



## Promoting Public Trust and Confidence in the Counseling Profession since 1948

# CONTACT

*An Illinois Counseling Association Publication*

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## ICA PRESIDENTS ATTEND

### ACA's Institute for Leadership Training

During July 23-27, 2014, the ICA Presidents' Circle attended the Institute for Leadership Training provided by the American Counseling Association in Washington, DC. Kevin Stouffer (President), Bob Walsh (President Elect), Joyce Marter (President Elect-Elect), and Michele Kerulis (Past President) had a fantastic experience of leadership development, collaboration with colleagues, and advocacy for professional counselors.

Throughout the training the presidents attended workshops on important issues such as ethics, communication strategy, facilitating meetings and other skills related to leadership. They also participated in Midwest Region meetings and had many opportunities for networking with other state leaders.

Most notably the presidents participated in the Day on the Hill, conducting visits with



congressional offices to advocate for professional counselors. Stouffer, Walsh, Marter & Kerulis met with the offices of Senators Dick Durbin and Mark Kirk and several congress people to ask for their support with bills related to 1) approving more funding for school counselors, 2) encouraging the VA to employ more professional counselors to create more readily avail-

able services for veterans, and 3) approving professional counselors as providers for Medicare to increase the services available to the elderly. The ICA leaders were very well-received.

Finally, ICA was proud to be recognized for excellence in branch leadership by being awarded as a 2013-2014 5-Star Branch. This award confirmed what was evident throughout the training---that ICA is considered an exemplary state branch of ACA by our colleagues across the country. We look forward to continuing

this excellence in service to our members. ■



Joyce Marter, MA, LCPC

## PRESIDENT'S COLUMN



Kevin Stouffer, PhD, LCPC

It's been one week since ICA's 66th Annual Conference, and I am reflecting on us. You know, while we place a lot of emphasis on our annual gatherings as befits our most significant opportunity to chautauqua and feast from a smorgasbord of delightful professional development opportunities, it is really just a part of what we do collectively as the ICA throughout the year. People are busy year round developing division conferences, organizing chapter meetings, lining up speakers, recruiting new members, advocating for the profession, coordinating with other organizations, seeing to the nitty-gritty of our business, and so forth. If not for such things, the conference would not be the rich capstone event that it has become. I offer my thanks to everyone for your efforts, seen and unseen, throughout the year.

You know, we engaged in a number of innovative and collaborative efforts during the conference, and I cannot help but consider it unlikely that any of those efforts would have been possible had we not offered to share the turf with other organizations while we took the lead to play ball without the rules stacked strictly in our favor. Because we started with a win-win attitude, we were able to demonstrate how we could partner with other professional communities to achieve interesting experiences for our members. As a result, we joined with Chicago Chapter President and Dr. Matt Glowiak, Chi Sigma Iota (the national honorary counseling organization), counseling faculty at Northern Illinois University, and the NIU Counseling Association (an ICA chapter) to sponsor a small pilot project to explore how participation in ICA's conference and focused

interaction with ICA mentors, might affect perceptions and decisions of students undecided about careers in the counseling field, as well as their perceptions of the personal value of a professional organization such as ICA. (We hope insights gained will give us a few clues about how to more effectively recruit and retain graduate students and professionals.)

We also invited the Illinois Art Therapy Association, led by Adler professor Lariza Fenner to develop and foster an art-in-action community project that reflected the nature of our profession as it encounters new definitions of the communities we interact with. NIUCA also participated in developing their interpretation of the conference theme (Reinventing Community), which was later incorporated into IATA's 3-D architectural shapes to demonstrate the sense of an evolving community. And



last, the Continuing Education Institute of Illinois collaborated with us to develop a one-day preconference symposium exploring the opportunities and challenges involved in interdisciplinary collaborative care by mental health and healthcare professionals. That was a sight to behold, as CEII executive Director Cynthia Germain and ICA Past President Dr. Michele Kerulis co-facilitated a very complicated program of multiple expert presentations and audience interaction without missing a beat: on point and on time. Talk about a cooperative, vision driven effort!

By my count, each year's conference involves the coordinated effort of about 200 persons associated with ICA ranging from 100-plus student volunteers led by ICA Executive Director Ronna Heinig to no fewer than 50 presenters, 25 exhibitors, a multitude of program evaluators led by past President Dr. Jeff Edwards, CE documentation by Dr. Sandra Kakacek and the professional development team, and the conference planning team coordinated by conference producer Stef Standefer. This was truly a collaborative effort of no small accomplishment, and I trust that you can well imagine we would have experienced nothing but chaos if egos had run amuck and leadership had not been readily shared. In an event of this sophistication there are bound to be glitches (and there were), but a number of people were in positions of shared leadership who had become used to dealing with

goofy things throughout the yearlong planning process and could deal with those things that just pop up as weird things do.

Last, ICA is better than 66 years old, and we have conferences that rival the quality if not the size of similar national events. Our community could not long stand if it were not for everyone – you, specifically – whether you participate in ICA or you advance our profession in ways where you work or live in the simple diligent doing of your work that no one may ever be aware of and that might never be recognized. And so on behalf of all of us whom you have permitted to hold the reigns for a while, I offer heartfelt thanks. Your efforts, support and dedication to the counseling profession in all its forms and the numerous communities you serve are the real heartbeat and soul of ICA.

Let's celebrate the community of us and our neighborhoods that we call divisions, chapters, interest groups and practice specialties. And let's look to the future. There is much good work to be done and we will only get it done together! ■

Thanks for everything,

**Kevin Stouffer, PhD, MBA, LCPC**  
**President**

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## EXECUTIVE DIRECTOR'S COLUMN



Ronna Heinig, M.B.A.

# Conferences, Conferences...

**The 2014 ICA Conference is now a memory for most of us and the ICA office is busy preparing for the upcoming Southern Conference in Collinsville, IL on March 20, 2015.**

However, just to regress a bit to last November, I want to thank all of the people who helped make the conference a success. We got rave reviews for our workshop topics and presenters for which I thank the proposal review committee headed up by one of our past presidents, Dr. Jeffrey Edwards. Those dedicated members spent hours reading and rating proposals so you could have the best selection of workshops to attend.

The Northern Illinois University Chapter of ICA deserves a huge thank you for creating a wonderful stage display (pictured below) and in the spirit of "Re-Creating Community" incorporated the geometric shapes that were created by the Illinois Art Therapists. The Chapter also made the Friday night reception table decorations. The NIU Chapter was awarded the Traveling Trophy for the third year in a row, with the most students in attendance at the conference.

Over 100 grad student volunteers worked during the three days of the event, and the conference evaluations showed that attendees were made to feel welcome by the students and that the volunteers were very helpful answering questions and providing other assistance.

For those of us who braved the cold on Friday evening, we enjoyed the therapeutic humor of the psychologist's "Therapy Players", which followed our

awards ceremony where counselors were honored with ICA, Division and Foundation awards. A list of the recipients is contained in this newsletter.

A special thank you goes to Stephanie Standefer who coordinated the event onsite and acted as the conference Mistress of Ceremonies, keeping the many activities running on schedule.



We have put away the conference materials and have processed all the registrations and now look forward to November 2015 at the Doubletree in Skokie, IL. Every third year, we host the conference downstate, but unfortunately the locations large enough for us did not have the

space available this year so we will be in Springfield in 2016.

The call for proposals for the 67th ICA conference has now gone out, with one change. Workshop proposals will be due 2 weeks earlier on June 15 in order to give us more time to prepare the conference schedule, notify presenters, and prepare the promotional materials.

So, get out your calendars and mark March 20th for the 4th Annual ICA Southern Conference in Collinsville, and November 12-14 for the 67th Annual ICA Conference in Skokie. I hope to see you there! ■

SERIES:

# Marketing Your Private Practice

Having more than enough clients is something that every counselor in private practice hopes for. You can take the “chance” out of that by taking charge of marketing your business.

This series of articles will address 4 important aspects of marketing a private practice: **Building a Foundation; Developing Trust and Credibility; Nurturing Lasting Relationships; and Creating Opportunities to Serve**

## Building a Foundation

Marketing does not get you clients. There; that’s out of the way. What marketing does do is get you noticed.

Once you are noticed, hopefully you will be given the opportunity to establish and build relationships with your potential referral sources. There are three things people want to know once they notice you: whom you serve; what you do; and why you do it. You must be able to talk about these things with clarity and confidence. These things make up your foundation, something other people can count on when they count on you.

Here are a few steps that will help you build your foundation.

1. Choose a target market. Determine whom you will best serve. It may seem counter-intuitive to narrow the field when you are looking to fill your appointment book, but you are far more likely to stand out from the crowd when people know your areas of expertise and your specialties.



2. Get a clear picture of your “ideal client” within your target market. What are her urgent needs and compelling desires? What do you do that addresses those core issues for your ideal clients?
3. Explore why you do what you do. Find a way to put into words your commitment, your drive, and your intentions
4. When someone asks you what you do, don’t simply state your profession. Be ready and able to have a conversation about it with him or her. Talk about those you serve; point out their needs and desires; and articulate how you help solve their problems.

Once you’ve built your foundation and you are able to communicate it to the world, you’ve created something that you and your referral sources can build on over time. It is a springboard to success. ■

**Next... Developing Trust and Credibility**

[DrLegge@InfluentialTherapist.com](mailto:DrLegge@InfluentialTherapist.com)

*Get the encouragement, support, and accountability you may need to get on track and stay on track to building the private practice of YOUR dreams. Join our Exclusive Mastermind For counselors FREE. Email me at the above address.*



**Deb Legge, PhD CRC LMHC**  
Private Practice Mentor

*Dr. Legge is a NYS Licensed Mental Health Counselor, Counselor Educator, and Private Practice mentor. She has 20+ years of experience in her own private practice, and helping other mental health professionals build their businesses.*

# ICA/CSI Counselor Engagement Event

**The 2014** Illinois Counseling Association (ICA) Conference celebrated the many ways in which counselors Reinvent Community by living, encountering, imagining, creating, and helping others. Workshops and presentations focused on the many possibilities within our communities that counselors, counselor educators, and counselors-in-training face. With this came a new event, which offered an opportunity for select Illinois college undergraduates and pre-masters graduates considering a career within one of the helping professions to attend our conference.

The event was a collaborative effort with Chi Sigma Iota, Counseling Academic & Honor Society International (CSI) to serve two important purposes: First, it helped orient and inform student participants about the profession and the value of active participation in a professional organization. Second, it helped ICA and CSI better understand how to recruit, support and retain developing professionals through an early hands-on introduction to a professional counseling organization, participation in professional education workshops, and short-term mentoring.

To offset much of the cost of conference registration, scholarship monies were raised. Due to your generous donations, \$1,000 was raised to provide each participant with a \$100 scholarship. Select participants met standards of excellence in terms of academics, service, and interest in the helping professions. Setting a high stan-

dard of excellence for selection ensured that each participant could ultimately fit the best characteristics for our future professionals and leaders.



Participants were engaged in special morning and afternoon sessions plus a networking opportunity at lunch, which helped guide them through their first ever conference experience. The special sessions included a panel of clinicians, counselor educators, and graduate school students who presented on a variety of topics that answered some of the more pressing questions from students interested in the counseling profession. Questions answered at the event included, "What is the counseling profession?" "What opportunities exist?" "What benefits exist for students and developing professionals who participate in ICA and/or CSI?" and "How does one find internships, develop specialties, etc.?"

The event received overwhelmingly positive feedback from student participants as well as ICA and CSI members. Workshop evaluation forms were all rated as "strongly agree" across each of the 8-point criteria. What participants particularly appreciated was the ability

not only to learn more about the counseling profession but also to be exposed to the diversity inherent in professional practice. Each participant was able to relate to counseling in a unique and meaningful way that made the thought of becoming a professional counselor that much more appealing. Given the success of this pilot project, there is impetus for the event to occur again in 2015.

A special "thank you" goes out to those who made this event possible: Dr. Kevin Stouffer, Dr. Michele Kerulis, Elise Roug, Erin Friedman, Pat McGinn, Jessica Dyrek, Kimberly Duris, Dr. Nolan Thomas, Roseanne Oppmann, Samantha Goetz, Kelsey Ward, and Briana Baker. Without their help and your support, this would have never happened. ■



**Matt Glowiak, PhD, NCC, LPC**  
*has an emerging record of scholarship as outlined through refereed journal publications, magazine and newsletter articles, textbook chapters, and multiple presentations. He also serves as President of the Chicago Counseling Association and Chi Sigma Iota (CSI) Omega Zeta Chapter, ICA Chapter Representative and a CSI Leadership Fellow. Matt practices at Stonybrook Center and Integrative Counseling & Psychological Services.*



# Collaboration Among *the Helping Professions*

## PRESIDENT ELECT'S COLUMN

In this column the author intends to share a concept that possibly would not have been addressed by counselors in earlier stages of our development as a profession. When the Illinois Counseling Association was established in 1948, ideas like licensure, counselors being in private practice, counselors working in hospitals as integral partners alongside nurses, social workers, and even doctors, was unthinkable. Our organization was chartered then as The Illinois Personnel and Guidance Association. Our scope of practice was not defined let alone coded within the state's professional practice laws, nor governed by the state's Board of Professional Regulation. ICA members have since been invited to serve on that board, overseeing some of the many other allied professionals.

This year a workshop was proposed to help us collaborate with some of these other professionals. Among the invitees were lawyers, social workers, psychologists, counselor educators, and M.D.s, --psychiatrists and primary care physicians, considered by some to be the elite of the mental health professions. My discussions with my counselor colleagues have often betrayed a reluctance to collaborate with the 'Wizard of Oz', oops, I mean Medical Doctors. After all, some joked, we are 'only counselors'. Counselors in private practice shared a fear of rejection by the medical profession, not without some basis in fact. Our past Executive Director, Pat McGinn, and a band of scarecrows, tin men, and ... oops I mean

competent capable professional licensed counselors from ICA and IMHCA, were invited to the American Medical Association Headquarters on Michigan Avenue, some years ago, to present testimony as to why we should be able to bill insurance for our services to help our clients use their benefits to obtain counseling. Well our Dorothy, oops again, I mean our Pat, more than held her own with the AMA Executive Board, all Psychiatrists and Doctors. Well, we know the outcome and the evidence was seen as our current ICA President Kevin Stouffer conceived the idea and actually introduced a

panel of various helping professionals, including a Psychiatrist and a Pediatrician, a Social worker and a Lawyer, all meeting at our 66th annual ICA conference in an all-day preconference workshop. I have to confess, I wondered if such important people would reserve the day and make time from their busy schedules to come to our conference. They were all there. Our president's idea not only worked to demonstrate to ICA attendees how far we have come as partners with our medical and legal colleagues, but incredible ideas came from all of the professionals on the panel. Pat McGinn sat at the back of the room and must have been bursting. Our current Executive Director, Ronna Heinig, provided a lunch for all who participated. That group began to laugh as humorous stories and professional business cards were shared; no one left early.

*continued on page 8...*



**Robert J. Walsh, MA, NCC, LCPC**



## Collaboration Among the Helping Professions cont'd...

I will share some thoughts that came from this wonderful day. One of the doctors, Mark Matray M.D., spurred a discussion of how important our collaboration as mental health professionals can be to help our clients/ patients benefit from us all working together. We, as counselors, benefit from the concept outlined below, but it was emphasized that the true beneficiary of this kind of cooperation is the client/ patient in need.

We learned that our current clients offer a potential opportunity for us to be a part of this collaboration. The obvious way is for a satisfied client to recommend our services to others. The panel's discussion brought out an intriguing concept of "cross pollination" that can develop when a counselor accepts a referral from doctor, a school, a friend of a client, an insurance or managed care company. Much as cross pollination strengthens plants, professional cross pollination strengthens relationships among you, your clients, and all of the collaborating referral sources. Make sure you coordinate with physicians, schools, and lawyers if it is appropriate, but keep in mind that these contacts always require a signed release of information. A small, limited practice can grow fairly rapidly using the cross-pollination method. Within your State mandated informed consent document should be a "coordination of treatment" clause that allows you to contact others who are involved in the care of the client. Whenever a "coordination of treatment" contact is made, it is a marketing opportunity as well as the best way to help your clients. These contacts are a professional and ethical responsibility, and at the same time they provide conduits to help market the practice.

For example, when a client referral is from a physician, one of the doctors suggested sending a thank you letter with a brochure or business card, along with basic clinical information for the physician's chart. A follow up call to discuss the client is good for coordination of treatment and a way for marketing more directly to the physician. Dr. Matray

emphasized that he would welcome a face to face meeting. You will come to mind whenever one of the patients needs a referral to a counselor.

If the client is a student and has an educational issue, it is an excellent idea to call the counselor, social worker, or special education coordinator at the school to ask for input in treatment planning. Consider asking the student's family for an invitation to the student's individual education plan (IEP) or annual review. At these meetings, act as an observer, giving input only when asked. Leaving a brochure or card is usually welcome. Schools look for competent counselors when they wish to refer outside the district.

If the school refers a student with medical issues, and the family has signed the coordination of treatment document, it is wise to contact the physician with a letter or phone call. This is a courtesy contact (and it may be required by state law or a managed care contractual agreement) to let the physician know of the treatment of their patient with ADD, anxiety, or other mental health issues.

If your practice niche is working with adults, obtain client permission to contact the internist, gynecologist or other medical specialist. Because physicians usually spend an average of about fifteen minutes with patients, most MD's welcome a counselor ally. When another of their patients needs a counselor, your collaboration efforts may pay off.

The workshop and practical hands-on ideas that came from our ICA President's 'brainchild' were invaluable.

For me, being a counselor for 37 years and seeing all the progress our profession has made was crystalized while sitting among these fun presenters: doctors, social workers, teachers, and lawyers. It contributed to the awareness and the opportunity to show our newer members that Counselors have a valued, equal place with these Helping Professionals. ■





# CICO Report



A recent report from the Transition Team for Governor Rauner is encouraging.

**Building a Better Illinois:** Report of the Transition Co-chairs to the Governor-elect (Bruce Rauner)

## January 2015

To build a deep pool of qualified workers, Illinois must improve graduation rates at both two- and four-year institutions. Effective college and career counseling make a substantial difference in the trajectory of students' academic and professional careers. Counselors represent the first line of support, helping students to identify the most appropriate career paths. To give all secondary and postsecondary students the greatest chances at success, the state should expand counseling services, particularly in at-risk areas. As a way to increase business involvement, the administration should adopt counseling models that require

career professionals to supplement traditional counseling methods. ■



**Dan Stasi, MA**



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# Challenges and Opportunities for Clinical Training

**Many years ago**, Harold Mosak, PhD., a founder of the Adler University, wrote an article with Robin Gushurst entitled “A Full-time Internship in Private Practice” (Mosak & Gushurst, 1970). Mosak and Gushurst (who were actually writing about a pre-doctoral internship in clinical psychology) nevertheless outlined several areas of concern which still apply to the private practitioner looking to take on a student intern at the Master’s level as well. These were: Sufficient space, sufficient patients, and sufficient variety in clinical activities (which they addressed by suggesting rotations among clinical supervisors); proper identification of the intern to clients (i.e., informed consent issues), fee issues (including clients’ perception of the value of services from an intern), and adequate time for supervision (when billable client sessions alone provide financial support for the operation of the practice).

Since then, private practice training and supervision has had a small but significant place in the professional development of counselors, psychologists, social workers, and marriage and family therapists. My experience as a training director has provided examples of the ways that private practices can be wonderful training opportunities with solid supervision, as well as the ways that private practice training and supervision can go spectacularly awry.

Some of the areas of concern for private practitioners who take on the responsibility for supervising students or post-degree counselors are the following:

## **Fees:**

Mosak and Gushurst’s concerns about clients’ perception of the worth of counseling services are still valid. Many clients do not want to go to a person

in training after they have sought out the practice, and have expectations of finding the best clinician for their needs. Our system of health insurance provides consumers with the expectation that their insurance coverage – which they perceive as costly to begin with – should cover their use of counseling or mental health services. Even a reduction in fee when seeing a student/intern may leave these clients feeling that they are not getting the services to which they are entitled.



A related issue regarding fees comes when the practice may try to submit claims to insurance plans for services provided by a supervisee. The provider contract is the governing agreement, and practitioners must read and fully abide by their provider agreement. Some plans may allow services to be provided by a supervisee and billed by the participating provider, but most will not. Further, any adjustment to fees or copayment amounts for insured clients could leave the practice open to charges of insurance fraud and violation of the participating provider agreement.

Employee Assistance Programs which make use of private practitioners as affiliate providers also typically prohibit the use of anyone other than the named cli-

nician from providing services, because their contracts with employers usually stipulate that they have screened and trained their EAP counselors to deliver the quality and experience called for, whether those counselors are staff members or independent contractor affiliates. If a client were to have a complaint about the counseling services received through the EAP, and the employer were to discover that an unauthorized person had provided them, the EAP could potentially lose a contract worth many thousands of dollars per year – and the affiliate could be held liable.

The best solution to these dilemmas is to make use of student/intern counselors to provide services only to clients who would not otherwise be able to take advantage of the practice’s services. This generally means only clients who have no insurance (or at least whose insurance is not one with which any of the practice’s clinicians are contracted). A sliding scale for uninsured clients is the best plan. This should be set at a level that allows clients to afford the services,

while still giving them a sense of dignity from paying a fair share of the cost of their services. If clients with insurance choose to forego use of their insurance (for privacy reasons, for example), and be seen by a student/intern, it would be a good idea to have them sign a statement of understanding that spells out the terms of service and documents their free choice not to use their insurance benefits. Finally, fees collected by check or credit card should be payable to the practice and not to the supervisor or intern, in order to keep things clear and straightforward. These fees are still taxable income for the practice.

## **Confusion in roles, financial conflicts and/or exploitation:**

Often, many of the tasks involved in



running a private practice become almost second nature to the practitioner. These include client billing, scheduling, bookkeeping, mailing, and marketing activities. Students, trainees, and new professionals want to learn how to perform these activities and are often very willing to assist with them. Problems can occur, however, when the trainee/supervisee is given responsibilities that should better be performed by an administrative assistant or other non-clinical staff member. The question should always be whether the supervisee is learning skills that will better prepare her for actual private practice, or is being employed as a substitute for another type of employee.

Supervisees may be asked to split their duties and function during part of each week as an administrative assistant or biller. Even when this is being paid, there is potential for the supervisee's time to be inadequately reimbursed or substituted for indirect clinical services. One clue may be whether the supervisee is performing duties for clinicians other than herself, or primarily for the supervisor. I have had the experience of dealing with a private practitioner who lost a staff member and offered a temporary position to the student, who offered to perform the services as "indirect services" for the internship. This is not appropriate and easily becomes exploitative, even when the student is willing. (Students are often anxious to please, and supervisors may be tempted into taking them up on this tendency). In addition, the power differential between a student and supervisor is not the same as the power differential between an employee and employer, because the supervisor holds responsibility for the student's professional future, not just a paycheck.

Labor laws may come into play when interns are being utilized in a way that avoids hiring a paid employee. Federal standards stipulate that interns must be

primarily engaged in activities that have the purpose of learning how to function as professionals, and not for the purpose of eliminating paid time for employees. Although businesses are more likely to be targeted for enforcement of this standard, health care practitioners could be as well.

Best practices in addressing these issues of role definition and role conflict, as well as preventing potential exploitation, should be guided by the question, "What are the student/intern's learning needs?" Students who are interested in private practice work are usually quite amenable to spending time in referral development and marketing, for example, because these activities will help them when they graduate and work in a private practice (either their own or with other clinicians). Likewise, learning about insurance billing, confirming eligibility and benefits, and dealing with utilization review can be helpful in preparation for professional practice, and could justify having the student/intern handle those tasks even for some clients not seen by the student/intern. However, the line between learning how to do something and being made responsible for the task so that others don't have to do it, needs to be honored.

#### **Time and Space for Supervision:**

An hour a week for supervision is an hour that could be filled with a paying client. While most private practitioners are perfectly willing to donate an hour of time for the good of the student/intern and of the profession (as well as for the good of the clients served), it can be difficult to turn away that last client

who calls seeking an appointment with the supervising clinician. This leaves the student/intern at the bottom of the list of priorities for the supervisor, who may try to squeeze in supervision at whatever odd time can be found. Worse, the supervisor may try to provide most or all of the supervision "on the fly," between sessions or at the end of the day. I have also heard of supervisors (especially those who may sublease their office space) who arrange for supervision at their home, at a coffee shop, or in some other location. A student/intern is entitled to a private, neutral space for supervision, as well as a predictable time for supervision. Aside from client confidentiality, student/interns need to be able to feel safe when processing their work with clients, free from the curious stares of other customers drinking their lattes, or the presence of the supervisor's, partner, cats, or dog.

#### **Final Thoughts:**

The principles that should guide decisions about taking on a supervisee or trainee in a private practice are the same principles we should always keep in mind: Establish appropriate boundaries, avoid dual roles or conflicts of interests, and above all, keep it professional. It is much more challenging for a solo practitioner to manage all of these with a trainee, but it is possible. Larger practices (which can provide more backup, a wider range of experiences, and more structure) are preferable, however. ■

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**Paul Fitzgerald, Psy.D., LCPC, NCC**

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# Finding Your Fit

**Let me say upfront that I am a Christian, and in a world of labels and categories I fit within a conservative view, but I don't see myself at one extreme or the other. I am the fish who swims in the middle of the stream. Allow me to make a disclaimer regarding my terminology for this article. Christianity is a word that has many meanings and connotations, depending on the reader. Thus, you may read what follows and have absolutely no resonance with what is said, or you may find yourself quietly nodding your head as if no truer words were ever spoken. I invite you to read on about how one fish seeks to find his fit.**

## **The Godfather Controversy**

The unquestioned father of modern psychotherapy is Sigmund Freud, a thinker who challenged his world with forward thinking about the nature of personality and the development of human consciousness. Although a great deal of psychology's development is a refining of or reaction to his thinking, he is still a household name, and his ideas have found cultural acceptance on many levels. Many other theorists have added to, reacted against or clarified Freud's ideas, so that from Freud to the present books and theories have flourished espousing ways to help people on this journey we call life.

Historically, Christians believe that God the Creator is the father of humanity, a creator who cared enough about His creation to provide the Incarnation of Himself through the person of Jesus Christ. Although many expressions of Christianity have developed, the core person of this faith is also a household name, and His ideas have found cultural acceptance on many levels. Scripture, the Bible, for many is the message God wants people to hear to help them on this journey we call life.

Thus the issue becomes one of authority. Who's your daddy? Terminology or philosophy can sometimes set the two approaches in opposition. For instance, in the time of Freud, and even today in some circles, when Freud spoke of being

in the anal stage, conservative Christians reacted to the term instead of listening to the idea. Anal was not a biblical word and was considered vulgar. Progressively the division between conservative Christianity and therapeutic culture became more and more centered on the philosophical position of therapeutic humanism. A significant point of opposition is that, while therapeutic culture holds that the individual has the answer within the self, in historically Orthodox Christianity this position is suspect; the ultimate answer can't reside in the person because humans are in a fallen state. Therefore, when it comes time to seek help, the question can become a concern over authority: which father do you turn to?

## **Avoiding the Reject Button**

Early church reaction to Freud was a knee jerk one, as most conservative Christians took to the hills with some turning to a very fundamentalist, anti-intellectual, attacking posture toward psychology. This created a definite reject button for many in the field, and at times this is still the filter through

which all who claim to be Christians are viewed. I recall in my master's program receiving some stern looks from the professor for making a biblical allusion or even being lectured to regarding what my beliefs were assumed to be.

Today, as conservative Christianity is slowly making an about face, there is the concern that one will face the reject button from the larger field. This is all the more true when the field itself is also slowly changing from an era of non-religious, non-spiritual conversation to its inclusion in practice, in standards and

as part of the formation of developing counselors. From the Christian side there is elation that the therapeutic culture has once again found its spiritual side and is willing to include religion and spirituality in the discussion. Yet even here there is some fear of the reject button among conservative Christians. Emerging theoretical paradigms have adapted ideas from eastern traditions of spiritu-

ality, yet outside of those who identify with the Christian pastoral counseling movement, little work has been done to incorporate Christian philosophy or Christian traditions into therapeutic practices.

## **A Parallel Process**

Things are changing. The American Psychiatric Association's Diagnostic and Statistical Manual now includes spiritual issues; competencies have been established for the ethical incorporation of spiritual and religious values in counseling, and there is a growing amount of literature on the inclusion of spiritual and religious practices in the field as a whole, including assessment



and treatment. The conservative church seems to be making distinctive steps towards finding peace with psychology. Many faith-based counselor education programs are now seeking accreditation through the Council on Accreditation of Counseling and Related Educational Programs (CACREP).

Perhaps a parallel process to psychology's efforts to integrate spirituality is the movement within Christianity to work through its own integrative approach. It is a philosophical assumption based to some degree on the words of St. Augustine that all truth is in fact God's truth. Thus what is true in psychology has as its source God and that truth found in Scripture has as its source God. If one can accept this, then the question of authority is answered, and it provides an avenue for practical application for a counselor who is a Christian.

There is hope of finding a fit as a conservative Christian who is in the counseling field. It seems both sides of the equation are seeking a way to invite each other to a table which once debarred one side or the other. There is growing discussion about spirituality and religion and their place in therapy. Research is becoming more abundant on the role of spirituality or religion and their effect on human potential and well-being. Have we arrived? No, but the conversation is well on the way. It is my hope that if you are a reader of this article and one who swims in the middle, or even to one side or the other, you will join an organization such as ISERVIC and share in the continuing discussion as we seek ways to come along beside one another in our desire to help people on this journey we call life. ■

*Comment or questions about this article can be addressed to Dr. C. Nolan Thomas at [cnthomas@lincolnchristian.edu](mailto:cnthomas@lincolnchristian.edu).*



*Nolan Thomas serves as the Program Director for the newly CACREP accredited Master of Arts in Counseling program at Lincoln Christian University in Lincoln, Illinois. Nolan has a counseling background in pastoral counseling, community counseling, school counseling and now is a counselor educator with the Clinical Mental Health Counseling program at Lincoln. He is married to Pam and has two adult children and four grandchildren. His favorite phrase is "no problem".*

## FOUNDATION GRANTS: Writing a Successful Grant

**At the 2014 annual ICA Conference you heard the announcement that the Illinois Counseling Association Foundation has taken some very assertive steps in order to grow and to provide a greater response to funding requests in the future.**

With change often comes confusion and questions. It is to the benefit of the Foundation and to those who wish to apply to the Foundation for funding to have clarity regarding how the Foundation does its work and how it goes about making funding decisions.

In the last few months the Foundation has received some questions about how grants are awarded. Certainly it is to be expected that at times people from ICA will not always agree with the decisions of the Foundation. Since the Foundation is separate from ICA both in budget and in governance, it makes decisions inde-

pendent of ICA. Sadly, some people, disappointed by not receiving a grant, have questioned the Foundation's work. Yet a look at the bigger picture reveals that the Foundation has awarded grants to over 80% of those who have applied, totaling over \$107,000 to ICA members - 23 individuals, 1 chapter twice and 1 division twice as well as to one agency, one university, and the Leadership Development Academy 3 times.

The Foundation makes consistent efforts to keep ICA members informed. A Foundation Director attends all ICA Governing Council meetings where he/she both informs its members and answers questions. Foundation Directors also respond to every letter, email, and phone call they receive. However, with the goal of promoting mutual respect and mutual efforts toward improving



counseling in Illinois, we are providing a brief summary of the grant process in the hope that this information will assist applicants to improve grant applications and therefore increase their chances of receiving a grant.

The grant awarding process begins with the Foundation announcement that applications are being accepted, and usually it is announced how much money will be available for grants (for this coming year it is up to \$30,000). Those seeking grants then complete the applications on line and return them to the Foundation by the deadlines. Deadlines are strictly enforced. Late applications are always denied. Applications are then divided into Professional Development, Research, and Social Emphasis categories. A committee of at least two people reads

*continued on page 14...*

## Foundation Grants: Writing a Successful Grant cont'd...

...(blind review) each application in each category and will evaluate the grant relative to the criteria given on the application. Each committee will also look at how detailed the project description is, how the project will advance the counseling profession, how many people will be affected by the work (in other words will this benefit only one or many people), how well the project fits with the Foundation's purpose, and finally is it an appropriate use of the Foundation funds. Once decisions are made, the Foundation notifies all who have submitted applications and discusses how the funds will be presented, attendance at ICA events, for instance.

The grant awarding process is competitive depending upon availability of funds and the number of grant applications.

There are things that the applicant can do to increase their chances of being awarded a grant. First and foremost is to write succinctly and clearly. We all know how perception influences decisions. Remember, you are trying to convey your ideas to a group of people who have no knowledge of you or your ideas except for what you tell them in your application. A suggestion would be to have someone else read your application and have the reader comment on how clearly you have conveyed your thoughts; let them also comment on how well you have written and if APA style is appropriate.

Next, make sure to address all of the criteria of the specific grant thoroughly and evaluate your application using the criteria. The criteria are listed on the application itself.

Finally, try putting yourself in the Foundation's shoes. The Board of Directors consists of counselors and counselor educators who have been asked to be good stewards of the generous donation from the Foundation's major benefactor, Merlin Schultz, as well as funds that counselors like you have donated to the Foundation. Take great care to describe in your application how counselors, ICA, and the people of Illinois will get the "biggest bang for the buck" by your grant proposal. ■

*Questions and comments about the content of this submission can be directed to Dr. Dale J. Septeowski, Director of the Board of the Foundation.*  
[dsepteowski@argosy.edu](mailto:dsepteowski@argosy.edu)

## ILLINOIS COUNSELING ASSOCIATION FOUNDATION (ICAF)

### Grant Awards &

### 2014 Certificates of Completion



**The Illinois Counseling Association Foundation** presented seven grant awards to ICA members at the November 2014 ICA Conference. Katherine Wix and Tracy Peed each were awarded a Melanie E. Rawlins Research Grant in the amount of \$1,000. Wix, a doctoral candidate at NIU, will explore the knowledge and content counselor educators and supervisors have regarding military-connected children and families, the extent to which they feel comfortable teaching counselors-in-training about this special population, and research material necessary for counselor educators and supervisors to teach graduate counseling students.

Peed, a school counselor at North Boone High School and doctoral candidate at NIU, will investigate supervision train-

ing for school counselors. Results will be used to enhance counseling services for Illinois citizens through knowledge gained and to make recommendations for improved practice regarding clinical supervision training for graduate students and Illinois school counselors.

Four people were awarded a Merlin W. Schultz Professional Development Grant. Robin Kulesza and Melissa Hedlund each received \$700 grants for Eye Movement Desensitization and Reprocessing (EMDR) training. EMDR has been shown to be successful in treating traumatized individuals.

Kulesza, LPC, Caritas Family Solutions, serves foster children and families and residential treatment center youth who have experienced complex trauma. She will use this training directly with her

clients and share with other staff members and agency counselors.

Hedlund, MCAT, ATR-BC, LCPC, Executive Director of The Light of The Heart, works for an Aurora area non-profit agency that focuses on low-income, under-served, and at-risk children, adolescents, adults, and families. Agency clients have a need for remediation of significant trauma. She also will share this training with area providers.

Jennipher Vorhees, LCPC, Vorhees Wellness Center, was awarded \$1,000 for certification in Equine Assisted Psychotherapy. She practices near Scott Air Force Base and provides treatment to military service members, families, and retirees and will incorporate this therapeutic approach. She also plans to conduct training for other area providers.



Maren Tolley, Masters student at SIU-C, was awarded \$968 for attending a Solution-Focused Play Therapy pre-conference at the Solution-Focused Brief Therapy Association conference. She works with children and families who have little control over their challenges and plans to use SFBT to empower and strengthen clients. Tolley will share her learnings with approximately 100 professionals.

Ann Friesema, LCPC, ACS, director of DePaul University's Education and Counseling Center, and Philip Knilka, Ph.D., DePaul Assistant Professor, were recognized for receiving the Foundation's second Robert J. Nejedlo Social Emphasis Grant in the amount of \$28,500. This grant supports the development of counseling services in DePaul's Education and Counseling Center. These funds directly support the cost of counseling sessions and transportation for clients, as well as assessments and training resources for counselors-in-training. The project was designed with a research component evaluating effectiveness of interventions using outcomes measures. In addition, collaborative partnerships with local social service agencies and schools have been established for referral resources including the YMCA, DePaul College Prep, and Penedo Charitable Organization.

Eight 2013 recipients, celebrated for completing their grant projects and requirements, were awarded Certificates of Completion. They are Jenna Burris, Stepien Dominica, Deanne Mesquita, Mi-Hee Jeon, West Central Illinois Professional Counselors Association Chapter, Illinois College Counseling Association, ICA Leadership Development Academy, and Guiding Light Counseling Services.

Since its founding as a non-profit in 2005, the Illinois Counseling Association Foundation has distributed \$107,452.00 to ICA members; benefitting 23 individuals, a chapter twice, a division twice, an agency, a university, and the Leadership Development Academy in 2009, 2011, and 2013. These funds are comprised of tax deductible, charitable contributions made to the Foundation.

The Foundation offers three grants:

- The Merlin W. Schultz Professional Development Award with a maximum of \$1,000

- The Melanie E. Rawlins Research Grant in the amount of \$1,000
- The Robert J. Nejedlo Social Emphasis Grant that provides funding for larger amounts, typically for projects impacting clients, counseling professionals, and research.

While the Foundation is a separate organization, not a division of ICA, the founders and major benefactor have established guidelines that all grant applicants must be ICA members and may be counseling graduate students; practicing professional counselors; ICA Divisions, Chapters, or Committees; and ICA, itself. The Foundation anticipates, between with the three grants, awarding up to \$30,000 in 2015. There is no set amount awarded in any grant category. Obtaining a grant is a competitive process. Recipients are chosen blindly from the pool of written applications using numeric scoring.

Members of the Foundation Board of Directors are Dr. Melanie Rawlins, LaCleta Hall, M.S., Dr. Donna Kirkpatrick Pinson, Amy Barth, M.A., Earl Bracey, J.D., Dr. Michael Illovsky, Dr. Stephany Joy-Newman, Dr. Maricruz Ramos, Dr. Dale Septeowski, and Arthur Eversole. Amy Rasing, B.A., is the Foundation Executive Director.

The Foundation invites all ICA members to visit [www.icafoundation.org](http://www.icafoundation.org) or contact any board member or the Foundation Executive Director to learn:

- details about grant applications and deadlines
- how your financial gifts can benefit Illinois' counseling community
- how you can apply for assistance for your own projects and professional development.

With your financial support, the Foundation can continue making valuable contributions to ICA members, which empower professional counselors and enrich the lives of those they serve. ■



# IALGBTIC's

## *Freedom to Marry Overview*



**Same-sex marriage has garnered more mainstream media coverage than any other issue related to the LGBT community. That being said, many people still know very little about it. In alignment with IALGBTIC's mission to promote a greater awareness and understanding of LGBT issues among ICA members, I am writing this column to provide a brief overview of the history and current status of same sex-marriage.**

I would like to start with the bigger picture, though – why marriage even matters to lesbian women and gay men. To begin with, marriage matters to gay and lesbian couples the same way it matters to all couples. Marriage says, “We are family” in a way that no other word does. Marriage is one of the few times where people make a public promise of love and responsibility for each other. The concept of marriage transcends all cultures and social groups; it is part of the fabric of society.

However, it's not just the definition and social understanding of the word marriage that is important. Gay and lesbian couples are denied the civil and financial benefits afforded to married couples by the government. Same-sex couples pay taxes into the same system as everyone else and should receive the same benefits as other married American couples. There are 1,138 Federal benefits, rights and protections provided on the basis of marital status and an additional 900-1200 individual state benefits provided

to married couples. The protections afforded by the United States Constitution should not be denied because a group is unpopular or a minority. In fact, one of the great things about the Constitution is that it was based upon the belief that rights come from nature or God and cannot be taken away by man.

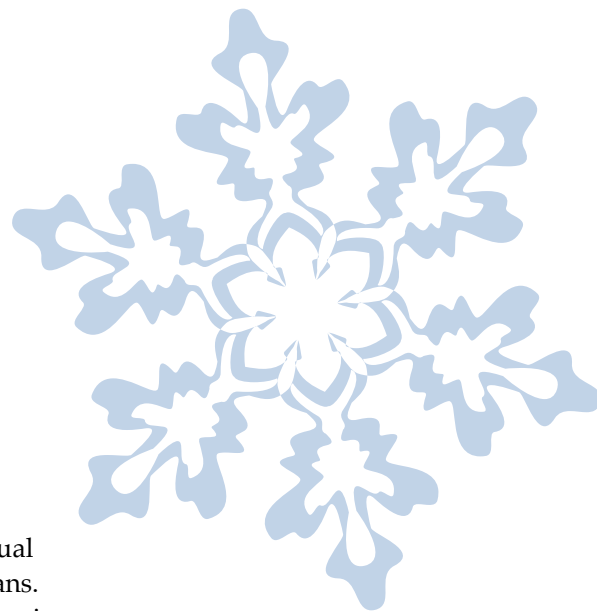


Before I get ahead of myself though, I would like to jump back into a little more of the history of same-sex marriage. Throughout the 1970s & 80s numerous states passed laws or statutes that prohibited same-sex couples from marrying. Consequently, there were numerous court challenges to these laws

and statutes by lesbian and gay couples. However, the courts consistently upheld the states' rights to prohibit the legal recognition of same-sex relationships. That was until 1993, when the Supreme Court of Hawaii ruled that denying marriage licenses to same-sex couples was discriminatory and required the State to show a compelling interest in prohibiting same-sex marriage.

This caused opponents to worry that if same-sex marriage were to become legal in Hawaii, other states would be required to recognize those marriages under the Full Faith and Credit Clause of the Constitution. This led to the Defense of Marriage Act (DOMA), which mandated that no state be compelled to recognize same-sex marriages, and defined marriage as a heterosexual union between one man and one woman as husband and wife for the purposes of federal legislation. DOMA passed both the House and Senate and was signed in to law by President Bill Clinton in 1996. At this time only 27% of Americans believed that same-sex marriages should be recognized as valid by law.

In addition to the passage of DOMA at the federal level, opponents also worked to ban same-sex marriage in the individual states. Between 1996 and 2008 thirty-one states voted to change their State Constitutions to include a prohibition on same-sex marriage. In addition to prohibiting same-sex marriage, many states also



decided to prohibit civil unions, domestic partnerships and other marriage-like contracts between same-sex couples. There have been numerous legal challenges to the legality of DOMA since it was signed into law. While the vast majority of these laws were found to be unconstitutional at the state, circuit, and federal levels at which the cases were heard, none of these verdicts had the legal weight necessary to change federal law or to set a legal precedent. That was until the US Supreme Court heard *United States vs. Windsor* in 2013.

Edie Windsor and Thea Spyer were a New York lesbian couple who met in 1962. They reported falling in love at first sight, becoming engaged in 1967 and marrying in Canada in 2007. In 2009 Thea died from multiple sclerosis, and because of DOMA the federal government did not recognize their marriage. Edie was ordered to pay \$363,053 in taxes on Thea's estate, taxes that would not have been levied against a different-sex couple. Edie filed suit in 2010 seeking a refund because DOMA singled out legally married same-sex couples for differential treatment compared to other similarly suited couples without justification. Both the District Court and the Court of Appeals found DOMA unconstitutional, and the case was appealed to the U.S. Supreme Court. On June 26, 2013 the Supreme Court issued a 5-4 ruling declaring that Section 3 of DOMA was unconstitutional "as a deprivation of the liberty of the person protected by the Fifth Amendment."

This ruling set a federal precedent affirming that bans on same-sex mar-

riage like DOMA do violate the equal protection rights of gays and lesbians. This precedent is the basis for judges in the Fourth, Seventh, Ninth, and Tenth Circuit Courts to overturn similar bans. The rulings of these Circuit Courts cover 35 states - AK, AZ, CA, CO, CT, DE, HI, ID, IA, IL, IN, KS, ME, MD, MA, MN, MT, NC, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, UT, VA, WA, WV, WI and WY, plus Washington D.C. However, the Sixth Circuit Court, which covers, KY, MI, OH, and TN did rule against same-sex marriage, upholding the State Constitutional bans in these states. Both sides have appealed to the Supreme Court, and because there has been a split in the Circuit Court rulings, it is very likely that the appeal will be heard. Both sides of the same-sex marriage debate are looking to the Supreme Court to rule so that there is a nation-wide determination, rather than the piece-meal approach that is the current reality.

For additional information and resources on these and related issues contact the Illinois Association of Lesbian, Gay, Bisexual and Transgender Issues in Counseling, a division of the Illinois Counseling Association. The Association was founded to give support and recognition to the LGBT community of counselors as well as to provide education and resources for all counselors offering their services to LGBT clients. ■



**Dennis Frank** is an Associate Professor and the Program Director of the Counseling and Human Services School Counseling and Clinical Mental Health Counseling programs at Roosevelt University in Chicago. Dr. Frank holds a Doctorate in Counselor Education and Supervision and is a Marriage, Family and Couples Therapist with over 15 years of clinical experience. Dr. Frank's research and writing focus on issues related to LGBTQ issues. Dennis is also the current president of the Illinois Association of Lesbian, Gay, Bisexual and Transgender Issues in Counseling. Contact: [dfrank@roosevelt.edu](mailto:dfrank@roosevelt.edu)



## ICA AWARDS

**The McGinn/Clark Award** was awarded to **Senator Iris Y. Martinez** and **Representative Mike Bost**. In recognition of being an outstanding legislator, contributing to advocacy, public policy, and legislative recognition for professional counselors and clients in Illinois.

**The Bea Wherly Human Rights Award** was awarded to **Cathy Gilham, LCSW**. In recognition of being an outstanding human activist, supporting the growth and development of all people in Illinois.

**The Wendell S. Dysinger Award** was awarded to **Ross Rosenberg, LCPC, CADC**. In recognition of the outstanding professional counseling publication, *The Human Magnet Syndrome*.

**The Past President Award** was awarded to **Dr. Michele Kerulis** for outstanding service as ICA President (2013-2014) and leadership excellence in professional counseling.

**The Robert J. Nejedlo Distinguished Leadership Award** was awarded to **Norman C. Dasenbrook, MS, LCPC** for exceptional leadership and mentoring in professional counseling organizations.

**The Leo G. Bent Award** was awarded to **Adler University** in recognition of an outstanding professional counseling program in Illinois.

## ICA DIVISION AWARDS

**IASGW: Beverly Brown Award**  
**Kimberly Hart, LPC**

**IACFC: President's Award**  
**Roseanne Oppmann, LCPC**

**ICES: Site Supervisor Award**  
**Bob Zima, LCPC**

**ICES: Lifetime Achievement Award**  
**Dr. Toni Tollerud**

**AMHCA: Service to Members Award**  
**IMHCA**

**IMHCA: Distinguished Service Award**  
**Harvey Kelber, LCPC**

**IMHCA: Award of Excellence in Mental Health Counseling**  
**Paul Vander Sande, LCPC**

**IAMC: Outstanding Multicultural Counselor**  
**Eric Dutt**

**IAADA Award**  
**Elisa Woodruff**



## CONGRATULATIONS

Congratulations to the Clinical Mental Health Counseling Program of Argosy, Schaumburg Campus, for successfully attaining CACREP accreditation for an 8-year period.





*Adler University – The Leo G. Bent Award*



*Kathy Gilham, LCSW  
The Bea Wherly  
Human Rights Award*



*Rep. Mike Bost  
The McGinn/Clark Award*



*Dr. Michele Kerulis  
The Past President Award*



*Ross Rosenberg, LCPC, CADC  
The Wendell S. Dysinger Award*



*Sen. Iris Y. Martinez  
The McGinn/Clark Award*



*Norman C. Dasenbrook, MS, LCPC  
The Robert J. Nejedlo Distinguished  
Leadership Award*







*Top Photo: ICA Awards Reception*

*Left Photo: Horsing around with Sandra Kakacek at her equine workshop*

***Right Page***

*Top Photo: Thursday's Welcome Reception*

*Bottom Photo: Opening Keynote Speaker Angela Rose*







# 2014 ICA CONFERENCE



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## WORKSHOP

### TITLE

"You're Not My Mommy!": Working with Adopted Children, Adolescents and their Families  
A Comparative Practicum in Different Ways of Seeing.  
Contemporary Models of Grief and Loss  
Creative Approach to Psychotherapy  
DSM 5 Cultural Formations: Paranormal Issues in Counseling  
Exploring Intercultural Communication using the Words: Yes and No.  
Getting Started with an Online Community of Practice for Counselors  
Have you Considered Online Supervision?  
Late Onset Adult Alcohol Abuse: the Coming Statistical Reality  
Military Personnel and Veterans: What you need to know  
Providing Clinical Supervision through a Developmental Model  
The Case of Amy  
  
The Magic of Support/ How Group Therapy Increases Survivorship for Cancer Patients  
The No Hiding Place Group Format: Helping to Increase Group Participation  
The Warrior Culture: A Primer for Working with Military Members and Veterans  
Therapeutic Entanglements: The Web of Countertransference  
Treating Clients Exploring Infertility and Adoption  
Unpacking Discreet Populations within the LGBTQ Community: An Intimate Look a "Ballroom Kids" and Counselor Treatment  
Webinar Live!  
  
What am I allowed to share?: Collaborative Treatment under HIPAA  
  
Working with Children of Incarcerated Parents: Identifying and Treating Issues  
Your Calling Has Been Disconnected: Stress, Burnout and Compassion Fatigue for the Professional

### PRESENTER(S)

Vanessa R. Renshaw, MS Ed, LPC, NCC & Maia Moore, MS Ed  
  
Kevin Stouffer, PhD, MBA, LCPC, CCMHC, CFT & Dale Bertram, PhD, LMFT  
Laura Harrawood, PhD, LCPC, LMFT & James Cook PhD, LCPC  
Peter A. Carich, PhD  
Michele Kerulis, EdD, LCPC  
Kimberly K. Asner-Self, EdD, LCPC  
Stephen Wise, MA, LCPC & Irene Wise, PsyD Student  
James Morton, M Ed, MA, NCC  
Elisa M Woodruff, Graduate Student & Dr. Donna Kirkpatrick Pinson, Ed.D.  
Barbara S. Rushing, LPC, NCC & Kimberly K. Asner-Self, Ed.D., LCPC, NCC  
Kimberly Duris, LCPC, CADC & Katherine Helm, PhD  
Bipin Sharma, PhD, LCPC & Michael Mays, MA Counseling Student  
& Michael Cristakos, MA Counseling Student  
Paul Vander Sande, LCPC  
  
Bipin Sharma, PhD, LCPC & Dr. Richard C. Henriksen Jr., PhD, LPC-S, NCC, ACS  
& Michael Mays, MA Student & Michael Cristakos, MA Student  
Nicole M. Zook, QMHP, MA  
  
Serena Wadhwa, PsyD, LCPC, CADC  
Diane Pospisil-Kinney, M Ed, LCPC, NCC  
Fredrick A. Kendricks Jr., MA  
  
Serena Wadhwa, PsyD, LCPC, CADC & Kevin Stouffer, PhD, LCPC  
& Matt Glowiak, EdD, LPC  
Lorna Hecker, PhD, LMFT, CHPS  
& Roger Shindell, CHPS, Carosh Compliance Soutuions  
Katelen Fortunati, LCSW & Mark Carich, PhD LCPC  
  
Serena Wadhwa, PsyD, LCPC, CADC

## POSTER

10 Reasons Why Anxiety Disorders Hate Cognitive Disputations  
An Investigation of The Lived Experience of Married Muslim Bereaved Parents after A child loss  
Asexuality 101 for Counselors: Creation of Ace-Affirming Communities  
Beyond "A Scale of 1 to 10" – Creative Approaches to Scaling  
Clinician's Guide to Group Leadership Skills  
DIBS on This - Why Recording Disputations of Irrational Beliefs Can Be Useful For Clients  
Gender Differences among Social Support and Communication in Heterosexual Intimate Relationships  
Get Real: Reality Therapy and the Treatment of Addiction  
Patterns of Religious Coping among Muslim Bereaved Parents : A qualitative study  
Post-traumatic Growth Among Children and Adolescents  
Rational Emotive Behavior Therapy  
Understanding Stress Reactivity Across a Culturally Diverse Population Among Children Affected by War-Zone Complex Trauma

Antoniette Johnson, Graduate Student  
Mais Al-Nasa'h, MA  
  
Elisa M Woodruff, Graduate Student  
A. Maren Tolley, BS  
Jim Cook, PhD, LCPC & Laura Harrawood, PhD, LMFT, LCPC  
Donna Lordi, Graduate Student & Dipa Patel  
  
Rodolfo Mireles, Graduate Student  
  
Mia Pandey, Graduate Student & Stephanie Pruefer, MA student  
Mais Al-Nasa'h, MA  
  
Cathy Gallagher, Graduate Student  
Rodolfo Mireles, Graduate Student  
Sandra Knezevic, BA Psychology & Shirley Washington, BA Psychology

# 2015

# ICA Calendar of Events



## February

- 2/5/15 Chapter: Lewis and Clark Meeting
- 2/6/15 NCE/LPC Test Preparation – IMHCA
- 2/7/15 IMHCA DSM-5®: Elimination of the Multi-Axial Diagnostic System
- 2/8/15 IMHCA Legal and Ethical Issues in Clinical Supervision
- 2/13/15 IMHCA Addressing Advanced Issues In Counseling Supervision
- 2/16/15 ICA Webinar – How to Use the Webinar Software
- 2/21/15 IMHCA NCMHCE/LCPC Test Preparation
- 2/25/15 Day on the Hill – Springfield, IL
- 2/27/15 CICO Counselor Educator Summit
- 2/28/15 ICA Newsletter Deadline

## March

- 3/1/15 Executive Committee Meeting
- 3/6-8/15 IMHCA Annual Conference
- 3/18/15 IMHCA Evaluation and Assessment In Counseling Supervision
- 3/20/15 2015 5<sup>th</sup> Annual ICA Southern Conference
- 3/20/15 ICDA 2015 Spring Conference
- 3/28/15 Governing Council Meeting

## April

- 4/10/15 ISCA Annual Conference – Springfield, IL
- 4/17/15 ICCA Workshop: The Power of Positive
- 4/18/15 IMHCA NCMHCE/LCPC Test Preparation
- 4/24/15 ISCA Annual Conference – Skokie, IL

## May

- 5/31/15 ICA Newsletter Deadline

## June

- 6/6/15 Starting, Maintaining, and Expanding a Successful Private Practice – IMHCA
- 6/7/15 Executive Committee Meeting

- 6/15/15 ICA 67<sup>th</sup> Annual Conference Proposal Deadline

## July

- 7/11/15 2015 Governing Council and Transition Meeting
- 7/17/15 NCE/LPC Test Preparation – IMHCA
- 7/18/15 NCMHCE/LCPC Test Preparation – IMHCA

## August

- 8/31/15 ICA Newsletter Deadline

## September

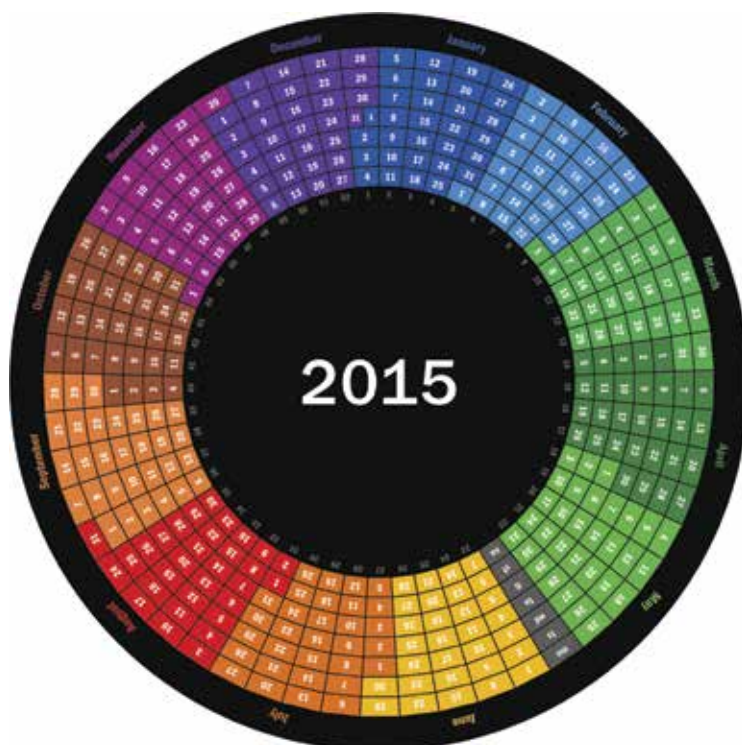
- 9/5/15 Starting, Maintaining, and Expanding a Successful Private Practice – IMCHA
- 9/11/15 NCE/LPC Test Preparation – IMHCA

## November

- 11/12-14/15 ICA's 67<sup>th</sup> Annual Conference – Skokie, IL

## December

- 12/5/15 Starting, Maintaining, and Expanding a Successful Private Practice – IMHCA







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