




Ohio Counseling Association

GUIDELINES

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TECHNOLOGY & COUNSELING

Changing How We
Communicate



OCA
OHIO
COUNSELING
ASSOCIATION

CONTENTS

CALL FOR MANUSCRIPTS

Attention professionals, students and counselor educators; please consider submitting your papers, ideas or proposals to the *Guidelines*. Each issue strives to provide information on legal/ethical issues, advocacy, current trends, student perspectives and articles from professionals in the field. OCA will take into consideration all manuscripts. Manuscripts can be directed to the editor, Shawn Grime, at: ohiocounseling@gmail.com

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DEPARTMENTS

- 3** **President's Message**
By David Mann
- 9** **OCA News**
- 10** **Chapter/Division News**
- 11** **Ohio Statehouse Report**
By Towner Policy Group

FEATURES

- 4** **Texting/Sexting WATF (What's All the Fuss)**
By Kelli Jo Arndt
- 6** **Facebook and Social Networking: Handle with Care**
By Courtney Holmes
- 7** **Don't Let Your Mood Fall with the Autumn Leaves: A Discussion on Seasonal Affective Disorder**
By Richard J. Maroon
- 8** **It's The Most Wonderful Time of the Year...for some**
By Brad Imhoff

PRESIDENT'S MESSAGE



When I was a child I loved going ice-skating. On one occasion some older boys took a friend's hat and were not giving it back to her so I told them they should give it to her. They looked at me and asked what seemed to be an easy question to answer in my younger, more concrete thinking mind. "Who are you?!" My simple answer

was, "I'm David Mann. I live in the white house over there." Of course, that was not what they meant but I got the hat back anyway.

It's many years later and I no longer think in such concrete ways. I'm finding, however, that the question has taken on a different form and is being asked today of us as professional counselors. The question arises in casual conversation as well as in classrooms: "What do you do?" "I'm a counselor," we say with a sense of pride. The next question seems a bit more difficult to answer, "Is that like a psychologist or social worker?" It's at this point that we are faced with a two-fold challenge that OCA takes seriously.

The first part of the challenge is defining who we are as professional counselors. This may at first glance seem to be an easy task but easy answers only work for easy questions. Defining who we are is a matter that needs careful attention and serious consideration. This is why I've developed the Counselor Professional Identity committee this year led by Stephanie Burns and Dr. Daniel Cruikshanks. My hope is that Ohio will take the lead in this endeavor that other states will follow.

The second part of the challenge involves advocacy. Defining who we are and what we do does not of itself end the conversation. We must advocate for the profession of counseling. Each year OCA sponsors the Legislative Advocacy Day wherein attention is given to how we as counselors, counselor educators, and students in counseling training programs can promote our profession in Ohio. Through the combined efforts of our lobbyists (Towner Policy Group), Political Action Committee, and Government Relations Committee this is an event that brings attention to our profession.

So, if someone asks, "What do you do?" I hope you'll join me in responding, "I'm a professional counselor. It's not only what I do, it's who I am."

David P. Mann, Ph.D., LPPC-S

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Texting/Sexting WATF (What's All The Fuss)?

By Kelli Jo Arndt



“According to a National survey (Pew, 2009), 4% of teens ages 12-17 with mobile phones said they sent sexually evocative nude or virtually nude pictures of themselves to someone else via text messaging.”

The use of cell phones has changed drastically since their inception. People now have the capacity to search the Internet, take and send photos, send text messages in addition to the traditional use of communicating through talking. Parents and educators have reason to be concerned about the influence cell phones have on children and teens' social, emotional and sexual lives. Although there are many arguments in favor of children possessing cell phones, such as protection in case of emergency, capabilities to reach parents, educational benefits and the like, there are many drawbacks to cell phone possession, especially during school hours. Many school districts have taken action in efforts to prevent cell phone usage on school property because they believe that cell phones are more of a distraction than an advantage to learning. Several districts have developed policies to ban cell phones in schools (Beech, 2006, Scott, 2006, Brown, 2007). The potential negative effects resulting from misuse of cell phones include cheating, recording teachers' lessons and behaviors, and far more vexing is bullying via texting and sexting, which can cause long term psychological damage for students.

TEXTING/SEXTING

Texting, communicating in text rather than voice, is the most common way mobile phones are being utilized by teens today. Moreover, “sexting”- the transmission of sexually suggestive images to others, is the most worrisome use of cell phones to date (Pew, 2009; Taylor, 2009; Siegel, 2010). The increase of sexting has challenged legal and educational officials to address this act, especially in Ohio (Boucek, 2009; Eraker, 2010). According to a National survey (Pew, 2009), 4% of teens ages 12-17 with mobile phones said they sent sexually evocative nude or virtually nude pictures of themselves to someone else via text messaging. 15% of teens ages 12-17 with cell phones said they received sexually evocative nude or virtually nude pictures of someone they knew via text messaging on their mobile phones. This study also showed that older teens are far more likely to send and receive such images; 8 % of cell owning 17 year olds have sent a nude or virtually nude image via text and 30% have received a sexually provocative picture on their mobile phones.

One of the most tragic incidents involving sexting occurred in Ohio. An eighteen year-old in Cincinnati, Jessica Logan, e-mailed a nude photo of herself to her boyfriend, who then disseminated it to four of her friends who apparently forwarded the picture to other students. Throughout the following weeks, Jessica's picture was viewed by hundreds of teenagers in local high schools (Kranz, 2009). In the days leading up to Jessica's suicide, she endured countless degrading insults and mind-boggling names, which resulted in her taking her own life in July of 2008.

As seen in the unfortunate suicide cases of Jessica Logan and Hope Witsell (a Florida teen who also took her own life because of the aftermath a sexting incident caused), many teens who have been bullied through “sexting” experience humiliation and significant embarrassment, which then may lead to depression and even death. For some teens like Jessica and Hope, being exposed and harassed is too devastating to bear, thus they opt to end their lives. Hence it is imperative for all working with victims of “sexting” to recognize these signs and symptoms and provide necessary assistance.

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When students start to exhibit the signs commonly associated with depression and low self-esteem, educators, counselors and parents must intervene. Donna and Charlie Witsell, parents of Hope Witsell, are reaching out to parents because they missed suicidal signs including a no harm contract, disparaging diary entries, and death themed pencil drawings done in class. They firmly believe Hope's sexting incident is indicative of the larger societal problem of hyper-sexualization in the media targeted at young teens which is exposing their minds to ideas of lust and love that they are not capable of understanding fully (Meacham, 2009). Jessica Logan's parents are advocating for support as well. Ohio lawmakers recently introduced a bill which proposes more judicious consequences for youth. Additionally, House Bill 155, named after Jessica Logan, and Senate Bill 127, will address the emergent problem of cyber-bullying in Ohio's schools (Eraker, 2010).

SUGGESTIONS

School counselors play a key role in prevention and intervention efforts. Thus, in relation to sexting issues, they should educate and collaborate in the following ways to best assist students.

1. Provide ongoing educational sessions for students, teachers and parents alike on a regular basis during school assemblies, in-service trainings, in health classes, classroom guidance sessions, and small group and/or individual counseling sessions so that students are informed about the potential long-term ramifications of sexting. Discuss sexting safety and help students develop a positive digital reputation. Numerous websites can be utilized to assist in this process including; ATThinLine.org; CSRIU: Center for Responsible and Safe Internet Use; ConnectSafely.org; Cyberbullying.org; FamilyOnlineSafetyInstitute.org; StopCyberbullying.com; and iKeepSafe.com. Another resource is Project PRO, a newly developed interactive resource to help educate teens and parents about the potential consequences of their on-line reputations, developed by AT&T.
2. Invite law enforcement officials to share the dangers associated with sexting and the legal consequences involved, such as criminal convictions and/or being labeled sex offenders for transmitting inappropriate images (Taylor, 2009).
3. Involve students, teachers, and parents in revising or creating policies that address the social, emotional, legal, and disciplinary consequences of sexting.
4. Make appropriate referrals. Encourage students who took part in sexting, especially if they have been harassed after dispersing pictures of

themselves to seek counseling services through community service agencies or private practitioners.

5. Encourage parents to take an inventory of all media which may include sexually suggestive material, such as magazines, video games, iPods, and web pages and talk with their children about their findings in a caring, non accusatory fashion (Meacham, 2009), monitor and even restrict the amount of time their children spend on cell phones, text messaging, using computers, viewing videos and television shows with sexually suggestive content, and the like.
6. Urge parents to keep a close eye on their child if a victim of sexting and watch for signs of depression that may lead to suicide. Additionally, persuade parents to follow up with teachers, administrators and counselors to determine the wellness of their child who suffered a sexting episode.

CONCLUSION

Teens live in a technologically advanced world. Their lives are being molded by cell phones, iPods, Webcams, and social networking sites. Constant use of such devices often presents problems to parents and educators. The most troublesome technological trepidation facing students today is sexting. Given its severity and commonality, educators, counselors, and parents must be informed of ways to protect their children and students from the texting tragedy called sexting.

Dr. Kellie Jo Arndt is an assistant professor and school counseling clinical coordinator with the University of Dayton. She can be reached at karndt1@notes.udayton.edu.

OCA ANNOUNCES 2011 AWARD RECIPIENTS

Lifetime Achievement Award

Susan Sears, The Ohio State University

Herman J. Peters Award

Christopher Roseman, University of Toledo

Charles "Chuck" Weaver Award

Thomas McGloshen, The Ohio State University

Susan J. Sears Counselor of the Year

Victoria Kress, Youngstown State University

David Brooks Award

John Laux, University of Toledo

Public Policy & Legislation Award

Kathleen Salyers, University of Toledo

Past President Award

Kelley Schubert

"As counselors and mental health professionals, how can we create a healthy dialogue and community about Facebook and other social networking sites? Does that expectation even fall within our responsibility as professionals?"

Facebook and Social Networking: Handle with Care

By Courtney Holmes, Ph.D., NCC

As Missouri teachers sue to gain back the rights to unrestricted social networking access with students, (see http://www.huffingtonpost.com/2011/08/20/missouri-teachers-sue-ove_n_932261.html for more details) and people are getting fired due to posts deemed inappropriate (see http://www.huffingtonpost.com/2011/08/19/jerry-buell-florida-high-_n_931941.html for more details) the rest of us are left to ponder how life is changing so drastically. Regardless of the reasons or the outcome of these cases, what is clear is that no precedence for the use of technology in the professional world exists, no strict guidelines or rules that guide professionally appropriate behavior in the ambiguity of social networking.

As counselors and mental health professionals, how can we create a healthy dialogue and community about Facebook and other social networking sites? Does that expectation even fall within our responsibility as professionals? The face of counseling is changing; it includes a cyber life that many of us did not have to understand as we were growing up. For example, personal downfalls of social networking such as cyber-bullying, self-esteem, unhealthy relationships including the increase of jealousy (Muise, Christofides, & Desmarais, 2009) are now ubiquitous – it seems as if facilitating awareness and understanding of these technological aspects absolutely fall under the counseling purview.

Education is key. As counselor educators and supervisors, we can be transparent and honest about the use of Facebook and social networking with our students. Growing up in a world where social networking is just as important as face-to-face relationship building, it is difficult to understand how it can be separated or why it should be. Offering clear boundaries and reasons for these boundaries

is important to increase our students' awareness of potential pitfalls. For instance, potential misinterpretation of public information and dual relationships between clients or students and counselors are only a few prospective hazards. Today, professionalism is more than how you dress for work and your punctuality; it includes your digital footprint. Helping counselors-in-training to understand this is crucial in their development and will allow them to acknowledge and understand potential mishaps down the road.

As practitioners, we need to be aware of how Facebook and other social networking sites are impacting our clients. How does access to the Internet for relational purposes pose struggles for family relationships as well as for individual development? What could be happening with kids via social networking that parents do not understand or know about? The different types of potential implications are vast, and our job often includes awareness that technology can impact the relational dynamics within a family (Oravec, 2000) and within individual growth and development.

In sum, social networking has become an integral piece of our lives. It connects us with people about whom we care, it promotes sharing of ideas and new information, and is a piece of our identity. Many positive things are possible through this type of technology. However, without awareness and intentional use of these technologies, some professional liabilities lie in wait.

Dr. Courtney Holmes is an assistant professor at Bowling Green State University. She can be reached at courtmh@bgsu.edu.

Don't Let Your Mood Fall with the Autumn Leaves: A Discussion on Seasonal Affective Disorder

By Richard J. Maroon, PCC-S

The warm carefree summer breeze is beginning to chill and the lush green leaves are falling beneath autumnal skies. The seasons are changing and for some the oppressive nature of the cold gray winter will lead to feelings of boredom, melancholy, and clinical depression. Seasonal Affective Disorder (SAD), according to the DSM-IV, is not a unique mood disorder, but is "a specifier of major depression". (Lurie 2006)

Norman Rosenthal, author of "Winter Blues, Revised Edition: Everything You Need to Know to Beat Seasonal Affective Disorder" is a leading expert on the subject. In his book, Rosenthal states that between 4 and 6 percent of the U.S. population suffers from SAD, while 10 to 20 percent may suffer from a more mild form of "winter blues". Three-quarters of the sufferers are women, most of who are in their 20s, 30s, and 40s. Though SAD is most common during these ages, it can also occur in children and adolescents. Older adults are less likely to experience SAD. This illness is more commonly seen in people who live at high latitudes (geographic locations farther north or south of the equator), where seasonal changes are more extreme. It is estimated that 1 percent of Florida residents, 4 percent of Washington, D.C. residents, and nearly 10 percent of Alaska residents suffer from SAD. (Rosenthal 2005)

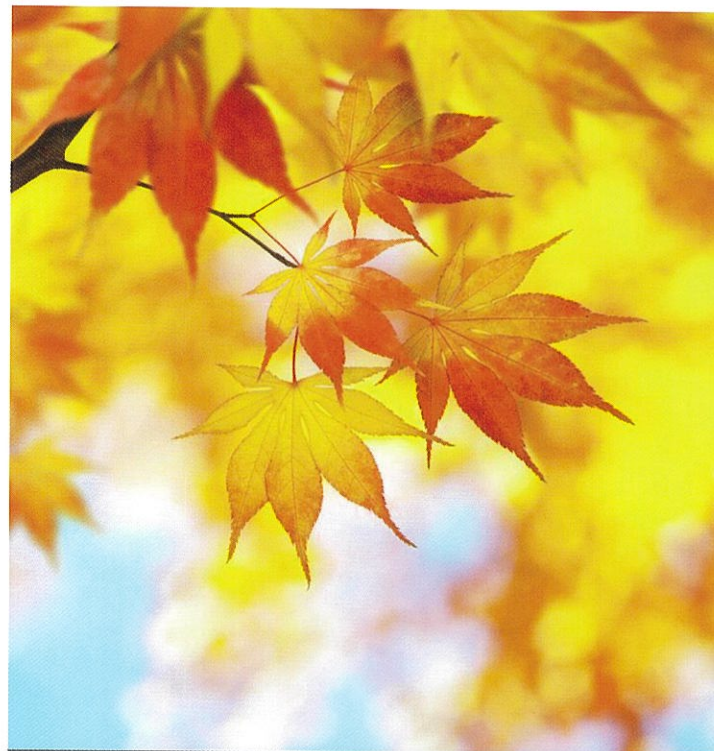
Although the exact cause of this condition is unknown, some have speculated that SAD is a biological adaptation of a more primitive form of human being, designed to slow down caloric intake during times of limited nutritional resources. (Nesse 1996)

How do we as counselor help our clients who suffer from the heavy grind of winter's bitter grip? Although antidepressant medication has been shown to be effective in treating various forms of depression, other non-medical treatment can also be successful. (Hollon et al 2006)

Bright light therapy, or phototherapy, has been used for over 20 years to treat SAD with numerous studies citing its effectiveness. Light therapy is recommended as a first-line treatment for SAD in Canadian, American, and international clinical guidelines. The mood of individuals with SAD can improve with as little as 20 minutes of bright light exposure. Bright light is more effective than dim light in protecting against "mood lowering" which commonly occurs in SAD. Light boxes are widely available devices which typically provide fluorescent light as a treatment for SAD. (Virk et al 2009)

Cognitive Behavioral Therapy for SAD focuses on the early identification of negative anticipatory thoughts and behavior changes associated with the winter season, and helps clients develop coping skills to address these changes. Clinicians can work with a client to develop a list of fun wintertime interests, to increase self awareness by journaling automatic negative thoughts related to winter, to create a balanced level of physical activity, or to problem solve situations that initiate negative thinking in the hopes of maintaining gains and preventing relapse. (Rohan 2009)

Much like one would "winterize" their house and property, so too can one protect their mental health during the long winter. Through maintaining a balanced diet and physical activity, preparing a list of wintertime fun events, and thoughtfully increasing one's awareness of anticipatory angst and negative thinking about the change of seasons, the cold winter may prove to be a brisk walk in the park. ██████████



"...between 4 and 6 percent of the U.S. population suffers from SAD, while 10 to 20 percent may suffer from a more mild form of 'winter blues'"

Richard J. Maroon PCC-S is a doctoral student at the University of Akron. He can be reached at rjm321@hotmail.com.

It's The Most Wonderful Time of the Year...for some

By Brad Imhoff



“Whether out of fear of dampening others’ spirits or being labeled as a “downer,” the counseling relationship may be the only relationship within which people have the opportunity to openly discuss their concerns about the stress and strains of the holiday season.”

As we enter into a season of shorter days, changing and falling leaves, and cooler weather, we are reminded that another holiday season will soon be upon us. For many, this is a time of great joy, thankfulness, excitement and celebration. It may be a time of reuniting with distant family, sharing delightful meals with loved ones, and reflecting on those values we hold most dear.

Unfortunately, sometimes accompanying the excitement of the holidays is a great deal of stress and difficulty. As counselors, it is not only important that we take care of ourselves and our well-being this holiday season, but to be alert to the pressures and stressors our clients are facing as well. Oftentimes, there is an expectation of joyfulness and cheer during this time of year and especially challenging might be the scenario of experiencing significant stress, but not having an opportunity to express it or discuss it with anyone. Whether out of fear of dampening others’ spirits or being labeled as a “downer,” the counseling relationship may be the only relationship within which people have the opportunity to openly discuss their concerns about the stress and strains of the holiday season. For that reason, it is important that counselors are open to bringing up the topic of holiday stress to help clients prepare for whatever challenges might arise out of this uniquely exciting, yet stressful, time of year.

In addition to the typical holiday pressure that most everyone will experience, there may be situation-specific stressors that our clients face. Below is a relatively extensive, but not nearly exhaustive, categorized list of potential holiday stressors to keep in mind and consider as we move forward through the next couple months:

Grief Work

- An anniversary of the death of a loved one
- First holiday following the loss of a family member
- Recent diagnosis of a chronic or terminal illness in the family
- Miscarriages or stillbirths and dealing with inquiring relatives
- Job loss and resulting economic struggle
- Dealing with upsetting childhood memories

Couples/Marriage/Family Counseling

- Recent or impending divorce
- Military families spending the holidays with loved ones overseas
- Recently married couples balancing time between families
- Blended families dealing with child arrangements
- Financial strain and guilt over having to cut back on festivities
- Dealing with expectations and/or comparisons to other families

Addictions Recovery

- Potential for relapse during stressful times
- Preparing for gatherings where alcohol will be available
- Being allowed to spend the holidays with family for the first time in years
- Facing especially skeptical or inquisitive relatives
- Arranging to see non-custodial children
- Having spending money for the first time in years

CONTINUED ON NEXT PAGE

Children/Adolescents/School Counseling

- Divorce, family conflict or controversy
- Splitting time between families
- Comparing oneself or one's family to peers and classmates
- Handling frustrations or disappointment about unmet expectations
- Routines and schedules are disrupted and adjusted
- Peers boasting about or showing off gifts and new items upon returning to school

While reading through this list, fellow counselors can undoubtedly add to it from personal experience or from their years working with clients. While not exhaustive, it is merely meant to be a reminder of what might be in store for our clients as the holidays grow near. Think about those clients with whom you work and whether or not these, or any other stressors, may be relevant to their holiday experience.

Clients ultimately know their situations best, but they

may not have yet considered the challenges that await. They may also choose to avoid discussing some of the more emotional or difficult subjects unless the counselor first brings it up. One way to broach the topic would be to simply ask, "What challenges do you expect to face this holiday season?" Having detailed knowledge of our clients will also allow us to center in on areas or topics that might be most relevant to their situations as well.

Give some thought to how you might help your clients manage unique stressors during the next couple months. Whether it is through discussing expectations and budgeting, ways to memorialize a deceased loved one, role-playing conversations with difficult relatives, or any other strategy in mind, we have an opportunity to help clients manage challenges that get in the way of an otherwise joyful time of year. May we all be reminded of, and have an open mind to, the specific needs of those whom we serve.

Brad Imhoff, MA, PC-CR is a doctoral student in the Counselor Education and Supervision program at Ohio University. He can be reached at bi116710@ohio.edu.

OCA NEWS

NEW COUNSELOR PROFESSIONAL IDENTITY COMMITTEE

A new Counselor Professional Identity Committee (CPIC) has been created. The co-chairs, Stephanie Burns and Daniel Cruikshanks are joined by Colette Dollarhide, Kevin Kuntz, Cynthia Marco Scanlon, Victoria Kress, and William Maxon as members of the committee. The committee has begun work in several areas. First, we are encouraging endorsement of the 20/20: A Vision for the Future of Counseling consensus definition of counseling. Second, we are working on defining the field of professional counseling. Visit <http://www.zoomerang.com/Survey/WEB22D5DMJPY83> to provide your input into this important definition. Third we are advocating for an "Ohio Counseling Association Counselor Professional Identity Certificate" requiring attendance at several professional identity sessions for the 2012 AOCC. Lastly, we are working on a mentoring program to be run through OCA. We look forward to working with the OCA membership over the coming months. If you have any questions, comments, or concerns about the committee, please e-mail co-chair Stephanie Burns at sburns1@kent.edu.

TECHNOLOGY/COMMUNICATION UPDATES

OCA has made a commitment to increase communication to members and has launched several new resources to keep you better informed. Visit the new OCA website that is continuously updated with news, professional opportunities and resources. OCA is also producing a new e-newsletter that will go out periodically with association and profession updates. Lastly, the Guidelines Newsletter is taking on a new

look to include more info for your professional needs.

Questions and suggestions regarding OCA's technology and communication plans can be directed to Shawn Grime, at ohiocounseling@gmail.com.

FEDERAL LEGISLATION UPDATE

SB 604 (The Seniors Mental Health Access Improvement Act of 2011) has been introduced in the Senate. This bill will allow the independent practice of counselors within the Medicare network. A similar bill will be introduced in the House in the future and ACA is hoping to have a Republican sponsor. All are encouraged to contact your legislators and lobby for this issue. Job descriptions have been created for counselors to be employed within the VA, however, the job descriptions have not been fully implemented and publicized. Counselors are encouraged to contact your local VA and inquire as to why job descriptions are not being advertised. You also need to let the administrators know why it is important to hire counselors. Qualifications to be employed by the VA include having graduated from a CACREP Master's program. We continue to wait to hear about changes to the Tricare network that will allow counselors to independently practice within this network. The independent practice of counselors has been approved, but are waiting on specific qualifications to be included in this network. The Institute of Medicine (IOM) is coming up with recommendations that we think will include graduation from a CACREP Master's program in counseling and passage of the NCMCHE licensing test.

CHAPTER/DIVISION NEWS

EOCA

EOCA is working on the following events/ tasks this coming year:

- Sponsoring a family at Christmas time through Catholic Charities
- Formalizing our meeting structure and function, with special attention to the creation and implementation of formal bi-laws
- Collaborating with YSU's CSI and hosting a free workshop in December on Burnout-Self care, presented by members of both organizations
- Sponsoring a symposium in conjunction with YSU and local agencies in our area for future graduates to network and obtain internships following a seminar (topic/presenter TBD)
- Trying to build a more active membership
- We have selected our President-elect, Kim Beck, who will become our EOCA chapter president in 2012.

GCCA

The Greater Cincinnati Counseling Association and Xavier University's Department of Counseling announce Dr. Ross Greene as the Keynote Speaker for their annual conference January 6-7, 2012. *The Collaborative Problem Solving Approach: Understanding and Helping Kids with Social, Emotional, and Behavioral Challenges* will provide participants with an understanding of the underpinnings of the CPS model, along with practical assessment and intervention tools that can be brought back to and used in these diverse settings. Complete details on the conference including registration can be found at the CEUplace.com.

NCOCA

The NCOCA Board has been meeting monthly to discuss future workshop topics. The NCOCA Board narrowed the first workshop topic to be related to client's career concerns, and will be held in January 2012. Details for this upcoming workshop will be sent out electronically in the next couple of months.

NWOCA

NWOCA hosted their 2011 Fall Workshop on September 30, 2011. Watch for the upcoming announcements of NWOCA's Winter and Spring Workshops tentatively scheduled for February 2012 and April 2012. NWOCA welcomes new board members Stephanie McGuire-Wise (member-at-large) and Jonna Brendle (Heidelberg Student Representative) and new officers include Melanie Long (Secretary) and Amber Lange (Membership Secretary).

OCDA

In honor of *National Career Development Month 2011*, OCDA board member, Christina Golden, will be the State Coordinator for the National Career Development Association (NCDA) Poetry & Poster contest here in Ohio. The annual contest is a creative way to help people of all ages to explore ideas related to their careers. Participants can either enter a poem or there are two poster categories to choose. You can also use the contest as a marketing tool to promote your Career Counseling services to the population you serve whether as a School Counselor, College Counselor or in Private Practice. The theme this year is "My Career Dreams". In our state Mrs. Golden will need anyone doing a contest at their school or campus to have their top three winners in to her for state judging by December 3, 2011. She will then pass our state winners on to national judging. At NCDA Conference in San Antonio June 30-July 2, 2011, OCDA Treasurer, Meagan Kittrick, was honored to carry the flag for Ohio. Our Past President, Cynthia Marco-Scanlon, was honored as one of just four recipients of the Outstanding Career Practitioner Award at the 2011 NCDA conference.

OASGW

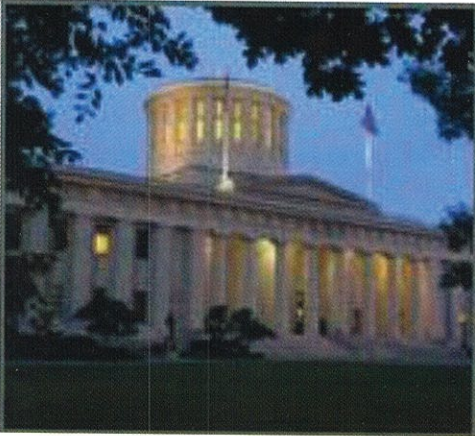
The Ohio Association for Specialists in Group Work is looking for new members and volunteers who have interests in topics related to group work, and who want to be part of the organization. The workshop for this year will be held on February 3rd, 2012 from 12:30pm-4:00pm on the campus of Walsh University. OASGW is pleased to welcome Wendy Fragasse and Dr. Margaret Delillo as our guest speakers to share a lesson on conducting groups in the school setting with a focus on bullying and grief groups. There will be 3 Continuing Education Units (CEUs) from the Ohio Counselor, Social Worker, & Marriage and Family Board available for this workshop. If you are interested in learning more about the workshop or ways to get involved in OASGW please contact Carrie VanMeter at cvanmeter@walsh.edu.

DON'T FORGET TO VISIT THE AOCC WEBSITE AT WWW.ALLOHIOCC.ORG TO REGISTER FOR YOUR CEU'S AND TO TAKE THE SURVEY.

DEADLINE FOR BOTH IS NOVEMBER 30, 2011!

OHIO STATEHOUSE REPORT

By Towner Policy Group



SENATE BILL 5 & ISSUE 2

Senate Bill 5 (a.k.a. Issue 2) is the controversial collective bargaining legislation that passed the Ohio General Assembly earlier this year. The Ohio Ballot Board recently adopted the official ballot language and decided that by voting “no” on Issue 2 an individual will be voting to repeal Senate Bill 5. If a person votes “yes” on Issue 2, the individual will be voting approval of Senate Bill 5. So, if you are against Senate Bill 5, vote “no” on State Issue 2. If you are in favor of Senate Bill 5, vote “yes” to retain the law.

CSWMFT BOARD BILL

The Counselor, Social Worker and Marriage and Family Therapist Board plans to introduce legislation in the next few weeks that will make numerous changes to the laws affecting counselors, social workers and marriage and family therapists. The following are some provisions to be included in the legislation:

1. Includes, in the Medical Records law, counselors as being able to send treatment record to the provider instead of the patient if disclosure would have an adverse effect on patient.
2. Allows Counselors Professional Standards Committee to adopt rules concerning the procedures for review of applications received to determine whether the applicant meets the requirements for licensure or registration and for voluntary registration of master level counseling students enrolled in practice and internships.
3. Adds requirement to the law that counselor training is to include: a minimum of sixty semester or ninety quarter hours of graduate credit in counselor training acceptable to the Counselors Professional Standards Committee, including a minimum of twenty semester or thirty quarter hours of instruction in the following areas: (a) clinical psychopathology, personality, and abnormal behavior; (b) evaluation of mental and emotional disorders; (c) diagnosis of mental and emotional disorders; and (d) methods of prevention, intervention, and treatment of mental and emotional disorders.
4. Add language to allow individuals holding doctoral degrees in counselor education, who also have an internship which includes diagnosis and treatment, to be eligible for a PC license while they obtain any missing clinical coursework.
5. Require an individual to hold a graduate degree in counseling from an accredited educational institution.
6. Require graduates of Ohio counseling programs to graduate from “CACREP” accredited program for their degree to be accepted as qualifying degree after January 1, 2018.
7. Allows Board to adopt fees to be charged for late completion of continuing counselor education.

ART THERAPIST LICENSURE BILL

Senate Bill 205 establishes procedures and requirements for the licensure of art therapists and changes the name of the Ohio Counselor, Social Worker and Marriage and Family Therapist Board to that of the Ohio Counselor, Social Worker, Marriage and Family Therapist, and Art Therapist Board. The bill has been referred to the Senate Health, Human Services and Aging Committee; however, to date no hearings have been held. The bill defines the “practice of art therapy” as meaning the diagnosis, treatment, evaluation, assessment, and remediation of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of art therapy principles and processes, to individuals, couples, and families, singly or in groups, whether those services are offered directly to the general public or through public or private organizations, for a fee, salary, or other consideration, through the professional application of art therapy theories and techniques, including, but not limited to, psychotherapeutic theories, therapies, and techniques that art therapists are educated and trained to perform. Establishes that a person licensed as an art therapist may engage in the practice of art therapy through the integrated use of psychotherapeutic principles and visual art media and processes in the assessment, evaluation, treatment, amelioration, and remediation of emotional, cognitive, neurological, psychosocial, physical, and developmental issues. A licensed art therapist may provide training and supervision to art therapy students or prospective applicants for licensure. The bill establishes that a person licensed to practice as an art therapist may diagnose and treat mental and emotional disorders, except that the art therapist may make a diagnosis only under the supervision of a psychologist, psychiatrist, professional clinical counselor, independent marriage and family therapist, or independent social worker. An art therapist may engage in the private practice of art therapy as an individual practitioner or as a member of a partnership or group practice.

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HOUSE BILL 259 ALTERNATIVE MEDICINE

House Bill 259 has been introduced and would permit complementary or alternative health care practitioners to provide certain services without being in violation of healthcare professional licensing laws if the alternative health care practitioner does not engage in certain prohibited activities. House Bill 259 has been referred to the House Health and Aging Committee. A sponsor hearing was held on September 14, 2011 and a proponent hearing was held on September 21, 2011. The legislation defines "complementary or alternative health care practitioner" as an individual who provides complementary or alternative health care services to a client and who is either of the following: an individual who is not a licensed health care professional; or an individual who is a licensed health care professional but does not hold the individual's self out as a licensed health care professional when providing the services. House Bill 259 does include a list of prohibited activities by an alternative healthcare practitioner that includes:

- Performing surgery;
- Providing a medical diagnosis of a disease;
- Providing diagnosis or treatment of a physical or mental health condition of an individual if the diagnosis or treatment poses to that individual a recognizable and imminent risk of significant and discernible direct physical or mental harm
- Recommending an individual discontinue medical care, medical treatments, or use of medications;
- Providing services to a minor without parent or guardian consent;

The provider of complementary services must provide the recipient of their services with a disclaimer stating that they are not licensed, certified, or otherwise authorized by the state to practice as a healthcare professional or if they do hold other licenses they must disclose which licenses they hold and state in a disclaimer that they are not acting in their capacity as a licensed healthcare professional when providing alternative healthcare services. Chapter 4757, the Ohio Counselor, Social Worker and Marriage and Family Therapist Board, is not included in the definition of "licensed healthcare professional" and this Chapter needs to be included.

COUNSELORS' SPECIALTIES

Senate Bill 123, has been introduced on behalf of the Ohio Chapter of the American Academy of Pediatrics, to require physicians, counselors, clinical counselors and other licensees, when applying for a new or renewed license, to specify information about their practices, including unique characteristics such as specialty areas of practice, age-specific areas of practice, and excluded areas of practice. The bill requires the Counselor, Social Worker and Marriage and Family Therapist Board and other licensure boards to collect uniform information, and establish categories of unique practice characteristics relevant to the professionals

they regulate, and to submit the information to the Department of Administrative Services for posting on the State's Internet through the Ohio eLicense Center web site. The bill provides that the information is to be used solely to assist the public in locating appropriate health care services and assisting health professionals in making patient referrals to other health care professionals; the information does not bar the health professional from engaging in activities within the professional's scope of practice that are not specified in the information or do not conform to the information; the information does not create more or less liability for the health professional in the provision of health care services; and the information does not alter the standard of care that applies to the health professional in the provision of health care services. The bill has had two hearings in the Senate Health, Human Services and Aging Committee. The sponsor hearing was held on September 21, 2011 and a proponent hearing was held on September 28, 2011

CAYLEE ANTHONY'S LAW

Three bills have been introduced to address the issue of missing or deceased children. House Bill 299, Senate Bill 203, and House Bill 301. The bills would require a parent, legal guardian, custodian, or caretaker of a child to report to a law enforcement agency after a child is missing or deceased. Senate Bill 203 and House Bill 299 would require a parent, legal guardian, custodian, or caretaker of a child under the age of thirteen (Senate Bill 203) or under the age of 16 (House Bill 299) to report to a law enforcement agency within twenty-four hours after the child is missing. Both bills would require reporting within one hour after discovery a child is deceased. House Bill 301 was substituted at the September 21, 2011 sponsor hearing to provide "it is a violation of a duty of care, protection, or support when the parent, guardian, custodian, or person having custody or control of a child fails to report to law enforcement authorities that the child is missing promptly after acquiring knowledge that the child is missing. Whoever violates this provision is guilty of endangering children, a misdemeanor of the first degree. If offender previously has been convicted of endangering children, or any offense involving neglect, abandonment, contributing to the delinquency of, or physical abuse of a child, the violation is a felony of the fourth degree. If the violation results in physical harm, it would be a felony of the second degree. House Bill 301 and House Bill 299 have been referred to the House Criminal Justice Committee. House Bill 301 had a hearing on September 21, 2011. Senate Bill 203 has been referred to the Senate Judiciary Committee. Representative Hottinger had requested a counselor meet with him on House Bill 301. Hilda Glazer, LPCC, and Carolyn Towner and Amanda Sines met with Representative Hottinger and his aide on August 8, 2011 to discuss House Bill 301 and the Caylee Anthony case.