader—controlling, self-centered, energy draining, un-motivating—than those of a strong leader. People assume leadership roles, whether promoted, appointed, or assumed, without necessarily being trained as leaders.

Much has been written about the mindset of the entrepreneur; there are the “big five” characteristics that include risk-taking propensity, need for achievement, need for autonomy, self-efficacy, and locus of control. Interestingly, there is also a growing literature on the cognitive frames and biases which have a negative effect on entrepreneurship including overconfidence, hubris, escalation of commitment, and counterfactual thinking. It is not the intention of this paper to offer an exhaustive review of this literature or a complete application of these ideas to leadership in general or counseling leadership specifically. Instead, I wish to stimulate your thinking by offering some insights of my own on these connections. Given the brief nature of articles in the Illinois Counselor, this paper will only explore two things: the positive characteristic of risk-taking and the negative characteristic of counterfactual thinking.

The first characteristic, risk-taking propensity, is often applied to financial risks in the business world; it has been defined as a decision-making orientation toward accepting a greater likelihood of loss for a greater potential reward. Baron and Shane have connected this idea to increasing opportunities for recognition, and Hess and Goetz have suggested that successful entrepreneurs satisfy customer needs better and faster than the competition. Both suggest that these are qualities of developing and maintaining a successful private practice.

So what types of risks do counseling leaders take? In my experience, this risk taking applies both to ideas and to the self of the leader. Leaders take risks when they endorse an idea that represents thinking outside the box, trying something new. It is often risky to apply innovative ideas to standard goals. But it is only risky when there is a chance of failure and when that failure is understood to be the responsibility of the leader. When leaders have the characteristic of self-efficacy, they believe in their own capabilities, and they accept responsibility for the outcome of the innovation. I see this connected to leadership because this risk-taking is also associated with the investment and motivation of others. Perhaps an entrepreneurial leader
How the Entrepreneurial Mindset Informs Counselor Leadership
Risk Taking and Counterfactual Thinking

motivates others to lend their own talents to the task at hand and acts to further the capabilities of others while modeling innovative thought and action. In my mind empathy is also involved here because leaders use their intuition to bring others together around new ideas, while helping to manage the appropriate challenge/support ratio so others are not overwhelmed. Because our leadership contexts are so people-oriented, the ability to develop skills in others while helping them to manage their own boundaries and deal with their own fear of failure is an important aspect of the risk-taking involved in counselor leadership.

I would like to balance this idea with the negative characteristic of counterfactual thinking. When the entrepreneur does not understand the economic and business context, does not have the data needed to make evidence-based decisions, denial of the facts sets in, the risk is too high, and failure occurs. Baron and Shane emphasize that reading journals is a way to increase business innovation and create private practice niches. They encourage practitioners to build a rich knowledge base, create connections between knowledge and practical intelligence, and develop awareness of potential false alarms. All of these ideas are based on accessing information, evaluating its accuracy and relevance, and making evidence-informed decisions.

The effective leader seeks out information, evaluates and applies it. The ineffective leader does not. This suggests another aspect of self-awareness. The leader is able to contrast the “facts” with personal investment. A leader is able to share knowledge and data with others in a way that fosters decision-making to achieve an innovative goal. But leaders can fail to take note of the actual situation so that they cannot accurately assess the facts and proceed to make decisions based on unexamined assumptions or inertia rather than reality.

Walfish and Barnett suggest that counselors have a difficult time applying the entrepreneurial mindset to counseling because a for-profit business context is seen as conflicting with counselors’ identity as kind, caring and altruistic. This self-identity sometimes encourages leaders to be so concerned about the feelings of others or so worried about experiencing negative responses to their actions that decisions are kept safely in the realm of doing what we have always done, even when the actual situation calls for innovation. The entrepreneurial mindset challenges us to step outside our comfort zone and use alternative strategies for making decisions and motivating others.

References

Dr. Fran Giordano, LCPC, is the Director of the Master of Arts in Counseling Psychology Program at the Family Institute at Northwestern University. She has extensive experience conducting training workshops for counselors. In 1998, she received the Counselor Educator of the Year Award from the American Mental Health Counselors Association and she also received the Counselor Educator of the Year Award from the Illinois Counselor Educators and Supervisors in 2006. She is the President of the Illinois Counseling Association. She is also a Past-President of IMHCA and a member of the State of Illinois Counselor Licensure Board. She is the 2002 recipient of the IMHCA Distinguished Service as an Illinois Mental Health Counselor Award. She has been presenting test preparation workshops for the NCMHCE exam for eleven years.
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more at www.ilschoolcounselor.org
In a sunny conference room in a large suburban high school, I sat with a small group of seven boys and one girl, mostly sophomores; all had spent several weeks on the D&F list. Because there were no other indications of academic disabilities, they were targeted for a study skills group. As indicated by the research of organizations like The Collaborative for Social and Emotional Learning (casel.org), academic achievement will improve when social and emotional skills are addressed. During this brief six week small group, the students’ grades did improve as well as their self-reported feelings about school.

With the lead counselor, I set out to create a curriculum. Most of my contributions were in the realm of social and emotional learning. I wanted to review test and study anxiety, and more importantly, ways to recognize and reduce that anxiety. I also wanted to address their feelings of self-efficacy in terms of homework and study skills, executive functioning, and learning styles. I started the group by telling the students a little about where they were developmentally and how those transitions can create academic problems. In other study skills groups that focused solely on traditional study skills, the students did not come back for the second group. After explaining to these struggling students that their problems with school were not because they were deficient but just that they had a developmental hurdle to navigate, this group of students showed up on time week after week.

According to Richard Rothstein of the Economic Policy Institute, schools and school boards have always focused on eight broad goals for schools. In addition to academic knowledge and other critical goals such as appreciation for arts and literature, several of the goals are related to social and emotional skills: social skills and work ethic, citizenship and emotional health.

After my experience with this small group, I feel that the social aspect of the group was the lead factor in creating those skills and the academic success for those students. In terms of test-taking, they shared with each other their least favorite and best types of tests. They even shared some of their test-taking strategies. In terms of study anxiety, we reviewed some reasons for procrastination and general causes of anxiety such as perfectionism or catastrophizing. We reviewed skills to help with these problems by talking about self-soothing in terms of breathing and meditation and disrupting negative thoughts. But mostly they listened and comforted each other in their struggles in school, whether with tests or motivation to study. It was this comfort and connection that gave these students the internal motivation to work towards academic success.

According to the web seminar by Committee for Children, “Students are more likely to succeed in a place where they feel known and cared about.”

REFERENCES
“Social and Emotional Learning, the SECOND STEP Program, and Academic Success”
Committee for Children.

Beth Brand is a recent graduate of the master’s program in counseling at National-Louis University. She currently holds her National Certified Counselor credential and works at the University of Illinois at Chicago as a Graduate Academic Advisor. She has been working in educational settings, from special education tutoring to university instruction, for the past 25 years both here in the states and abroad. She lives in Evanston with her husband Mark and her almost five year old son, John.
Introduction

The World Health Organization Global Summary of the AIDS Epidemic in 2009 reported that approximately 33.3 million people worldwide were living with HIV. In 2008 The Center for Disease Control and Prevention estimated that approximately 1,106,400 people in the United States were living with HIV and that, at any given time, twenty-five percent of those infected within the United States are unaware of their HIV positive status. Once viewed as an imminent death sentence, advancement in medical treatment continues to change the reality of what it is to live with HIV. Due to profound advancements in treatment as well as increased knowledge about how HIV functions, how it is transmitted, and how it causes immune dysfunction on a physiological level, the medical community now perceives and treats HIV Disease as a chronic versus an imminently fatal disease process. Although the HIV epidemic continues to flourish, advances in medical treatment have profoundly decreased the lethality of HIV Disease even if medical treatment commences in the advanced disease stage. Advancements in HIV treatment change the way counselors should approach working with those who are living with HIV. This article briefly highlights what counselors should know about effectively engaging clients living with HIV today.

What Counselors Should Know

There are many things counselors should know when engaging clients living with HIV. One important thing to consider is the complexity of the disease process itself and how the physiological effects of HIV impact virtually every domain of the client’s being. HIV disease affects a client physically, emotionally, mentally, socially, and relationally. The counselor should gain a full understanding the global impact of living with HIV in order to adequately manage the treatment of clients dealing with this disease. The chronicity of HIV is another important factor that counselors need to consider in treating this client population. It may, at times, appear that engaging clients living with HIV is the same as dealing with any client who faces chronic disease. In many ways this may be true. Certain topics that confront any person dealing with chronic disease will, without doubt, also confront the client dealing with HIV. Some of the considerations will include financial concerns related to the cost of medications, vocational challenges, the potential for disability, and the stress that these concerns place on those living with the disease. These concerns are very similar if not the same as those who live with other types of chronic illnesses. Thus, it is of extreme importance for the counselor to understand that counseling the client living with HIV no longer means simply counseling clients in terms of end of life issues. Because end of life issues are no longer the primary focus in working with clients living with HIV, it is important for counselors to consider approaching this population from a wellness and strength based orientation. Counselors must now begin to think of the client living with HIV as one who will be increasingly able to function in life on a normal level with a lifespan that mirrors a normal lifespan. Issues of normal sexual relationships in the HIV population will certainly confront counselors, some of whom may find them difficult to address. Therefore, it is extremely important that counselors examine their personal biases and concerns related to sexuality issues. Lastly, and perhaps most importantly, counselors must not be fooled into thinking that, just because HIV Disease is now commonly viewed as a chronic medical illness, special concerns are no longer to be considered. Regardless of the chronic versus lethal perception of HIV disease, the most profound issue that sets this clientele apart from those dealing with other types of chronic illness is the stigma that continues to be attached to those who suffer from this particular disease. Unlike any other disease currently afflicting our society, the stigma of HIV, based in fear and ignorance, can unfairly impact its victims in cruel ways. For this reason it is paramount that counselors consider these special circumstances in dealing with what might otherwise appear to be normal issues and concerns facing anyone who lives with a chronic illness. Since it is likely that counselors will encounter clients who live either actively or contingently with HIV Disease, counselors must take into account their own personal biases and perhaps lack of current knowledge related to HIV as well as its impact on those affected in order to serve this population in the most effective, positive, and empathic way possible.
Conclusion
In sum, this brief overview touches on just a few of the issues that counselors will need to consider when engaging clients living with HIV. As medical advances change the course of HIV disease, so must counselors change the manner in which we serve this growing population. Counselors must begin to realize that encountering a client living with HIV Disease will become a more common versus a novel experience as medical treatments become more effective in controlling this disease. Therefore, counselors must take the initiative in reflecting upon their personal biases, enhancing their current knowledge base regarding HIV, and in remaining cognizant of the nuances that continue to set the needs of this population apart from others who deal with chronic illness.

References

Dr. Baig, personal communication, February 12, 2011
Dr. Hines, personal communication, May, 1, 2010

Susan Harrison-Hicks is a current Masters candidate in the Counselor Education Department at Western Illinois University-Quad Cities Campus. Susan has been a practicing Registered Nurse since 1999 and has volunteered as a group co-facilitator at a local non-profit organization serving those living with HIV. Susan will continue as a counseling intern beginning in the Fall 2011 term at this same site in hopes of continuing to provide the unique service of medically informed counseling to those actively and contingently living with HIV/AIDS.

Veterans Counseling Certificate

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College of DuPage
The Illinois Counselors Association has asked us to share what we consider to be important information to our readers. We offer a current, revised list of insurance and managed care companies because of the ever-changing nature of the industry. This past year has seen many mergers among these companies. Counselors should note that these changes offer opportunities as the companies expand into new areas.

Applying to become a provider to these companies should be considered at this time. Remember, persistence will pay off when applying or even when asking to be considered for an increase in reimbursement rates by established providers.

As a service to readers, the following is the short list of the largest companies. The full list of some 57 companies is offered to Illinois Mental Health Counselors Association members on the website http://www.imhca.org/memberlogin.asp.

IMHCA, a division of ICA, lists direct links to provider relations web information as well as details outlining the number of insured lives covered, paperwork necessary, and reimbursement rates. Please log on to find the most comprehensive information we believe is available. The number of covered lives is taken from a study by Harvard University’s John F. Kennedy School of Government’s Mossavar-Rahmani Center for Business and Government. Information regarding payment and paperwork requirements has been taken from insurance and managed care websites and surveys of licensed counselors. The information provided here is for licensed counselors to use to compare insurance and managed care companies and has been assembled by the authors from information shared by colleagues. It is not the responsibility of the Illinois Counseling Association.

Top Insurance, Managed Care and Employee Assistance Providers

- Aetna
- American Psych Systems/ApsHealthcare
- Blue Cross/Blue Shield
- Ceridian (Lifeworks)
- Cigna
- Compsych Behavioral Health Corp
- Lifesynch
- Magellan Behavioral Health Services
- OptumHealth Behavioral Solutions
- Value Options
- Wellpoint/Anthem

Robert Walsh, LCPC, and Norman Dasenbrook, LCPC, are co-authors of The Complete Guide to Private Practice for Licensed Mental Professionals. Walsh and Dasenbrook co-present the workshop, Private Practice: Surviving or Thriving, four times per year in Illinois, sponsored by the Illinois Mental Health Counselors Association. Go to www.counselingprivatepractice.com for more information.
Discuss the difference between standing their ground and aggression, between honest communication and unbridled self-expression, between requests for a specific need and character assassination.

The third set of essential tools centers on holding the hope for the relationship that the couple may not have but is looking to build. You need to know when to focus on the present, the past or the future, and whether to pay attention to behaviors, thoughts or feelings. There are times when seeing the couple together continues to stir up past hurts that sends them into a spiral of negativity and communication breakdown. At this time it is essential to assess whether to continue to see the couple together or to have split or individual sessions. Sometimes the best way to repair a relationship is by having individual conversations about the relationship without the partner present. There are also conversations that are better “rehearsed” in an individual session such as whether to consider continued efforts at reconciling, or to contemplate a controlled separation.

To hold onto the hope it is also important to talk about the natural rhythm of relationships. That is, all relationships go through periods of harmony and disharmony, and couples often get stuck in a valley of disharmony not knowing how to get out or how to repair it. Help couples put the positive back into their relationship by helping them focus on what is working or has worked in the past. Couples need help learning how to deal with uncomfortable emotions when they have “fallen out of like or love” with their partner.

Couples’ counseling is an educational as well as a therapeutic experience. Counselors can teach couples how to become aware of their contribution to the interactional patterns and to fight fair, repair relationship wounds, stay connected during turmoil, apologize, fill each other’s love tanks, and empathize with the perspective of the other. Without a doubt, there is a growing demand for couples’ counselors, and your clients need and want counselors that are well trained and effective in handling their distress.

(Continued from Page 7)
By Pat McGinn

I met US Representative Dan Rostenkowski 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

ILLINOIS COUNSELING ASSOCIATION FOUNDATION

by Dr. Melanie Rawlins, Treasurer and Registered Agent

The Illinois Counseling Association Foundation (ICAF) was approved by the Internal Revenue Service for tax exempt status, and thus established in January 2005. The purpose of the Foundation is to promote the field of counseling and to help give vision to the future of our profession in Illinois by supporting professional counselors and graduate students through scholarships, mini-grants, research awards, and other means. The Foundation Directors are focused on empowering graduate students and professionals by enhancing the benefits counselors bring to their communities. Foundation policy is to provide financial assistance from interest accrued on invested principal. With its current financial base, ICAF is able to provide two $1000 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 63 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.
Upcoming Dates to Remember

September 2011
09/10/2011 IMHCA Starting Maintaining and Expanding a Successful Private Practice
09/17/2011 IMHCA Ethical Practice of Social Work
09/21/2011 IMHCA Ethical Practice of Social Work
09/23/2011 IMHCA NCE/LPC Test Prep
09/30/2011 ISERVIC Fall Retreat

October 2011
10/15/2011 IMHCA: Introduction to Play Therapy and Advanced Techniques of Clay Therapy with Families, Children and Adolescents
10/16/2011 IMHCA Ethical Practice of Social Work
10/19/2011 IMHCA Legal & Ethical Issues in Counseling Supervision
10/23/2011 Executive Committee meeting

November 2011
11/05/2011 IMHCA Legal & Ethical Issues in Counseling Supervision
11/09/2011 ICA Leadership Development Academy
11/10/2011 ICA Annual Pre-conference Division Workshops
11/10/2011 ICA Governing Council Meeting
11/11/2011 2011 ICA 63rd Annual Conference... Counselor Passions for our Missions, our Careers and our Relationships

December 2011
12/03/2011 IMHCA Starting Maintaining and Expanding a Successful Private Practice
12/14/2011 IMHCA NCMHCE/LCPC Test Prep
IMHCA Legal & Ethical Issues in Counseling Supervision

January 2012
01/1/2012 Happy New Year!
01/20/2012 IMHCA NCE/LPC Test Prep

February 2012
02/19/2012 Executive Committee Meeting
02/24/2012 IMHCA; DBT Dialectic Behavior Therapy
02/25/2012 IMHCA NCMHCE/LCPC Test Prep

March 2012
03/10/2012 IMHCA Annual Conference
03/10/2012 ICA Governing Council Meeting
03/24/2012 IMHCA Starting Maintaining and Expanding a Successful Private Practice
03/30/2012 IMHCA NCE/LPC Test Prep
ICA: 2nd Southern Conference Collinsville, IL

www.ilcounseling.org  ICAexecdir@aol.com
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 specialty 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!
MISSION

The mission of the Illinois Counseling Association is to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity.

IDENTITY

The Illinois Counseling Association (ICA) is a not for profit organization of counseling and human development professionals who work in education, health care, residential, private practice, community agency, government, and business/industry settings. ICA is a branch of the American Counseling Association (ACA) and follows the ACA Code of Ethics and Standards of Practice.

Member Services


Send your application to:

ICA Executive Director
P.O. Box 367
DeKalb, IL 60115-0367

Please Note: On your Income Tax Return, you may deduct dues as a business expense. You may claim all but $10 of ICA Dues, all but $5.00 of IMHCA dues and all but $5.00 of ISCA dues. Up to $10.00 of ICA Dues and $5.00 of IMHCA and ISCA dues may be used for political and lobbying activities on behalf of counselors, which cannot be deducted as a business expense for federal income tax purposes.

--End--
Illinois Counseling Association
63rd Annual Conference

More Than Just Workshops!

A Total Conference Experience!