The Courage for Equality: Love, Work, Society

In This Issue:
Conference Pull-Out Section

The Illinois Counseling Association
64TH Annual Conference
NOVEMBER 8-10, 2012, SPRINGFIELD, ILLINOIS

FEATURING KEYNOTE SPEAKER
Nikki Giovanni

The Braid:
Unique Individuals Coming
Together for the Stronger Whole

SPECIAL EDITION ANNUAL CONFERENCE ISSUE
Welcome to a brand new ICA year! I am deeply honored to serve as the 64th President of this outstanding state counseling association, the second largest in the United States. The Illinois Counselor is the premiere issue of the ICA newsletter combined with the 2012 conference brochure. It is shared with 10,000 professional counselors in Illinois. In these pages you will find the richness of professional writing that helps to keep you up-to-date in the profession as well as providing information to help you plan for your participation in ICA’s 64th annual conference November 8-10 at the Springfield Hilton.

The theme for this ICA year is the courage for equality. I chose this theme to highlight how the pursuit of equality is relevant to the work with our clients as they meet the life demands of love, work and social relations. ICA has a social obligation to provide opportunities for our 2600 members and colleagues to develop awareness, knowledge, and skills of how to recognize and deconstruct inequalities and to achieve the greater good by advancing the practices of equality for all. The best path for us to walk toward these goals is that we embrace an organizational paradigm that is based on the concepts of community feeling and social participation. The ICA 2012-2013 logo, the braid, depicts the meaning of unique individual threads coming together to make a stronger whole.

I am excited to invite you to meet our most distinguished conference keynote speaker, Dr. Nikki Giovanni. Nikki Giovanni is a world-renowned poet, writer, commentator, social activist, educator, and TV personality. Along with countless honors and distinctions, she was the first recipient of the Rosa L. Parks Woman of Courage Award. In April, 2007, many across the country saw how Dr. Giovanni’s speech touched troubled hearts after the tragic Virginia Tech shooting. Dr. Giovanni’s work and reputation fit the ICA 2012 conference theme very well, as her work focuses on the individual and on the power one has to make a difference in oneself and in the lives of others. I encourage you to treasure the opportunity to hear Nikki Giovanni’s voice of truth, wit, and humor.

What ICA is today is a legacy of the past six and half decades of quality service to its members and professional community. A group of outstanding individuals have undertaken their new or returning roles serving on the ICA 2012-2013 Leadership Team (i.e. officers, support staff, division and chapter presidents, as well as standing committee and task force chairs). Their time and labor have become part of this legacy. I am thrilled to share the most recent news from the Board of Directors of the Illinois Counseling Association Foundation that ICAF received a gift of $1,000,000 following a previous donation of $70,000, from our late colleague and past ICA President, Dr. Merlin Schultz. Dr. Schultz wanted to strengthen ICA as a professional association and help ICA members enhance counseling services for the citizens of Illinois. This generous gift shall propel us to move forward with a sense of profound love and care. Please consider joining forces with ICA for another very meaningful and successful year. I look forward to seeing you at our annual conference!!
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Along for the ride:  
The ramifications of becoming a passenger

I recently had the privilege of attending the American Counseling Association’s 3rd Annual Leadership Development Institute in Washington D.C.
The keynote speaker was a former astronaut, Colonel Mike Mullane, and he shared the following story with all of us. Mike was in the U.S. Air Force and flew with many pilots as a REO. (We all remember Goose in the movie TOP GUN, right?) At any rate Mike was “Goose”. In this particular instance he was flying as REO in a new aircraft with a pilot that he had not flown with before. As the story goes, they were flying an exercise and were getting low on fuel. Mike did his job by notifying the pilot of the fuel status, and the pilot said that it was OK and that they could finish the exercise. The result of this decision was that the aircraft ran out of fuel, both Mike and the pilot had to eject, and a multimillion dollar aircraft crashed in the desert.

Mike explained in his keynote that at the point that he warned the pilot status and he let override the standard ceased to be the REO passenger. He had not cost was the crash.

The point of the story is, of course, that if we sit by and let life happen to us without standing up for what we think is right, we, too, become passengers.

This lesson applies to all of us who have been on a committee and not shared our thoughts because we felt it would not be popular, and later complained about the results. I’m sure we can all come up with situations where we “kept our mouth shut” in order not to make waves.

In a bigger picture, however, this story is a story about advocacy and the importance of advocating for what you believe to be right. My father used to say that if I didn’t vote, I had no right to complain, and as a result of that, I vote in every election, including primaries!

By belonging to the Illinois Counseling Association you are supporting the voice of your profession. ICA advocates in Illinois and in Washington for issues that affect our state counselors. While in D.C. we visited the offices of our Illinois Senators and several of our US Congresspersons talking about funding for School Counseling programs, Medicare reimbursement for Mental Health Counselors, and the continuing practice of the VA not to hire counselors despite the 2006 legislation allowing Counselors to fill positions there. When we ask you to take action and you respond, our profession is heard!

Statistically, a personal visit by you to your legislator has more impact than a lobbyist’s visit. A personal letter is next on the impact list, closely followed by a telephone call. E-mails are last on the impact list, as apparently they get these by the thousands!

In addition to creating a dialog with our legislators, ICA has created a Public Service Announcement that will be aired statewide this fall in support of counseling. We have started a Twitter campaign to spread the word to our legislators on counseling issues (follow us on Twitter at ilcounseling.org) as well as other projects that are designed to bring our issues to the legislative table. See also the article on the Professional Counseling Fund on page 24.

If you aren’t a member yet, you can join by visiting our website at www.ilcounseling.org or completing the application on the last page of this publication.

Thank you to all our 2,600 members who are working with us to strengthen our profession! Your membership is vitally important, as it gives us a more effective voice on issues that affect you every day of your professional life!
The “ABCs” of Resolving Relational Conflict Between Couples

By Marta J. Papa, P.C.

Ways to help couples overcome difficulties in love and marriage is essential information for any counselor. With divorce rates maintaining their grip on 50% of all marriages, relationship difficulties remain at the top of the list of issues that bring people to counseling. Following these “ABC’s” will help counselors give couples a map for success in their relationships and for resolving conflicts while keeping the relationship intact.

A. Alternative methods for resolving conflict between couples in a way that keeps their relationship intact;
B. Best practices to help couples maintain an intimate relationship without either partner losing their sense of self;
C. Conscious awareness of putting the common goal of preserving the welfare of their union above each individual’s goals.

In my practice as a divorce mediator I hear both sides of the story from couples who see separation or divorce as their only option. What I hear repeatedly is their struggle to maintain a union without losing themselves as individuals in the process. Lack of respect for their differences pushes them to try to resolve their differences at all costs. I watch them blame the other, shame the other, threaten, coerce, and belittle the other, all in an attempt to maintain the illusion that they must have the same set of beliefs for their marriage to be safe. Where did we learn that we must clone each other in order to have a meaningful intimate relationship?

Cannot a Republican be happily married to a Democrat? Cannot a Protestant live in a respectful, intimate relationship with a Catholic? What about differences in the level of education, societal position, wealth, race, and differing parenting beliefs? How can a counselor help couples navigate their way to mutually respectful, equal, and intimate relationships in spite of their differences? A closer examination of the “ABCs” may be the answer:

A. Alternative methods for resolving conflict between couples in a way that keeps their relationship intact.

The most common method of “trying to get what you want from someone else” is to use Positional Bargaining. This concept was coined by two Harvard business graduate students, Roger Fisher and William Ury. Their senior dissertation sought to answer/explore how people resolved conflict (or in other words, bargained for what they wanted from another person). Positional Bargaining was clearly the most popular method. In Positional Bargaining one person starts with a “Position” and presents it to the other party in an effort to reach agreement. The parties are seen as opponents, each of whom thinks there is only one right
solution—theirs! Expounding on this theory, Fisher and Ury eventually concluded that such bargaining 1) damages relationships; 2) polarizes people; and 3) discourages exploration of the other options that might resolve the issue.

These researchers reported another method of conflict resolution which they named “Interest Based Negotiation.” This alternative method of bargaining focuses on satisfying both parties’ interests and is a problem-solving process to reach a mutually acceptable solution. The characteristics of “Interest Based Bargaining” include 1) separating the problem from the person; 2) seeing the negotiators as cooperative problem-solvers, rather than opponents; and 3) focusing on interests instead of positions. This breakthrough research revolutionized the way businesses negotiated with each other. However, counseling theory and practice has been slow to incorporate it into work with intimate relationships.

Their methodology has been adapted by mediation theorists and is extremely successful in helping couples learn new methods of resolving conflict that does not destroy their existing relationship. How? Interest Based Bargaining separates the problem from the person, and the “blaming” between couples stops. Encountering a problem does not mean the parties’ union is in peril. The problem is NOT the other person. This realization minimizes the fear that the problem will destroy the relationship, encouraging couples to discuss it openly and explore possible solutions to the problem. The introduction of Interest Based Negotiation to therapy opens doors that the couple never knew existed.

**B. Best Practices to help couples maintain an intimate relationship without either partner losing their sense of self.**

A common way to attempt to prevent the distancing that disagreement often creates for couples is for one side to give in or to compromise their beliefs. Interest Based Bargaining offers an alternative. First, remember to separate the problem from the person. Next, with both parties clarifying their interests/needs, instead of sticking to a position, couples are able express their deepest beliefs, needs, and concerns without criticism of the other. This act actually bolsters the sense of self. Understanding the partner’s core set of beliefs and how those are manifested in actions helps make specific acts seem less personal. By just listening to the partner’s rationale without judging it, one may feel closer to the partner and feel less attacked. Another encouraging result of this method is that it opens up dialogue between couples in which they can explain how they meant their actions to be perceived, thus easing the disconnect that began when their actions were perceived as threatening instead of loving.

**C. Conscious awareness of putting the common goal of preserving the welfare of their union (relationship) ahead of either party’s personal goals.**

Americans live in a culture of competition, inequality, and pressure to conform to certain standards. Surviving in this culture encourages actions of self-preservation at all costs, thoughts of “better than,” and selfishness. When these principles carry over to intimate relationships, well, they are doomed from the beginning. Becoming aware of when such beliefs are impacting a relationship unnecessarily can go a long way toward reducing conflict. One does not always need to be on the offensive and ready for fight or flight. There are “safe places,” and being with a partner is, hopefully, one of them. One can then consciously let go of the defensiveness many feel on a daily basis and slip into the warmth of a safe relationship. While in this frame of mind one finally has the opportunity to prioritize personal goals along with relationship goals and can make better choices when such goals conflict. By defining and prioritizing interests, one is less likely to endanger the long-term interest of the intimate relationship in exchange for a personal choice that is less than a top priority.

You now have a new tool to use with clients: the “ABCs” of Resolving Relational Conflict with couples. Introducing new methodologies into your practice can be as exciting as it is successful. As one who has seen amazing results from implementing these Interest Based concepts into my practice, I wish you the same success.
Art Therapy and Our Role as Collaborators: A Creative Brainstorming

By Valerie Newman, ATR, LCPC, and Rachel Prendergast, ATR, LCPC

Art Therapists and other mental health professionals have successfully worked side-by-side for years. The most successful interdisciplinary collaborations were capable of meeting the holistic needs of individuals, families and communities. Clients benefit from gaining access to a variety of treatment modalities that may fit their changing needs in the therapeutic process and expand their support network. In order to ecru this insight through an interdisciplinary experience, it is critical to optimize our professional collaborations. Through education, building relationships with colleagues, and marketing, the most effective collaborative partnerships can evolve and become increasingly more effective. To this end we aim to broaden the understanding of Art Therapy and the creative process it utilizes.

The first step in collaborating with an art therapist is identifying when a client may be a good fit for art therapy. Perceptions of art run the gamut from simply coloring between the lines to the inaccessibility of museum quality work. Our belief is that the therapeutic value often lies between these two points. The process of creating in Art Therapy provides useful information about how clients approach new challenges and their communication style, and it offers the potential to observe their therapeutic progress in a concrete visual form.

Art therapy also plays a valuable role when there is a need to generate a necessary shift while working with a client who seems to be "stuck" in their internal process. Some clients are very adept both consciously and unconsciously at censoring themselves within the context of verbal therapy. Art therapy can offer an avenue of expression where people have not developed the skills to self-edit, resulting in a process filled with images that provide new insights and enlightenment. Art work may then serve as a concrete example of a client’s ongoing progress to be revisited when exploring overall patterns in their

(Continued on Page 8)
have extensive knowledge and experience with phobias, eating disorders or any multitude of specialties. In order to meet the needs of our clients we need to understand our limitations and scope of practice while valuing other therapists' unique sets of skills and knowledge.

With the knowledge that there are enough clients to go around and a willingness to learn, affirm and support one another, interdisciplinary collaborations can become a key to ensuring that our clients receive the most comprehensive services available. And after all if we aren't doing that, what are we doing? If we hope to re-envision and create new possibilities for our practices, the concept of a dialogue between therapists becomes very significant. There needs to be a constant exchange of ideas and creative thinking in order to address the barriers that may present themselves. If we all come from a place of authentic passion for our work and commitment to the well being of each client, then the opportunity exists to think outside the box and find solutions tailored to each unique situation.

An Art Therapist is trained to unite verbal therapy and art making to establish the framework for a typical art therapy session.

An Art Therapist is trained to unite verbal therapy and art making to establish the framework for a typical art therapy session.

While recognizing the value in establishing interdisciplinary collaborations, we also recognize the barriers. These may include a fear of competition for clients, financial or billing issues related to seeing multiple therapists, concerns about triangulation, the importance of trusting collaborators, and concern for the sacred relationships that we hold with our clients. This may not exhaustively address all concerns, but as we start this dialogue, we would like to encourage new approaches to these potential barriers. In larger systems, organizations, hospitals, or community settings, Art Therapy plays an adjunctive role as part of interdisciplinary teams. In private practice, Art Therapists function as primary therapists in the same way Counselors, Social Workers or Marriage and Family therapists operate. As private practitioners, we all have the unique opportunity to establish our own interdisciplinary teams. When considering our work with clients there are times we may need to reach out to therapists who are certified in DBT,
My attitude toward books about psychotherapy is similar to my attitude toward books about religion and mysticism: there's something of surpassing importance here, yet most of what is written about it seems off-target, reflecting an author's need to present something that is consistent theoretically and appears coherent, rather than what really happens in psychotherapy.

Psychoanalytically oriented books require even more discernment by the reader, because the culture of psychoanalysis, at its best, encourages therapists to be exquisitely sensitive to how clients experience themselves and the therapeutic relationship, while at the same time passing on the "baggage" of mistaken assumptions—such as that there is a single cause of psychopathology and a single method of treating it—that go all the way back to Freud.

With that attitude I approached David Wallin's Attachment in Psychotherapy together with members of a therapist peer study group. Reading it together with colleagues and discussing cases in light of ideas in the book added depth to my experience of it, and writing this review and commentary continues that process. Wallin himself, an expansive thinker who clearly loves doing psychotherapy, seems to have been trying to integrate a lot of material in his own process of writing Attachment in Psychotherapy. This brief review and commentary isn't intended to be comprehensive but to convey something of the content and "flavor" of the book and of my reactions to it.

Summary

Wallin defines his goal in the first sentence of his Preface: "A single question launched the odyssey that produced this book: How does psychotherapy enable people to change?" (author's italics). The answer he finds is that it is through the attachment relationship between client and therapist. Wallin advances three core beliefs about attachment:

- relationships of attachment are the key to development
- preverbal experience makes up the core of the developing self
- the stance of the self toward experience predicts attachment security better than the facts of personal history themselves (author's italics).

An overview goes something like this: When attachment needs in infants and young children are met with active rejection or passive non-responsiveness by primary caregivers (usually mothers), children learn to dissociate or disavow those aspects of their experience for which they have been seeking reciprocal confirmation. They become adults who can't (or won't) articulate their dissociated or disavowed experience in relationships with others, and who then "will evoke it in others, enact it with others, or embody it." Then "the relational/emotional/reflective process at the heart of an attachment-focused therapy facilitates the integration of disowned experience, thus fostering in the patient a more coherent and secure sense of self."

(Continued on Page 10)
Wallin reviews the foundations of attachment theory that emerged from the collaboration between therapist John Bowlby and researcher Mary Ainsworth. Bowlby proposed the importance of the infant and young child’s need for attachment finding a secure response in the mother, and suggested that psychopathology resulted when the mother did not respond by confirming the child’s needs and their relationship. Mary Ainsworth developed the “strange situation” research method of studying attachment in children, in which the behavior of children was carefully observed when with their mother in a new room with some play items, then by themselves in the room after mother left, then with a stranger who entered, then with the mother when she returned. Ainsworth categorized children’s attachment patterns, based on their behavior in the “strange situation,” as falling into one of three categories: secure attachment, avoidant attachment, and ambivalent attachment.

“Ainsworth came to understand the differing patterns of communication in the Strange Situation as reflections of the infant’s need to nurture the best possible attachment to parents with particular strengths and vulnerabilities,” Wallin writes. Mary Main, in research with adults, extended Bowlby and Ainsworth’s ideas into adult relational behavior, where she found “disorganized” and “disoriented” attachment patterns.

Wallin sees psychotherapy helping clients with disorganized and disoriented attachment patterns by providing the opportunity for emotional healing within a secure attachment relationship. Presented with the emotional availability of the therapist to the client, the client attempts to recreate the dysfunctional attachment patterns learned as a child. By supporting the observation of these patterns in the context of the secure therapeutic relationship, psychotherapy provides a transformative relationship.

**Commentary**

I found Attachment in Psychotherapy invaluable for focusing on the role of attachment needs in individuals and attachment dynamics in psychotherapy. My study group colleagues eagerly approved it for the same reason. Our conversations about this very substantial book led to valuable discussions of theory and cases over three monthly meetings. Our discussions of attachment sparked a theme beyond the book as we considered how we, as therapists, tended to form therapeutic attachment relationships with clients; a most interesting topic!

Yet I also found that Attachment in Psychotherapy repeats some of the critical errors that have characterized psychoanalytic thinking since Freud; errors which undermine and dilute the value of the message and force the reader into either having to swallow them along with the valuable content, or else mobilize to read very critically so as to differentiate the valuable psychoanalytic content from the baggage of psychoanalytic culture.

About the value: If the outcome research on psychotherapy, taken as a whole, has one main finding, it is that the quality of the therapeutic relationship, as experienced by the client, is the main contributor to outcome. Attachment in Psychotherapy helps us to understand both how client attachment needs and problems bring the client into therapy, and how the therapist can work with attachment needs to provide a transformative therapeutic experience. Furthermore, Wallin weaves in valuable discussions of mindfulness, therapeutic reflection, enactment, and embodiment into the discussion, each of which is valuable in itself, and all of which contribute to the tapestry of artful psychotherapy which he is weaving.

About the problems: Attachment in Psychotherapy, written as an updating of psychoanalytic theory and practice, replicates key shortcomings that have afflicted psychoanalytic culture since Freud. First, it postulates a single source for all emotional illness; in this case, attachment disorders. Second, it postulates a single source of action in therapeutic healing; in this case, resolution of attachment disorders. In addition, there is a critical flaw in the classical attachment research on which Wallin depends to make his case, which recalls the psychology of John Watson and B. F. Skinner, except that the child is not seen as a blank slate, but as a blank slate with attachment needs. Everyone’s needs are the same, and the parental (read, maternal) response to those needs will determine both the child and the adult whom the child becomes. But anyone who has watched infants in a hospital nursery or worked with very young children knows that every child is born with its own temperament. As neuroscientist Gerald Edelman said, “every brain is unique in the history of the universe,” and so is the particular life course of every individual (conference presentation). The way we turn out as adults is a unique combination of temperament and what happens to us, both nature and nurture. Explaining the behavior of children entirely on the basis of parental behavior fails the test of scientific credibility; it only seems to be scientific, because true believers are conducting the research and interpreting the data.

Wallin also becomes expansive, pulling in all kinds of valuable, but at best only tangentially related, therapeutic issues into the attachment paradigm, including mentalizing, mindfulness, and explorations in the nonverbal realm, which are really better understood through the lens of consciousness studies than of attachment per se. Seeking theoretical elegance and coherence, Wallin stuffs disparate worthwhile concepts into a big attachment envelope, where they don’t really fit, but he doesn’t seem to notice.

**Psychotherapy in Historical Perspective**

It seems to me neither accidental nor coincidental that psychotherapy developed as science...
was overturning religious certitudes, as technology and economics drove societies and cultures long separated into increasing contact, and as World War I was about to completely overturn the social and political order of imperial Europe and the middle east in ways which are still reverberating today. Attachment disorders in early family experience, important as they are, are not the main force causing mental and emotional distress and disorder. It is the increasing disrupting momentum of change in life, which affects families as well as communities, nations, structures of belief, economic necessities, and everything else, as humanity evolves gradually, messily, and inexorably into a global society—if it doesn’t destroy itself first. Humanity itself is the opportunity, the problem, and the solution. Psychotherapy can be part of that solution. Attachment in Psychotherapy updates the contribution of psychoanalytic ideas to our understanding of psychotherapy even as it perpetuates old psychoanalytic baggage with new covers.
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Plus June 6, 2013 -Elgin Community College
Sandra Nye, JD
on Legal Issues for Mental Health Providers
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How can we best help people recover from panic disorder? Here’s the puzzle. People have recurrent episodes of powerful physical fears that terrify them and lead them to think they’re about to die, go crazy, faint, or lose control in some terrible way. Their hearts race; they have trouble breathing; their chests hurt; they feel dizzy; and they become convinced that death or insanity is near. Then it passes, with the person none the worse for wear, except for being even more fearful of a calamity occurring “next time.”

The Central Question
The feared catastrophes of death and insanity never materialize. Why don’t people learn from this, and recover spontaneously? This is the central question of panic disorder. Please understand that I’m not suggesting that people should be able to recover spontaneously, to simply “get over it.” They rarely do! But a good answer to this question and a good way to present it to clients are the keys to successful treatment.

Clients have an answer when they first arrive for treatment, and it’s an unhelpful one. They believe they haven’t achieved a recovery either because they’re defective – too weak, too stupid, or too fearful—or because the problem is insoluble. One of the first therapeutic tasks is to help them develop a different view of panic disorder, one which consistently and naturally leads them to the choices and actions which promote recovery rather than impairment and disability.

Panic Tricks Clients
The view I help them develop is that panic tricks them. They’re not crazy. They don’t have a mental illness. They don’t have a terrible ailment or physical vulnerability. They’ve been tricked.

People with panic get tricked in lots of ways. During a panic attack they get tricked into treating it like a catastrophe that can destroy them. After a panic attack, they get tricked into thinking they just barely escaped a terrible fate, worrying that the next time they won’t be so lucky, and trying to protect themselves against its return. But the most insidious part of the panic trick is that they get tricked into making systematic changes in the way they think and act. They use a variety of responses to fight the fear: avoidance and escape; “safe” people and objects; superstitious rituals; distraction and thought suppression; and expecting the worst. They hope these responses will save them, but in reality they make the problem more durable and severe. Their efforts to protect themselves convince them that panic is dangerous when it’s not. That’s what I call getting tricked, and I make this the central metaphor, the central organizing principle of my treatment method.

Empowering Your Client
When clients see panic disorder as a trick, they’re empowered in two crucial ways. First, they move away from self defeating conceptualizations of the problem. A person who sees panic disorder as evidence of her personal defects will experience a lot of shame, blame, anger, and defensiveness, all of which will keep her stuck in the problem. On the other hand, if she’s been tricked—well, that’s too bad, but it’s a good, powerful trick
that has fooled millions of people. Now that she knows she's been fooled, she can train herself to do something different—to approach, rather than oppose, the experience of anxiety.

Second, they move away from seeing panic disorder as a disease or a mental illness. These conceptualizations of the problem inevitably lead people to responses which involve fighting and struggling against the problem. These struggles are what maintain and strengthen panic disorder, because when a person “fights to calm down,” they generally become more upset. What the client needs is a view of the problem which naturally leads to accepting, rather than fighting responses—responses that work with, rather than against, the symptoms of anxiety and panic. The trick achieves this, far better than any notion of disease.

To help a client come to see panic as a trick, I start with a seemingly common sense assumption at the heart of chronic panic disorder: If I’m afraid, then I’m in danger. It sounds reasonable. But if it’s true, a panic attack is a very grim warning. So I explore this with clients, in this way: “Can you think of a situation in which a person can get afraid, even when they know they’re not in any danger?”

A Scary Movie

We’ll talk, and sooner or later the client suggests the example of a scary movie, or maybe a scary ride or book. Here’s a global business activity that takes in hundreds of millions of dollars each year. It’s only possible because we, as a species, have the capacity to feel afraid just from watching pictures. Whatever the client’s personal preference about scary movies, this part becomes clear: we can feel afraid, not only when we’re not in danger, but even when we know we’re not in danger. This is a normal part of human functioning. If it weren’t, Stephen King might now be a copy boy at Good Housekeeping Magazine.

How do scary movie producers achieve this effect? They trick us. They present sights, sounds, and story lines that fill us with Discomfort. But a first good step is this—put down the buckets! Stop throwing gasoline on those flames! This is where a panic disordered client can start.

Is it Danger or Discomfort?

Panic uses the same trick. The trick of a panic attack is that you experience Discomfort, but respond as if it were Danger. This is the key. It’s the fork in the road, because what’s good for Danger is the opposite of what’s good for Discomfort. For Danger, we have Fight, Flight, and Freeze. These comprise our body’s defenses against a predator’s attack. If it’s weaker than me, I’ll fight it; if it’s stronger than me, but slower, I’ll run away; and if it’s stronger and faster, I’ll freeze, and hope it doesn’t see so well. That’s the sum of our responses to Danger.

What’s good for Discomfort? Pretty much the opposite: relax, wait it out, offer no resistance. Claire Weekes, a pioneer of panic treatment, said the best response is to “float,” which I take to mean the literal opposite of swimming—make no effort, just be there, let your environment support you, and allow time to pass.

This is what gives the Panic Trick its power: what’s good for Danger is the Opposite of what’s good for Discomfort. A client who gets fooled into treating panic as a Danger gets tricked into responding in ways that make panic disorder stronger and more persistent. Frustrated clients have often said to me that “the harder I try, the worse it gets.” This is why. They’ve been fooled into making the proverbial effort to put out a fire with gasoline.

When you first come to realize that you’ve been trying to put out a fire with gasoline, you may not know what to do instead. But a first good step is this—put down the buckets! Stop throwing gasoline on those flames! This is where a panic disordered client can start.

An example

Consider a person experiencing a panic attack while driving a car. Typically the person responds by gripping the wheel; holding his breath; staring straight ahead; tensing his upper body; locking his knees and ankles; and all the while, arguing with, and seeking to distract from, his thoughts of imminent catastrophe. These responses make him feel more, not less, anxious. This leads our driver to feel “out of control” and motivates a desperate struggle to control himself while looking for a chance to escape.

If you wanted to create a formula for fear, this would be it. The paradox of a panic attack is that the person instinctively responds with behaviors that actually make him feel worse. He needs to turn this around and do the opposite of these behaviors—hold the wheel lightly, sigh and breathe more comfortably, glance around the roadway, relax his muscles, let the seat support his body, and allow his scary thoughts to drift in and out of attention. He needs to “put down the buckets.”

Panic derives its power by literally tricking a client into providing the thoughts and actions which maintain and strengthen the problem. If, before employing the cognitive behavioral techniques of desensitization and exposure, you first help your client to see panic disorder as a trick,
Managing Countertransference in Response to Client Anger
By Marvin D. Evans, LCPC

Marvin D. Evans is a Licensed Clinical Professional Counselor located in Chicago; Marvin has been working in the Field of Counseling for the past twenty years. He is developing a specialization in Minority Issues.

Of the many emotions we experience in our journeys with clients, few can elicit as visceral a reaction in the therapist as anger. This is particularly the case when we are working through subject matter with a client which can cause us to regress to unresolved issues of our past.

As therapists we have been taught to remain on guard to stay with the client’s agenda. Our job is to be the sounding board or launching pad for growth. To that end, maintaining a professional distance requires an emotional and psychological distance that at times can seem the obverse of empathy. Nevertheless, there are therapeutic moments when the client’s emotional projection or catharsis can shake the foundation and underpinnings of the most stoic of therapists.

In my experience, a client’s displaced anger is one emotion that can precipitate a counter-transference response. Anger is the emotional response to one’s interpretation of events in which feelings of having been wronged, offended, or denied are not vindicated. Many times these feelings of anger arise from the depths of turbulent emotional waters residing in the seat of the pre- or subconscious. In working through feelings of anger, the client, given the non-threatening and safe holding space of the therapeutic environment, will often displace these feelings onto the therapist. More than projection, displaced anger can impact the therapist with the full force of its fury. In the face of such an assault, the therapist subconsciously and/or viscerally [both involuntary responses] will respond from a place of “fight or flight”—depending on the individual’s coping style and his or her feelings of vulnerability.

Realizing that the therapeutic moment is dynamic and shouldn’t be stopped for lengthy processing, what is the therapist to do?

1. Freeze the moment with silence and focus on what you, the therapist, are feeling. In this case, silence does not signal a shutdown. The therapist should ask internally, “Am I feeling attacked? Am I afraid? Am I feeling overpowered?” Accept that your reaction might have a rational or an irrational basis, but is inappropriate in the context of the client’s hour. Make a mental note to seek supervision. Though nothing is spoken during the silence, much is nevertheless communicated by the therapist. Likewise, the client will most likely use the poignancy of the moment to consider, “What just happened?”

2. Unfreeze the moment and return the focus to the client. Inquire of the client where the anger might have originated. Inquire how its expression impacted the client. In short, open a dialog which facilitates a release of pent-up aggression and/or loss.

Finally, revisit your mental note. Seek supervision or analysis to work through emotional or psychological agendas of yours which might thwart your effectiveness as a helper.
## The Courage for Equality:

### Love, Work, Society

**ICA Annual Conference**

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### 2012 CONFERENCE SCHEDULE OF EVENTS

<table>
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<tr>
<th>Thursday, November 8</th>
<th>Friday, November 9</th>
<th>Saturday, November 10</th>
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<tbody>
<tr>
<td>8:00 am Pre-Conference Registration</td>
<td>7:00 am Main Conference Registration</td>
<td>7:30 am Continental Breakfast</td>
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<td>9:00 am Pre-Conference Workshops</td>
<td>7:00 am Continental Breakfast</td>
<td>7:30 am Main Conference Registration</td>
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<td>12:00 pm Lunch (on own)</td>
<td>8 am Opening Remarks</td>
<td>8:45 am General session announcements</td>
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<td>1:00 pm Pre-Conference Workshops</td>
<td>8:30 am Keynote</td>
<td>9:00 am Workshop Sessions</td>
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<td>3:15 pm Service Project</td>
<td>9:30 am Workshop Sessions</td>
<td>12:00 pm Lunch</td>
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<td>4:00 pm Workshops conclude</td>
<td>11:30 am Awards Luncheon</td>
<td>1:30 pm Workshop Sessions</td>
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<td>5:00 pm Governing Council begins</td>
<td>1:15 pm Workshop Sessions</td>
<td>4:20 pm Workshop Sessions conclude</td>
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<tr>
<td>7:30 pm Welcome Reception</td>
<td>4:15 pm Workshop Sessions conclude</td>
<td><strong>CE and CPDU certificates issued</strong></td>
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<tr>
<td>9:30 pm Welcome Reception concludes</td>
<td>4:15 pm Division and Interest Group Meetings</td>
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### The Hotel

Hilton Springfield, 700 East Adams Street, Springfield, IL 62701. (217) 789-1530. Conference Rate: $93 + taxes per night. Reserve rooms using special link on ICA website or call hotel and use group identification, ICA. The hotel offers a selection of rooms with each room boasting stunning views of downtown Springfield.

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### The City

Springfield, located on Historic Route 66 and at the Junction of I-55 and I-72. The capitol city of Illinois, Springfield is loaded with history and Lincoln memorials as well as home to the University of Illinois-Springfield Campus and a bustling downtown.

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### The Activities:

**A Total Conference Experience!**

Keynote: Nikki Giovanni

Workshops: 6 Pre-Conference, 72 Main Conference and 33 Poster Sessions

Feasts: Welcome Reception, Continental Breakfasts, Lunches,

Fun: Many special activities! Exchange books, win gift baskets, play exhibitor bingo, Network, or get a career consultation.

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

Friday, November 09, 2012

The Courage for Equality: Love, Work, Society

About Nikki Giovanni

Virginia Tech professor, Dr. Nikki Giovanni, will speak at the 64th ICA annual convention on November 9, 2012, Springfield. Dr. Giovanni is more than a celebrity. She is a world-renowned poet, writer, commentator, activist, and educator. She is a daughter, a mother, a cancer survivor, a professor, and a witness to civil right movement. Over the past thirty years, her outspokenness, in her writing and in lectures, has brought the eyes of the world upon her. Emerging from the Black Arts Movement in the 60’s, Dr. Nikki Giovanni is the recipient of 25 honorary degrees and the author of 30 books for adults and children. She has been called a national treasure and the Princess of Black Poetry.

Giovanni first came to prominence after writing poetry responding to the loss of Martin Luther King Jr., Medgar Evers, Robert Kennedy, and Malcolm X. Giovanni was also galvanized by the nonviolent resistance and bravery of Rosa Parks, who was a good friend of Giovanni’s for more than two decades. Dr. Giovanni is honest, provocative, funny, and personal. Her work focuses on the individual and on the power one has to make a difference in oneself and in the lives of others. Dr. Giovanni’s work of poetic justice and her discussion of the ideals of equality fit the ICA 2012 conference theme very well:


There is always something to do. There are hungry people to feed, naked people to clothe, sick people to comfort and make well. And while I don’t expect you to save the world I do think it’s not asking too much for you to love those with whom you sleep, share the happiness of those whom you call friend, engage those among you who are visionary and remove from your life those who offer you depression, despair and disrespect.

-Nikki Giovanni
10 Strategies Proven to Inspire Even the Most Struggling Youth
A Single Period Classroom Tool for Defining and Discussing Bully Prevention with Middle School Students
A Voice for the Voiceless
Career Counseling Interventions with Military Personnel and Veterans
Careers in Crisis: Addressing the Social/Emotional Needs of Adults in Career Transition
Cognitive Rehabilitation for Autism: Improving Social Functioning to Help Children Belong
Counselor Education Training Clinics: Bridging the Gap between Counselor Education Programs and Society
Crisis Intervention Teams (CIT): Bridging the services of Law Enforcement and Mental Health Vocations
Critical Issues Affecting the Professional Identity of Illinois Counselors
Ego State Therapy: Integration of the Self
Empowerment through Embodiment
Engaging At-Risk Students: A Comprehensive Mentoring Program for Minority Students
From Forbidden Love to Kissing at the Courthouse
IPAD Connectivity: Using the IPAD when Counseling Students/Youth
Loosening the Mental Grip: Integrating Mindfulness in Psychotherapy
Mindful Play: Harnessing the Power of Mindfulness with Children
Narcissists and Co-dependents: Understanding the Attraction
Playful Interventions in Group Counseling
Queer Counselor: Balancing Your Professional and Personal Identities
Reclaiming the Future: Preparing Disengaged Adolescents for Productive Lives After High School
Reconceptualizing Adventure-Based Counseling: Activities for Everyday School and Clinical Settings
Reminding Our Clients of Their Worth
Strengths-based Expressive Arts: An Adlerian Approach for Enhancing Resilience in High-Risk Youth
Surviving Stress in the Workplace
The ‘ABCs’ of Resolving Relational Conflict Without Couples Losing Their Sense of Self
The Courage to Have Fun with Couples in Session
The Impact of the Counselor Educator on Adolescents on Sexual Health: A Multicultural Perspective
The Love Symposium
To Market! Successful Strategies to Promote Your Private Practice
Trauma, PTSD, and EMDR
Using a Healing Wheel in the Healing Journey: Integrating Native American Rituals into a Counseling Practice
Building Persistence as Preparation for College

A Model for Incorporating Spirituality in Clinical Practice
A Relational Cultural Approach to Working with Undocumented Students
Addiction Counseling: Are you Ready for the Paradigm Shift
Are You Wishing Your Life Away?
Beyond the Couch
CLIMB to the RAMP
Counseling with HEART: Dating Violence Prevention Groups for College Students
Developing Strength and Resiliency from Past Trauma
Disparities Sense of Cultural Superiority or Inferiority in Cross-cultural Conflict
Diversity Matters: How Cultural Values Impact Individual Success
Educator, Counselor, or Both: A Pilot Study Explores the School Counseling Crisis of Confusion
Embodied Differences: Cultivating Intimacy
Encouraging High School Students through Narrative Therapy Techniques
Forgive But Not Forget: An Exploration of Forgiveness in Therapy with Couples
Forward Together: Reflections on Initiating a Mental Health Awareness Campaign on a University Campus
From Problem to Potential: Using Strengths in Clinical Counseling
GPS: What’s our Destination? Needs Assessments & Goal Setting
Guiding Students to Academic Success Using Intrinsic Motivation
Helping Unemployed Adults to Manage Traumatic Stress: A Comprehensive Approach
It’s Time to Teach
Legislative Update: What’s new for School Counselors
Living A Purpose-Driven Life: A Critical Overview of Cultural Motifs and their Impact
Loving yourself: Counselor Self-Acceptance through Guided Imagery and Meditation
Mental Health Advocacy in Rural America: Challenges, Strategies, and Silver Linings
Mindfulness and Creativity: The Open Plane of Possibility
Mr. Smith I’m Gay: How School Counselors Can Best Support Their LGBT Students
My Journey to the Beck Institute: CBT Principles, Models, and Conceptualizations
Overcoming Personal, Emotional, and Cognitive Challenges: Multicultural Awareness and Competence

Lead Presenter

Christian Moore, LCSW
Beth Aldworth, LCPC, Type 73
Raymond Piagentini, MA, Type 73
Greg Hall, BA
Robert Hotes, PhD, LMHC, CEAP
M. Graciela Franzwa, MA
Justin Lauka, PhD, ACS, LCPC, NCC
Kristy Camille-Mckiness, ACS,LCPC
Ken Oliver, PhD, LPC-M
Carrie Cherep, LCPC
Francine Kelley, LPC, ERYT
Maricruz Ramos, LPC
Linda Slabon, MDiv, LCSW
Laurie Siegel, LCPC, MISA II,T-73 & 75
Serena Wadhwia, PsyD, LCPC, CADC
Matthew Stanley, LPC, NCC
Ross Rosenberg, LCPC, CADC
Patricia Robey, EdD, LPC, NCC
Frances McClain, LCPC
Ginny Fenske-Mathers, Med
Kimberly Hart, BA
Deb Majewski, LCPC, NCC
Nicole Randick, LPC, NCC, ATR-BC
Carolyn Khan, LCPC
Marta Papa, JD
Jennifer Boender, LPC, NCC
Audra Rowe, LPC
IACFC Division
Bob Walsh, LCPC, NCC
Teresa Markum, PhD, LCPC
Rebecca Tadlock-Marlo, PhD, LPC, T-73
Eileen Stenzel, PhD, LPC

Jay Einhorn, PhD
Shundra McGriff, MS
Mark Blagen, PhD, CAC
Charles Hughes, LCPC
Bryan Miller, PhD, LPC
Anna Marie Yates, PhD, LPC, Type73
Rebecca Michel, PhD, LCPC, NCC
Kent B. Provost, PhD
Tsui-yeu Chow, EdD, LCPC
Eric Dutt, LPC
Jim Klein, EdD, LPC
Jessica Young, LCPC, BC-DMT, GL-CMA
Marie Bonner
Michael Smith, PhD
Charles Myers, PhD, LCPC, NCC, NCSC
Jeff Edwards, EdD
Rachel Fassl, LPC, NCC, Type 73
Steve Murray, LPC, Type 73
Robert Hotes, PhD, LMHC, CEAP
James Riegert, EdD
Daniel Stasi, MS
Eric Dutt, LPC
Ryan Hancock, PhD, NCC, LPC
Andrea Fitfield, PhD
Lynn Lidbury, LCPC
Joel Filmore, LPC, NCC
Amy Barth, LCPC
Terese Fisher, PhD, NCC, LPC, Type 73

www.ilcounseling.org . ICAexecdir@aol.com
### Poster Session

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<tr>
<th>Day</th>
<th>Title</th>
<th>Presenter</th>
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<td><strong>Friday</strong></td>
<td>Advocating for Sexual Minority Intimate Partner Violence Victims</td>
<td>Ryan Hancock</td>
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<td>AOD Use and the Eastern Client: Philosophy and Treatment Considerations</td>
<td>Serena Wadhwa</td>
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<td>Bullying: An Incident in an Adult Psychosocial Rehabilitation Program</td>
<td>Taliesh Hall</td>
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<td>Counseling Chronically Ill Patients in a Medical Management Model: Best Practices</td>
<td>Bonnie Lansing-Seaman</td>
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<td>Counseling LGBT Military Personnel and Veterans with PTSD</td>
<td>Greg Hall</td>
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<td>Counseling LGBTQ People of Color: New Models in Identity Formation</td>
<td>Lauren Benoist</td>
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<td>Creating Balance in Your Life</td>
<td>Richard Flint</td>
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<td>Entangled by the Web: Romance, Fantasy, Social Networking, and Cybersex Addiction</td>
<td>Ross Rosenberg</td>
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<td>Ethnic Differences in Military Personnel and Veterans with PTSD</td>
<td>Greg Hall</td>
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<td>Group Counseling for Domestic Violence Reduction Program in South Korea</td>
<td>Christopher Rybak</td>
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<td>If You Don't Have A Job You Love, Love the Job You Have</td>
<td>Robert Hotes</td>
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<td>Into the Wild: A Group-Wilderness Intervention to Build Coping Strategies in High School Youth</td>
<td>Ron Dolgin</td>
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<td>Relaxation Skills and High Stakes Testing: Role of SES and Environmental Factors on Anxiety Levels</td>
<td>Heidi Larson</td>
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<td>Same Sex Domestic Violence-What We Need to Know!</td>
<td>Angela Schroedle</td>
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<td>Termination is NOT a Bad Word</td>
<td>Amy Barth</td>
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<td>The Living Room: A New Alternative to the ED for People in Crisis</td>
<td>Courtney Emery</td>
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<td>Where is Daddy? Looking at What Keeps Non-Resident Fathers Away</td>
<td>Ashley Consentino</td>
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<td><strong>Saturday</strong></td>
<td>&quot;Blackie, Gordita, Kalu&quot;: How Do Names of Endearment Impact One's Sense of Self Worth?</td>
<td>Hanifa Akpe</td>
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<td>Brand Yourself Now... Or Someone Else Will!</td>
<td>Amanda Noel</td>
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<td>Can Feel Attachment Security Be Chemically Influenced? Exploring the Role of Oxytocin in Attachment</td>
<td>Shauna Summers</td>
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<td>Canine Assisted Play Therapy: Utilizing Canines to Help Facilitate Social and Emotional Growth</td>
<td>Shauna Bell</td>
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<td>Counseling the Deaf and Hard-of-Hearing: The Need for a Clinical Specialization</td>
<td>Maria Byndom</td>
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<td>Engaging Students: Facilitating an Increased Involvement in Professional Organizations</td>
<td>Carrie Alexander-Albritton</td>
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<td>Equine Assisted Psychotherapy: Utilizing Horses in the Therapeutic Process with Children and Adolescents</td>
<td>Kaite Laws</td>
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<td>Invisible not Imaginary: Navigating Chronic Illness in Counseling</td>
<td>Rebecca Tadlock-Marlo</td>
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<td>Not Just Short on Cash: Revelations and Reconsideration of the Culture of Generational Poverty</td>
<td>Travia Jones</td>
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<td>Resolving Relational Conflicts: Finding a Conduit that Bridges Gaps and Transcends Differences</td>
<td>Mei-wei Chen</td>
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<td>Reviving the Goddess Warrior: Using Anthony DeMello's Tenants to Combat the Impostor Syndrome</td>
<td>Suzanne Muirheid</td>
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<td>The Graduate Record Examination: Friend or Foe?</td>
<td>Kelee DeBauche</td>
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<td>The Recapturing Beauty Program for Girls</td>
<td>Tracy Durkan</td>
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<td>Theraplay: A Treatment Approach for Children in Foster Care</td>
<td>Alyssa Zukowski</td>
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<td>Whoa, Baby! Postpartum Depression and Today's Society</td>
<td>Katherine Rieke</td>
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<td>Yoga Interventions for Diverse Counseling Treatment Plans</td>
<td>Jesse Woolman</td>
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Poster sessions are divided into 2 groups. Those presenting their work on Friday, and those presenting their work on Saturday.

Poster session presenters will attend to their posters at times listed on each presentation. If you attend four poster sessions, and the presenter signs your audit card, you will be awarded one additional CE hour.

We will be having a competition for the best overall poster session. Attendees will be voting each day. The winner on Friday and the winner on Saturday will be reviewed by the four ICA presidents and the overall winner will receive a 2013 Conference registration.

The poster session winner will be announced at lunch on Saturday.
Pre-Registration Must Be Received before November 1, 2012 to Take Advantage of the Early Registration Discount

Pre-Conference and Conference Registration
Make your own HOTEL RESERVATIONS BY OCTOBER 22, 2012 directly with the Springfield Hilton. Use group code Illinois Counseling Association. ICA Room Rate: $93.00 per night + tax. Phone hotel (217) 789-1530.

Name ____________________________
Street Address ____________________________
City / State / Zip ____________________________
E-mail ________________________________
Phone: (H)_________________ (W) ________________________

ICA MEMBERS ONLY: Mark only one. The division you mark will receive a portion of your registration fee.
___ IAACE Assessment  ___ ICDA Career Development
___ IAADA Adult Development  ___ ICES Counselor Educators
___ IACF Couple & Family  ___ IALGBTIC LGBT Issues
___ IAMC Multicultural  ___ ICSJ Social Justice
___ IASGW Group Specialists  ___ ICDA Career Development
___ ISERVIC Spirituality & Religion

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

Cancellation Policy: Refunds, minus a $15 processing fee, will be made upon written request to ICA received on or before October 31, 2012. 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-poned due to a fortuitous event, Act of God, unforeseen occurances 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 CE Clock Hours for: LPC / LCPC and LSW / LCSW (IDFPR license # 159-000650). LMFT (IDFPR license # 168-000148). The ICA is an NBCC-Approved Continuing Education Provider (ACEP) and may offer NBCC-Approved Clock Hours for events that meet NBCC requirements. The ACEP solely is responsible for all aspects of the program. Provider #2014. CPDUs from ISBE - ICA Provider # 102999.

PRE-CONFERENCE LEARNING INSTITUTES
Attendees may earn up to 6 Continuing Education Hours at the Pre-Conference

CONFERENCE FRIDAY AND SATURDAY
Attendees may earn Continuing Education Hours for participation in conference sessions
Conference Package includes: Welcome Reception- Breakfasts - Friday Awards Luncheon and Saturday Luncheon - Keynote Session - All Content Sessions, Poster Sessions, Exhibit area (Friday Evening Dessert not included)

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<tr>
<th>Conference Package</th>
<th>Member</th>
<th>Non-member</th>
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<tr>
<td>Full Day (1 full day or 2 half days)</td>
<td>$100</td>
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<td>Half Day Only (1 half day AM or PM)</td>
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<tr>
<td>Full Day (circle workshop choice)</td>
<td>LGBT 101: Awareness, Knowledge, and Skills</td>
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<td>Looking Through The Eyes of Children</td>
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<td>Strengths-Based Clinical Supervision I Managing Your Career</td>
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<td>Half Day-AM (circle workshop choice)</td>
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<td>Half Day-PM (circle workshop choice)</td>
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ICA MEMBERS
Before Nov. 1 | Nov. 1 and after
| Conference Package | $215 | $250 |
| Friday only (includes breakfast & lunch) | $130 | $145 |
| Saturday only (includes breakfast & lunch) | $130 | $145 |

ICA MEMBER RETIREES
Before Nov. 1 | Nov. 1 and after
| Conference Package | $190 | $225 |
| Friday (includes breakfast & lunch) | $125 | $140 |
| Saturday (includes breakfast & lunch) | $125 | $140 |

STUDENTS
Before Nov. 1 | Nov. 1 and after
| Conference Package | $190 | $225 |
| Friday (includes breakfast & lunch) | $125 | $140 |
| Saturday (includes breakfast & lunch) | $125 | $140 |

NON-MEMBERS
Before Nov. 1 | Nov. 1 and after
| Conference Package | $260 | $285 |
| Friday (includes breakfast & lunch) | $145 | $160 |
| Saturday (includes breakfast & lunch) | $145 | $160 |

PRESENTERS, CO-PRESENTERS AND EXHIBITORS
Must register online at www.ilcounseling.org
REGISTRATION FOR KEYNOTE ONLY $70 $50
Friday Evening Optional Dessert (8:15 pm) $10 $10

ADDITIONAL TICKETS (each)
| Friday Luncheon | $25 | $25 |
| Saturday Luncheon | $25 | $25 |

Contribution for Volunteers' Lunches
TOTAL AMOUNT ENCLOSED: $ ____________

Make check payable to ICA Conference and mail to ICA, P.O. Box 367, DeKalb, IL 60115. Fax (815) 787-8787. Complete credit card payment below:
Name on card ____________________________
Credit Card Billing Address ____________________________
Card number ____________________________
Expiration Date __________ CVV Code __________
Phone Number ____________________ Email ____________________
IDFPR License # ____________________________

21 ILLINOIS COUNSELOR Fall 2012
**LGBT 101: Awareness, Knowledge, and Skills for Counseling Lesbian, Gay, Bisexual, & Transgender Clients**

**Co-Sponsor:** IALGBTIC  
**Lead Presenter:** Dennis Frank, PhD  
**Program Synopsis:** This training will provide counselors and other MH professionals with the foundational awareness, knowledge, and skills necessary to effectively counsel lesbian, gay, bisexual, and transgender (LGBT) clients. A combination didactic instruction and small group activities will be used. Additionally, participants will receive and LGBT Counseling Resource Guide and bibliography.  
**Program Objectives:** 1. Learn basic LGBT terminology 2. Understand the effects of societal homoprejudice on the MH of LGBT individuals 3. Understand typical LGBT client concerns and how to address them 4. Understand the unique aspects of counseling transgender individuals.

**Looking Through The Eyes of Children: Toys are Their Words; Play is Their Language**

**Co-Sponsor:** Governors State University  
**Lead Presenter:** Julie Robinson, PhD, LCPC  
**Program Synopsis:** This workshop is designed to assist those who work with children in obtaining an understanding of child centered play therapy. Through didactic lecture, video clips, and discussion, participants will learn the therapeutic use of play with children and develop an awareness of the child’s world as viewed by the child.  
**Program Goal:** Participants will be able to implement practical skills to facilitate children’s emotional growth through play therapy.  
**Program Objectives:** Participants will identify essential variables in the play therapy relationship; respond to children’s emotional needs; set limits with children; and design a play therapy and/or tote bag play room.

**Strengths-Based Clinical Supervision I**

**Co-Sponsor:** ICES  
**Lead Presenter:** Jeff Edwards, EdD  
**Program Synopsis:** In this interactive and didactic presentation, the new ideas of Positive Psychology, Building Resiliency, and several models of Strengths-Based Supervision will be taught, demonstrated, and practiced. Based on Dr. Edward’s current book, Strengths-Based Supervision in Clinical Practice, clinicians and supervisors will be reminded that our roots are firmly implanted in finding and encouraging peoples’ strengths, rather than pathology.  
**Program Goal:** The reintroduction and practice of Strengths-Based Supervision.  
**Program Objective:** To teach new Strengths-Based ideas and techniques, and to encourage the use of them in clinical supervision.

**Managing Your Career in Today’s Economy**

**Co-Sponsor:** ICDA  
**Presenter:** Jennifer Krapfl, LPC  
**Program Synopsis:** Whether facing a challenging job market, a recent layoff, or the desire to transition from a current role, participants will be given the tools and know-how to successfully manage their careers. Constructivist techniques will be used to uncover strengths, abilities and qualities that can be applied to develop a personal brand and leverage that brand to best strategize outcomes to embrace opportunities that come with change.  
**Program Goal:** The goal is to help counselors manage their careers in the current job market and economic climate.  
**Program Objectives:** Insight into career satisfaction/exploration, job search skills, branding and technology in the job search.

**Writing Treatment Plans & Case Notes: Helpful Hints for Private Practitioners**

**Co-Sponsor:** IMHCA  
**Lead Presenter:** Francesca Giordano, PhD, LCPC  
**Program Synopsis:** This workshop will help private practitioners learn strategies for documenting treatment. The specific content of case notes that is effective as a liability protection will be detailed. Difficult documentation issues such as documenting groups, couples, families; and integrating one’s theoretical approach will be discussed. Participants are encouraged to bring a case to practice with.  
**Program Goal:** To teach private practitioners strategies for documenting treatment.  
**Program Objectives:** Participants will learn strategies to link problem lists, goals, interventions, and outcomes.

**Constructivist Counselor Education: Beyond the Banking Model**

**Co-Sponsor:** ICES  
**Lead Presenter:** Scott Wickman, PhD  
**Program Synopsis:** ACES recently endorsed constructivist pedagogy, yet many counselor educators only experienced the “banking” model during their preparation. This workshop focuses on ways to incorporate “not-knowing” Socratic questioning, experiential activities, counselor-in-training developmental stages, facilitative technology uses, appreciation for learner diversity, and other collaborative strategies promoting shared classroom power.  
**Program Goal:** Train counselor educators in constructivist pedagogy  
**Program Objective:** Participants will understand how to adopt a constructivist teaching philosophy, learn experiential teaching strategies, and better understand how to actively utilize learners into the learning process.
Community Service Project
see page 24

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!

Join us after dinner for dessert, networking and Wii.
8:15 pm - 10:15 pm
$10 cover charge includes dessert and coffee.

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 offering

free career assistance for our fellow counselors at the Illinois Counseling Association’s 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!
ICA Conference Community Service Project

Community is vital to the well being of everyone. At a time of increasing austerity, it is important to understand how communities are responding to the developmental, mental health, behavioral, and relational needs of their citizens. To help understand emerging needs, opportunities, and solutions, ICA has elected to reach out through a pre-conference service project that will assist in creating an understanding of the nature and utilization of mental health services in Springfield and the surrounding rural communities.

ICA is proud to be a leader in promoting the welfare of Illinois’ citizens and enhancing the development of professional counseling as a discipline offering highly skilled, innovative, and collaborative solutions. This year’s project serves as a model for exploring the needs of communities throughout the state in cooperation with community leaders and consumers. Given the imagination and energy of ICA members, it is very possible that our current project could be developed and repeated across the state by clinicians, communities, universities, and advocates who perceive the value of such efforts in their locales.

Regardless of future studies that may be undertaken, this year’s project promises to yield data shedding light on how communities, providers, consumers, and institutions may be joining and meeting one another’s needs in areas of human development, mental health, behavior, and relationships in this era of rapidly emerging challenges and opportunities. These are issues of vital important to the welfare and future of our communities and our professions.

The ICA Community Service Task Force will host a community leadership summit meeting on Thursday, November 8th from 3:15 to 4:30 at the Springfield Hilton. During this meeting, ICA members and leaders will meet with community leaders, providers, consumers, and advocates from Springfield and the surrounding areas to gain insight, to network, and to share educational information about the role and value of professional counselors. Those wishing to volunteer as co-ambassadors to the survey communities during the project period and to participate in the summit meeting with the community should contact the Task Force co-chairs, Roseanne Oppmann, president, IACFC at counselro1@aol.com or Kevin Stouffer, ICA president elect-elect at navlight@earthlink.net.

The Art and Science of Love: A Science Based Weekend Couples Workshop

(Earn 13.5 CEUs while enriching your relationship during this inspirational workshop with your partner!)

Dates: November 3-4, 2012
Location:
Southern Illinois University Edwardsville
Edwardsville, IL

Register Online
www.nhbh.com/home
or email: danicabyler@gmail.com for more
Sponsored by New Horizons Behavioral Health, PC

Trainings Held at SIUE: 25 Minutes from Downtown St. Louis
ICA Foundation
by Melanie Rawlins, PhD, LCPC

If You Had A Million Dollars, What Would You Do To Help Counseling In Illinois?

Merlin Schultz (1916-2012) was a much-appreciated benefactor for the Illinois Counseling Association Foundation (ICAF). His previous donations, totaling $70,000, were the largest among all individual donations. Because of his commitment to ICA and the good work of counselors, Mr. Schultz named ICAF an equal one-half beneficiary of the residue of the Merlin Willard Schultz Revocable Trust. Thus far ICAF has received $1,000,000 from the Schultz trust. Also, $34,774 came from the Schultz unitrust at the American Counseling Association Foundation, which was to be distributed to ICAF upon his death.

Along with the ICAF Board of Directors, ICA members deeply appreciate Merlin Schultz’s legacy of generosity and forward thinking for the future of counseling in Illinois. He wanted to strengthen ICA as a professional organization and help ICA members enhance the counseling needed by the citizens of Illinois.

Now it is a challenge and an opportunity for the Illinois Counseling Association Foundation to move forward and utilize this money as Merlin Schultz has directed. The ICAF Board of Directors is honored by the trust Mr. Schultz placed in the Foundation, and is dedicated to shepherding his legacy. The Directors are working to establish goals to broaden the scope of the Foundation in keeping with Mr. Schultz’s wishes and to develop additional criteria for awarding and processing grants and funding projects.

The Directors welcome ideas from ICA members about worthy projects that will further counseling in the state. Email ICAFoundationBoard@gmail.com with your creative ideas. If you prefer to mail your ideas, send them to ICAF, 28 Shorewood Dr., Macomb, IL 61455. Please include your name and phone numbers in the correspondence.

As a way to begin to share this gift with ICA members, ICAF will pay for the entire meal package for the ICA graduate student members volunteering to work at the ICA 2012 Conference in Springfield.

At Convention 2012 the Foundation will award the $1,000 grants as planned. Obviously more grants could be awarded this year. Remember the deadline is September 1. So, submit those grant applications.

Professional Counseling Fund Works for Counselors
by Patricia McGinn, LCPC

American Professional Counselors have their own Political Action Committee (PAC) with its leadership centered here in Illinois. Its purpose is to help promote awareness in Congress of the issues important to Counselors and their clients. Counselors from all over the country contribute to the Professional Counseling Fund, which in turn sends our representatives to fundraisers for members of Congress who are on key committees dealing with Counselor concerns. These concerns include funding for school counselors for underserved schools, removing restrictions on counselors providing services to veterans and military personnel and their families, and including counselors as providers for Medicare recipients. The Fund is currently supported by a small but dedicated group of counselors who contribute to it. Recent political contributions have gone to Representative Pete Stark from California, who is on the powerful House Ways and Means Committee and its Health Subcommittee with jurisdiction over Medicare; to Representative Dave Loebssack from Iowa, who is on the House Education and Labor Committee as well as the Armed Services Committee; to Congresswoman Grace Napolitano, who introduced the Mental Health in Schools Act to increase federal funding for therapists and mental health services in schools; and to Congressman Paul Tonko, a strong advocate for Medicare and Social Security.

With more resources (read: donations from counselors—meaning YOU) the Professional Counseling Fund can increase its effectiveness to highlight the role of counselors in these vital areas. Other professions, such as social workers, psychologists, and marriage and family therapists have very well-funded PACs. Check the PCF website: www.counselingfund.org or call Pat McGinn 773-363-8313 to make your donation.
Each year DePaul University buses faculty and students within the counseling department to Springfield, Illinois to learn about and eventually advocate for issues that are significant to the field. Having never directly advocated for legislation, I went in with an open mind and the willingness to push myself beyond my comfort zone. We boarded the bus before sunrise and made the three-hour trek to Springfield. Along the way our professors shared information about the advocacy process, taught us how to request a consultation with legislators, and briefed us on current voting issues related to mental health. Such topics included increasing funding for K-12 education, promoting ASCA’s recommended school counselor to student ratio, encouraging bullying prevention, and extending the Counselor Licensure Act.

As the beautiful capitol building was bustling with boisterous lobbying groups and rallies, we were instructed to meet with legislators in their offices or by calling them out of session. Near the day’s end I was fortunate to have communicated with three representatives and the Speaker of the House. I utilized this time to advocate for my future profession and shared the plethora of ways school counselors effect positive change for youth and schools. Although I initially felt utterly incompetent in my advocacy efforts, with practice and a personal connection I gained confidence and pride in what I accomplished. The legislative process was demystified, and I am energized to continue such efforts in the future.

Through my time at DePaul University I have come to learn that my identity is not defined or dependent upon my present job, school, or location. Instead, I now realize that I am an amalgamation of all my experiences, motivations, and individual characteristics. As I begin my internship at the start of the next academic year, I do so feeling empowered to be an advocate, a leader, and an agent of change for my students and school. I look forward to promoting the development of socially responsible, culturally competent, and talented students who will contribute to society in meaningful ways.

ICA 3rd Annual Southern Conference
March 15, 2013

DoubleTree Hotel Collinsville
1000 Eastport Plaza Drive, Collinsville, Illinois, United States 62234
Tel: 1-618-345-2800 Fax: 1-618-345-9804

- Breakout Sessions, Lunch and Networking
- Workshop proposals should be submitted electronically by November 30, 2012
- See ICA website www.ilcounseling.org for proposal form and registration
As a counselor in private practice you must think of yourself as the CEO of your own corporation. Not only do you need to make good clinical decisions, you also need to make good business decisions. Making business decisions inherently involves some risk, and risk taking has a tendency to make us feel uncomfortable. However, if your professional aspirations include private practice, you will need to deal with feeling uncomfortable on occasion. Feeling uncomfortable may come from competing with other mental health professionals, ensuring collection of your fees, justifying to a managed care company why they should pay you, promoting yourself to the public, public speaking, or other ways of demonstrating the confidence you have in your own abilities. On the plus side, tolerating discomfort will make you a better businessperson.

As a counselor in private practice you will need to think of yourself as an entrepreneur. An entrepreneur, as defined by Webster’s Dictionary, is someone who “organizes, manages and assumes the risks of a business or enterprise.” Rather than seeing obstacles and threats to starting your practice, look for ways to practice better, smarter and more efficiently, with an eye on the bottom line.

As a counselor in private practice, you will need to think of yourself as a consultant. You are an expert in human behavior and relationships. These skills apply not only to clients and their families in your office, but also to business, industry, organizations and institutions. Anywhere people interact with each other there is a potential need for your services.

As a counselor in private practice, you will need to think of yourself as a marketer. Interactions with others are always good opportunities to promote yourself. You can promote yourself by attending a school staffing on a client, making appointments with potential referral sources, offering to give a speech at a gathering, or advising a managed health care company of your specialties and that you have evening and weekend appointments available. You need to seize every opportunity to promote yourself and your services. You need to promote yourself.

As a private practitioner, you will need to think of yourself and your practice in terms of diversification. It is rare these days to make a satisfying living from a traditional office practice only. Generally, it takes multiple “income streams” to have a thriving practice. Some of the income streams to investigate are part-time employment at an agency or school, providing EAP services, teaching at the local community college, and writing, lecturing, consulting, supervising, coaching, or sub-leasing your office space. Avoid putting all your eggs in one basket.

Lastly, as a counselor in private practice, you will need to clarify your vision. Is it a limited practice (never say part-time) where you will see a few clients per week in the evenings and on Saturdays while maintaining full-time employment elsewhere? Or do you envision a full-time private practice, seeing over 25 clients per week while maintaining multiple income streams? Or perhaps, will you be the owner of a multi-disciplinary outpatient clinic? How are you going to get there if you don’t know where you want to be? Steven Covey once said, “Begin with the end in mind.” Your vision can either help you succeed or limit your potential.

Hopefully, we have challenged you to keep that “helper hat” but to add a “business hat” that may feel unfamiliar at first, but that will grow to fit you well over time. Just as your approach to private practice needs to be diverse, so does the way you think of yourself. Rest assured that you can wear all of the hats described above and still be a compassionate counselor; these qualities are not mutually exclusive.
Legislation or the lack of it continues to be a constant headache in Springfield. We were very fortunate to accomplish most of our state legislative goals this year. We were not quite as fortunate in Washington, D.C. In Springfield we worked on and advocated for several pieces of legislation that supported the mental health community in general and counselors specifically.

**Legislation Summary**

**HB 4520-Counselor Licensure Law.**
This became law effective 6/25/12. It extends the counselor licensure law with several significant changes. Details are on the website www.imhca.org. More clarification and laws were added to make it clear that an LPC cannot have their own private practice. The Act is now called a “Practice Act”. It added the term “diagnosis” to our scope of practice. We were very pleased with the results of the changes. There are still more changes to come in future years, and we will keep working to improve the act and the protection it gives to licensed counselors in Illinois. We have always been supportive of the diversity of counseling programs in Illinois and that our Act is inclusive. The Act continues to require constants in educational background and work experience. I anticipate that in future years new licensees will need to have a 60 credit hour degree. This will not impact those who are currently licensed. This is a national trend with over 50% of the states requiring a 60 credit hour counseling degree. CACREP mental health counseling programs are now 60 credit hour degree programs.


Our Lobbyist Dan Stasi testified at both Senate and House hearings on the legislation and spoke with and educated many legislators about the changes. The bill passed both committees unanimously and was unanimous in the House and in the Senate all but one Senator voted for it.

**SB 275- Temporary Licenses for service members and spouses.**
Service members and spouses may move to another state on short notice. The application process can sometimes be lengthy and result in someone who is qualified being unable to seek employment for 2-3 months. This law, that will be effective January 1, 2013, will expedite that process and allow for temporary licensure in the interim period. As always we support our service member families, and I was pleased to see my Representative Bob Pritchard sponsoring this important legislation.

**HB 5290-AntiBullying in schools legislation.**
This legislation was aimed at strengthening the existing antibullying laws in the school code. It intended to add some aspects of social-emotional skill building, counseling, school psychological services, school social worker interventions, community-based services, and the development of a school-wide approach to preventing and responding to bullying. Unfortunately, it was strongly opposed by those that believe we should not impose unfunded mandates on the public school system. The bill passed in the House 61-49, but failed in the Senate (where it needs 30 votes for a majority). The vote was 29-Yes-21-No-6-Present. We will be supporting this legislation coming back for another try next year.

**SB 3773** Would have placed nonprofits under FOIA. It would apply the state’s Freedom of Information Act to nonprofit groups that receive any sort of state funding. We opposed this extra government regulation as did many other groups. It was never called for a vote.

The **Coalition of Illinois Counselor Organizations** (CICO) held another very successful Counselor Educator Summit in March. All counselor education programs except one were present. We reviewed some of the upcoming changes with ISBE switching to calling everyone licensed instead of certified. We also talked about future plans for Illinois counselor licensure to move to a 60 credit hour requirement. The next **Counselor Educator Summit will be March 1, 2013** in Naperville. More details will be available soon at www.cico-il.org. All Illinois Counselor educators are welcome to attend.

(Coalition of Illinois Counselor Organizations)

Daniel Stasi, CICO Executive Director, Lobbyist

(Continued on Page 29)
VA Jobs
ACA members from across the country have been sharing their experiences, showing that lack of recognition of LCPCs within the VA healthcare system is a widespread problem, occurring at a time when our veterans are in dire need of help in dealing with the unseen wounds of war. ACA and AMHCA staff continues to meet with Congressional staff to highlight this problem and push for a solution. The VA was recently blasted in the media for not filling mental health job openings at the same time they were announcing expanding the jobs openings to placate Congress. We continue to educate Congresspersons about the need for the VA to fill the mental health openings and the availability of highly qualified counselors for those openings.

Medicare Legislation to include LCPCs
I regret to report that there is no new progress on this issue, but we have not given up trying. Last year Senators Ron Wyden (D-OR) and John Barrasso (R-WY) introduced S. 604, the Seniors Mental Health Access Improvement Act of 2011, to establish Medicare coverage of both licensed professional counselors and licensed marriage and family therapists. Sen. Durbin from Illinois is a sponsor. Action is needed by the end of the year, when Congress moves legislation to address the physician payment rate issue. Please contact Sen. Kirk and your Congressperson to support this change.

Day on the Hill –Springfield
The Illinois School Counselor Association along with IMHCA and CICO held another very successful event. Over 50 counselors and students from all over Illinois participated. DePaul University, Northern Illinois University and Governors State University all brought student contingents. In addition, many other counselors participated and spoke with legislators about the issues important in the school systems and mental health systems of Illinois. They received very favorable responses and had a great opportunity to see the legislature in action.

Day On the Hill – February 27, 2013 – Wednesday. Look for details in our email blasts. Everyone is welcome to attend.

It is important that counselors stay politically active. Keep your own legislator informed about your stance on the issues. Visit their office and call and write to them about your concerns. We need to keep legislators aware of our concerns. With the upcoming elections please get out and vote for the candidate you support. There will be many new faces in Springfield, so it is a great opportunity to get them educated about the issues of importance to counselors as soon as they take office.

ADVOCATE!
Some Things I Didn’t Learn in Graduate School

By Yonah Klem, EdD, LCPC

Very shortly after I finished my doctoral degree in counseling I attended a conference on family therapy in Minneapolis. I had taken my courses, passed my exams and turned in the final copy of my dissertation. I was overflowing with all the techniques and theories and skills I knew. Pleased and rather full of myself, I put “Dr.” in front of my name on my nametag. About 300 people attended that event, which featured Virginia Satir and Carl Whitacre: counselors, social workers, psychologists, psychiatrists. Not one other person that I noticed had “Dr.” next to his or her name; apparently I was the only person who thought it was necessary to advertise my degree. It didn’t take long after that to realize that there was an enormous amount I still had to learn.

After over 30 years, first as a dance/movement therapist and then as a mental health counselor, I have stepped aside, and would like to share some of the most important things I learned after graduate school.

One of the first was the great importance of hearing another’s story. One of my earliest clients, Sharon, was a middle-aged woman who was neatly dressed but rather non-descript. She came in the evening when my energy level was sliding down. As I recall, the room where we met at the Family Counseling Center was softly lit and perhaps a bit warm.

Sharon was a great storyteller. I have always been a directive sort of counselor, actively engaged with my clients; with this woman I found few things to say or suggest and fewer places to insert them. In truth, I think I spent a fair amount of our time together trying to stay awake.

After six sessions Sharon announced that she was feeling much better and would not be coming back. To my astonishment, I soon received a thank you note from her commending me for all the help I had given her. What kind of help, I wondered, thinking that I hadn’t done much of anything with or for her. Later I realized that she, like many other clients after her, had a primary need to tell her story to someone who was paying enough attention. Most clients need more than that, but listening, witnessing another’s story with respect and enough attention powerfully conveys that a person’s story is important.

It is possible that my lethargy held me back from being “too helpful.” Certainly in my early career I was intent on being helpful. I think that is a major reason most counselors get into the field. However, those in the helping professions, especially those who are new to the field, are prone to being overenthusiastic.

Another thing I learned is the paradox that comes with the impulse to help, that often our best strategy is to remain as detached as possible from our
client’s choice to change or not. Because we can imagine how the person’s life could be better doesn’t mean that we can insist on change. The client chooses to move or not for each tiny step of the way. If the answer is yes, then we can apply our skills and techniques to that step. Then we wait for the next decision. Just because we know what could be done does not mean it should be done at any given time.

I also learned to be deeply respectful of the fact that I was never in charge of my client’s decision to proceed or not. In the mid-1990’s I started an incest survivors group, which Edith soon joined. She was dangerously depressed, had many PTSD symptoms, and identified herself as an incest survivor, but remembered only the barest details. In short order I was seeing her individually as well as in group. We worked together for a long time. Many of her symptoms diminished in intensity, but it was clear that some issues were more volatile than she was willing to discuss, core issues that held the key to full recovery, areas of work where she adamantly refused to go. She was explicit that she would rather put up with her symptoms than fully acknowledge and deal with the betrayal she knew was there. Long before I thought she was finished, she decided to stop coming. I endorsed her decision as coming from her own wisdom. She knew she did not have the internal or external resources to manage the upheaval she anticipated if she continued therapy.

Steven was another one who came and went and returned and left again. I realized after a while that he would always disappear for long stretches of time after we seemed to get beneath the surface chatter about working 80-100 hours a week and his general dissatisfaction with his life. Once he articulated that he was afraid of the mystery of change. “Who will I be if I change?” he asked. He was afraid that he would be like someone in a science fiction movie, taken over by an alien personality. Steven was never convinced by my assurance that he would still be recognizably himself, only with more of himself available in his life. I was, in effect, trying to tell a colorblind person about the glories of colors. I think he never thought himself capable of managing the disruption of deep change, and the prospect of being more himself was unintelligible and too daunting.

Edith’s and Steven’s choices reminded me of a scene from Beowolf, an ancient English epic poem. Grendel, the monster who has been killing off the finest of the community’s young men and women, lives at the bottom of a fetid and horrible pool. Worse yet, his mother lives there, too. A stag, chased by hounds and hunters, comes to the edge of this pool and prefers to die on its shores rather than endure what it fears in the waters that it might swim across to safety. The waters of recovery are sometimes horrid places. We counselors do not know what our clients can or are willing to endure. It is most certainly not for us to make that choice for them. Fortunately for us, clients like Edith and Steven do not allow our optimism to push them any faster or further than they are willing to go.

In the end I think all of these things, the willingness and ability just to witness another’s story, the attentiveness to know when to “help” and when to wait, and the realization that we are never in charge of our clients’ decisions to change, are all part of what might simply be called respecting our clients’ dignity. I am convinced that many of the interpersonal ills in this world come from disrespect, that moment when we put taking care of our egos (however that manifests) over noticing that someone else is in the room. Respecting someone else’s dignity doesn’t mean condoning all of that person’s behavior, or even believing that person’s version of the story he is telling. It does mean taking that story seriously, recognizing that the person telling it believes it and believes that his story is the foundation of his life. Every person has a fundamental need to be seen and heard as she is, not as we may wish her to be. Just watch a baby watching her parents, going after them in her infantile ways when they are not paying proper attention. As a mental health counselor, I came to learn that my skills and techniques and theories came second to treating each of my clients with dignity, with as full attention as I could provide, with awareness of the essential worth of their personhood. Then I could be truly helpful.

Sections of this article were adapted from Uncommon Sense, a regular feature of the Illinois Mental Health Counselor by-monthly News Update, published between 1997 and 2005.
The Illinois Counselor Educators and Supervisors conducted a mixed methods study of licensure rules and regulations in order to produce a White Paper of recommendations for Illinois licensure. In view of the upcoming changes to Illinois licensure laws, a hard-working Licensure Task Force chaired by Dr. Holly Nikels studied licensure criteria from other states and also conducted a survey of Illinois counselor education programs as background for forming recommendations to be sent to the Professional Counselor Licensing Board and the Illinois Department of Financial and Professional Regulation.

In both studies the Task Force was exploring issues related to changes from 48 semester hour to 60 semester hour requirements for licensure. Portability and reciprocity—the ability of a person with licensure in Illinois to move to other states without losing licensure—is one of the primary issues at stake for Illinois counselors. The study of states revealed that there are seventeen states (including Illinois) (32%) currently requiring 48 semester hours and thirty four including D.C, (68%) that require or will soon require 60 semester hours for licensure. South Dakota has two-tier licenses for the different course totals. Clearly, licensed Illinois counselors will encounter difficulties in portability to states with the higher requirement, but fewer restrictions moving to 48 hour states. However, four of the 48 hour states have plans to change to 60 hours, further impacting the mobility of Illinois counselors.

Within Illinois some counselor preparation programs either already have a 60 hour requirement or have plans to implement one, despite the added expense for both schools and students. The Task Force concludes that graduates of these programs are both more competitive in the job market and more flexible in portability to other states.

The Task Force makes several recommendations to the Board and to IDFPR:

1) Increase the requirement for the LCPC to 60 hours; keep the requirement for the LPC at 48.
2) Make it possible to obtain additional training hours through both classroom hours and CE trainings.
3) Keep the long-standing Illinois tradition of inclusion of related fields into professional licensure.
4) Increase the requirement for supervision training in addition to the initial 18 hours to include 6 additional CE hours for each license renewal period. Add to that 3 CE hours in ethics for each renewal period.
5) Include a member of the ICES Executive Team as a non-voting member of the licensing board.
6) Allow a 5-7 yeargrandparenting period for licensed counselors to meet these new criteria.
7) Do not require national accreditation for licensure preparation programs.
8) The public comment period for changes in the licensure laws should be made available to all counselors and counselor educators.

The members of the Task Force, in addition to Holly Nikels, were Jeff Edwards, Sandra Kakacek, Donna Mahoney, Katie Miley, Christina Nolan, Lori Russell-Chapin, Leslie Scheck, Anita Thomas and Jessica Young. The full text of the ICES White Paper can be found on the ICA website.
September 2012

09/14/2012 IMHCA NCE/LPC Test Prep
09/15/2012 IMHCA workshop “NCMHCE/LCPC TEST PREP”

October 2012

10/03/2012 Midwest Region Leadership Institute “Thinking Outside the Box”
10/20/2012 IMHCA workshop “Ethical Decision Making in Counseling Supervision”
10/26/2012 IMHCA workshop “Addressing Advanced Issues in Counseling Supervision”
10/27/2012 ICA Executive Committee Meeting

November 2012

11/08/2013 ICA November 2012 Governing Council Meeting
11/08/2012 ICA ANNUAL PRE-CONFERENCE DIVISION WORKSHOPS
11/09/2012 ICA ANNUAL CONFERENCE
11/14/2012 IMHCA workshop “Legal and Ethical Issues in Counseling Supervision”
11/16/2012 IMHCA workshop “Evaluation and Assessment in Counseling Supervision”

December 2012

12/01/2012 IMHCA “Starting, Maintaining, and Expanding a Successful Private Practice”

January 2013

01/1/2013 Happy New Year!
01/23/2013 IMHCA workshop “Addressing Advanced Issues in Counseling Supervision”

February 2013

02/16/2013 ICA Executive Committee Meeting

March 2013

03/02/2013 ICA Governing Council Meeting
03/08/2013 IMHCA “The Anatomy of Change” featuring Bill O’Hanlon
03/09/2013 IMHCA Annual Conference
03/14/2013 IMHCA workshop “Alternative Modalities in Supervision”
03/15/2013 IMHCA workshop “Addressing Advanced Issues in Counseling Supervision”
03/15/2013 ICA ANNUAL SOUTHERN CONFERENCE
03/20/2013 ACA Annual Conference

April 2013

04/12/2013 ISCA Annual Conference (Springfield)
04/19/2013 ISCA Annual Conference (Skokie)
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 13 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 13 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 2,600 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 2,600 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,
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
Networking with Colleagues across Counseling Specialties, Continuing Education, Professional Counselor Development, Monthly Division and Chapter Workshops, Leadership Training, Professional Journal, Quarterly Newsletter, Annual Conference, Political and Professional Advocacy, Coalition of Illinois Counselor Organizations (CICO) Membership, Affiliations with ICA Divisions and Local Chapters, Listserv and Website.

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.

ILLINOIS COUNSELING ASSOCIATION MEMBERSHIP APPLICATION

Name_____________________________________________________
Address___________________________________________________
City__________________________State_______Zip_______________
Work Location_______________________________________________
Position___________________________________________________
Business Address____________________________________________
City__________________________State_______Zip_______________
Home Phone ( )__________Work Phone ( )_______________

ICA Membership
Illinois Counseling Association (membership required for Divisional membership) $65.00 $37.50
IMHCA Illinois Mental Health Counselors Association $50.00 $25.00
ISCA Illinois School Counselor Association $30.00 $15.00
IAACE Illinois Assessment in Counseling and Education $12.00 $6.00
IAADA Illinois Association for Adult Development and Aging $12.00 $3.00/$6.00
IACPC Illinois Association for Couples and Family Counseling $12.00 $6.00
IALGBTIC Illinois Association for Lesbian, Gay, Bisexual and Transgendered in Counseling $12.00 $6.00
IAMC Illinois Association for Multicultural Counseling $10.00 $2.50
IASGW Illinois Association for Specialists in Group Work $12.00 $6.00
ICCA Illinois College Counseling Association $15.00 $7.50
ICDA Illinois Career Development Association $20.00 $12.00
ICES Illinois Counselor Educators and Supervisors $20.00 $10.00
ICSI Illinois Counselors for Social Justice $10.00 $5.00
ISERVIC Illinois Spiritual Ethical and Religious Values in Counseling $10.00 $5.00

TOTAL PAYMENT
Card Number _________________________________________________
Exp. Date____                  V-code #*________

THANKS FOR SUPPORTING PROFESSIONAL COUNSELING IN ILLINOIS!
Time Sensitive Materials

ICA Annual Conference Issue

November 8-10, 2012
Springfield, IL

18 CE/CPDUs
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