In This Issue:

ReInventing Community
November 13-15, 2014
Schaumburg Marriott
Schaumburg, IL

Special Edition Annual Conference Issue:
Up to 19 CEs for Counselors, Social Workers, Psychologists and Marriage and Family Therapists.
Welcome. The Illinois Counseling Association is celebrating its 66th Annual Conference November 13-15 in Schaumburg, IL and its annual Southern Conference March 2015 in Collinsville, IL. These are but two of the high quality benefits ICA offers not only to professional counselors but also to marriage and family therapists, social workers, psychologists.

ICA is not only the second largest state branch of the American Counseling Association, it also pre-dates the very founding of ACA. Many counselors and therapists in Illinois are unaware that ICA undertook the task of gaining licensure more than 20 years ago to establish the legislation by which counselors can practice as licensed clinical professional counselors. Thanks to ICA’s continued efforts, licensed professional counselors are successfully now employed in a multitude of settings, including community mental health, schools and universities, corporate training and human resource departments, many kinds of healthcare practices, religious organizations, correctional facilities, and complex practice settings alongside marriage and family therapists, social workers, psychologists, and psychiatrists.

Given today’s robust diversity of professional counseling in Illinois, it can sometimes prove difficult for individual counselors to develop a clear identity. Yet the very diversity of practice settings in which we find counselors and the array of services that counselors provide give ample evidence of our profession’s relevance in meeting the diverse needs of Illinois’ equally diverse population. Moreover, ICA’s exemplary tradition of working diligently with counselor educators, regulators, legislators, and our colleagues in the other mental health professions through the Coalition of Illinois Counseling Organizations (CICO), has advanced our ability to contribute effectively to the well-being of our fellow citizens.

If you are not a member of ICA, I encourage you to join today. Our many divisions, chapters and interest groups provide numerous opportunities to identify likeminded colleagues and to identify common ground on numerous issues. Some divisions are small and provide ample opportunity for new members to become involved, while others are larger and offer great opportunities for ongoing professional education and development. No matter what your interest, you will find a seat at the table with ICA membership and a means to assert your professional identity. (Membership is open to all licensed and unlicensed graduate-level counselors and therapists, graduate students and counselor educators.)

Affiliating with ICA comes with other benefits and privileges as well. ICA members receive the latest updates on legislative and practice issues through ICA’s E-blasts and quarterly Contact newsletters, the latest findings from Illinois researchers through the annual Illinois Journal of Counseling, and thoughtful articles representing current perspectives of ICA member-authors in Illinois Counselor. ICA members also enjoy access to exclusive networking opportunities, discounted practice insurance through CPH, and a new service offering legal consultation. These are invaluable to all agency and private practice counselors and therapists, as well as student counselors, interns, and counselor educators.

Your ICA membership makes it possible for ICA and CICO to represent you, especially at the state level where regulation, education and employment opportunities directly affect not only your right to work but the freedom to practice in an informed and responsible manner.

Check us out at ilcounseling.org, ask an ICA member, or contact our executive director, Ronna Heinig, at icaexecdir@gmail.com and then join us! We’d love to pull up a chair for you.

Best wishes,

Kevin Stouffer, ICA President
PhD, LCPC, NCC, CCMHC, CFT

Kevin Stouffer, PhD, LCPC
Features

Expanding Your Solo Practice to a Multiple Therapist Office
By Bob Walsh, LCPC

Beyond Attachment To Connection: One Aspect of Imago Relationship Theory
By Tony Victor, DMin, LCPC

Reaching the Stakeholders: Instituting Real Change for Illinois School Counselors
By Sarah Patterson-Mills, PhD, LPC (MO)

Reinventing Professional Community Through Informed Engagement: A Call to Potential Counselors
By Matt Glowiak, MS, LPC, NCC

DSM-5 Cultural Formations: Paranormal Issues in Counseling
By Michele Kerulis, EdD, LCPC, CC-AASP

The Brainwork of Therapy: Toward a Brain-Based Model of How Psychotherapy Works
By Jay Einhorn, PhD, LCPC

Reinventing Community
By Kevin Stouffer, PhD, LCPC, NCC, CCMHC, CFT

Conference

ICA Pre-Conference Symposium

Pre-Conference Half Day AM Workshop

Pre-Conference Half Day PM Workshop

2014 Conference Schedule of Events

Keynote

Poster Sessions

Workshops

Conference Registration Form

Departments

Legislation
By Dan Stasi, MS, Lobbyist CICO

Illinois Counseling Association Foundation

In Every Issue

The President’s Message
A Matter of Identity
By Kevin Stouffer, PhD, LCPC, NCC, CCMHC, CFT

The Executive Director’s Message
Mental Health & Human Services Telephone Consultation Service
By Ronna Heinig, MBA

Calendar of Events

Why Join a Professional Association?

Membership Registration
ICA is committed to bringing our members new services that will enhance their profession and practices. We are now able to offer, at a greatly discounted subscription rate, a “Mental Health & Human Services Telephone Consultation Service” in conjunction with the Law Offices of Nye & Associates, Ltd.

WHAT IS TCS?
The Law Offices of Nye & Associates, Ltd., attorneys to Health and Human Services Professionals and their clients, offer legal consultation by telephone to individual health, mental health, and social service professionals for a yearly fee. Peace of mind at your fingertips! Membership is available for individuals, group practices, institutions, not-for-profit agencies, EAPs, and formal or informal associations. The emphasis of the service is on primary prevention of professional liability, risk avoidance and loss containment. Ready access to information on the law of practice minimizes legal risk and maximizes opportunities to use the law creatively to enhance care delivery. Subscribers have unlimited telephone consultation privileges and their attorney can also phone us at their request.

HOW THE SERVICE OPERATES:
The Firm will provide to subscribers unlimited telephone consultation on legal aspects of health, mental health and social services delivery, including mental health laws and related issues as described below. Service hours are generally from 9 a.m. to 5 p.m. weekdays, except legal/court holidays, however an emergency number is made available when staff is available to answer.

WHAT IS COVERED IN THE TCS CONTRACT

Phone consultations regarding:
Managed Care Issues
• Contract questions
• Liability
Professional Licensure and Credentialing
• Contract situations, applications, and denial of privileges
• Utilization review
• Disciplinary proceedings: state, institutional, & professional associations
• Anti-trust/inter-professional competition issues
• Right to Practice
• Advertisements
• Unauthorized practice
• The “new health professions” and their relationships with each other, the “old” professions, the state and institutions
• Hospital privileges and anti-trust issues
Confidentiality and Clinical Records
• What to record and what not to
• How long to keep records
• Access to records: patients and others
• Alteration of Records
• Consent to disclose
• Breach of Confidentiality

• Privileged communications; how to protect patients’ information
• Reporting laws; duty to disclose
• Family records; children’s records
• Parents’ and children’s rights
• Sexual, parental, and reproductive rights
• Consent and medical emergencies
• Child abuse and neglect cases

Patients’ Rights & Clinical Responsibilities
• Informed consent
• Competency; guardianship
• Involuntary treatment
• Right to obtain or refuse care; including medication
• Parent and children’s rights
• Sexual, parental, and reproductive rights
• Consent and medical emergencies

Malpractice Avoidance
• Proper record-keeping
• Dangerous patients
• Child abuse and neglect issues
• Intrusive treatments
• Medication
• Abandonment
• Liability for trainees, students, and supervisees
• Assault and battery; use of force with patients
• Liability for patient’s injury of third persons; duty to warn or otherwise act
• Informed Consent
• Insurance and how to use it

The Clinician in the Courtroom
• Testifying in court
• What to do if a subpoena comes
• Writing reports for court
• Being an “expert witness”
• Divorce and custody cases
• Commitment and competency hearings
WHAT IS NOT INCLUDED IN THE TCS CONTRACT
Correspondence between The Law Offices of Nye & Associates, Ltd. and the TCS member or any third party, cases requiring fact investigation, record or document review, personal interviews, legal research and document preparation, representation in litigation, negotiation and drafting of documents, development or alteration of practice structure, representation in administrative or investigative hearings or other dispute processes are not included.

Upon request these and other legal services are available from their office or by referral to a local law firm on an hourly fee or retainer basis. Once an issue requires such work, all time involving the case will be billed at a fee which is discounted by $100.00 from their normal attorney hourly fees.

You can sign up for this new service by visiting the ICA website “Members Only” area at www.ilcounseling.org.

New for ICA Members
Mental Health & Human Services
Legal Telephone Consultation Service

Through:
The Law Offices of Nye & Associates, Ltd.
Subscription Fee $75 per year for ICA Members
(normally $185 per year for an Individual)

Sign-up online at: www.ILcounseling.org

This discount rate/benefit in no way implies/suggests that Nye & Associates and ICA have formed reciprocal referral agreement. ICA members may choose to exercise this benefit or not.
Expanding Your Solo Practice to a Multiple Therapist Office

By: Robert Walsh, MA, LCPC, NCC

I am not a lawyer or an accountant so I do not intend this to be legal or contract advice, but this is what I did to expand my practice and, as always, I share my mistakes and successes so the reader may avoid ‘re-inventing a square wheel’.

This plan worked well for me, and you may use all or parts of it for your practice.

I follow all ethical as well as HIPAA guidelines. I also adhere to the state rules from the Department of Financial and Professional Regulation. The state regulations, as outlined by my professional organizations, the Illinois Counseling Association and the Illinois Mental Health Counselors Association, make it clear that I should partner with only the highest licensed clinician in any discipline: LCPC, LCSW, LMFT, PhD, MD. Many practice owners have contacted me over the years to ask if a new graduate or an LPC can have them sign off on claims and use the supervisor’s NPI number. Not a good idea. Go to the state regulations to know the regulations. Don’t jeopardize your license or that of your colleagues.

Here’s what I did:

Getting ready

• Establish a group name so as to identify the group other than you personally Examples: The Counseling Group of Wilton, or BB Josephs and Associates.

• Arrange all of your Managed Care and Employee Assistance contracts as a group or corporate practice by applying for a group NPI number (www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/NationalProvIdentStand/index.html?redirect=/NationalProvIdentStand/). It’s easy. You can have a group NPI number for

ICA’s 5th Annual Southern Conference

March 20, 2015 • A Community of Counselors

DoubleTree by Hilton Hotel, Collinsville
1000 Eastport Plaza Drive, Collinsville, IL 62234
Tel: 618.345.2800

• 24 Breakout Sessions

• Workshop proposals should be submitted electronically by October 31, 2014

• See ICA website, www.ilcounseling.org for proposal form and registration information
billing purposes, but each individual in your group must have an individual NPI number as well.

- Apply to IRS.GOV to get a corporate Tax ID and give that ID to all your Managed Care and Insurance Companies. Again, all of your group members should get a TAXID number for themselves so direct deposits may be made to their own bank accounts. Insurance is streamlining and soon all monies will be direct deposit.

As your group grows you will be flexible, and this makes your practice more attractive, because potential colleagues can be part of your managed care and employee assistance contracts without having to establish them anew. Many times Insurance, managed care, or EAPs have closed their panels to new clinicians. Magellan Behavioral Health, one of the nation’s largest managed care contractors, has been very helpful with information on establishing or changing contracts that will be identified as a group or corporate contract.

Calling Magellan provider relations, 800-788-4005, 800-430-0535 #4 and their website (www.magellanhealth.com) is the way to begin this process. Many other managed care companies offer this change as well. You have to contact each one separately. My practice has several contracts that are considered group or corporate contracts including Blue Cross/Blue Shield, Managed Health Network, United Behavioral Health, Health Maintenance Corporation, and Aetna.

Work with Blue Cross/Blue Shield, as they have the best reimbursement rate and will make a group contract if you are patient and persistent. They have a Professional Provider Network Consultant assigned to your area. You can find your assigned consultant at (www.bcbsh.com/pdf/education/prov_network_consultant_list.pdf).

I recommend you simplify your group by having each clinician in your office be an independent contractor and have them pay you a specified hourly office rental rate. The agreement is outlined in a fairly simple contract that protects you as well as them. My practice requires a $20 an hour fee for a clinician to use one of our three offices. All co pays and insurance reimbursements go directly to them. I have an online office reservation schedule that all can check so no one double books a room. We do not do a percent split because in some instances this can be seen as ‘fee splitting’, which is illegal.

We have seven excellent therapists, each with a specific niche that does not overlap with the others. We have congenial yet separate relationships and have a monthly meeting to iron out issues and provide co-supervision.

Another, but more complicated model, used by some other groups is outlined below. It is similar to the model outlined above but requires much more business acumen.

**Suggested Steps:**

- Get a group NPI number as well as individual NPI numbers for each therapist; report these to each managed care and insurance company you work with.
- Register as a corporation; obtain a corporate tax ID.
- Incorporate by your tax ID or the new tax ID. Get W-9s for each employee, or do so when you include new employees. Have the potential to pay them as group employees. Have a clear plan for payment or salary to each employee. They will receive a W-2 for each tax year. The IRS may require you to withhold taxes, unemployment insurance, and Medicare. Send a letter to each of your managed care companies and EAPs, changing your status from individual provider to group. Be specific. You can add members later and expand with new partners.
- Write or obtain employee contracts, and be specific about their relationship to your group.
- Make sure your equipment is of high quality. Good accounting software and an excellent billing program is essential. You can provide their billing to insurance companies if you desire.
- Always protect your clients’ confidentiality.
- Clarify how your group does marketing.
- Consult a lawyer and an accountant with your business structure.
- Introduce new members/counselors/employees to all referral sources, personally or by announcements.

This information is published by the Illinois Counseling Association to provide assistance to our readers, but is solely the responsibility of and provided by Bob Walsh LCPC, and is not the opinion or legal information given by The Illinois Counseling Association.

Robert J. Walsh, M.A. NCC, LCPC

Robert J. Walsh, M.A. LCPC, has been in private practice for over 33 years. He has been President of the Illinois Mental Health Counseling Association and established the Illinois Mental Health Counseling Association’s Employment, Managed Care and Insurance Task Force. He has been the chair of the American Counseling Association’s Public Policy and Legislation Committee.

He is President Elect of the Illinois Counseling Association. He is co-author of The Complete Guide to Private Practice and contributed a chapter on marketing a private practice in the Professional Counselor’s Desk Reference. Robert is Board Certified by the National Board of Certified Counselors, a member of the American Counseling Association and the American Mental Health Counselor’s Association.
Beyond Attachment To Connection:
One Aspect of Imago Relationship Theory
By: Tony Victor, DMin, LCPC

One of the misunderstood tenets of Imago Relationship Theory is that Imago is an approach to repair attachment wounds. Attachment wounding is a concern in the Imago process of couples’ therapy. However, the process itself extends beyond attachment repair to recreating connection. Imago Theory holds the possibility of connection prior to attachment wounding and beyond attachment fulfillment. Connection is a bond that appears similar to the attachment bond. Yet, it is characteristically unique. To begin this conversation it is important to have a brief look at the origins of Attachment Theory.

The field of psychotherapy is deeply indebted to the tenacity and the conviction of John Bowlby. He articulated the premise that the quality of real world “nurture” had a significant impact on a child’s abilities to relate in adulthood. Bowlby developed the Maternal Deprivation Hypothesis. He claimed that behavior difficulties in orphans were linked to maternal deprivation and separation. Bowlby’s development of Attachment Theory came much later as a result of his interest in and research on the effects of separation and loss of the identified caregivers.

The core of attachment theory is about the adaptations both internal and behavioral that a child makes when disruption comes to the parent/child bond. Attachment behavior is the physical reaction to the anxiety that is raised when a child perceives threats of rupture. For the child, connection to the caregiver is life: rupture of that connection is death.

Bowlby coined the term Internal working model of attachment to describe the process of internalizing the experience and quality of child/caregiver ruptures to the connection. The internal working model of attachment is comprised of the mental representation of self and other. This becomes the basis for what intimate relationships look like. These internal working models are interpretive distortions, yet they are experienced as reality, and the implicit memories guide future interactions with others. The current research from the neuro-sciences supports Bowlby’s idea of mental models.

This assertion is critical to understanding adult relationships. The young adult launching out looking for love unconsciously duplicates the experience of love based on the mental model. The result is the first two stages of the relationship: Romantic and Power Struggle. Based on the mental model, the Romantic stage is a new attachment experience that inevitably leads to the Power Struggle. As stated above, Attachment is about psychological survival. Attachment relationships appear to be love relationships. However, they are actually mental models of the reaction to the experienced loss of the attachment figure. Since such attachment relationships are dependency relationships, the phrase, “I can’t live without you,” is not a statement of love; it is a statement of symbiotic dependency. The phrase, “I can’t live without you,” is not a statement of connection, it is a statement of attachment. Depending on the quality of the early attachment wounding, this can exhibit a variety of expressions, all of which incorporate the characteristics of dependency and symbiosis showing up in adult relationships.

One goal of Imago Therapy is to help both partners through dialogue and increasing self-awareness shift the quality of the relationship from an attachment model to a connection model. Connection is a choice of intentionality. Connection opens the door to the possibility of intimacy, which is the experience of welcoming differences rather than replicating the symbiotic merger of two. Connection appears very similar to attachment, yet the felt experience is one of full aliveness rather than anxious survival.

Beyond Attachment To Connection: One Aspect of Imago Relationship Theory
Imago Relationship Theory contends that connection is the basis of life; it is the natural state of existence in which we thrive in full aliveness and are free to be playful, creative, and productive in relaxed joyfulness. But when there is an experience of disconnection in those early formative years, there is a natural impulse to seek attachment as a defense against the perceived rupture of connection. Since that rupture is the negative experience, mental models of the loss of connection are deeply embedded. At the same time the mental models of the primary experience of connection get lost from conscious awareness.

Seeking attachment is a survival reaction to fear and the threat of death due to the disruption of the natural state of existence. Because of the negative distortions the mental models of attachment have, they create a negative bias toward relationships and an unconscious expectation for the worst-case scenario.

The word Imago, used by Harville Hendrix and Helen LaKelly Hunt, is simply the Latin word for the word Image. Hendrix and Hunt postulated that through childhood experiences the individual formulates an unconscious Image of an intimate relationship. This parallels the above from Attachment theory.

Imago theory takes one step further. The task of the Imago Therapist is to facilitate creating a whole new mental model of relationship. That is, to rediscover the primary mental model of connection. The mental model of connection is the primary model of relationship and was the implicit working model prior to the first rupture. It is the model of natural aliveness rather than an attempt to get acceptance and approval. It is the model of interdependence rather than dependence/independence. From an Imago perspective healing comes from the awareness that I am in connection rather than from securing my attachment figures. Conflict in relationships is about rediscovering connection. It is not about securing attachment figures. Due to the plasticity of the brain one can literally change the neurological landscape of the brain so that the new mental model of connection can be of greatest influence.

William (Tony) Victor, DMin, LCPC, is a family man; He and his wife Becky have 3 children and 5 grandchildren. They are the co-owners of the Midwest Relationship Center, LLC, in Swansea, IL, dedicated to providing relationship therapy and education to the general population, and professional development to mental health professionals. Dr. Victor is a Clinical Instructor on the Faculty of Imago Relationships International, Advanced Imago Clinician, Certified Imago Couples Workshop Presenter, and Certified Imago Consultant. For information on Basic Clinical Training in Imago Relationship Therapy contact Dr. Victor drtony@themidwestrelationshipcenter.com.
In the last year, legislation passed in the State of Illinois shifted the language regarding the role of the Professional School Counselor so that it is consistent with the American School Counseling Association (ASCA) model. This seemingly small first step for school counselors could be the synergistic beginning that school counselors in Illinois need to expand their profession. HB 5288 passed out of the IL Senate Education Committee with a unanimous vote on May 21, 2014. Two noteworthy recommendations of the bill that are consistent with the ASCA model are:

- At least 80% of a school counselor’s role be in providing direct services to students;
- Encouraging school districts to stay within the recommended ratio of 1:250.

HB 5288 is a springboard for the continuing growth and development of the role of school counselor as outlined by the American Association of School Counselors. One reason this law change is critical is that among all fifty states, Illinois has the highest student to school counselor ratio in all but six states (U.S. Department of Education, National Center for Education Statistics, Public Elementary and Secondary School Student Enrollment, 2010-2011). This is not the distinction we want for Illinois’ education system! An underutilization of school counselors is an inadequate use of their unique talents and training and sells our students short. Certainly school counselors can schedule and perform administrative duties, but this use of their time prevents them from providing the evidence-based comprehensive guidance program that is capable of the productive results that all stakeholders would benefit from.

How can districts begin to apply the changes in the HB5288? What would the results for our students look like? Let’s imagine for a minute that all stakeholders—parents, administrators, school board, Regional Offices of Education, staff and faculty are at the end of the school year, reflecting back over their annual yearly progress (AYP). The counselor showcases the data collected from the comprehensive model of guidance they were able to pilot for a year.

The Professional School Counselor begins with presenting the vocational information important to the Common Core regarding College and Career Readiness. They describe the ways they implemented these ideas through collaboration with teachers and by integrating the information into the existing curriculum. The stakeholders’ ears perk up. Next, the counselor describes individual planning session data—of course highlighting the amount of time spent with each student—in which test scores were explained and course and pre-vocational and college planning was addressed—some of those conversations including the parents. But, what really catches the attention of the group is the number of hours spent from the counselor’s week meeting with individuals, and the breadth of information they were able to cover. [The stakeholders begin to fidget in their seats… this is pretty good information to present to our parents, they are thinking.]

To continue the presentation, the counselor describes the other invaluable services they provided and uses data collected from their school and research from neighboring states to illustrate the utility of this data. The counselor notes that with the above elements (responsive services and individual planning) of the comprehensive guidance model in place, they are able to have up to 80% of their time working directly with students. In addition, they are able to respond effectively to crises in the school because there are fewer of them as a result of their proactive work with the students and faculty. Of course, there are crises that arise—one cannot live in our modern world without thinking of Columbine, Little Town, and the blitzkrieg of shootings in the media. [The stakeholders raise their eyebrows—they had no idea that school counselors could do all of this!] School counselors’ clinical skills are underestimated, the counselor notes. They can sit with a student and complete all of the tasks historically assigned to school social workers and in fact are trained to collaborate with social workers to provide the best academic, social, and career help for the student. [The stakeholders wonder about this. It seemed as though counselors and social workers were sometimes at odds with one another. This function, they assumed, was specific to social workers.]
Finally, having delivered all of this information, the school counselor thanks the stakeholders for their time. But, there’s one more thing…this information has been well-researched and they want to mention that in the recent Carey, Harrington, Martin, & Hoffman (2014) article about evaluating Nebraska comprehensive school counseling programs, they found the following benefits which were solely the result of school counseling comprehensive guidance programs:

- Decrease in suspension and discipline rates;
- Increases in attendance and state math scores on standardized tests.

[Ok, say the stakeholders, but there are all kinds of extraneous variables that might account for that. What about my school district that has lost accreditation? Surely, the amount of financial resources should matter. Did the researchers take that into account?] The professional school counselor takes a deep breath and says that the authors controlled for the following variables:

- Money spent on students in the district;
- The percent of students receiving free and reduced lunches;
- The number of minority students attending the school.

This means that when controlling for these variables that are vastly different between and among schools in the entire state, the advantages of a comprehensive guidance model were still there (Carey, Harrington, Martin & Hoffman, 2014). [The stakeholders pause and reflect. Maybe, this is something worth supporting.]

Professional school counselors contribute far beyond the four main elements as outlined by the American School Counseling Association Model. But, when living in a data-driven, outcomes-based world, we can talk that language. The first step was in the successful passing of HB5288. Now we have the opportunity to prepare for a larger move—letting the stakeholders know what Professional School Counselors are capable of.

References

Sarah Patterson-Mills, PhD, LPC (spatterson-mills@lindenwood.edu) is an associate professor at Lindenwood University in Belleville, Illinois where she teaches career counseling, Field Placement classes for students, assessment of the individual and other courses in the graduate counseling program. In addition, she is co-director of the Student Counseling and Resource Center on campus. She is a licensed professional counselor and a former secondary school counselor in Missouri.

IMHCA Annual Conference
March 6-8, 2015
Keynote Speaker
Brad Erford, Ph.D.
Presents: 40 Techniques Every Counselor Should Know (6 CEs)
Save the Date
Location: DoubleTree North Shore Conference Center – Skokie, IL

Illinois Mental Health Counselors Association
ph 815.787.0515 • fx 815.787.0505
PO Box 706 • DeKalb, IL 60115 • myimhca@gmail.com
www.IMHCA.org
Pre-Conference: Thursday, November 13

ICA Pre-Conference Symposium

Crossing the Mental Health/HealthCare Divide: Building the Interdisciplinary Collaborative Care Team

Kevin Stouffer, PhD, MBA, LCPC, NCC, CCMHC, CFT

Have you wanted to enhance your treatment efficiency and efficacy? Do you think you can help healthcare providers improve their success with patients using your counseling skills? Do you want to partner with healthcare providers and increase referrals? If the answer is yes, consider interdisciplinary collaborative care, an important tool for mental health and healthcare professionals in the era of the Affordable Care Act (ACA) and its emphasis on cost containment through improving treatment efficiency and efficacy.

Many professional counseling clinicians lack experience with crossing to the other side of the healing arts where all manner of healthcare professionals work in cultures and subcultures distinct from those of counselors practicing the healing arts of mental health and relational counseling. While crossing cultures can be challenging, crossing over not only facilitates interdisciplinary communication and cooperation among mental health and healthcare providers, but it can also be very good for patient-clients, too. Issues, histories and goals are more richly understood; collaborative interventions are more thoughtfully designed and implemented; and patient-clients and their loved ones prosper. Indeed, active integration of a mental health component has been shown to reduce 30-day hospital readmissions by as much as 50 percent (Reynolds et al., 2004), which helps healthcare providers meet outcome targets set by the ACA.

Collaborative Care may be as simple as working with the primary care provider on a consulting basis, but it can quickly become complicated as the number of healthcare specialists or counseling participants increases. Differences in confidentiality, referral, family participation, and team support that pose risks for critical errors and omissions.

ICA has partnered with the Continuing Education Institute of Illinois (CEII) to offer a 1-day pre-conference symposium (6.5 CEs/CEUs) that brings mental health and healthcare professionals together to provide participants with insight into the challenges and opportunities of Collaborative Care. We have assembled a multidisciplinary faculty that includes legal, ethics, risk management, clinical healthcare and mental health faculty. Together these specialists can address both mental health and healthcare issues including the differences in confidentiality, referral, family participation, and team support that pose risks for critical errors and omissions.

Faculty*

Cynthia Germain, MBA, LNA
Facilitator
Continuing Education Institute of Illinois

Michele Kerulis, EdD, LCPC
Facilitator
Illinois Counseling Association

Jonathan Nye, JD
Mental Health and Family Law
Nye & Associates, Ltd.

Peggy Pratcher, JD, RN
Healthcare and Eldercare Law
Peggy A. Pratcher, Ltd.

Camille Renella, RN (APN), CME, LNC
Healthcare Ethics & Legal Nurse Consultant
C. M. Renella & Associates, LLC

Cathy Bartonacci, MD
Hospitalist, Child Psychiatry

Joyce Marter, MA, LCPC
Collaborative Mental Health Clinician
Urban Balance

Bob Walsh, MA, LCPC
Collaborative Mental Health Clinician, Practice Consultant
R. J. Walsh & Associates, Inc.

Lorna Hecker, PhD, LMFT
Mental Health Ethics & HIPPA
Carosh Compliance Solutions, The Carosh Group

Kevin Stouffer, PhD, MBA, LCPC
Medical Family Therapy, Collaborative Resource Management
Stouffer Clinical Counseling & Consulting, LLC

Mark Buzcko, CPCU, CIC, RPLU
Risk Management: Mental Health & Healthcare Practice
VP, Affinity Insurance Services

Mark Matray MD
Pediatrician
Partner, La Grange Pediatrics
If you are interested in expanding your practice to include treatment of individuals, couples and families facing challenges involving medical issues and partnering with healthcare professionals, you will have the opportunity to engage directly with healthcare professionals who are seeking to enhance treatment outcomes for their patients. You will have the opportunity to network and join together in multidisciplinary workgroups to explore the practical challenges of crossing practice boundaries, to develop protocols for assembling Collaborative Care teams, and to apply team performance and risk management strategies utilizing Collaborative Resource Management.

If you are looking to enhance what you can offer your clients challenged by health issues, this is the symposium for you! This unique symposium offers 6.5 CEUs for mental health professionals through ICA and 6.5 CEUs for healthcare providers through CEII. The Symposium will take place Thursday, November 13 as a Pre-Conference workshop in connection with ICA’s annual conference at the Marriott Hotel, Schaumburg, IL. Registration opens at 7:30 am; the conference starts at 8:15 am and ends at 4:30 pm.

Tuition: $75.00 for ICA members and those using a special CEII promo code; $125.00 for non-members. Pre-registration is advised on the ICA website: www.ilcounseling.org.

* Faculty confirmed as of July 8, 2014 subject to change without notice.

---

**Symposium Schedule**

- **07:30-08:15** Registration
- **08:15-08:35** Framing Symposium Issues
  - The Problem of Parallel Practice & the Promise of Multidisciplinary Practice
  - Current Forces Impacting Interdisciplinary Practice
    - Differing Regulatory Requirements
    - Differing Ethics Codes
    - Differing Practice Cultures
    - Differences & Similarities in Professional Training
  - Collaborative Practice Models
    - Medical Family Therapy
    - Saunders’ 3-fold Decision Tree
    - Emerging Collaborative Health Care Models
- **08:35-09:35** Regulatory Barriers & Opportunities re Interdisciplinary Collaboration
  - Experts in mental health and healthcare law will identify regulatory and legal issues unique and common to both disciplines, current standards that may impede collaboration and solutions that will enable successful collaboration.
- **09:35-09:45** Break
- **09:45-10:45** Ethical Concerns & Solutions for Collaborative Interdisciplinary Teams
  - Mental health and healthcare ethicists experienced in mental health and healthcare will join with an insurer risk management specialist to identify concerns and resources essential to managing.
- **10:45-11:05** Case Studies: Real Challenges
- **11:05-11:10** Break

*continued on page 15...*
Pre-Conference: Thursday, November 13

Faculty List

Peggy Pratscher, JD, RN  
Healthcare, Elder Law Specialty  
peggy@pratscherlaw.com

Attorney with Pratscher Law, Ltd, specializing in elder and healthcare law with a 30-year nursing career spanning practice areas of critical care, rehabilitation, neurological injuries, psychiatric conditions, oncology, pediatrics and neonatology, medical-surgical nursing, discharge planning and long term care planning. Experienced in hospitals and nursing facilities, home care and case management for insurance companies, third party administrators and private firms performing Case Management (CM) and Utilization Review (UR) on behalf of their benefit plan clients.

Jonathan Nye, JD  
Family, Mental Health & Social Service Law  
jonathan@nyelaw.com

Partner and attorney with The Law Offices of Nye & Associates, Ltd, and practicing extensively in the areas of mental health and human services law, family law, and general practice assisting human services providers in avoiding litigation, maintaining confidentiality and assisting human services providers to manage the potential legal pitfalls associated with the providing human services.

Camille Renella, RN, CME, LNC  
Clinical Medical Ethics, Legal Nurse Consultant  
consultants@cmrenella.com

Educator, Clinical Medical Ethicists and Legal Nurse Consultant with 20 years of experience, including chief ethicist in patient services University of Chicago, nursing administrator Children's Memorial Hospital, nursing/hospital administrator University of Chicago Hospitals, nursing hospital administrator and educator, Shriners Hospital Chicago, staff/charge nurse Loyola University Medical Center, home health district supervisor, charge nurse Gottlieb Hospital.

Lorna Hecker, Ph.D., LMFT, CHPS  
Mental Health Ethicist, HIPAA expert  
hecker@purduecal.edu

Lorna Hecker, Ph.D., LMFT, CHPS, is director of the Purdue University Calumet Couple and Family Therapy Center, and professor in the marriage and family therapy program. She teaches professional ethics, has edited the book Ethics and Professional Issues in Couple and Family Therapy (Taylor-Francis), and is certified in healthcare privacy and security through the American Health Information Management Association, with expertise in HIPAA and HITECH regulations.

Bob Walsh, MA, LCPC  
Mental Health Clinician, Practice Consultant  
walshgasp@aol.com

R.J. Walsh and Associates, counseling, nationally known practice consultant and author, 1999 AMHCA Counselor of the Year, and recipient of the 2001 IMHCA Distinguished Service Award.

Joyce Marter, MA, LCPC  
Mental Health Clinician, Practice Consultant  
j.marter@comcast.net

Founder and CEO of Urban Balance, a counseling group practice founded in 2004 that has grown to a team of nearly 70 therapists with six offices in Chicagoland. UB provides counseling and therapy for individuals, couples, families and groups dealing with psychological, addiction, career, or relationship issues. Urban Balance makes therapy accessible and affordable by accepting most insurance. Selected by Crain’s Chicago Business for “40 Under 40” List of 2010.

Kevin Stouffer, PhD, MBA, LCPC, CCMHC, CFT  
Mental Health Clinician, Policy Consultant  
kstouffer@stoufferclinical.com

Founder Stouffer Clinical Counseling & Consulting, LLC, experienced in community counseling, clinical supervision, complex case management and internal case consulting. Has maintained a 30-year consulting practice to organizations seeking to ensure high performance through effective policy and procedure for workgroups in high risk environments.

Cynthia Germain, MBA, LNHA  
Symposium Facilitator, Healthcare Educator  
cgermain@continuineducationpartner.com

Executive Director Continuing Education Institute of Illinois, a non-profit organization providing continuing education and project support to health and allied health professionals. Licensed Nursing Home Administrator
Symposium Schedule Cont’d…

11:10-12:00  Panel Discussion and Q&A
Attorneys, Ethicists, & Mental Health & Healthcare Practitioners

12:00-01:00  Lunch

01:00-02:00  Practice Models & Decision Making that Accommodate and Foster Interdisciplinary Collaborative
Mental Health—Medical Family Therapy
Saunders’ Decision Tree: Determining when to use Medical, Psycho-education, & Systems Interventions
Healthcare—Emerging Collaborative Health Care Models

02:00-02:10  Break

02:10-02:40  Partnering & Effective Referrals: Bridging Workplace Cultures
A collaborative mental health clinician, medical care coordinator, and physician discuss the task of assembling an multidisciplinary collaborative care team, including getting past gatekeepers, engaging a bi-cultural referral process, meeting feedback expectations, and other keys to creating excellent partnerships.

02:40-3:00  CRM: Collaborative Resource Management
An expert in managing inherently risky high performance activities demonstrates how proven concepts can in form a simple collaborative resource management model to help teams identify goals, agree upon methods and implement them without imposing undue risks through enhanced team coordination, improved situational awareness, proactively risk management, and real-time modification of strategies to improve treatment outcomes.

03:00-03:05  Short Break

03:05-4:15  Real Life: The Challenges of Collaborating in Different Practice Settings
Case Study: Small Mixed-Group Problem Solving & Interactive Panel Discussion
Mixed groups of symposium attendees from different practice settings tackle one or more cases, discuss the challenges facing informal team development and collaboration, and propose solutions.

Symposium faculty and audience participants from different settings represented (e.g., hospital settings, private practitioner, clinical specialists, homecare, discharge planning, hospice community social services, etc.) serve as active resources to assist in group brainstorming and problem solving.

Panel Discussion and Audience Q & A
Symposium faculty and audience participants engage in a Q&A session moderated by experienced facilitators who will engage both the panel and participants to identify significant issues and potential solutions distilled from the day’s overall interaction and interdisciplinary problem-solving exercises.

04:15-04:30  Wrap up and Feedback

continued on page 16…

(Michelle Kerulis, EdD, LCPC
Symposium Facilitator, Mental Health Educator
mkerulis@gmail.com)

Dr. Michele Kerulis is a Past President (2013-14) of the Illinois Counseling Association and Program Director of the Adler School’s M.A. in Counseling, specialization in Sport & Health Psychology. She is a Licensed Clinical Professional Counselor in the state of IL and a member of the IDFPR Counselor Licensing and Discipline Board. Dr. Kerulis's clinical experience includes residential treatment, crisis counseling, clinical supervision, and wellness counseling.

Cristina Borraccini, MD
Family Practitioner, Hospitalist
cboraccini@gmail.com

Christina Borraccini, MD, is a board-certified family practitioner and is a hospitalist with Presence Health at Saints Mary and Elizabeth Medical Center in Chicago where she works with both children and adult for general inpatient medical management and provides medical consults for pediatric and adult psychiatric inpatients.

Steven Fox, DO
Physician, Gerontology
fox@geri-doctor.com

Steven Fox, DO, is a licensed physician and geriatric practitioner in private practice in Chicago. Dr. Fox manages
Faculty List Cont’d...

an active clinical practice, serves as consultant on elder law and geriatric clinical issues, and advocates for seniors to remain independent, speaking on related topics at the local, state and national level.

Mark J Buczko, CPCU, CIC, RPLU
Risk Management Specialist
Vice President, Affinity Insurance Services, Healthcare
30 years’ experience in health and social services risk management, currently VP AON Affinity Insurance Services Healthcare, previous underwriting manager of the dental liability unity for CAN Insurance Companies, managed CAN’s Nurses and Allied Healthcare programs. Currently President of the Board of Directors of the National Society of Dental Practitioners, a risk management organization for dentists.

Mark Matray, MD
Pediatrician
Partner, La Grange Pediatrics
Dr. Matray has been a partner at La Grange Pediatrics since 1984. He received a bachelor’s degree in psychology in 1977 from Northwestern University and graduated from Loyola University’s Stritch School of Medicine in 1980. Dr Matray completed his pediatric residency training at the University of Chicago. Dr Matray has been a practicing pediatrician for the past 30 years in La Grange.
The Hotel:
The Chicago Marriott Schaumburg is located at 50 N Martingale Road, Schaumburg, IL 60173. Close to Woodfield Mall. (847) 240-0100.
Conference Rate through October 23, 2014: $109.00 + taxes per night. Reserve rooms by calling the hotel and using Illinois Counseling Association as the group identifier.
The hotel has an indoor pool and spa, and an exercise room.

Conference Activities:
Learn: Thursday Pre-Conference, your choice of a full day workshop: Crossing the Mental Health/HealthCare Divide: Building the Interdisciplinary Collaborative Care Team. Your chance to learn from other disciplines such as Psychiatrists, MDs, Insurance Providers, and Attorneys. Or, do one or both half day workshops on Advanced Private Practice, or the Experience of Combat and Deployment.

Friday and Saturday, choose from 59 workshops and 28 poster sessions. You can earn up to 19CEs or CPDUs for the 3 days!

Feast: Thursday and Friday Receptions, and Friday and Saturday Continental Breakfasts and Lunches.

Fun: Laugh with the Therapy Players following the awards reception. Enjoy a Yoga session, get a Chair Massage or a Career Consultation. Exchange Books, win Gift Baskets, play Exhibitor Bingo and Network with your fellow counselors.

2014 Conference Schedule of Events

Thursday, November 13
7:00 am  Pre-Conference Registration
8:15 am  Pre-Conference all day symposium begins
9:00 am  AM Pre-Conference workshop
12:00 pm Lunch (on own)
1:00 pm  PM Pre-Conference workshop Symposium resumes
4:00 pm  Workshops conclude
4:45 pm  ICA Governing Council Mtg
7:30 pm  Welcome reception
9:30 pm  Activities Conclude

Friday, November 14
7:00 am  Main Conference Registration
7:30 am  Continental Breakfast
8:00 am  General Session
9:30 am  Morning Content Sessions
12:00 pm Networking Lunch, Exhibitors and Poster Sessions
1:15 pm  Afternoon Content Sessions
4:30 pm  Division Meetings
7:30 pm  ICA and Division Awards Reception & Entertainment

Saturday, November 15
7:00 am  Yoga
8:00 am  Main Conference Registration
8:00 am  Continental Breakfast
9:00 am  Morning Content Sessions
11:30 am Networking Lunch, Exhibitors and Poster Sessions
1:00 pm  Afternoon Sessions Begin
4:00 pm  Conference Concludes
Re-inventing Community
How will you reinvent your community?

How Angela Rose reinvented her community.

At the age of seventeen, Angela Rose was abducted at knifepoint while leaving her job at a shopping mall in the suburbs of Chicago. She was taken and then assaulted by a repeat sex offender on parole for murder. Angela was eventually let go by the perpetrator; still bruised and disoriented, Rose was then shocked at the treatment of her case by the authorities and the prevalence of victim blame. All of the anguish that existed during the abduction was immediately replaced by anger and a strong sense of vigilance.

Angela worked with the perpetrator’s previous victims as well as the community to help enact the Illinois Sexually Violent Persons Commitment Act in 1998. Upon attending the University of Wisconsin-Madison, Angela responded to the lack of activism on this crucial issue by founding the organization PAVE (Promoting Awareness, Victim Empowerment) in February of 2001. PAVE worked to create education and action surrounding the issues of sexual violence, while being inclusive to all individuals and their experiences.

Angela travels the country and abroad educating audiences including colleges, military, law enforcement, and international groups on issues of sexual violence.

Angela’s experience and advocacy has transformed individuals’ lives and their communities. It is our hope that she will inspire you to re-invent community to transform your life and the lives of others.

More About Angela Rose

Angela Rose is an author, speaker, entrepreneur, and someone who is passionate about helping people triumph over tragedy. Her decade of work on self-empowerment and community building has taken her across this country and abroad to speak on continuous improvement for the mind, body, and soul. Angela focuses on helping others take control of their minds, reconnect to the love and light within, and transform into their fullest potential as human beings. She has been seen on CNN, Dr. Drew, The Oprah Winfrey Network, The Today Show, and TIME magazine. In 2012, the Bio Channel profiled Angela’s story of surviving abduction and assault on the show “I Survived.” CNN Headline News Morning Show featured Angela on the “Breakthrough Women” series: http://bit.ly/ZQSmtA.

In 2001 Angela founded a multinational not-for-profit organization, PAVE: Promoting Awareness, Victim Empowerment. PAVE’s efforts boldly aspire to one day transform our nation into one free from sexual assault — and to ensure that, until we collectively realize this transformative vision, no victim will ever feel alone or disempowered. Rooted in intervention and prevention, PAVE works to educate communities about sexual and domestic violence, to empower victims, and to eradicate injustice.

Angela has received local and national accolades due to her passion and dedication to improving our communities. Angela received her B.A. in Sociology from the University of Wisconsin, where she was elected to serve as the Women’s Issues Diversity Liaison and, as an alumna, received the “Forward Under 40” award. In January of 2013, Angela was presented with the “Community Spirit Award” from Keller Williams Realty. Angela Rose currently serves as the CEO/Team Leader at Keller Williams Realty in Arlington, VA. TWEET ANGELA @ TweetAngelaRose

www.ShatteringTheSilence.org
<table>
<thead>
<tr>
<th>Title</th>
<th>Lead Presenter</th>
<th>Credentials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Friday:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>An Integrative Ecosystemic Trauma-Focused Approach to Foster Care</td>
<td>Jacqueline Wroblewski</td>
<td></td>
</tr>
<tr>
<td>Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.L.E.A.R.R.R.</td>
<td>Dr. Carlee E. Doggan</td>
<td>TYPE 73</td>
</tr>
<tr>
<td>Conflicted Parents and Families</td>
<td>Daniel W. Bishop</td>
<td>PsyD, CADC, LCPC</td>
</tr>
<tr>
<td>Counseling in Late Adulthood</td>
<td>Maddie Johnson</td>
<td>BA</td>
</tr>
<tr>
<td>Creating Community Within Group Counseling Master Students</td>
<td>Heidi A. Larson</td>
<td>PhD</td>
</tr>
<tr>
<td>Gifted Adults and Romantic Relationships: Counseling Implications</td>
<td>Robin Shannon</td>
<td>B.S., M.A. Candidate</td>
</tr>
<tr>
<td>Group Outreach - Career Intervention</td>
<td>Laura Ruvoli</td>
<td>BS</td>
</tr>
<tr>
<td>Improving Individual Career Counseling through Analysis of Client</td>
<td>Julia Panke Makela</td>
<td>PhD, NCC</td>
</tr>
<tr>
<td>Reflections</td>
<td>Kelsey Merritt</td>
<td>BA</td>
</tr>
<tr>
<td>Motivational Interviewing for Addicts</td>
<td>Yenny Sanchez</td>
<td>BA</td>
</tr>
<tr>
<td>Social Media and Professionalism: What Counselors Should Know</td>
<td>Adrian Faulkner</td>
<td>MA</td>
</tr>
<tr>
<td>The Affects of Recidivism in African-American Male Juveniles</td>
<td>Jennifer Boender</td>
<td>LPC</td>
</tr>
<tr>
<td>The Fight Against Sexual Assault on College Campuses: A Community</td>
<td>Amy Barth</td>
<td>EdD Candidate, MA, LCPC, NCC</td>
</tr>
<tr>
<td>Responsibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theory Use in Illinois Counselors: A Pilot Study</td>
<td>Nubia Guzman</td>
<td>MA</td>
</tr>
<tr>
<td>Understanding Boundaries and Multiple Relationships in Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Saturday:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Process of Building a Caring Community Between Mental Health</td>
<td>C. Nolan Thomas</td>
<td>PhD</td>
</tr>
<tr>
<td>Counselors and Religious Support Networks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applying CACREP Standards in Diversity Curriculum: A Grounded Theory</td>
<td>Nicole L. Thompson</td>
<td>MA</td>
</tr>
<tr>
<td>Asexuality 101 for Counselors: Creation of Ace-Affirming Communities</td>
<td>Elisa M Woodruff</td>
<td>BA</td>
</tr>
<tr>
<td>Don't Talk, Don't Trust, Don't Harm: How Codependency Affects our</td>
<td>Lauren Varallo</td>
<td>BS</td>
</tr>
<tr>
<td>Communities and Our Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Happily ever after: The impact of children's films and storybooks</td>
<td>Robin Shannon</td>
<td>B.S., M.A. Candidate</td>
</tr>
<tr>
<td>on relationship satisfaction later in life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivational Interviewing- Practice Make Proficient</td>
<td>Mary Hosbrough</td>
<td>BA</td>
</tr>
<tr>
<td>Play Therapy for Grieving Children</td>
<td>Maddie Johnson</td>
<td>BA</td>
</tr>
<tr>
<td>Racial/Ethnic Microaggressions: Impact on Wellbeing &amp; Protective</td>
<td>Geoff Bathje</td>
<td>PhD</td>
</tr>
<tr>
<td>Factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restorative Justice Circles as an Intervention Technique for</td>
<td>Lincoln Hill</td>
<td>BA</td>
</tr>
<tr>
<td>High-Risk College Students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Exploration of the Experience of Internalized Oppression:</td>
<td>Gideon Litherland</td>
<td>MA, QMHP</td>
</tr>
<tr>
<td>A Roundtable Discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Risks for Acculturating Immigrants and Tips for</td>
<td>Oksoon Lee</td>
<td>EdD Candidate MA NCC</td>
</tr>
<tr>
<td>Culturally Adjusted Intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEST is a Four-Letter Word</td>
<td>Juliet B. Frate</td>
<td>MEd, TYPE 73</td>
</tr>
<tr>
<td>Title</td>
<td>Lead Presenter</td>
<td>Credentials</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>10 Strategies Proven to Inspire &amp; Engage EVERY Student</td>
<td>Christian Moore</td>
<td>LCSW</td>
</tr>
<tr>
<td>A Social Justice Approach to Cognitive Behavioral Therapy</td>
<td>Justin D. Lauka</td>
<td>PhD, LCPC, CCMHC, NCC, ACS</td>
</tr>
<tr>
<td>Adding to Your Counselor Toolbox: Incorporating Therapeutic Horticulture into Your Practice</td>
<td>Alicia Green</td>
<td>LPC, HTR</td>
</tr>
<tr>
<td>B.I.O.N.I.C. (Believe It Or Not I Care): A Mentoring Program Changing Student’s Lives and the School Culture</td>
<td>Heidi Larson</td>
<td>PhD</td>
</tr>
<tr>
<td>Bringing the Challenge to Challenging Adolescents: Adventure-Based Counseling</td>
<td>Kimberly A. Hart</td>
<td>MSEd, Supervisor-in-Training, PEL, NCC, LPC</td>
</tr>
<tr>
<td>Challenges in Supervision: Training, Living and Working While Navigating Dual Relationships in Small Towns</td>
<td>Tara Samples</td>
<td>PhD</td>
</tr>
<tr>
<td>Clinical Supervision Experiences for School Counselors: Fostering Empathy in a Problem-Focused Environment</td>
<td>Vince Walsh-Rock</td>
<td>LCPC, PEL-Counselor &amp; Administrator</td>
</tr>
<tr>
<td>Crafting Positive Change in Your Organization: Reinventing Agencies, Departments, or Practices</td>
<td>Jeff Edwards</td>
<td>EdD</td>
</tr>
<tr>
<td>Cultivating Authentic Community in Counseling Programs through Faculty-Student Relationships</td>
<td>Justin D. Lauka</td>
<td>PhD, LCPC, CCMHC, NCC, ACS</td>
</tr>
<tr>
<td>DSM-5 Cultural Formations: Paranormal Issues in Counseling</td>
<td>Michele Kerulis</td>
<td>EdD, LCPC</td>
</tr>
<tr>
<td>Engaging Families of Troubled Teens to Reinvent Their Community Supports</td>
<td>Jillian Rawl</td>
<td>MA, LCPC, NCC</td>
</tr>
<tr>
<td>Ethical Challenges within Tightly Woven, Small College Campus Communities</td>
<td>Sarah Patterson-Mills</td>
<td>PhD, LPC, Associate Professor</td>
</tr>
<tr>
<td>Ethics and Using Social Media in Career and College Counseling</td>
<td>Sarah Patterson-Mills</td>
<td>PhD, LPC, Associate Professor</td>
</tr>
<tr>
<td>Ever Expanding Ripples: The Role of Compassion in Fostering Community</td>
<td>Deb Majewski</td>
<td>EdD, LCPC</td>
</tr>
<tr>
<td>Grief Group Counseling in Schools</td>
<td>Elizabeth Rodden</td>
<td>MA, NCC</td>
</tr>
<tr>
<td>Legislative Update on School Counseling in Illinois</td>
<td>Toni R. Tollerud</td>
<td>PhD</td>
</tr>
<tr>
<td>Meditation with Hemi-Sync maximum 15 persons in workshop</td>
<td>Carol Joyce</td>
<td>LPC</td>
</tr>
<tr>
<td>Mental Health and the Law: Conflict and Cooperation</td>
<td>Gwendolyn J. Sterk</td>
<td>JD, MA</td>
</tr>
<tr>
<td>Reinventing Community Through Art &amp; Human Connection</td>
<td>Melissa Hedlund</td>
<td>ATR-BC, LCPC</td>
</tr>
<tr>
<td>Reinventing Community with Adolescents through Expressive Arts and Drama Therapy (A Progression)</td>
<td>Azizi Marshall</td>
<td>MA, RDT/BCT, REAT, LCPC</td>
</tr>
<tr>
<td>Screening for PTSD, Head Trauma, and Substance Abuse</td>
<td>Joseph E. Troiani</td>
<td>PhD, CADC</td>
</tr>
<tr>
<td>The Critical Need for Counselors to Address Mental Health Issues of Older Adults</td>
<td>Donna Kirkpatrick Pinson</td>
<td>EdD, LCPC, NCC, NCSC</td>
</tr>
<tr>
<td>The Mindful Resiliency Wheel Model of Integrative Well-Being</td>
<td>Chris Rybak</td>
<td>PhD, LCPC</td>
</tr>
<tr>
<td>The Purpose and Power of Our Earliest Memories</td>
<td>Mark Bilkey</td>
<td>PsyD</td>
</tr>
<tr>
<td>Therapeutic Entanglements: The Web of Countertransference</td>
<td>Serena Wadhwa</td>
<td>PsyD, LCPC, CADC</td>
</tr>
<tr>
<td>Undocumented Students: from Legislation to Practice</td>
<td>Susana DasNeves</td>
<td>MS</td>
</tr>
<tr>
<td>Veterans and PTSD: Using Equine Assisted Counseling in an Arena for Change</td>
<td>Sandra L. Kakacek</td>
<td>EdD, LCPC</td>
</tr>
<tr>
<td>Risk and Predictor Factors for PTSD and PTG Among Military Veterans: A Strength-Based Paradigm</td>
<td>Shedeht Tavakoli</td>
<td>PhD</td>
</tr>
<tr>
<td>Title</td>
<td>Lead Presenter</td>
<td>Credentials</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Activities that Teach Character</td>
<td>Carl Olson</td>
<td></td>
</tr>
<tr>
<td>Application of Bowen Family Systems Theory: Use of the Family Diagram in Residential Treatment to Support Transition to the Community</td>
<td>Denise Purvis</td>
<td>LCPC</td>
</tr>
<tr>
<td>Assessment from an Early Childhood and Systems Perspective</td>
<td>Tiffany Stoner-Harris</td>
<td>PhD, LCPC, NCC</td>
</tr>
<tr>
<td>Balancing Counselor Ethics and Boundaries for Counselors in A.A.</td>
<td>Melissa Milliken</td>
<td>LPC</td>
</tr>
<tr>
<td>Challenges of Academically Gifted Children</td>
<td>Enhnelle R. Morris</td>
<td>MHS, Graduate Student, CADC</td>
</tr>
<tr>
<td>Counseling Hindu Clients</td>
<td>Aaron Henn</td>
<td>MACP Student</td>
</tr>
<tr>
<td>Counselors and Counselor Educators Enacting Authentic Social Justice Practices with Populations of Ex-Offenders, Individuals Who are Incarcerated, and Their Families to Reinvent Community</td>
<td>Kimberly A. Hart</td>
<td>MSe, Supervisor-in-Training, PEL, NCC, LPC</td>
</tr>
<tr>
<td>Creating Cohesion: Construction of Commitment and Community in Group Supervision</td>
<td>Charles E. Myers</td>
<td>PhD, LCPC, NCSC, NCC, ACS, RPT-S</td>
</tr>
<tr>
<td>Cultivating Competence through Reflective Communities: Using Creativity and Diversity to Enhance Counselor Development</td>
<td>Kimberly A. Hart</td>
<td>MSe, Supervisor-in-Training, PEL, NCC, LPC</td>
</tr>
<tr>
<td>Evidenced-Based Interventions For Working with LGBTQ K-12 Students</td>
<td>Ryan Hancock</td>
<td>PhD, ACS, LCPC, NCC</td>
</tr>
<tr>
<td>Factors of Effective Couples Counseling</td>
<td>Nathaniel Gilham</td>
<td>EdD</td>
</tr>
<tr>
<td>Leaky Roofs and Candlesticks: Building Resilience in the Depths of Poverty</td>
<td>Benton Johnson II</td>
<td>PhD, LCPC</td>
</tr>
<tr>
<td>Marriage Equality: Alternate Family Structures and Implications for Counseling</td>
<td>Jennifer Johnson II</td>
<td>MA, LCPC, CADC</td>
</tr>
<tr>
<td>Meeting the Demand: Trauma-Informed Counseling Constructs for Children and Adolescents in Counselor Education and Supervision</td>
<td>Nate Perron</td>
<td>MA, MDiv, LCPC</td>
</tr>
<tr>
<td>Military Conscious Schools: A Critical Component to Reinventing Community</td>
<td>Katherine M. Wix</td>
<td>PhD Candidate, LPC, NCC, TYPE 73</td>
</tr>
<tr>
<td>Sensible Gaps: Bridging the Ways We Make Sense to Enhance Clinical Efforts and Client Outcomes</td>
<td>Kevin Stouffer</td>
<td>PhD, LCPC, CCMHC, CFT</td>
</tr>
<tr>
<td>Successfully Navigating the Unseen: The Mutual Learning Process Between Supervisor with Unimpaired Sight and Student Counselor-in-Training with Impaired Sight</td>
<td>Kim M. Baldwin</td>
<td>PsyD</td>
</tr>
<tr>
<td>Supervision’s Role in Reducing Vicarious Trauma</td>
<td>Denise Purvis</td>
<td>MS, LCPC, CRADC, MISA II</td>
</tr>
<tr>
<td>The Brainwork of Therapy: A Brain-Based Model of How Therapy Works</td>
<td>Jay Einhorn</td>
<td>PhD, LCPC</td>
</tr>
<tr>
<td>The Efficacy of Service Dogs Among U.S. Veterans Suffering from Posttraumatic Stress Disorder</td>
<td>Michele Kerulis</td>
<td>EdD, LCPC</td>
</tr>
<tr>
<td>The History and Uses of Sandtray for Therapy</td>
<td>Mary Ellen O’Hare-Lavin</td>
<td>PhD</td>
</tr>
<tr>
<td>The Power of Erotic Encounter: Exploring Erotic Authenticity and Vulnerability</td>
<td>Nadia Greenspan</td>
<td>BA, Graduate Student</td>
</tr>
<tr>
<td>Then My World Ended: Using Group Sandtray to Reinvent Community after Loss</td>
<td>Charles E. Myers</td>
<td>PhD, LCPC, NCSC, NCC, ACS, RPT-S</td>
</tr>
<tr>
<td>Trauma in the Urban World: Neurobiology of Violence Exposure</td>
<td>Neha Darji</td>
<td>MS, LCPC</td>
</tr>
<tr>
<td>Trees and A$$: Redirecting African American Young Men from a Culture of Disconnection to Connection</td>
<td>Kashunda McGriff</td>
<td>EdD Candidate, LPC, NCC</td>
</tr>
<tr>
<td>Unpacking Discreet Populations within of LGBTQ Community: An Intimate Look at “Ballroom Kids” and Counselor Treatment</td>
<td>Fredrick A. Kendricks Jr.</td>
<td>MA</td>
</tr>
<tr>
<td>Using National Career Development Guidelines to Enhance College and Career Readiness Programming</td>
<td>Brenda High</td>
<td>MS, GCDF</td>
</tr>
<tr>
<td>Virtual Community: The Use of Video Games in Therapy</td>
<td>Leslie Contos</td>
<td>BS</td>
</tr>
<tr>
<td>What am I Allowed to Share?: Collaborative Treatment Under HIPAA</td>
<td>Lorna Hecker</td>
<td>PhD, LMFT, CHPS</td>
</tr>
<tr>
<td>Workplace Bullying: Supporting Counselors in Their Work with Targets</td>
<td>Judy Skorek</td>
<td>EdD</td>
</tr>
</tbody>
</table>
Pre-Conference & Conference Registration

Make your own hotel reservations by October 23, 2014 directly with the Marriott, Schaumburg. Use group code Illinois Counseling Association. ICA Room Rate: $109.00 per night + tax. Phone hotel 847-240-0100.

Name ____________________________

Street/Credit Card Billing Address ____________________________

City ____________________________ State ______ Zip ____________

E-mail __________________________

Phone (H) ___________ (W) ____________

Card Number __________________________

Expiration Date ___________ CVV Code __________________________

IDFPR License # __________________________

ICA Members Only: Mark only one. The division you mark will receive a portion of your registration fee.

☐ IAACE Assessment ☐ ICAC Children & Adolescent

☐ IAADA Adult Development ☐ ICDA Career Development

☐ IACFC Couple & Family ☐ ICES Counselor Educators

☐ IALGBTIC LGBT Issues ☐ ICJS Social Justice

☐ IAMC Multicultural ☐ IMHCA Mental Health

☐ IASGW Group Specialists ☐ ISCA School Counselors

☐ IACAC Children & Adolescent ☐ 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, 2014. No refunds will be given for late cancellations. ICA shall assume no liability whatsoever in the event that a workshop(s) is cancelled, rescheduled, or postponed due to a fortuitous event, Act of God, unforeseen occurrences or any other event that renders performance of this conference impracticable, illegal or impossible. This shall include, but not 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, alternations or cancellations of the speaker(s) 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.

Pre-Registration must be received before November 1, 2014 to take advantage of the early registration discount.

Thursday, Pre-Conference Workshop
Attendees may earn 6 Continuing Education hours at the Pre-Conference.

Conference Friday and Saturday
Attendees may earn up to 13 Continuing Education hours for participation in conference sessions.

Conference Package includes: Welcome Reception; Breakfasts; Friday and Saturday Luncheons; Friday Reception; Keynote Session; All Content Sessions

Circle Pre-Conference Payment Choice

All Day Pre-Conference: Crossing the Mental Health/HealthCare Divide
Member $75 • Non-member $125 • CEII $75

Half Day AM Workshop: Advanced Private Practice
Member $50.00 • Non-member $65.00

Half Day PM Workshop: The Experience of Combat & Deployment
Member $50.00 • Non-member $65.00

Both Half Day Workshops
Member $75 • Non-member $125

ICA Members

<table>
<thead>
<tr>
<th>Before Nov. 1</th>
<th>Nov. 1 &amp; After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference Package</td>
<td>$215</td>
</tr>
<tr>
<td>Friday only (includes breakfast &amp; lunch)</td>
<td>$135</td>
</tr>
<tr>
<td>Saturday only (includes breakfast &amp; lunch)</td>
<td>$135</td>
</tr>
</tbody>
</table>

ICA Member Retirees

<table>
<thead>
<tr>
<th>Before Nov. 1</th>
<th>Nov. 1 &amp; After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference Package</td>
<td>$190</td>
</tr>
<tr>
<td>Friday (includes breakfast &amp; lunch)</td>
<td>$130</td>
</tr>
<tr>
<td>Saturday (includes breakfast &amp; lunch)</td>
<td>$130</td>
</tr>
</tbody>
</table>

Students

<table>
<thead>
<tr>
<th>Before Nov. 1</th>
<th>Nov. 1 &amp; After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference Package</td>
<td>$190</td>
</tr>
<tr>
<td>Friday (includes breakfast &amp; lunch)</td>
<td>$130</td>
</tr>
<tr>
<td>Saturday (includes breakfast &amp; lunch)</td>
<td>$130</td>
</tr>
</tbody>
</table>

Non-Members

<table>
<thead>
<tr>
<th>Before Nov. 1</th>
<th>Nov. 1 &amp; After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference Package</td>
<td>$270</td>
</tr>
<tr>
<td>Friday (includes breakfast &amp; lunch)</td>
<td>$155</td>
</tr>
<tr>
<td>Saturday (includes breakfast &amp; lunch)</td>
<td>$155</td>
</tr>
</tbody>
</table>

Presenters/Exhibitors

Must register online at www.ilcounseling.org

Additional Tickets (each)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday Luncheon</td>
<td>$30</td>
</tr>
<tr>
<td>Saturday Luncheon</td>
<td>$30</td>
</tr>
</tbody>
</table>

Contribution for Volunteers’ Lunches $ ____________

TOTAL AMOUNT ENCLOSED: $ ____________

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) and Psychologists (IDFPR license # 268-000099). The ICA is an NBCC-Approved Continuing Education Provider (ACEP) and may offer NBCC-Approved Clock Hours for events that meet NRCC requirements. The ACEP solely is responsible for all aspects of the program. Provider #2014. CPDUs from ISBE.
Friday night entertainment provided by

The Therapy Players

ICDA Career professionals will be available for consultations.

Bring your resume and questions. Schedule your appointment at the ICDA exhibit table during the ICA Conference.

Early Morning Yoga on Saturday at the ICA Conference

Be transported with a relaxing chair massage. Schedule your massage at the ISERVIC exhibit table.
Reinventing Professional Community Through Informed Engagement:

*A Call to Potential Counselors*

By: Matt Glowiak, MS, LPC, NCC

Think back to earlier in your education. If you were asked to define what a professional counselor was and what one did, could you have done it? Do you recall at what point you first heard of professional counseling and wanted to become a professional counselor? Elementary school? Junior high? High school? Undergraduate? For some of us the answer is likely not until graduate school. Now think back to the point when you were originally interested in pursuing a career as a helping professional. What options were available? If you thought about it early enough, you might have become a peer mediator. Maybe you enrolled in the high school Advanced Placement Psychology course. At the undergraduate level many colleges and universities offer courses in psychology, which sometimes steer students toward careers in psychology, social work, or psychiatry. Unfortunately, our attempts at recruiting the counselors of tomorrow may be impaired from the start. If younger generations are unaware of who we are and what we do, how can we attract their interest? Given that selecting one's career path is often an overwhelming experience, offering some guidance and a little mentoring might prove key to enlisting rather than losing out on some of tomorrow's dedicated counselors.

This year the Illinois Counseling Association has placed its focus on “Reinventing Community.” “Reinventing Community” is about reinventing the ways we look at, serve, research, engage, talk about, treat, and define community and the issues we encounter or create. Larger numbers of professionals working together have an increased likelihood of reinventing our communities. Therefore, helping professions? and, “What populations do professional counselors serve?” are all important when making an informed decision. With this information students might make a decision to choose professional counseling over one of the alternative helping professions.

The purpose of this project is to facilitate an awareness of professional counseling and ICA across our communities statewide. By combining the efforts of the Illinois Counseling Association (ICA) and Chi Sigma Iota (CSI), the Counseling Academic & Honor Society International, graduate students and other professional volunteers will host an informative event focused on professional counseling as a career at this year’s annual conference. This pilot project reinvents community by exploring a different way of engaging potential counselors or, more immediately, by enhancing our understanding of how those new to the profession perceive how we are projecting ourselves as professionals and/or portals to the profession.

Participants will include ten individuals who are undergraduate, graduate, or between-degree students with a vested interest in the helping professions. Qualified individuals who would like to participate will be nominated by a teacher or professional and participate in an essay competition. A small taskforce, created and led by ICA president Dr. Kevin
Stouffer, PhD, LCPC and doctoral student member Matt Glowiak, MS, NCC, LPC, is working with the conference planning committee to create this project. The ten students will be selected by this taskforce. For recruitment, the taskforce will send announcements to administrators at Illinois colleges and universities that offer mental health courses and will also reach out to ICA divisions and CSI chapters. Selected participants will pay the ICA conference student rate less any potential discount acquired through grant funding. During the conference they will participate in a morning keynote followed by a 50-minute opening session that will explore the many facets of professional counseling. Two conference sessions of interest will complete the morning. Everyone will then take part in a networking lunch. After attending two additional conference sessions, a final 50-minute closing session will conclude the day.

A successful trial of this event may ultimately lead toward a number of benefits for ICA, the student participants, and the state of Illinois, as follows:

Benefits to ICA

1. By reaching out to exceptional individuals before they select other career paths, ICA may recruit its next elite class of leaders, innovators, and ambassadors of the profession.

2. By enhancing the quality of early interaction with division members, the various ICA divisions may recruit future members who are vested in their causes.

Benefits to Participants

1. Participants will be provided with an experience that highlights the diversity of the counseling profession, career options, community service, research opportunities, conference participation, etc.

2. Participants may become connected with mentors, counseling students, and professionals—developing potentially meaningful relationships that may ultimately help guide their careers.

Benefits to the Community

1. There will be an increase of upcoming professionals who are informed, focused, and aware of the role ICA plays in the profession and community. Involvement with ICA from the beginning of their education means more opportunities for active participation and personal growth, thereby developing more active/effective advocates for clients and the profession.

2. By utilizing the concept of mentoring for emerging leaders with these select candidates they may experience a host of professional contacts, resources, and opportunities they would otherwise have missed. For the purposes of this project, modeled on the Leadership Development Academy concept, emerging students will have professional development opportunities parallel to those of emerging leaders. This will allow for the progressive development of future ICA members, a critical component for holding its own presence within the field and community.

Further, this project will be evaluated for its value to ICA, CSI, students, and the counseling field in general. Data will then be used to inform how we may best enhance recruitment into the profession (beyond just numbers… i.e., assist with development of interest in specialty areas where there is need, etc.). As a first-ever study of its kind, successful implementation would make ICA and CSI pioneers for future recruitment initiatives across the nation. If you are interested in receiving more information, would like to volunteer, or to nominate any interested students; please contact me at: matthew.glowiak@waldenu.edu.

Matt Glowiak, MS, NCC, LPC is a counselor at Stonybrook Center in Winfield and Integrative Counseling & Psychological Services in Naperville. Additionally, he is in the dissertation phase of his doctorate in the philosophy of Counselor Education & Supervision at Walden University. Over the past several years Matt has published peer-reviewed articles, contributed in multiple textbooks, served as an ACA graduate student committee member, is a CSI International community engagement committee member, advocates on behalf of addictions populations, and is now a CSI International Leadership Fellow.
Things that go bump in the night. Seeing something out of the corner of your eye. Feeling as if something is behind you. Knowing who is calling on the telephone. Having a feeling that something is not quite right. These are things that countless people around the world have experienced. Some attribute these experiences to a sixth sense, while others believe that there are sound, scientific explanations for them. Scientists have disagreed for centuries with believers about the causes of paranormal experiences and have designed countless research projects to prove that there is a reasonable explanation for the phenomena. History has shown that experiences which seem bizarre, often do, in fact, have a logical explanation. It takes scientists who are not afraid of risks to examine phenomena that are considered too far from mainstream science to justify academic research. For example, people refused to believe the following now well known facts prior to gaining scientific proof: germs on doctors' hands cause infections to patients; proteins cause brain damage; and the earth orbits around the sun. However, there are many things that science cannot yet explain.

Paranormal experiences (unusual experiences that lack scientific explanation) have been reported by people through all ages and across the world. However, Moulton and Kosslyn (2008) remind us that “the absence of a normal explanation does not justify the presence of a paranormal explanation.” They examined paranormal cognitions and actions, known as psi, using functional magnetic resonance imaging (fMRI). The results did not reveal significant differences in psi vs. non-psi stimuli.

Moulton and Kosslyn concluded that psi does not exist. However, for therapists the question remains: what is the proper approach of a counselor to a client reporting paranormal issues? The counselor should take cultural norms into consideration and have non-judgmental conversations with clients about their experiences. According to the DSM-5:

Culture refers to systems of knowledge, concepts, rules, and practices that are learned and transmitted across generations. Culture includes language, religion and spirituality, family structures, life-cycle stages, ceremonial rituals, and customs, as well as moral and legal systems. Cultures are open, dynamic systems that undergo continuous change over time; in the contemporary world, most individuals and groups are exposed to multiple cultures, which they use to fashion their own identities and make sense of experience.

The Cultural Formation Interview in the DSM-5 guides counselors through a semi structured interview process to help conceptualize issues in a social, cultural, and historical context. The format is available for free online at (http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures#Cultural). The interview includes 16 questions related to cultural identity of the individual; cultural conceptualization of distress; psychosocial stressors and cultural features of vulnerability and resilience; cultural features of the relationship between the individual and the clinician; overall cultural assessment; cultural definition of the problem; cultural perceptions of cause, context, and support; stressors and supporters; the role of cultural identity; cultural factors affecting self-coping and past and current help seeking.
In addition to recommendations within the DSM-5, the American Counseling Association (2014) Code of Ethics provides more guidelines when working with clients that can be applied to paranormal issues (e.g., A.2.c Developmental & Cultural Sensitivity; A.4.B Personal Values; C.2.a Boundaries of Competence; E.5.b Cultural Sensitivity [in diagnosis]; E.8 Multicultural Issues/Diversity in Assessment). Once counselors understand clients’ issues from a well-rounded perspective, they can better assess if the presenting issue should be classified as a mental health problem that could be alleviated with treatment, a culture-bound phenomenon, or a non-harmful event that can be processed in session. It is also within counselors’ roles to help clients seek cultural healers when counselors believe that the healers can provide more effective assistance to clients.

Some practitioners dismiss paranormal experiences as delusional, psychotic, or abnormal and fail to provide support to people who experience unexplained phenomena. Many people want to seek help with their experiences but fear being stereotyped and judged. Smith & Simmonds (2006) studied help-seeking and paranormal beliefs in adults in their 20’s-50’s and found that 70% of the people wanted their belief systems taken into account when seeking help for a serious and non-psychiatric problem. Nearly 80% believed that counseling is an acceptable way to obtain help; however, nearly half of the people preferred talking with a friend rather than seeking professional counseling.

It is also useful for counselors to know common characteristics of people who tend to hold paranormal beliefs. Many different patterns of belief are held, some replacing traditional religious beliefs with more personalized belief systems (Rice, 2003). Rice examined paranormal beliefs and found that women were more likely to believe in paranormal occurrences than men, but that men were more likely to believe in UFOs and extraterrestrial visits. He also found that people from different income and education levels held different paranormal beliefs; people with higher levels of education had stronger beliefs in ESP, psychic healing, and déjà vu, and people with less education were more prone to beliefs in astrology and traditional religious paranormal events.

Another set of researchers (Gow, et al., 2009) pointed out that people do not have to experience a paranormal event in order to believe that such an event is possible. For example, over 50% of their participants expressed the belief that death bed visions are possible, and only 1% reported actually experiencing a death bed vision. Another factor is proneness to fantasy or daydreaming. People who are more prone to fantasy are also more likely to believe in paranormal phenomenon (Smith, Johnson, & Hathaway, 2009). In addition, oppressed and traumatized groups (Cavalli, 2012; Lowinsky, 2011; Smith, et al., 2009) may be prone to paranormal beliefs.

The question of pathology is often raised when discussing paranormal beliefs. Not all people who have paranormal beliefs meet criteria for diagnosis; yet, people with depression, dissociation, and ADHD have been associated with paranormal belief systems. In fact, those with depression were more likely to believe in ghosts; people with ADHD were prone to cryptozoological beliefs, and people with dissociative tendencies were linked to multiple paranormal beliefs (Sharps, Matthews, & Asten, 2006). Auton, Pope, & Seeger (2003) pointed out that belief in paranormal ideas is not indicative of pathology and that social environment and exposure to TV programs about paranormal activities can influence belief. Sharps, et al. concur and add that family influence can play a role in belief systems. Counselors should pay attention to clients’ overall belief systems and worldviews when exploring these issues.

Counselors are faced with all different types of clients and issues and are charged with utilizing their skills and training as helping professionals to help people manage different aspects of life. Paranormal beliefs can be linked to a variety of characteristics and, as long as the client is not at risk of harming self or others, may be considered culturally normal and non-harmful. Developmental progressions including coming of age, grief and loss, death and dying, and existential exploration are all times when paranormal beliefs may arise. Using the DSM-5 and the ACA Code of Ethics as guides, counselors can create well-informed cultural conceptualizations and provide an atmosphere for clients to process their paranormal ideas when these are important to them.

References
CICO

What Is CICO?
Illinois is fortunate to have an active political advocacy system that supports all counselor interests. CICO (Coalition of Illinois Counselor Organizations) is a consortium of counselor organizations that focuses on legislative advocacy.

What Does CICO Do?
The CICO Executive Director is Dan Stasi. Each legislative session that group looks at legislation that is being proposed and evaluates its support, opposition or neutrality toward that legislation. CICO will also draft legislation that it feels is needed to make changes in existing Illinois laws. We also look at State of Illinois legislative rules that are proposed and submit suggested changes or make comments supporting those changes.

The Executive Director will travel to Springfield to offer testimony at legislative committee hearings on legislation we strongly support and/or oppose. This past legislative session we supported several bills on behalf of Illinois Counselors and testified in Springfield on several occasions.

CICO worked on three bills that amended the School Code

If you are a School Counselor:

FIRST Illinois House Bill 4207. This bill adds a definition of cyberbullying to the School Code. It extends school action against cyber-bullying to include that which takes place off of school property, computers, or events if it is brought to school and is creating a disruption to the educational process. Bullying policies must be extended to include a process to examine if certain bullying activities are in the school's jurisdiction and require providing information to students about the school's counseling services. This is now law.

SECOND Illinois House Bill 5286. This bill amends the School Code and provides that 4 years of working in the capacity of school support personnel shall be counted towards a principal endorsement for a Professional Educator License. (Currently the law requires teaching experience for 4 years as the only option). The bill has a sunset date of 6/30/2019. This will allow school counselors to achieve an administrative Principal Endorsement. Previously only teaching experience would qualify someone. School Counselors could not become Directors of Guidance Departments, Special Education Directors or Principals. Now they can. This is now law.

THIRD Illinois House Bill 5288. This bill was drafted by the Illinois School Counselors Association. It provides an extensive definition of the role a school counselor can have in a school. The bill amends the School Code for school counseling to further define the role and services of school counselors in the school environment. It is now law.

If you are a Mental Health Counselor:

FIRST Illinois House Bill 4405 amends the Mental Health and Developmental Disabilities Code. It defines “clinical professional counselor”.

It will help clarify and define LCPCs in the Mental Health Code. They are not currently defined there.

SECOND In Washington, D.C. A bill on changing Medicare was introduced in the U.S. House ACA is proud to announce that for the first time in five years, a bill that calls for the reimbursement of Licensed Professional Counselors by Medicare has been introduced in the United States House of Representatives. Representative Chris Gibson (R-NY) recently introduced H.R. 3662, the “Mental Health Access Improvement Act”, a companion bill to S. 562. Representative Mike Thompson (D-CA) served as the co-sponsor of the bill.

Representative Gibson stated that, “This legislation provides an important expansion of mental health access for Medicare recipients. By adding thousands of highly qualified licensed mental health counselors and marriage and family therapists to the provider network, the bill ensures continuity of care without adding new services or altering the scope of practice.”

Thanks to Representative Gibson’s work and his initiative, we are one step closer towards our goal of Medicare reimbursement. In the coming months, your Government Affairs team will be working to promote this bill with our colleagues and other groups.

If you would like to review the legislation, you can do so by clicking by visiting: thomas.loc.gov/home/thomas.php and searching for H.R. 3662

What You Can Do?
Please call or e-mail your Representative and ask them to co-sponsor H.R. 3662 the “Mental Health Access Improvement Act”. Let your Representatives know that this is a bi-partisan bill that has been supported by Republicans in the past, and is supported by both parties now. You can also let them know that private sector health plans have been covering counselors for many years.

In addition CICO organizes and sponsors an Annual Day on the Hill. CICO Day On The Hill 2015 Will Be Wednesday, February 25, 2015 Springfield Illinois.

Registration online at www.cico-il.org

Dan Stasi
Dan Stasi (center) CICO Executive Director, Lobbyist with Illinois Senators Durbin & Kirk
The Illinois Counseling Association Foundation (ICAF) is excited to share some news about the organization. On May 3 and 4, 2014, the Board of Directors completed Strategic Planning facilitated by Don Norton and Rick Ringer. Norton, M.A., is President/CEO of the non-profit Illinois Agricultural Leadership Foundation. Dr. Ringer is an ISU Associate Professor of Management in the Department of Management and Quantitative Methods and Director of the Organizational Leadership Institute.

During Strategic Planning the ICAF vision was developed and described as “an empowered, innovative counseling profession in Illinois.” Its mission was defined: “In order to promote excellence in counseling and support mental wellness in Illinois, the Illinois Counseling Association Foundation provides financial support that encourages professional development and research and which addresses social issues within the state.”

ICAF values were specified as: respect human dignity; embrace diversity, multiculturalism and social justice; support creativity, and uphold fiscal responsibility. ICAF respects the lives of humans and animals and seeks to cause no harm to life. ICAF believes the world is enriched by having people of different ethnicities, races and lifestyles participate on the Board of Directors and in the counseling profession. ICAF recognizes that there are populations in Illinois that are underserved by counselors, and that counseling plays an important part toward advancing social justice in Illinois.

ICAF recognizes the need to think beyond the constraints of current circumstances and works to fund those projects that take an innovative approach to addressing the needs of the counseling profession. ICAF’s ability to carry out its mission is directly related to its ability to fund projects. Those funds have been entrusted to the Foundation, and the Board of Directors has a profound obligation to respect the wishes of our main benefactor and all of its donors to spend funds in a fiscally responsible manner.

An outgrowth of the Strategic Planning is the major milestone of deciding to hire a full-time Executive Director to begin January 1, 2015. Developing a Policy and Procedures Manual; forming committees; and setting one-, three-, and five-year goals are examples of enhancing the structure of the Foundation. The ICAF webpage has been updated. Check it out at www.icafoundation.org to learn about types of grants and how to apply, grant recipients, ICAF history, and more.

Dr. Melanie Rawlins, President
ICAF Board of Directors
Psychotherapy works, as abundant research tells us, but how it works is another matter. Each school of therapy has come up with its own explanation, based on its own theory, and the various camps have fought for control of the explanation of how therapy works. Meanwhile, neuroscience has been plugging along, and it is now becoming possible to trace the beginnings of a brain-based model of how therapy works.

In order to consider the brainwork of therapy, let’s consider the cognitive and affective processes that are involved in therapy, and see how they are mediated through brainwork, while remembering that:

- Anything we say about the brain is an oversimplification;
- The brain is modular, meaning that different parts are specialized for different kinds of tasks;
- The brain is networking, meaning that various parts wire up for different tasks, and then configure differently for other tasks;
- "Every brain is unique in the history of the universe," as neuroscientist Gerald Edelman said.

Self-observation is one of the key brainwork activities of therapy. The ability to watch what we are thinking and feeling as we talk about the issues of our lives, about how we are reacting to various people and situations etc., provides much of the content of therapy, and developing self-observation is itself a big part of treatment.

A simple question from therapist to client like, “How did you feel when your mother asked you that?” perhaps followed up by “How come you felt that way?” invites the client to observe her own feelings and thoughts and to contemplate the history of her relationship with her mother and what that means now, with some degree of detachment. Just as the presence of light alters how some chemical and atomic reactions occur, awareness itself can change the content and process of internal reactions. So self-observation is a key focus of therapeutic skill training; it might be called a "top-down" focus. In the brain, self-observation is largely a function of the prefrontal lobes—that is, the front part of the frontal lobes, behind the forehead—and especially, in most people, the right prefrontal lobe. We know this because injuries to the right prefrontal lobe are often associated with loss of the ability to self-monitor. Since the emotional centers are lower in the brain, engaging the prefrontal lobes in self-monitoring is literally a top-down process.

Labeling and describing thoughts, feelings and internal states is another part of therapy, whether we call it psychodynamic, client-centered, or cognitive-behavioral. Generally, most narrative, sequential language tends to be processed mainly in the left hemisphere, while the more relational, analogical and metaphorical language functions tend to be processed mainly in the right hemisphere. Much of the work of therapy is in learning to describe thoughts, feelings, situations and reactions that we can’t, in the beginning, describe in a way that does justice to them. Often clients will try to change the subject because they don’t have language to describe whatever they are experiencing, and my teachers have taught me, when I see clients moving away from experience which they find difficult to describe, to encourage them to stay with their experience and try to find ways to describe it at least approximately. “But it’s so hard,” they’ll say, and I reply, “Of course it is. This is part of the brainwork of therapy. The networks within your brain that process language are not, for the time being, connecting up with the networks that have perceptions and experience, and you are literally growing connections in your brain between networks.”
Furthermore, the right hemisphere, as neuroscientist Elkhonon Goldberg emphasizes, is more specialized for processing novel stimuli, while the left hemisphere is more specialized for processing routines we already know how to do. Emotionally, the right hemisphere, struggling with new ways to perceive and do things (including ourselves) is often characterized by dissatisfaction and associated emotions, while the left hemisphere, bopping along with what it already knows how to do, is happier. So there is a connecting of interhemispheric networks in perceiving self and situations in novel ways and developing new responses that become routinized.

Focusing on feelings is a “bottom-up” approach to therapeutic intervention, contrasting with the top-down approach of primarily engaging the self-observing functions of the prefrontal lobes. Of course, there’s always some prefrontal executive function involved in anything we ask a client to do, but it’s a matter of proportion. “Stay with the feeling,” rather than talking about it, is the focus, as seen in Emotion Focused Therapy and Gestalt Therapy (from which EFT was partly developed), and other affectively and somatically based therapeutic interventions. I used this approach when consulting with a colleague in a peer study group, when I asked her how it felt to be with a particularly difficult client whose treatment she was presenting. She responded by describing the client, “I feel like she’s…,” and I redirected her to her own feelings. She didn’t like it at first, and gave me a look like I was being some kind of idiot, but then she got it. Once she could identify how it felt for her to be with this difficult client, we were able to reframe how she might move forward with her. Neuroscientist Jaak Panksepp has identified seven primary subcortical neuroaffective emotions, which he capitalizes to show that each has its own dedicated physiology and neurochemistry: SEEK, FEAR, RAGE, CARE, LUST, PANIC/GRIEF, PLAY. Focusing on feelings can bring therapy into the here and now, connecting affective with executive functions from the bottom up.

Looked at in this way, we can see that most forms of therapy involve all three kinds of brainwork: cultivating self-observation, connecting verbal description with nonverbal experience, and focusing on feelings.
Reinventing Community is this year’s ICA conference theme. In one form or another, you have been reading about it in Contact over the past 12 months. We have dialogued about our experience of it as counselors working in the midst of society as change agents and as those affected by the tides of change that ebb and flow with the many currents of the human experience on this great planet. We have considered how change is ever and always a part of community and the ways that we engage one another and those we serve; and that we always have a sense of the present as the cutting edge of the future.

Reinventing Community is about us, the people we serve, our colleagues in other mental health and healthcare professions, and the multitude of communities in which we live, work, and identify. And this is a conference that celebrates no one person’s vision nor even the consensus of a few conference planners. Instead, Reinventing Community celebrates our many ways of living, encountering, imagining, creating, and helping one another. This is a conference of our many possibilities in community as counselors, counselor educators, and counselors in training.

We have the ever changing task of effectively engaging the many communities we encounter: neighborhoods, town councils, PTAs, our professional organizations, to name just a handful. The impact of the Affordable Care Act on our clients, our communities and our profession, for instance, will not be fully understood in any static sense. Indeed, it cannot be fully known yet, since it will be subject to constant modification over time, just as we and those we serve will no doubt continually adjust to the challenges and opportunities that both the Act and our reactions present. The counseling profession is part of the human ecology no more or less than are the many other mental health and healthcare disciplines with whom we interact. In a sense, we each have an effect upon one another. Our insights into ways we can help those we serve – indeed, even our sense of who we serve – continually morphs, sometimes incrementally and sometimes by leaps and bounds.

It is difficult to say which is the chicken and which is the egg, but we do see a recurring pattern: as our communities change and become more aware, so do the needs and opportunities for service by which we tend to define ourselves as students, educators and professionals. Yet, while we can neither control the precise future of our profession nor our places in it, we can influence such trajectories and continually nudge things along. Witness the effect of a group of counseling professionals who joined together about 70 years ago to found what has become today’s ICA. Building upon their sense of community, they were led to organize a persistent drive to elevate legislative awareness of professional counseling as a unique discipline that should be licensed for the public’s benefit. Such was the power of redefining our community as a body of professionals sharing a common discipline and mission; but this has been no static thing. One need only look back at the numerous revisions to statutes and regulations that ICA has supported through the Coalition of Illinois Counseling Organizations as the challenges, opportunities and clinical experiences of professional counselors have emerged and the expectations of society have changed.

So it is that the ICA conference planning team has encouraged this year’s presenters to develop workshops that reflect our evolving ways of experiencing and engaging community. Some workshops will deal with refinements that might represent incremental changes which are useful and important but that someone might apply to revolutionary ways of engaging, assessing, diagnosing, treating or defining our clients and even of reimagining ourselves. A few workshops may seek to break the sort of “me too” thinking that so often leads to an overabundance of clinicians competing for the same market rather than practicing in ways that expand the market. And still other presentations during the conference will likely prompt us to consider how we might imagine and construct new partnerships to do new things or do them in new ways, thereby enhancing the relevance, vitality and value of professional counseling.

Dr. Stouffer is the current President of the Illinois Counseling Association. He is the founder Stouffer Clinical Counseling & Consulting, LLC, and is experienced in community counseling, clinical supervision, complex case management and internal case consulting. He has maintained a 30-year consulting practice to organizations seeking to ensure high performance through effective policy and procedure for workgroups in high risk environments.
Upcoming Dates to Remember

September 2014
- 9/26/14 IMHCA Evaluation and Assessment In Counseling Supervision—Naperville
- 9/26/14 ICES Fall Conference

October 2014
- 10/19/14 Executive Committee Meeting—Lombard

November 2014
- 11/6/14 IMHCA Group, Peer, and Triadic Clinical Supervision Strategies: Best Practices—Hoffman Estates
- 11/8/14 IMHCA Legal and Ethical Issues in Clinical Supervision—Lisle
- 11/9/14 IMHCA DSM-5®: Elimination of the Multi-Axial Diagnostic System—Skokie
- 11/13/14 ICA 66th Annual Conference—Schaumburg
- 11/13/14 Governing Council Meeting—Schaumburg

December 2014
- 12/5/14 IMHCA Addressing Advanced Issues In Counseling Supervision—Chicago
- 12/5/14 NCE/LPC Test Preparation - IMHCA—Chicago
- 12/6/14 IMHCA Starting, Maintaining and Expanding a Successful Private Practice—Chicago
- 12/6/14 NCMHCE/LCPC Test Preparation - IMHCA—Lisle
- 12/13/14 IMHCA DSM-5®: Elimination of the Multi-Axial Diagnostic System—Chicago
- 12/14/14 IMHCA Legal and Ethical Issues in Clinical Supervision—Chicago

February 2015
- 2/6/15 NCE/LPC Test Preparation - IMHCA—Naperville
- 2/7/15 IMHCA DSM-5®: Elimination of the Multi-Axial Diagnostic System—Naperville
- 2/8/15 IMHCA Legal and Ethical Issues in Clinical Supervision—Skokie
- 2/21/15 NCMHCE/LCPC Test Preparation - IMHCA—Chicago

March 2015
- 3/1/15 Executive Committee Meeting—Lombard
- 3/6/15 IMHCA Annual Conference (3 Days)—Skokie
- 3/20/15 ICA Southern Conference—Collinsville
- 3/28/15 Governing Council Meeting—Chicago

April 2015
- 4/10/15 ISCA Annual Conference—Springfield
- 4/18/15 NCMHCE/LCPC Test Preparation - IMHCA—Lisle
- 4/24/15 ISCA Annual Conference - Chicagoland—Skokie

June 2015
- 6/7/15 Executive Committee Meeting—Lombard

July 2015
- 7/11/15 2015 Governing Council and Transition Meeting—TBD
- 7/17/15 NCE/LPC Test Preparation - IMHCA—Skokie
- 7/18/15 NCMHCE/LCPC Test Preparation - IMHCA—Arlington Heights

September 2015
- 9/11/15 NCE/LPC Test Preparation - IMHCA—Naperville
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 14 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 14 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.

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!

Promote Professional Counseling In Illinois

Join The Illinois Counseling Association

ICA
P.O. Box 367 • DeKalb, IL 60115-0367
877.284.1521 • fax 815.787.8787
ICAexecdir@aol.com
www.ilcounseling.org

If you’re asking yourself why join a Professional Association, then read on!
Illinois Counseling Association Membership Application

Name ________________________________

Address ______________________________

City ___________________, State ________ Zip ________

Work Location _________________________

Position ______________________________

Business Address _______________________

City ___________________, State ________ Zip ________

Phone (H) _______________ (W) _______________ (M) _______________

ICA Membership

<table>
<thead>
<tr>
<th>Illinois Counseling Association (membership required for Divisional membership)</th>
<th>Professional</th>
<th>Student/Retiree</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMHCA Illinois Mental Health Counselors Association</td>
<td>$50.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>ISCA Illinois School Counselor Association</td>
<td>$30.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>IAACE Illinois Assessment in Counseling and Education</td>
<td>$12.00</td>
<td>$6.00</td>
</tr>
<tr>
<td>IAADA Illinois Association for Adult Development and Aging</td>
<td>$12.00</td>
<td>$3.00/$6.00</td>
</tr>
<tr>
<td>IACAC Illinois Association for Child and Adolescent Counseling</td>
<td>$20.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>IACFC Illinois Association for Couples and Family Counseling</td>
<td>$12.00</td>
<td>$6.00</td>
</tr>
<tr>
<td>IALGBTIC Illinois Association for Lesbian, Gay, Bisexual and Transgendered in Counseling</td>
<td>$12.00</td>
<td>$6.00</td>
</tr>
<tr>
<td>IAMC Illinois Association for Multicultural Counseling</td>
<td>$15.00</td>
<td>$5.00</td>
</tr>
<tr>
<td>IASGW Illinois Association for Specialists in Group Work</td>
<td>$12.00</td>
<td>$6.00</td>
</tr>
<tr>
<td>ICCA Illinois College Counseling Association</td>
<td>$15.00</td>
<td>$7.50</td>
</tr>
<tr>
<td>ICDA Illinois Career Development Association</td>
<td>$20.00</td>
<td>$12.00</td>
</tr>
<tr>
<td>ICES Illinois Counselor Educators and Supervisors</td>
<td>$20.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>ICJS Illinois Counselors for Social Justice</td>
<td>$10.00</td>
<td>$5.00</td>
</tr>
<tr>
<td>ISERVIC Illinois Spiritual Ethical and Religious Values in Counseling</td>
<td>$15.00</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

Donation to ICA Foundation ________________________________________________

TOTAL PAYMENT ______________

Your Work Setting

☐ Elementary School
☐ Middle School
☐ Secondary School
☐ Post Secondary Inst
☐ Community Agency
☐ Rehab Program/Agency
☐ Business/Industry
☐ Association/Foundation
☐ Private Practice
☐ State/Local Government
☐ Counselor Educator
☐ Other _______________

License

☐ LPC ☐ LCPC

Licns# _________________________

Email __________________________

☐ Check if you do NOT wish to be on the ICA List Service for up-to-date ICA News and Counseling legislative issues.

Payment by Check or Credit Card (AMEX/Discover/VISA/MC)

Card Number __________________________

Exp. Date ___________________________ V-code #*  

*3 or 4 digit security code

Required for Student Membership: A Student must be enrolled for at least a half-time basis of six semester hours of credit.

Student Signature ___________________ Date _______________

Faculty Signature ____________________ College ____________

Ethics Pledge: As an Illinois Counseling Association member, I do hereby pledge to uphold the American Counseling Association Code of Ethics and Professional Standards of Practice at all times.

Applicant’s Signature ______________________

Date ________________________________

Thanks For Supporting Professional Counseling In Illinois!
Illinois Counseling Association’s
66th Annual Conference

59 Workshop presentations, 27 poster sessions.

Keynote:
Angela Rose founder of
PAVE: Promoting Awareness,
Victim Empowerment

Thursday Pre-Conference Symposium: Crossing the Mental
Health/HealthCare Divide: Building the Interdisciplinary
Collaborative Care Team.

Two special ½ day Pre-Conference workshops:
• The Experience of Deployment and Combat
• Advanced Private Practice

Register online at www.ilcounseling.org