



# GUIDELINES

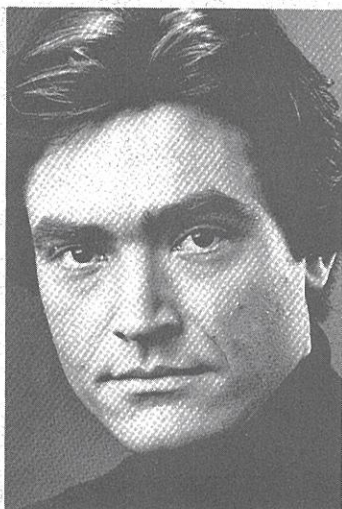
*A Publication of The Ohio Counseling Association*

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## From the President's Desk

Michael Maly



We all have our pet aphorisms. It is no coincidence that "it can happen to anyone" finds its way into my awareness, not to mention this column, at this time. To prepare for this composition, I thought to review what I wrote last fall--not that I run the risk of redundancy when I write.

The thought of scouring the office landscape for the last edition of the OCA newsletter lasted but an instant. True, I did launch into the usual paper shuffling, cussing frenzy. You know, when the

beloved article is so close you can feel its vibrations, and the frustration of the absence of the anticipated physical contact is akin to phantom limb syndrome. But this process was short-circuited by an unexpected mental image. Instead of visualizing the missing prize, I "saw" my membership renewal form! It had been last August or so when it resided safely on the desk's north forty. Then came the review of the plan to send in the check for the reiteration of my membership vows, later in the month when the bulk of the household bills got paid.

In between there and here, well, as the bumper sticker aphorism reads, "something happens." While my oversight was an inconvenience, it was a useful illustration of how easily a committed OCA member might allow a lapse in his membership. We have found that roughly one-fourth of our members are not current at any given time; and at this moment that includes yours truly. Of course, some members make a conscious decision to not renew, and it is a matter of informing them of the value that an OCA card-carrier accrues. But for those of you who are very busy and possibly over-committed, I urge you to return

your OCA membership form as soon as you receive it. While I have a real empathy for those who slip (after all, it can happen to anyone) our efforts on your professional behalf depend on your current dues!

Now to update on some of the recent action by OCA to assure that key persons and organizations in a position to influence your professional future know who you are and what you do. With the sea change taking place in health care, it is critical that we cover all fronts. While there is great opportunity for gain for counselors, we cannot take any current advantages for granted at a time when everything is up for grabs.

You might recall the information in the Fall newsletter on our work to have counselors named in the credentialing section of the accreditation standards for managed behavioral healthcare organizations set by the National Committee for Quality Assurance (NCQA). We decided to initiate a collaboration with the Ohio Council of Behavioral Healthcare Providers, a trade association whose constituent organizations include professional counselors among

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**From the President's Desk cont.** their employees. The Ohio Council, in turn, recruited me for a

clinical advisory panel from their national parent organization, the National Community Mental Healthcare Council, to offer input to NCQA. We are optimistic about the positive potential of our advocacy with NCQA. We have learned that the American Counseling Association has issued a position statement on the April, 1996, standards draft, and that ACA's Public Policy and Legislation staff welcome our activity here, noting surprise that few other states are expending much energy in this important area.

Cynthia Snyder, OCA Legislative Consultant, Jean Whitney, OMHCA President, and I met with Bill Ryan, Director of Ohio Medicaid, in anticipation of the redesign of the public health care delivery system, also known as Medicaid "transfer services". We must ensure that counselors are afforded practice privileges that are commensurate with our statutory qualifications. To that end, we accepted the hoped-for invitation from Mr. Ryan to participate in another clinical expert panel at the Ohio Department of Human Services.

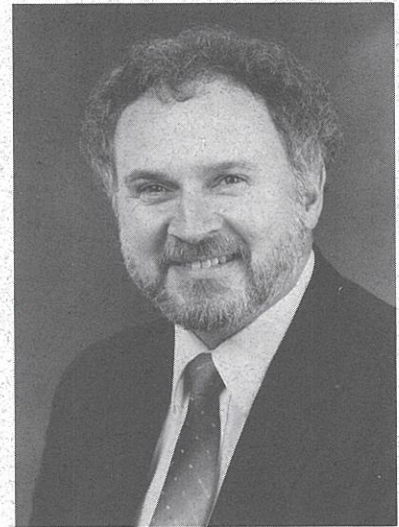
We see similar opportunities in the areas of workers' compensation, which will be administered under a managed care model, and corrections, in which there is an infusion of dollars for new services. Admittedly, the action described in this column will have an immediate benefit for mainly mental health counselors and those whose academic programs train them. But to the extent that any state legislator is aware of the capabilities of professional counselors, all counselors stand to gain. After all, "we're all in this together".

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Do you have a comment, question, or your own applicable aphorism? I'd be happy to hear from you via e-mail. Contact me at [mmaly43374@aol.com](mailto:mmaly43374@aol.com).

### Consultant's Column

Joe Saunders



Whew! Just arriving home from the All Ohio Counselors Conference, there is no other word which expresses my state of mind. The conference was exciting, but, as usual, there are many counselors with professional issues to which I responded. I graciously accept the privilege!

Conference coordinator Tim Luckhaupt shared with me that preregistrations were in excess of those last year, and with an expected sixty-five on-site registrations our conference attendance would exceed that of last year.

Membership in OCA now stands at a record 1919. Increases are largely due to new student members. We applaud the counselor education programs for their diligence in encouraging students to join their professional organization!

This issue of **Guidelines** includes articles relating to concerns of the American Counseling Association (ACA), the American Mental Health Counselors Association (AMHCA), and the American School Counselors Association (ASCA) from several perspectives. It is important that members of OCA become acquainted with the issues. Presidents of OCA, OMHCA, and OSCA are willing to respond to questions which you may have concerning them. These issues are serious, and deserve your thoughtful consideration.

Since we are more actively soliciting the membership to submit articles for publication in **Guidelines**, a word on editorial policy is in order. The purpose of our newsletter is to promote the counseling profession as well as to inform the membership of issues. In that vein, all articles are edited in an effort to present issues from a positive perspective, yet maintain the concerns of the writer. As a potential contributor, be aware that your article may not be published exactly as you submitted it. Every attempt will be made, however, to present your article in a manner that is congruent with your intentions.

Liberal spaced throughout this issue of **Guidelines** are scenes from the recent All Ohio Counselors Conference. Hope you see yourself!

**A View from the  
Midwest Region Branch  
Leadership**

Eileen F. Self

On October 3-6, 1996 Scott Hall and I were honored to represent OCA (Jean Whitney was also representing OMHCA) at the Midwest Region Branch Assembly

Fall Leadership Conference in Fargo, North Dakota. It provided an opportunity to learn, share, and network. The Midwest Region is made of 13 states including Ohio as the eastern-most state. Each state shared conference information, newsletters, membership ideas, and state issues. Most states have membership directories. OCA may wish to consider doing a directory in hard copy or on line. We also had the chance to interact with Gail Robinson, President, American Counseling Association (ACA); John Jaco, Executive Director, ACA; Nancy Perry, Executive Director, American School Counselor Association (ASCA); Nancy Benz, President, American Mental Health Counselors Association (AMHCA) and many others in various leadership positions. Conference topics included "Leadership Skills", "Strategic Planning", "Membership", "Multicultural Competencies", "Legal and Ethical Issues", "Public Policy and Legislative Issues", as well as business meetings.

Highlights of the sessions included: "Effective Leadership"- The seven habits of Stephen Covey were reviewed. They include being proactive, beginning with the end in mind, putting first things first, and seeking first to understand (listening) in reaching cooperative win/win principles.

"Leadership Skills" - Dr. Beverly Brown, President, ASGW, presented practical ideas such as building communication linkages that are horizontal vs. vertical, nurturing committee chairs, selecting diverse people, and being aware of past operating norms of the association.

"Strategic Planning" - It is a futuring process to meet member

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needs and keep focus. It is helpful to scan the environment which includes bylaws, minutes, past strategic plan, surveys, research, and newsletters to name a few. Themes will emerge that can lead to goals and objectives.

ACA has published a resource manual entitled "State Licensing Requirements". It includes requirements for counselors, marriage and family therapists, Psychologists, psychiatric nurses, and social workers by state. It may be purchased from ACA and is an excellent reference.

Government Relations has produced a comprehensive guide to state credentialing requirements for professional school counselors (includes overview of state laws and regulations), a comprehensive study of Medicaid policies on the reimbursement of professional counselors (includes listing managed care companies in each state), weekly reports on federal legislation via the internet, quarterly updates on legislation, and advocacy resources.

They have also worked to win passage of amendments to House and Senate vocational education and job training legislation to ensure that funding would continue to be available for counseling services under a grant system; in coalition with others lobbied and helped win the "parity" amendment to an appropriations bill (requires insurance plans to provide same scope of benefits for mental illness as for physical illness and prohibit excessive co-payments and other discriminating barriers to services of professional counselors); in coordination with others helped defeat efforts to pare back coverage of the treatment of mental illness under Medicaid; in coalition with

others pressed for enactment of federal legislation that would establish basic quality and fairness standards for managed care organizations (including prohibition of discrimination against providers on the basis of their license or discipline and due process protections for providers and consumers who disagree with a plan's treatment and coverage decisions); and participated to improve managed care via the National Committee for Quality Assurance and others.

Government relations has also pursued inclusion of professional counselors and the counseling discipline in all federal mental health legislation, Medicare, and employee assistance programs regulated by the DOT.

ACA award nominations are due December 10, 1996. In addition to past award categories, please note a special ACA Presidential Mission Award. It is a \$1,000 award to honor and recognize exemplary effort (project or activity that can be replicated by other ACA entities) to fulfill the ACA mission to promote public confidence and trust in the counseling profession. Any ACA entity (e.g., division, branch, chapter, committee) may submit a nomination. This award is not given to an individual. For more information (criteria and form) see "Call For Nominations for ACA National Awards" elsewhere in this issue.

As most of you know, on July 8, 1996, ACA Governing Council voted to revoke the charters of AMHCA and ASCA if the divisions fail to come into compliance with ACA Bylaws and Policies and Procedures. According to ACA, they are not operating in a manner beneficial to

ACA members. Revocation could take place in April, 1997, if an agreement cannot be reached (See **Counseling Today**, August, 1996). Concurrently, the disaffiliation process would have these divisions seeking independent status (own board and budget for specialized area) and possibly maintain an affiliation with ACA (a similar organizational design is utilized by the American Psychiatric Association and the American Medical Association). It is seen as a process of change management or organizational development. ACA may not seek affiliation, but continue with its own divisions. Branches are an independent issue and will have to make their own decisions at the state level.

A working draft of a definition of professional counseling and a definition of a professional counseling specialty by the ACA Professionalization Committee was shared. It reads as follows:

The following definition of professional counseling applies to all counselors. It assumes a master's degree from a program defined as a counseling program which includes a counseling curriculum and a supervised clinical experience, and one that represents the knowledge and skills fundamental to the ethical and legal practice of the counseling profession.

#### **THE PRACTICE OF PROFESSIONAL COUNSELING:**

**The application of mental health, psychological, and human development principles, through cognitive, affective, behavioral, and systemic intervention strategies, that address wellness and personal growth as well as pathology. The goals of**

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**counseling are to (a) facilitate human development and adjustment throughout the life span; (b) prevent, diagnose, and treat mental, emotional, or behavioral disorders and associated distresses which interfere with mental health and a sense of well being; (c) conduct assessments and diagnoses for the purpose of establishing treatment goals and objectives; (d) plan, implement, and evaluate treatment plans using counseling treatment interventions in the context of a pluralistic society.**

The following definition of a specialty in the profession of counseling is intended to fit together with the above working draft of professional counseling to describe a more narrowly focused, advanced level of practice and expertise.

#### **PROFESSIONAL COUNSELING SPECIALTY:**

**A professional counseling specialty is a more narrowly focused, advanced level of practice in the field founded on the premise that all professional counselors must first meet the requirements for the general practice of professional counseling. In addition to this, a specialty must have an organized sequence of specialized curricular experiences plus additional supervised clinical experiences specific to a particular clientele or practice setting.**

You may wish to give ACA feedback.

ACA shared its Strategic Plan for 1997-2000. It includes mission, values, identity statement, vision, purposes, themes, goals, and outcomes. The mission of ACA is to promote public confidence and



trust in the counseling profession with the vision to become recognized as the association for professional counselors. The purposes are facilitated through the themes of emerging technology, leadership, multiplicity, member benefit enhancement, and synchronization. Goals for the association are as follows:

- Recognition of counseling as a profession
- Benefits for a diverse membership
- Diversity throughout the association
- Competent effective leaders
- Public awareness, effective government relations, and marketing
- Synchronized strategic planning process

This summer in our own leadership training for OCA, we will develop specific goals and outcomes related to the overall strategic plan.

In closing, the conference was an enriching experience. We wish all our state leaders could have been there. Thank you for the opportunity to represent OCA. The 1997 conference will be held in

Omaha, Nebraska. Ohio will be the host state in 1999.

#### **Professional Issues: AMHCA and ASCA Report from Fargo**

Scott Hall

I recently had the opportunity to represent the Ohio Counseling Association for President Michael Maly at the Midwest Regional Leadership Conference in Fargo, North Dakota on October 4-7. Eileen Self (president -elect) and I enjoyed meeting with other state officers and discussing common concerns of the profession and sharing strategies. Although counselors in Ohio seem to be in a constant struggle to gain recognition from various groups (*i.e.*, legislators, managed care, and psychologists) we have come a long way compared to our fellow states. Our licensure laws and the recent opinion voiced by Ohio Attorney General Betty Montgomery on LPC and LPCC's use of psychological testing and evaluation clearly makes Ohio a model state for the direction of counseling.

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Ohio counselors should feel good about professional and organizational advancements in their state. However, we should not overlook the struggles other states face in gaining similar recognition for professional counselors. Equal recognition of counselors across states will promote a unified profession to the public which would directly support the American Counseling Associations' mission. So how do we accomplish this feat? Responses at the conference centered around standards for counselor training programs (*i.e.*, CACREP), and organizational unity. Specifically, we need to avoid the perception that we are becoming fragmented in our state and national associations.

Since last year, there has been discussion of a restructuring within ACA that would result in the American Mental Health Counselor Association (AMHCA) and the American School Counselor Association (ASCA) functioning as independent organizations from ACA. AMHCA and ASCA originally initiated this move, suggesting their respective organizations could grow even stronger if they managed their own finances, membership drives, and legislative efforts. Although separate, AMHCA and ASCA would hold an affiliate status with ACA which would be reflected in their literature.

ACA has voiced strong opposition to this move they term "disaffiliation" for fear it would cause fragmentation among membership, public trust, and the perception that legislators, health care organizations, and other mental health professionals have of the counseling profession. ACA

has recently taken an offensive stance and mandated that AMHCA and ASCA come into compliance with ACA bylaws by April 18, 1997, or face revocation of their division status with ACA (ACA bylaws do not allow for separate collection of dues). Gail Robinson, ACA President, stated that a task force will be appointed to try and resolve concerns of all parties prior to the April, 1997, deadline.

If the task force fails and the clock runs out, AMHCA and ASCA would conceivably become separate organizations from ACA. If this happens, ASCA would need to change its name because ACA owns the rights to the ASCA name. AMHCA, however, owns the rights to its name and would not need to change.

ACA would like to have a division representing mental health counselors and a division representing school counselors under its umbrella. If AMHCA and ASCA become independent, then ACA would need to decide 1) if it wants to start two divisions to fill this void in the organization (which was discussed at the conference), or 2) it can be satisfied with AMHCA and ASCA operating independently but with an affiliate status. Both options have implications at the state level.

If this sounds complicated, it is. However, it is critical that all counselors become aware and involved with the direction of the profession and the representative organizations. In this time of transition, we need to remember the essence of our profession, understand the past, work in the present, and move toward the future. Be open to possibilities, different opinions, and new ways of functioning. If the issues that

confront our profession be addressed in this manner, then I am certain positive results will occur that all states can feel good about.

### Disaffiliation: A Member's Perspective

Jean Underfer-Babalis

Within the last four years, much time, energy, and money has been allotted to two ongoing struggles. One is between American Counseling Association (ACA) and American School Counselor Association (ASCA), while the second struggle is between ACA and American Mental Health Counselor Association (AMHCA). Roots of this dilemma are perplexing. Officers of the Ohio Counseling Association (OCA) are disconcerted over the struggles.



After many hours of investigating, reading, and talking to individuals, here is my best understanding of the predicaments. In the struggle between ACA and ASCA, school counselors perceive they are treated differently from other counselors. They cite that they are viewed as a secondary profession.

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In light of internal difficulties that ACA experienced in the mid-1980s to the early 1990s, ASCA leadership wanted its administration to collect its own dues, execute its own business matters, and have possession of its membership database.

Essentially, more autonomy is the objective. Jeannine Studer, Ohio School Counselor Association (OSCA) representative, asserts that ACA was not responding to ASCA's interests and legislative concerns. She also states that positive communication has been lacking between the two contingents. ASCA concludes that its administration can more effectively manage its finances, membership lists, and lobby for its own interests.

Two years ago, a membership vote to disaffiliate took place, and ASCA members chose to remain a division of ACA. If for some reason ASCA does disaffiliate or have its charter revoked by ACA, Studer is hopeful that OCA and OSCA will be able to maintain their current relationship. Studer describes the relationship between OCA and OSCA as

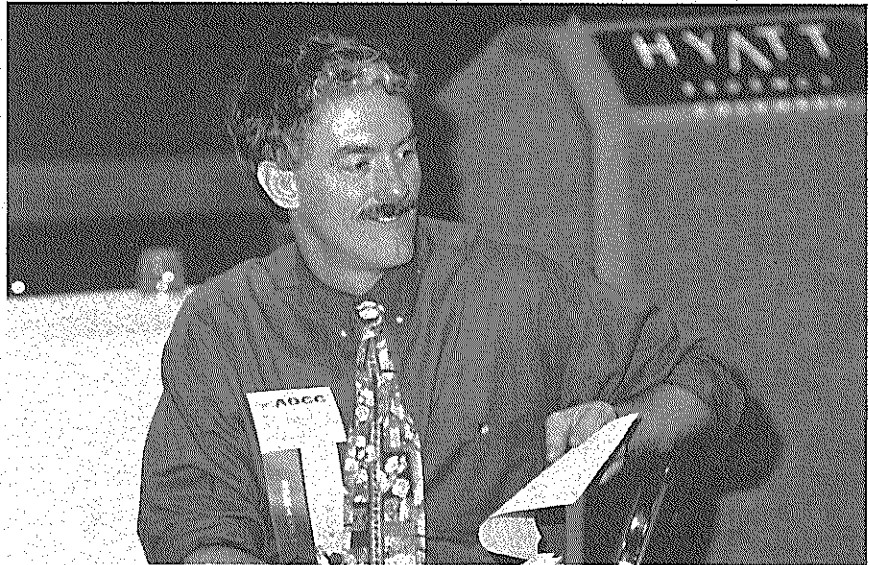
amicable and expects that the situation will continue.

Studer encourages members to become more involved at state and national levels, as well as to educate themselves on the topic at hand to better effect change that is beneficial to all.

The particulars regarding AMHCA and ACA have some of the same elements--concerns about finances, membership matters, and legislative concerns. Warren Throckmorton, AMHCA's President-Elect, adds another dimension to the matter: many professionals perceive counseling and mental health counseling as different. Are counseling and mental health counseling separate professions altogether? Indeed, if this is the case, then separate organizations might be necessary.

Despite AMHCA's views, AMHCA leadership entered into mediation with ACA. Throckmorton maintains that AMHCA is aiming for a restructuring of ACA. ACA would be membership service provider for the profession, executing the duties that they do well. The divisions would establish policies that are essential to the different counseling specialties, structured similar to that of psychologists, where school psychologists became an entity in and of themselves to further propel their interests. Throckmorton points out that school psychologists have successfully accomplished this task.

In January, 1996, ACA entered into mediation process with AMHCA. The governing council of ACA, in July, 1996, started a process that may result in AMHCA's charter being revoked, charging that AMHCA was out of compliance



with ACA's bylaws. Shortly after that, the governing council of ACA halted the mediation process until AMHCA comes into compliance.

AMHCA sees this as constituting a mixed message. Entering into the mediation process with AMHCA indicated that ACA was willing to participate in the communication process in order to arrive at a mutually beneficial resolution. Subsequently, ACA halted the mediation process until specific tasks were completed by AMHCA. AMHCA sees this tactic as detrimental to the communication process. Sharon Ybarra, OMHCA representative, remarks that clear communication is not present in this struggle.

A decision was made not to take a membership vote on disaffiliation because such action indicates leaving ACA, states Throckmorton. The aim is for a restructuring of ACA. Jean Whitney, OMHCA President, is hopeful that something will be resolved between ACA and AMHCA.

Whitney poses the question that if disaffiliation between ACA and AMHCA occurs, will this action

weaken counselors' ability to affect insurance issues, legislative matters, and political concerns? Throckmorton foresees a collaborative effort arising in such incidents.

Ybarra and Whitney agree that if indeed disaffiliation between AMHCA and ACA transpires, it does not have to effect a change in the relationship between OCA and OMHCA. Throckmorton is not interested in changing a relationship which works. If on the state level relationships are working for the benefit of members, a change is not necessary.

ACA is attempting to better meet the members' needs, credits Ybarra. AMHCA remains open to a mutually beneficial resolution.

The various dynamics are still unknown and need to be presented to the members. Questions that members need to consider are: "What am I doing to resolve these situations?", "How will the greater good of all ACA members be served by ASCA and AMHCA disaffiliating or having their charters revoked?", "Is this about power and control?", and "Are personal

egos (personal agendas) in the way?" As this dilemma continues to unfold, ask the tough questions of leadership, become involved, and educate yourself.

### An OMHCA Perspective

Jean Whitney

ACA's Midwest Region Leadership Conference held in Fargo addressed ACA's notice to revoke not only AMCHA's but also ASCA's charter and the working draft definition of professional counseling as proposed by ACA's Professionalization Committee.

A history of the relationship between ACA and AMHCA may help put current events into context. Several years ago, ACA was in dire financial straits. As a result of the financial problems, several legislative and lobbying opportunities were lost for AMHCA at the federal level. Because of the perception that ACA was not financially able to support the lobbying efforts needed by mental health counselors at the federal level, the AMHCA Board of Directors recommended to its membership that AMHCA disaffiliate from ACA. The membership voted to stay. ACA began to get its financial and organizational house in order; however, the perception remained that legislative needs of mental health counselors continued to go wanting and the AMHCA board again recommended disaffiliation. Before bringing this to the membership for a second vote, AMHCA leadership requested to engage the leadership of ACA in a mediation process to resolve differences and retain their longstanding professional association. Efforts at mediation failed. ACA believes both AMHCA and ASCA are not in

compliance with bylaws and has initiated the process to revoke the charter of both organizations. ACA will not terminate the revocation process unless and until AMHCA "gets back into bylaw compliance".



The difficulty with this demand is that AMHCA does not believe that it is out of compliance with ACA's bylaws, and is at a loss as to what it can do to reverse the process.

The leadership of ASCA and AMHCA have proposed a restructuring of ACA that involves four different types of membership:

1. Individual Professional Membership
2. Individual Associate Membership
3. Association/Division/Affiliate Membership, and
4. Institutional/Corporate/Federation Membership.

In a letter to Gail Robinson, President of ACA, AMHCA President Nancy Benz and ASCA President Carolyn Sheldon suggest that this proposal would allow "for greater acceptance of diversity for the member entities within ACA. A full range of individual and group memberships needs to be explored. Financial support to ACA

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consistent with the services offered must be structured. Also, there must be opportunity for entities to be sufficiently independent and able to provide their best service to their members."

There is a meeting scheduled between the presidents and executive directors of ACA, AMHCA, and ASCA for the first part of December to discuss these issues. Also present will be an organizational development consultant from the American Society of Association Executives. It is hoped that there will be a frank discussion of the implications of the actions of the involved parties and that from this discussion will come positive and productive solutions that will allow for a restructured organization that provides for and allows its affiliates to meet the needs of the membership.

Another issue that was discussed at length by the Midwest AMHCA leadership was ACA's draft definition of professional counseling. Some believe the definition is a definition of *mental health* counseling.



Opponents of the definition question ACA's commitment to negotiate resolutions that would allow for ASCA's continued affiliation with ACA.

OCA does not sense a mandate by what is going on at the national level. OCA and OMHCA are separate organizations that are governed by the rules and regulations of the state of Ohio, not ACA or AMHCA. My understanding from the leadership at the Ohio School Counselors Association is they have no desire to disaffiliate at the state level; neither does the OMHCA leadership. At the state level, it appears that OCA, OSCA, and OMHCA have good working relationships, and the belief is we are stronger as a united organization than we would be as separate entities.

#### A Note to Our Readers

Many thanks to the members who took the time to complete and return the reader survey published in the last issue of **Guidelines**. Your interests and suggestions are important to us. In response, we would like to introduce three new features in this issue.

"Counselors' Forum" will provide readers with an opportunity to share ideas and solutions for the problems and issues we face as professionals in a world that is not always counselor-friendly.

In this age of information overload, it is extremely difficult to keep up with everything that is being published in our field. Our "Book Reviews" can help! Learn from peers in your profession which books are to be avoided and which ones you cannot afford to miss.



Finally, since laughter is the best medicine, "Humor in the Profession" will take a look at the lighter side of what is often a difficult line of work. It is our prescription for stress management.

What all of these features have in common is that they will rely on you, the readers, for their ongoing success. According to our bylaws, OCA's purpose is to advance the discipline of counseling, but we cannot do this unless we communicate and collaborate with each other. Perhaps you have been struggling with a professional issue, or can offer a solution to someone who has. How about a favorite anecdote that keeps you going when the going gets rough. Send it in! Is the latest bestseller really a phenomenon, or is it overrated in the press? Your opinions are valuable.

Submissions may be sent to Beth Britton, Newsletter Chair, 326 Asbury Road, Fairlawn, Ohio 44333 (330) 864-6983. Upcoming submission deadlines are February 8, 1997 and May 10, 1997.

#### Chapter and Division News

##### Ohio Mental Health Counselors Association

Our legislative and public policy efforts continued to bear fruit. In recently passed tort reform legislation, LPCCs are included in the language regarding statutes of limitations. Anyone wishing to bring a lawsuit against an LPCC for malpractice must do so within a year of the date that the action accrues. The office of the Ohio Attorney General recently ruled that LPCs and LPCCs can describe the testing and assessments they perform as "psychological" evaluations. Senate Bill 223 has passed the Senate unopposed and is scheduled to be voted out of the Ohio House Labor and Commerce Committee on Tuesday, November 12, 1996. It may be scheduled for a vote by the full House as early as Thursday, November 14, 1996. It would then go to Governor Voinovich for his signature. We are engaged in dialogue with officials at the state level to insure that LPCs and LPCCs continue to have career opportunities with various state agencies. We recently

met with Bill Ryan, Deputy Director for Health and Human Services. He is in charge of the Medicaid program of the state of Ohio. As a result of that meeting, OMHCA leadership is now participating on relevant committees shaping the future of OhioCare, the state's program to move Medicaid from a fee-for-service program to a managed care model. We are also advocating for the inclusion of LPCCs as independent providers of behavioral healthcare services to injured workers receiving treatment through the auspices of the Ohio Bureau of Workers Compensation.

Probably the most important action taken by the OMHCA leadership on behalf of its members is the dialogue that has been established with the Ohio HMO Association. As a result of these discussions, OMHCA has begun working with

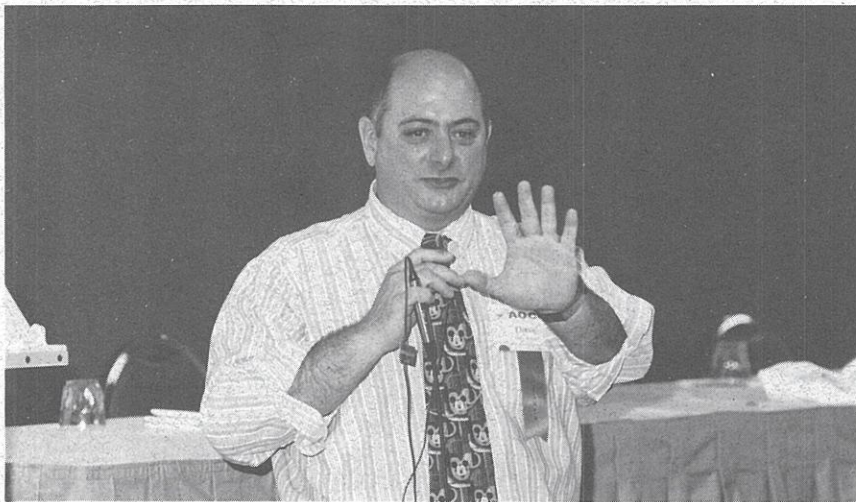
credentialing and recredentialing along with psychiatrists, psychologists, clinical social workers, and psychiatric nurses.

If you encounter difficulty with an insurance firm or a managed-care organization, OMHCA has an insurance ombudsman to assist you. Please contact Carole Miller. Her address is:

564 Haymore Ave., N.  
Worthington, OH 43085

Her telephone number is:  
(614) 888-3448

OMHCA has designed a brochure outlining its efforts in the areas of public policy and legislation. It is intended to be distributed to those LPCs and LPCCs who are not yet members of OMHCA. If you receive one in error, please forgive us for our oversight and pass the brochure along to a colleague and encourage them to join OMHCA



ACA, AMHCA, NBCC, and other national and regional organizations for LPCCs to be recognized by the National Committee for Quality Assurance (NCQA) as a separate and specific qualified category of behavioral healthcare provider in their "Accreditation Standards for Managed Behavioral Healthcare Organizations". We want specific mention in their standards for

and become involved in ACTIVELY advocating for their profession.

The OMHCA Board met at the All Ohio Counselors Conference in Columbus. It was decided to sponsor a spring conference focusing on mental health related issues. Several other organizations are interested in co-sponsoring. As

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the dates, location, and topics are determined, they will appear in **Guidelines**.

### Greater Cincinnati Counseling Association

The annual GCCA Fall Meeting took place on October 21 at St. Joseph's Villa. Those who attended enjoyed a special presentation by Geoff Yager, Ph.D., LPCC. Geoff and Jayne are counselor educators at the University of Cincinnati and also have a private practice, Yager & Associates Holistic Counseling Care of Cincinnati. One contact hour was offered to paid participants.

The speakers addressed the topic of professional identity, highlighting real and perceived differences among the related roles of clinical counselors, counseling psychologists, clinical psychologists, social workers, and psychiatrists. The Yagers shared their own personal experiences related to professional identity and engaged members of the audience in the discussion, as well.

Prior to and following the presentation, participants took advantage of the opportunity to network and socialize with fellow professionals and students. It was gratifying to see two former members of SWOCA at the meeting. GCCA will continue to reach out to past SWOCA members and supporters in an effort to serve their professional interests.

With the fall meeting past, efforts now turn to the annual GCCA Winter Workshop scheduled for January 3-4, 1997, at Xavier University. This year's workshop is titled "Healing, Health and Humor:

Focusing the Vision for Helping Professionals". Issues to be addressed include: career development, self-esteem, family systems, chemical dependency, legal and political aspects of counseling, mental health topics, and conflict resolution and mediation.

Featured speakers for the event are Vicki Lansky, noted author, and John Wagner, counselor, motivational speaker, and humorist. Ms. Lansky will address the challenge of supporting healthy children in the 1990s, while Mr. Wagner will explore the use of humor in our professional and personal lives.

Information is available by calling Diane Stump at (513) 569-1546 or by leaving a message on the GCCA voice mail at (513) 249-5390.

#### Miami Valley Counseling Association

Miami Valley Counseling Association is sponsoring a workshop, "Keys to Counseling Children and Adolescents", on December 6, 1996. The workshop will be presented by Pamela Gulley Smith, Ed.D., at Bergamo Center in Dayton, Ohio. Registration for the workshop will begin at 8:00 a.m. and the workshop will conclude at 4:30 p.m. Registration is \$35.00 for members and \$60.00 for non-members. Lunch is included in the registration price.

The workshop will focus on determining the needs of clients in relation to developmental issues; learning strategies to engage youth in the counseling process; developing age specific treatment plans; and experiencing a creative side of counseling, typically not taught in training programs.



Pamela Gulley Smith, Ed.D., is the director of the Adolescent Residential Center at Detmer Behavioral Health Campus in Troy, Ohio. Dr. Smith has worked, written, and presented extensively in the area of child and adolescent issues. She has served on the faculties at both Wright State University and the University of Dayton.

A MVCA Executive Committee meeting will be held during lunch at the workshop. Members are invited to attend the meeting. Additional information about the workshop and registration forms can be obtained by calling Amy Eiler at (937) 435-1662.

#### North Central Ohio Counseling Association

NCOCA started its year with an inside look at gangs: their signs, appeal, influence, and presence in our urban and suburban communities. Presenters included the Cleveland Police Gang unit and an "inactive" gang member. The question and answer session gave everyone a great deal to consider and contemplate in terms of the future of our communities.

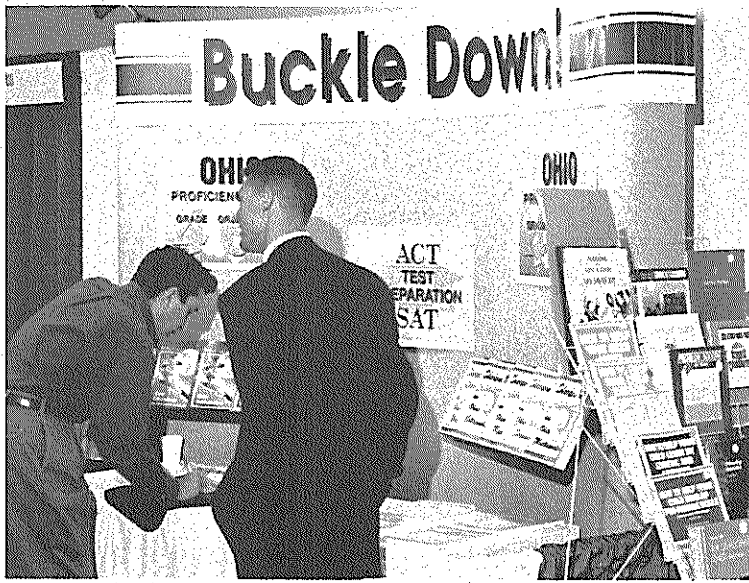
## Guidelines

The October program was the first in NCOCA's year-long look at violence in our society. The next meeting will be Saturday morning workshop sessions, March 8, 1997, at Kent State University. For information about the program and registration contact Barbara Bryndal (216) 349-6220 or Mimi Patterson (216) 475-2225.

Audrey Waldman, Government Relations Chair, distributed and mailed to the membership the results of an extensive survey of federal and state legislative candidates about issues and concerns of counselors. Forty-six responses were received from the 114 surveys. This represents a 40% response rate. The election may be over, but the feelings and positions of those elected candidates who responded will be valuable in future legislative action plans. If you would like a copy of the survey, contact Alice Morgan at (216) 349-6243, fax. (216) 349-8041, or 33600 Inwood Drive, Solon, Ohio 44139.

#### Ohio Association for Multicultural Counseling and Development

The Ohio Association for Multicultural Counseling and





Development held its 9th Annual Symposium September 27th at the Ramada Inn, 2144 S. Hamilton, in Columbus, Ohio. The theme was "In Search of Cultural Competencies: Minding Our Image". Dr. Sherlon Brown, Past President of the Association for Multicultural Counseling and Development was the keynote speaker. Presentations focused on skills necessary for professionals to become more culturally competent when working with diverse populations.

### Ohio Career Development Association

OCDA officers for the current year are Dr. Jack Cochran, President; Mimi Patterson, President-Elect; Joe Malone, Treasurer and Major Harris, Secretary.

Our plans for the year are highlighted by an April 18 all-day program which will feature Dr. Mark Savickas, international leader in the career field, speaking on "Career as Story: Career

youth through retirement. We feel very fortunate to have Dr. Savickas and expect the program to fill up fast. For registration materials contact: Cynthia Marco, Career Center, John Carroll University, University Heights, Ohio 44118, (216) 397-1699.

We also plan to assist our members in keeping up in the field with three editions of our newsletter. Wendy Heun is newsletter editor. She welcomes news or articles at Oberlin College, 155 N. Professor St., Oberlin, OH 44074 (216) 775-8140.

### Northwest Ohio Counseling Association

The spring professional development workshop sponsored by NWOCA will be "Finding Time: Managing your Most Precious Resource", presented by Ron Partin of BGSU. The all-day workshop is scheduled for April 18, 1997, and will be available for both Department of Education and OCSWB counselor CEUs. Mark

## Guidelines

The winter breakfast meeting is scheduled for Wednesday, February 19. The exact location will be confirmed later, though it will likely be the BGSU Student Union. The featured speaker will be Michael Franklin, director of the BGSU art therapy undergraduate program. Mark your calendars: February 19, 8:00-10:00 a.m.

The NWOCA Board has voted to again offer two grant programs this year, one for special counseling-related projects sponsored by NWOCA members. The other grant will take the form of book scholarships available to promising graduate students. Application instructions will be included in the next newsletter. The deadline will be announced at that time.

School counselors are reminded that project grants are also available through OSCA. For additional information, contact Helen Gilbert at Waite High School, 691-4687.

### **Client Rights and Diagnosis**

Susan Norris Huss

Proper diagnosis and informed consent are key parts to an effective and ethical counseling relationship. To act in an ethical manner related to these two issues, counselors must:

1. Ensure that they provide proper diagnosis of mental disorders (E.5 of the American Counseling Association Code of Ethics and Standards of Practice) and
2. Ensure that clients have the necessary information (be able to give informed consent) to actively participate in the counseling process (A.3.a. of the ACA Code of Ethics and Standards of Practice).

The Friends of AVOISE  
present  
**Laurie Anne Pearlman, Ph.D.**  
Trauma Stress Institute, South Windsor, Conn.

### **The Impact of Trauma on the Helper: Protecting the Front Line**

**Friday, March 7, 1997 - 9 a.m. to 4:30 p.m.**  
MERC, Bethesda Oak Hospital, Cincinnati, Ohio

**For information, call (513) 221-4266**  
**CEUs applied for social workers, counselors, psychologists**

Counseling Techniques for the 21st Century". The presentation should provide exciting new ideas for persons working with clients from

your calendar today. More details will be included in the spring newsletter.

Section E. 5. Proper Diagnosis of Mental Disorders of the ACA Code of Ethics is fairly straightforward in that it simply states that "counselors must take special care to provide proper diagnosis of mental disorders".

Informed consent is found in several parts of the ethical standards. Most prominently it is found in Section A.3. Client Rights where it states in part ... "Counselors take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees and billings arrangements. Clients have the right to expect confidentiality and to be provided with an explanation of its limitations...." This should occur not just during the intake interview but throughout the counseling relationship.

Clients have a right to know the impact that their diagnosis may have. Some of these include length of treatment, types of treatments available, and how diagnosis is used. Clients need to know that the counselor does not have control over what is done with therapy-related information such as diagnosis once it is submitted to a third party.

One of the potential consequences of a diagnosis shared with a third party provider is that a diagnosis may be considered a "pre-existing condition" just like physical conditions and can be used to deny future treatment if the client changes insurance policies. Thus it could affect the future mental and physical health services available to the client.

In the ongoing quagmire of practicing as an ethical counselor in the dawning of the managed care



systems (as opposed to fee-for-service model of health and mental health care), counselors must continuously be cognizant of their responsibility to the client. To do this, the informed consent part of the counseling relationship must include information about the impact a diagnosis may have on the future of a client as well as the limitations related to confidentiality.

### Counselors' Forum

#### Desperately Seeking Solutions

For the past two years, I have worked as a treatment manager (i.e., counselor/case manager) for a tax-supported, long-term residential treatment center for chemically-dependent adults. I can honestly say that the program has been in a state of flux since the day I arrived. What I and my fellow counselors seem to struggle with the most is the ever increasing documentation requirements and our loss of autonomy in treatment planning for our clients.

As a public agency whose clientele consists mainly of indigent persons, we serve many masters: JCAHO,

ODADAS, and our county mental health board, as well as the occasional private insurer. (It sometimes feels as if our clients are last on the list of those we serve!) Each entity has its own set of documentation requirements, which are just different enough such that paperwork submitted for one will not suffice for another. Our county mental health board is now mandating shorter treatment stays, so not only are we serving more clients faster, we are doing more documentation per client. I think we also get caught in our own rigidity at times, trying to treat clients on our traditional 90-day model, when realistically, we may only be able to certify them for 60 days or less.

I am certain that many other agencies in Ohio have gone through similar transitions, and I would welcome input on how other

#### Guidelines Advertising Rates

Full Page	\$250
Half Page	\$125
Quarter Page	\$ 65
Back Cover (1/2 page) or preferred placement:	Add \$25. Discount 15% if add runs 2+ issues.

counselors are coping with the demands, both personally and professionally. One solution I can offer to other professionals is this: The counselors at my agency formed our own committee, which meets weekly to discuss the issues that affect us, from personnel problems to therapeutic issues to the "transition du jour." These meetings have been a great source of mutual support and have gone a long way toward ironing out personal and professional divisions among our staff. We also can present a more unified voice before the agency as a whole.

(Please send your suggestions, solutions, or your own questions to Beth Britton, Newsletter Chair, 326 Asbury Road, Fairlawn, OH 44333. Please indicate clearly that your submission is for "Counselors' Forum." As many responses as possible will be printed in the next issue. The next deadline for submissions is February 8, 1997.)

**HELP WANTED!** Private practice psychiatrist in Canton wishes to hire (full- or part-time) LPCC with 5 years experience. (330) 454-8700 or fax (330) 454-9836.

## Humor in the Profession

### Tales from a Beginning Counselor Amy Frericks

Do you remember the first month you entered the counseling profession? Remember when you were presented with multi-faceted problems of the "real" world as opposed to the clear, singular problems of the "textbook" world? How about when more experienced counselors would say to you, "Well, that's O.K., you are new at this. Just wait until you have a few more years under your belt." These experiences have inspired me to write this article, so I can share my experiences which seem to be all too common with beginning counselors.

One of my most memorable experiences as a new counselor was my first actual counseling session. Of course, I was calm, cool, and collected. The interview flowed beautifully and was completed without any glitches. Only in my dreams did this session occur; actually, I was incredibly anxious

## Guidelines

and nervous. All day long I repeated positive self-affirmations, "I am a good counselor, I know what I am doing, I can handle anything!" In preparation, I wrote down several times my introduction of the program and myself. I even Scotch taped what I had written onto a copy of our program's brochure. Due to my nervousness and the fact that my supervisor was ever-so-supportively "breathing down my neck," I forgot every statement I had written down. Therefore, when I gave my client my brochure with all my notes Scotch taped inside, it was a dead giveaway. My client knew I was a beginning counselor! It might have been easier if I had worn a sign on my forehead that said "Counselor in Training." After this small blunder, I would have to say I was experiencing symptoms similar to a mild anxiety attack. At this point, not only had I forgotten the notes I had written, but I had forgotten everything I had prepared.

My savior was our program's initial contact form. I thanked God for the paper, ink, and materials which went into producing such a wonderful form. My focus was asking the questions on the form, even if the client had already given me the answer. My supervisor's focus was, imagine this, to actually counsel the client! The apparent difference in our approaches, he told me, came from my lack of experience. Yet, I would like to think that after two years in a counseling program, I would have had enough time to hone my counseling skills.

I wonder if it would be possible to simply skip all these wonderful beginning counselor experiences. My mother's response would be, "Honey, it's just part of life. These experiences will only make you a





better counselor." Even though this is not what I wanted to hear, I have learned that no matter how old I become, my mother is usually right.

The first weeks as an individual and family counselor have been an incredible learning experience. In counseling adolescents, I have learned if they tell me they have tried something once, it means they have done it three or four times. Also, I have learned to give complete explanations of what is required when I give a personal development task. It never fails with adolescents, if there is a way to get out of the task they will find the "loophole." In counseling families, I have learned that every family will present itself in the best possible light. Could it be human nature? I do not know, but it sure is difficult to counsel families who do not present their full story.

Last, I have attained the powerful status, "Counselor Trainee," which means absolutely nothing to the "real" world employers. Eventually, I will achieve my goal of becoming a Licensed Professional Clinical Counselor, which at this rate will be the same time I reach menopause. I am fortunate enough to have a supportive supervisor to show me his techniques and provide me with guidance to help me along the long and bumpy road to become licensed. Still, it would be nice if there were an alternate route.

(Do you have a favorite anecdote, observation, or most embarrassing moment that keeps you and your peers laughing? Send it to the newsletter c/o Beth Britton, Newsletter Chair, 326 Asbury Road, Fairlawn, Ohio 44333. Please indicate clearly that your submission is for "Humor in the

Profession." The next deadline for submission is February 8, 1997.)

### Hepcat

He was diagnosed with Hepatitis C and she was his "Juliet." They knew they would handle this as they handled all challenges: working together for better understanding and caring. But they experienced their own personal nightmares. "Will I ever be able to work a full day again without sheer exhaustion?" he would think. "Will I be a widow within 10 years?" went through her mind. They found no means of communicating these fears to others in the same situation.

So she decided to create a means. Cindy Kallay, a student member of



OCA, presently enrolled in the Social Agency Counseling masters degree program through the University of Dayton has created HEPCAT (Hepatitis C Action Taskforce) for her "Romeo" and for all others in the Columbus, Ohio, area who have been diagnosed with Hepatitis C and their family members and friends. HEPCAT is a well-structured organization that is oriented towards providing

## Guidelines

emotional support and broad education of all aspects of Hepatitis C and its effects on one's life. You may inform your clients in the Central Ohio area who have concerns regarding Hepatitis C that they may contact Cindy Kallay directly regarding HEPCHAT meeting information (614) 487-2376 or (614) 236-9159.

### Book Review

Jean Underfer-Babalis

**Seligman, L. (1990). *Selecting Effective Treatments*. San Francisco: Jossey-Bass.**

Linda Seligman has a wide variety of experience that is useful in her presentation of diagnosis and

treatment of mental disorders. An added bonus is that her conclusions and summaries are based on well-founded research. Seligman is a professor of counseling and development at George Mason University and director of a group private practice, Center for Counseling and Consultation. Her list of accomplishments includes being a licensed psychologist in four states, Virginia, New York,

Maryland, and New Jersey. Additionally, Seligman is a licensed professional counselor in Virginia of which she is quite proud.

Readability is important to me whether I am searching for a particular item or to increase my knowledge. **Selecting Effective Treatments** is readable and uses current trends to accentuate the points being made. This book is divided into two parts: Part One - "What is effective treatment planning?" and Part Two - "Effective treatments to adult mental disorders."

The most valuable portion contained in part one is Seligman's "Do the Client Map". I have been utilizing this outline for treatment planning for four years now and find it extremely helpful, because it contains all the components of good treatment planning in an easy and concise approach. Anybody looking at my charts can easily determine the patient's status, what has been addressed, and the direction treatment is taking. When writing insurance reviews or when the office staff conducts phone reviews, all the information is right there in an organized fashion, presentable and professional.

Major therapeutic schools of thought are presented in a brief synopsis. This provides a nice studying overview for a testing situation or helping interns to understand a particular theoretical approach to therapy.

An unusual aspect is Seligman's discussion of therapist and client characteristics that affect treatment - a brave discourse, because human ego is that we can do anything well. The discussion causes one to seriously evaluate one's own strengths and weaknesses. This

stance also forces one to consider particular client characteristics that are not amenable to various therapeutic approaches.

Part Two is organized into eight sections: situationally precipitated disorders; mood disorders; anxiety disorders; disorders of behavior and impulse control; disorders combining physical and psychological factors; personality disorders; disorders involving loss of contact with reality; the future of diagnosis and treatment planning.

Use of relevant case studies is the outstanding feature of this section. Seligman gives the best therapeutic approach along with significant statistics that need to be considered when treating the disorder being discussed. Seligman also presents the research from which she obtained the presented conclusions. All of this is woven into relevant case presentations enabling the reader to have a concrete conceptualization of the points Seligman is making.

Additional recommended reading for each disorder is also offered, allowing the reader to explore further information regarding a particular topic, although Seligman has done all the reading and research for the reader. All the reader has to do is read her summary of the findings.

Seligman's writing style is what I like to term as reader friendly. When preparing for the Licensed Professional Clinical Counselor examination, I did not have a great deal of time, as I am sure many of you have the same dilemma. I read two books to prepare. One book was an overview of family therapy and the other book was **Selecting Effective Treatments**. I passed the examination on the go-around and

## Guidelines

credit, in part, this book by Seligman.

On a rating scale of zero to ten, I give **Selecting Effective Treatments** by Linda Seligman an eight. It is moderately priced in the low thirties, depending on where you purchase the book. It is a useful book to have on hand when considering a diagnosis, designing a treatment plan, or as a quick and easy reference.

### NEWS FLASH!!!

Senate Bill 223, which amends the existing counselor licensure bill, passed the Ohio House at 2:35 PM on November 14. It was returned to the Senate to determine whether the Senate would concur with some minor amendments. The Senate did concur later that afternoon, and the bill is on its way to the governor for signing into law. It will be effective ninety days after the governor signs. It is believed that he will sign the bill, for he attached an amendment to the bill in which he is vitally interested.

Amendments to the bill did not change the original bill in any significant manner. To receive Senate Bill 223 as it was passed, call the Legislative Information Office at (800) 282-0253 and request a copy. It will be approximately three weeks before copies are available, however.

Thanks to Cynthia Snyder, OCA government relations consultant, and Beth Farnsworth, executive director of the Ohio Counselor and Social Workers Board for their efforts. Their collaboration was largely responsible for overcoming issues which legislators had in regard to the bill.

# CALL FOR NOMINATIONS FOR THE 1997 AMERICAN COUNSELING ASSOCIATION NATIONAL AWARDS

## **RALPH F. BERDIE MEMORIAL RESEARCH AWARD**

Encourages fruitful exploration in college student affairs work or related phases of education, and serves as an initial project that might then be funded from other sources for further exploration; not limited to statistical and experimental projects, and may include conceptual, historical and philosophical exploration and comparative appraisals. (Award up to \$300)

## **ACA PROFESSIONAL DEVELOPMENT AWARD**

Recognizes outstanding professional service and the development of techniques and systems that have strengthened, expanded, enhanced, improved and/or otherwise had demonstrable benefit to clients. (Award \$300)

## **ACA RESEARCH AWARD**

Recognizes high-quality research in areas of interest to the counseling profession and the divisions or organizational affiliates of ACA.

## **ARTHUR A. HITCHCOCK DISTINGUISHED PROFESSIONAL SERVICE AWARD**

Recognizes outstanding service at the local, state or national level that reflects a significant contribution to the professional concerns of ACA.

## **GILBERT AND KATHLEEN WRENN AWARD FOR A HUMANITARIAN AND CARING PERSON**

Honors a person who gives to others without fanfare or expectation of reward other than personal satisfaction in seeing other persons made happier or the social milieu given more integrity. (Award \$1,000)

## **CARL D. PERKINS GOVERNMENT RELATIONS AWARD**

Recognizes outstanding work at the national or state level in influencing public policy that results in a significant contribution to the profession or to recipients of the profession's service.

## **ACA LEGISLATIVE SERVICE AWARD**

Recognizes outstanding work of a public official or public agency staff member influencing public policy at the national level that results in a significant contribution to the profession or to recipients of the profession's services. (Non-member)

## **GLEN E. HUBELE NATIONAL GRADUATE STUDENT AWARD**

Recognizes a graduate degree candidate in the field of counseling and human development. (Award up to \$450)

## **KITTY COLE HUMAN RIGHTS AWARD**

Honors an individual who has made significant contributions in one or more areas of the broad spectrum of human rights.

## **ACA EXTENDED RESEARCH AWARD**

Honors researchers conducting high-quality research over an extended period of at least ten (10) years.

## **ACA PRESIDENTIAL MISSION AWARD**

Recognizes the exemplary effort of an ACA entity to fulfill the ACA mission. (Award \$1,000)

## **ACA LOCAL, BRANCH AND REGIONAL AWARD**

Recognizes local, branch and regional counseling associations celebrating their 25th and 50th anniversaries.

## **Who is Eligible?**

Nominees must be ACA members for all award categories except the ACA Legislative Service Award, which is presented to non-members only, and the ACA Presidential Mission Award, which is presented to an ACA entity.

## **How to Nominate**

If you are an ACA member and wish to submit a nomination, you must obtain the specific forms, complete them and return them no later than December 10, 1996.

## **Awards Presentation**

The recipients of the 1997 ACA Awards will be honored at ACA's World Conference, April 4-7 in Orlando, Florida.

Mail to: ACA Member Services  
5999 Stevenson Avenue  
Alexandria, VA 22304-3300

or call for forms:  
1-800-347-6647, ext. 222  
TDD No. (703) 370-6862 • Fax No. (703) 823-0252



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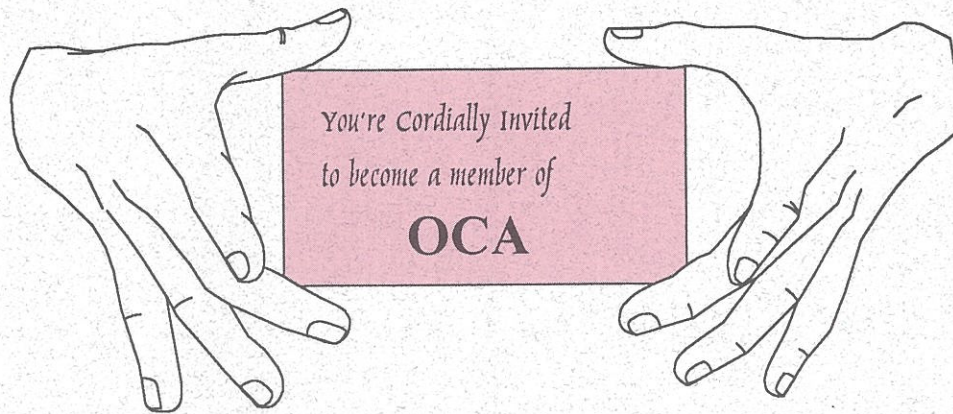
City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Please send me a 1997 Annual Awards Packet.

Please check if this is a new address and phone number.



December 1996

Dear Counseling Colleague:

Ohio Counseling Association is composed of over 1875 professional counselors --school, mental health, career, and rehabilitation -- working in a variety of settings including schools, agencies, corrections, and private practice. Membership starts on the date you join. By joining and becoming active in OCA, you strengthen our profession.

OCA is committed to advocating for professional counselors. Our 1996-97 legislative effort helped LPCC's to a successful one year repose in HB 350, the tort reform bill. It recently passed the legislature and states that any suit for malpractice against an LPCC must commence not later than one year after the cause for action accrues--a valuable safeguard for practicing professionals. On other fronts, there are signs that exclusion of professional counselors by insurers, HMOs, and state agencies is reducing. Many agency administrators are now endorsing the use of LPCC's. The cause for this shift is due in part to recent policy changes, a lack of qualified providers and OCA's tireless effort to educate our legislators and insurers about LPCC's. Talks are now underway with insurers and state agencies to include LPCC as qualified providers. Additionally, guidelines for providers in managed care organizations are among the issues considered by legislators who are searching for economical, yet quality mental health care for their constituents. OCA is watching as these debates unfold.

#### **Membership Provides:**

- Legislative Clout – A Legislative Consultant
- Professional Identity
- A Strategic Public Relations Campaign
- Professional Network Contacts
- Professional Development Opportunities –CEU's
- A Statewide Newsletter
- Local Chapter Membership
- An Executive Director

Joining and being actively involved in our counseling profession is an important commitment -- one I know you will gain by making. We cordially invite you to renew or become a new member of OCA!

Mimi Patterson, LPC  
Professional Career Counselor  
216/475-2225 Fax 216/475-1018  
mpatterson@cuyahoga.lib.oh.us

Joe Saunders, Ph.D., LPCC  
Administrative Consultant  
419/ 448-7474 phone and Fax  
jsaunders@nike.heidelberg.edu



# OHIO COUNSELING ASSOCIATION

## 1996-97

### MEMBERSHIP FORM

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Init. \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Present Position \_\_\_\_\_ Employer \_\_\_\_\_

**For information on the American Counseling Association call (800) 347-6647.**

Once you join OCA, you are awarded chapter membership at no additional charge. The chapter you designate will receive a percentage of your OCA membership dues. However, you **must** join OCA in order to join any chapter **OR OACES**.

#### MEMBERSHIP TYPE

- Professional \$70.00
- Associate (holds no counseling credential) \$70.00
- Retired \$27.50
- Student \$18.75

#### CHAPTERS

- Central Ohio Counseling Assn. (COCA)
- East Ohio Counseling Assn. (EOCA)
- Greater Cincinnati Counseling Assn. (GCCA)
- Miami Valley Counseling Assn. (MVCA)
- Midwest Ohio Counseling Assn. (MOCA)
- North Central Ohio Counseling Assn. (NCOCA)
- Northwest Ohio Counseling Assn. (NWOCA)
- Southeast Ohio Counseling Assn. (SEOCA)

#### DIVISIONS

- OH Assn. for Counselor Education and Supervision (OACES) \$12.00
- Student Membership (OACES) \$ 3.00
- OH Assn. for Multicultural Counseling and Development (OAMCD) \$15.00
- Student Membership (OAMCD) \$ 7.50
- OH Mental Health Counselors Assn. (OMHCA) \$25.00
- Student Membership (OMHCA) \$12.50
- OH Career Development Assn. (OCDA) \$15.00
- Student and Retired Membership (OCDA) \$ 7.50
- OH Assn. for Specialists in Group Work (OASGW) \$ 5.00
- OH School Counselor Assn. (OSCA) \$30.00
- Student Membership (OSCA) \$10.00

#### LICENSE

- LPC
- LPCC
- SCHOOL COUNSELOR

**TOTAL ENCLOSED \$ \_\_\_\_\_**

**MEMBERSHIP IS VALID FOR ONE YEAR FROM THE DATE OF PROCESSING BY OCA OFFICE.**

#### OHIO LEGISLATIVE INFORMATION:

Senator \_\_\_\_\_ Representative \_\_\_\_\_ Bd. of Ed. Rep. \_\_\_\_\_

**Make check payable to OCA; send to: OCA, Heidelberg College, 14 Clinton Ave., Tiffin OH, 44883-2449**

**To contact OCA: Call (419) 448-7474 or e-mail [jsaunders@nike.heidelberg.edu](mailto:jsaunders@nike.heidelberg.edu)**

# Ohio Counseling Association (OCA)

## \*Award Nomination Form\*

Date \_\_\_\_\_

### CHECK ONE

#### NOMINATOR

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone ( ) \_\_\_\_\_

#### NOMINEE

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone ( ) \_\_\_\_\_

#### CHARLES "CHUCK" WEAVER

Long and distinguished service to the counseling profession and exemplary caring for people.

#### MERITORIOUS SERVICE

Promoting the counseling profession.

#### HERMAN J. PETERS

Exemplary leadership to the counseling profession.

#### COUNSELOR OF THE YEAR

Using OCA goals in provision of direct services, maintaining professional standards, and dedication to one's job.

**NOMINATION PROCEDURE:** Please submit this form with a supporting statement of 250 words or less. Letters of support are also encouraged. Attach a current vita and/or brief biographical sketch of nominee. Nominee must be a current OCA member.

PLEASE SUBMIT THE MATERIALS TO:

**REBECCA B. JENKINS, OCA Awards Chair**  
1398 Meadow Wood Dr.  
Fairborn OH 45324  
H (513) 878-2255  
W (513) 328-2041

**\*DEADLINE IS APRIL 30, 1997\***

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**1996-97**

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**Alice Morgan, NCOCA President** 37765 Fox Run, Solon 44139 (216) 349-6243  
**Paul Trivette, NWOCA President** 140 Troup Ave., Bowling Green 43402 (419) 372-7302  
**Suzanne Roberts, SEOCA President** 31 Grosvenor St., Athens 45701 (614) 592-1103

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# CALL FOR NOMINATIONS

## OCA PRESIDENT ELECT

Nominations for President Elect for OCA are solicited from the membership until February 1, 1997. The nominee must have served on the Executive Council of OCA for at least one of the past three years. The nominee must also be a member of OCA and ACA. A letter of nomination must be sent to OCA, Heidelberg College, 14 Clinton Ave. , Tiffin, OH 44883. The nominating committee of the Executive Council will select the finalists at its February 8 meeting. Ballots will be spread to all members for a March 1 election. The finalist becomes President Elect on July 1, 1997.



OCA  
Heidelberg College  
14 Clinton Ave.  
Tiffin, OH 44883-2449

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