Volume 10, Issue 3 Fall 2014

SACES NEWSLETTER

SOUTHERN ASSOCIATION FOR COUNSELOR EDUCATION AND SUPERVISION

SPECIAL POINTS OF INTEREST:

- SACES Conference Photos and Award Winners
- ACES Conference Information
- Join a SACES Committee!

INSIDE THIS ISSUE:

FROM THE SACES PRESIDENT

Our Fall Conference in Birmingham was a huge success! We offered over 350 sessions focused around the themes of transformation and advocacy to 671 conference attendees. We also worked to make the conference family-friendly by activities such as handing out coloring books to our attendees' young children and listing family-friendly activities in the Birmingham area on the SACES website. The SACES Women's Interest Network is planning to offer additional activities for participants with families at our SACES 2016 Conference.

The SACES Executive Board is in the process of planning the 2016 conference. The conference will be held on the second weekend in October. Our tentative plan is to hold the conference in New Orleans. Mark your calendars.

Next year, the ACES Conference will be in Philadelphia. You can check out the new ACES website for more information about the conference. We look forward to seeing our SACES members there.

Take care!

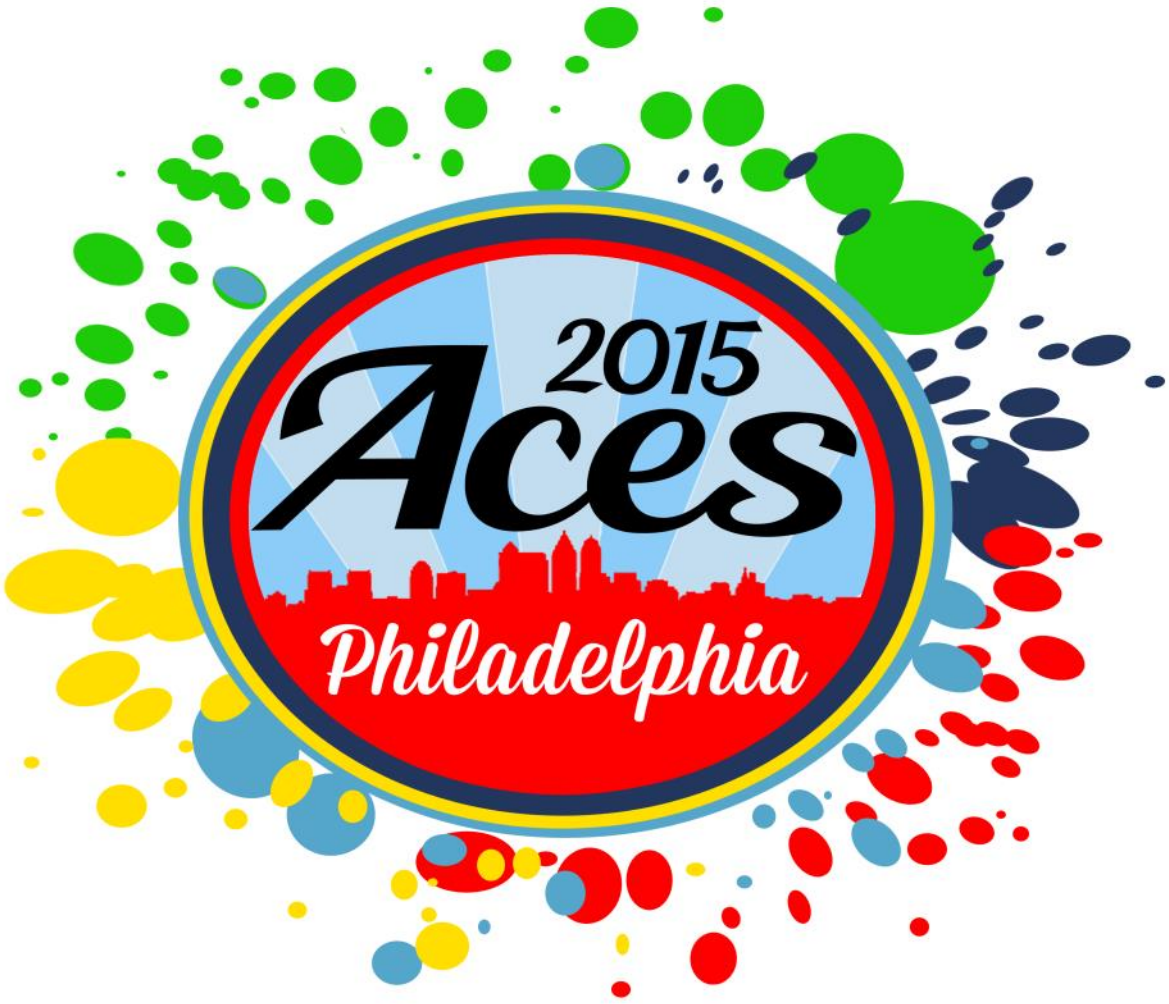
Mary A. Hermann

SACES President 2014-2015

Save the Date!

October 7-11, 2015

Leadership for Culturally Relevant Pedagogy and Practice



Call for Program Proposals!

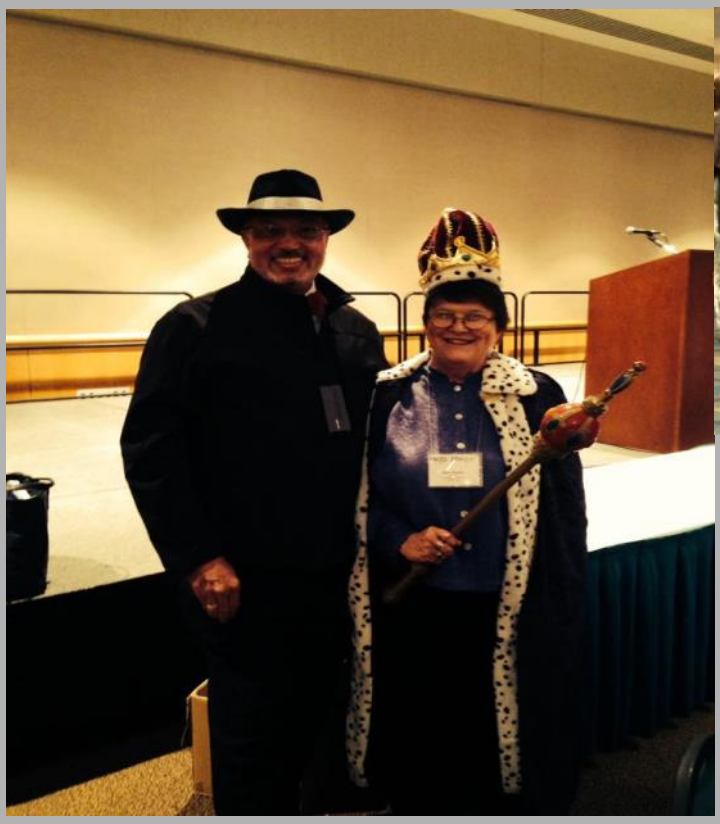
Find specific program proposal requirements at www.aces2015.net.

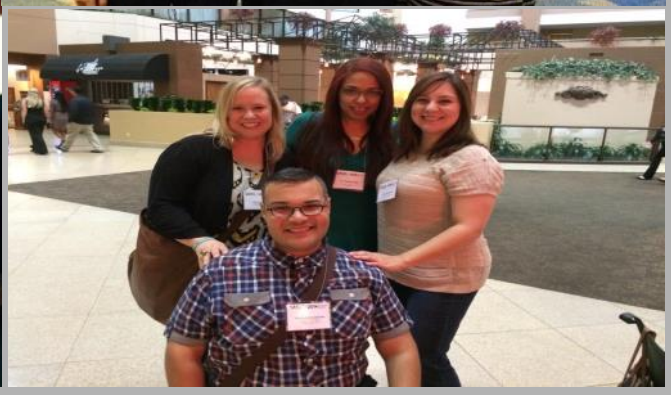
Deadline for submissions is 11:59 p.m. EST on January 31, 2015.

If you have any questions about conference proposals, please send them to acesconference2015@gmail.com. For general conference questions, please contact Holly Branthoover, aces15-conference@iup.edu.

SACES Conference 2014

Birmingham, Alabama





Congratulations SACES Award Winners

Outstanding Graduate Student - Doctoral Level Award
Ashley J. Blount, University of Central Florida

Outstanding Graduate Student Master's Level Award
Andrew Knoblich, The University of Georgia

Outstanding Pre-tenured Counselor Educator Award
Sejal M. Barden, University of Central Florida

Outstanding Tenured Counselor Educator Award
S. Allen Wilcoxon, University of Alabama

Locke-Paisley Outstanding Mentoring Award
Catherine Roland, Georgia Regents University

Outstanding Teaching Award
Glenn W. Lambie, University of Central Florida

Courtland Lee Social Justice Award
Annaliese Singh, The University of Georgia

President's Outstanding Service Award
Don C. Locke

Outstanding Master's Counselor Education Program
Marymount University

SACES 2014 Research Grant Award Winners

University of North Carolina at Greensboro
Melissa Fickling: Career Counselors' Perspectives on Advocacy Behaviors

University of South Carolina and University of North Texas
Dodie Limberg, Kimberly Dawes, Jonathan Ohrt, & Casey Barrio- Minton: Research Identity Development of Counselor Education Doctoral Students: A Qualitative Investigation

University of Texas at San Antonio
Marlise Lonn: Supervisees' Experiences of Role Ambiguity and Disclosure Experiences in Triadic Supervision: A Phenomenological Study of Counseling Students

Clemson University
Corrine Sackett & Alyssa Jenkins: Advocacy in Childhood Obesity: Examining Adolescent Girls' Perspectives through Photovoice

Texas Christian University, Texas A & M University-Commerce, and University of Houston - Victoria
Marcella Stark, Angie Wilson, & Jennifer Boswell: Determining the Mentoring Needs of Counseling Students and Junior Faculty

University of South Carolina
Melissa Swartz: Becoming an Advocate: Perceptions of Exemplar Counselor Advocates

Counseling Students' Perceptions of Benefits and Challenges of CACREP Accreditation

By: Jessica Lloyd-Hazlett, Ph.D., LPC, LMFT, NCC,
The University of Texas at San Antonio
And Eleni M. Honderich, Ph.D., LPC, MAC, NCC
The College of William and Mary

The Council for Accreditation of Counseling and Related Programs (CACREP) accredits over 600 programs at 265 institutions within the United States (Urofsky Ritchie, & Bobbie, 2013). Earning a degree from a CACREP-accredited program is increasingly relevant The Council for Accreditation of Counseling and Related Programs (CACREP) accredits over 600 programs at 265 institutions within the United States (Urofsky Ritchie, & Bobbie, 2013). Earning a degree from a CACREP-accredited program is increasingly relevant to post-degree outcomes. Specifically, graduation from a CACREP-accredited program is required for employment consideration in the Department of Defense, Veteran Affairs, and for TRICARE reimbursement (TRICARE, 2013). While not a formal requirement, more than 50% of states accept graduation from a CACREP-accredited program as one path for meeting licensure educational requirements (CACREP, 2013).

In light of shifting contexts of accreditation, we began to reflect on our own experiences attending a CACREP-accredited program. Post-enrollment, CACREP had become prominent fixture in our professional vocabularies (especially, as our program engaged in the reaccreditation process!). However, CACREP was largely unknown to us when making our program selections. Taking to others, we learned we were not alone. For many prospective students, when researching programs university-wide accreditation was conflated with field-specific accreditation; the receipt of a master's degree, with assurance of uniform eligibility for employment and licensure. Informal conversations inspired more formal examination of counseling students' perceptions of accreditation, including the benefits and challenges of attending a CACREP-accredited program.

Method

A national sample of 359 master's and doctoral-level students attending both CACREP and non-CACREP accredited programs responded to a survey assessing awareness and ascribed importance of accreditation. Major findings of the broader study included: (a) accreditation was the second most influential factor to students when selecting a counseling program, (b) accreditation was a top factor students wished they had considered more when choosing a program, and (c) nearly half of the sample (45.1%) was not familiar with CACREP accreditation prior to program enrollment (Lloyd-Hazlett & Honderich, 2013).

Though not a required section of the survey, many of the student participants choose to provide supplemental feedback on perceived benefits (n=240) and challenges (n=147) of accreditation. Conventional content coding analysis was utilized, allowing for the "subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns" (Hsieh & Shannon, 2005, p. 1278). Triangulation and peer consultation occurred throughout coding to decrease bias and increase trustworthiness. The top four themes summarizing perceived benefits and challenges are discussed below. Select quotes are provided to illustrate reported themes, as well as to give voice to students' lived experiences within counselor preparation programs.

Student Perceptions

Results indicated students perceived: (a) increased job opportunities and marketability (n=109), (b) ease and assistance in the process of obtaining licensure/certification (n=78), (c) testament to the reception of a well-rounded and high quality education (n=68), and (d) program prestige (n=59) to be the top four benefits of attending a CACREP-accredited program. Student narratives within the most prominent benefit, increased job opportunities and marketability, spoke both to perceived advantages toward obtaining employment, as well as employers' positive perceptions of applicants from CACREP-accredited programs. As stated by one student, "I think accreditation allows future employers to know that your program prepared you well for any position in that particular field."

Student participants also spoke to the perceived challenges of attending a CACREP-accredited program. Of note, 37 students reported being unsure of challenges related to accreditation due to lack of familiarity with CACREP. These responses were not included in the content analysis, but lend support toward the assertion that students lack awareness of accreditation prior to, and even after, enrolling in counselor preparation programs. Top challenges fell within the following themes: (a) higher expectations of students within the educational setting (n=30), (b) increased class restrictions, including less elective choices and schedule freedom (n=30), and (c) imposed strictness potentially negates areas of knowledge outside the CACREP standards (n=30). Interestingly, when asked to report on the challenges of accreditation, the most frequent theme was the perception of no known consequences (n=32). Narrative feedback illuminated potential restrictions stemming from program's

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Cont. from p. 5

maintenance of accreditation standards and students' personal needs and goals. One student reflected, "I feellike it would be more rewarding and enriching experience if I were able to have more flexibility in my schedule to pick and choose different electives that interest me rather than being required to take specific electives."

Discussion

Counseling students perceived CACREP accreditation to be central to training experiences and post-graduation outcomes; however, attending a CACREP-accredited program was also believed to impact course choices, program content, and scheduling flexibility. Accreditation is a top factor for counseling students, but also an entity nearly 50% of students are unfamiliar with when making enrollment decisions (Lloyd-Hazlett & Honderich, 2013). It is hoped the perspectives highlighted within this study may serve as a reference for both students and institutions toward making informed decisions about benefits and challenges associated with CACREP accreditation.

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Get Involved in SACES!!!!

Standing Committees in SACES:

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Engaging Students in an Online Graduate Career Counseling Course

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When I first transitioned to teaching graduate counseling courses online I was worried about several things. After years of teaching in the classroom I had become comfortable with my ability to engage my students and to provide opportunities for them to interact with each other. How could that sense of connection be created in such an artificial environment? Another concern I had related more directly to teaching career counseling: How can I make this foundational discipline of counseling seem relevant and exciting in this introductory course without being able to visibly show the students my own excitement for the topic by being in the same room with them?

I quickly learned that there are many ways to connect with students online, and to encourage their interaction with each other. The following three methods proved the most useful to me.

1. Be an active participant on Discussion Board assignments. I posted discussion topics for each chapter and required students to post their initial responses and then a response to another student's post. I would then read and respond to **each** student's posts, instead of making one general response to all students. Rather than finding the distance created by online courses to be impassable, the opposite was true. In an online course there is nowhere for a student to hide, no back door to slink out of at the end of class, no friend to duck behind when a question is asked. All online students must contribute to the discussion. Everyone must have a response and share it. It occurred to me that I was getting to know more of my students by teaching online, rather than just that group of motivated students who stay after my traditional classes to chat.

2. Develop collaborative assignments (Embrace the Wiki!). A DVD paired with my textbook contained career counseling vignettes illustrating different techniques. Students were placed in groups of three and asked to independently watch each of the assigned vignettes and then collaborate in the construction of a paper that responded to specific questions for each. Group projects and papers are notoriously troublesome. We've all been there. One super motivated student ends up doing all of the work while a less motivated student feels badly about it, but doesn't speak up, and a slacker student is just happy someone else stepped up. The work gets done but no one is happy. Horrible. To help fight this I required each group to use a wiki in constructing their papers. This is a great tool that allows real time editing on a single paper so that each person's contribution is documented. One paper is created and each group member can add, edit, or delete as the final draft is crafted. Statistics are provided to me that show how much of the paper each person wrote. I can also view each person's individual contributions, which lets me form opinions about their writing ability, analysis skills, and ability to apply material to a practical situation. I let the students know that the wiki provides information about their personal contributions, and that I will use it to grade each student. In addition to allowing me to check on the level of contribution of each group member, it also prevents another problem with group papers: students assign each other small parts of the paper to write and never get to contribute to the other parts. This speeds things up for the students, but also prevents them from really considering all aspects of the assignment. I created the assignments because I thought they were relevant and interesting. I don't want students to only consider a few parts of those assignments because then they don't learn what I want them to learn. To prevent this, I make sure it is clear that I expect to see each student's contributions to all sections of the paper, and with the wiki, I can easily do that!

3. Consistent, prompt, detailed, and individualized feedback. Students notice the effort and energy that an instructor puts into his or her courses. My strategy was to stay active and positive in my feedback, helping students to see how career counseling ideas can be used in a school setting or clinical mental health setting, that career concerns are universal concerns and should be considered when working with students or clients. By providing prompt feedback students learned that I was willing to work as hard as they were in the course, which increased their motivation and interest in the course.

Southern Association for Counselor Education and Supervision

Supervising Novice Counselors in Treating Bipolar Disorder

Jacqueline Robinson, M.A., MFT, LAPC
Mercer University

Kenyon Knapp, Ph.D., LPC, NCC
Mercer University

Statistics and trends with Bipolar Disorder suggest a rapid rise in the diagnosis of Bipolar Disorder, and are the primary reasons that counselors and counselor educators must be well versed in Bipolar Disorder diagnosis and treatment. Many new counselors have never treated Bipolar Disorder or have treated the disorder and may not have a keen understanding of why or how the treatment of the disorder differs from the treatment of other mental disorders. The purpose of this article is to highlight the specifics of supervising counselors who treat Bipolar Disorder.

The Significance of Appropriate Supervision for Bipolar Disorder

An estimated 5.7 million American adults 18 yrs and older have been diagnosed with Bipolar Disorder. This translates to approximately 2.6% of the population. This does not take into account individuals who remain undiagnosed. Bipolar Disorder is identified by the World Health Organization as the sixth leading cause of disability in the world (National Institute of Mental Health, 2014).

In terms of suicidality, according to the National Institute of Mental Health (2014), the life expectancy of individuals diagnosed with Bipolar Disorder is reduced by an average of 9.2 years and about one in five clients diagnosed with Bipolar disorder completes suicide.

The disorder has genetic implications as the children with parents who have been diagnosed with Bipolar Disorder are at elevated risk for Mood Disorders specifically and mental illness (Chang & Gallelli, 2004). Based on this information it can be inferred that there will likely be a rise of Bipolar diagnoses with adults, teenagers, and children in the future.

Differential Diagnosis

Many clients will come to a new therapist with an undiagnosed Bipolar Disorder. This is where it is imperative that a supervisor listen closely to what is being described by the supervisee and educate concerning differential diagnosis. For example, let's consider that a supervisee has a client who reports feeling depressed "most of the time but has rare feelings of hope, motivation, and happiness." Unipolar depression seems to be a plausible diagnosis. However helping a novice therapist recognize that those rare moments of hope could be a form of hypomania suggesting a Bipolar II Diagnosis can be the difference between clinical effectiveness and cyclical mental illness. Here instead of the supervisee taking a therapeutic approach that hasn't been researched and deemed effective specifically with Bipolar Disorder, the supervisee can first provide appropriate referrals for medication management then employ counseling techniques.

Close Monitoring

Clients with a Bipolar diagnosis are automatically "high risk" clients because of their high rates of suicide attempts and completions. Further, Bipolar disorder is highly episodic and has an element of impulsivity. This means that the supervisee will need to closely monitor Bipolar clients stability. Simultaneously, supervisors will need to closely monitor both the supervisee and the client. This is a more hands on approach than many supervisors would take with clients diagnosed with other Axis I disorders, however it's necessary to ensure adequate treatment and stability of clients with a Bipolar diagnosis.

Close monitoring includes weekly reports on the client's stability (because manic/happy moods can become severely depressed moods in a matter of hours), medication management, and the supervisee's correspondence with other treatment providers, specifically the psychiatrist. Mood monitoring is essential and should be a requirement by the supervisor for every client diagnosed with Bipolar that a supervisee treats. This will help the novice therapist become more familiar with the client's mood cycles, giving them the ability to easily identify a manic, depressed, mixed, or rapid cycling episode.

Teach The Four Givens

In supervising novice therapists treating Bipolar Disorder, supervisors must teach what we call the Four Givens in treating Bipolar Disorder**.** These are four important, evidence based means of effectively managing Bipolar Disorder.

1) Medication: Bipolar disorder treatment requires medication management, no exceptions**.** Mood Stabilizers, antipsychotics, and in some cases anti depressants are used (Antipsychotics and mood, 2012).

2) Routine: Clients with a Bipolar diagnosis require coaching concerning maintaining a routine both in and out of session.

3) Sleep: Bipolar Disorder is kept in balance based on a rhythm. Poor sleep hygiene can throw a client diagnosed with Bipolar into severe mania or depression.

4) Therapy: After the first three givens are in place then the supervisee can effectively counsel. It is best that supervisors encourage use of models that have been empirically researched to have effectiveness for Bipolar Disorder. These models may include but are not limited to Cognitive Behavioral Therapy and Interpersonal Family interventions.

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Critical Thinking: A Mediating Variable in Counselor Competence

Martha Nodar, Mercer University

A consensus among members of the global academic community, including mental health practitioners, leans toward the argument that a deficiency in critical thinking may compromise professional competence (Krupat et al., 2011). Critical thinking exists on a continuum and encompasses characteristics such as self-awareness, ethical behavior, respecting boundaries, and the ability to detect and clarify meaning (Facione, Facione, & Giancarlo, 2000). Counseling trainees may expect to be assessed by clinical supervisors in their journey to become competent clinicians. Siegel (1980), who coined the term *critical thinking*, suggests that "critical judgment must be objective, impartial, nonarbitrary, and based on evidence of an appropriate kind and properly assessed" (p. 8). Critical thinking requires challenging the evidence and suspending assumptions, personal opinions and preconceived ideas (Krupat et al., 2011; Siegel, 1980). Critical thinkers tend to focus on objectively, rationally, and ethically examining all aspects of a situation while their subjective biases are recognized and put aside (Elder & Paul, 1997; Facione et al., 2000; Krupat et al., 2011).

A deficiency in the disposition toward critical thinking is likely to lead to biased opinions (Siegel, 1980). Elder and Paul (1997) submit that some students disregard "the importance of intellectual standards" and instead may ask: "Why shouldn't I use my own standards" (p. 35). Elder and Paul (1997) propose that "when questions that require reasoning are treated as matters of mere opinion – of subjective preference – pseudo critical thinking occurs" (p. 35). Counselor educators have several tools to assess students including the results of the *Graduate Record Examination* (*GRE*). Although the *GRE*'s Analytical Writing Section was designed to discern between critical thinking and pseudo-critical thinking, Kailiwai (2002) argues that many faculty members tend to overlook a low score (below three) in this section. Moreover, Stoesz (2013) is discouraged to see some faculty members relying on student group writing projects (rather than individual writing assignments) to help those students who may have scored poorly in the *GRE*'s Analytical Writing Section.

Assessing Supervisees

Krupat et al. (2011) oppose the use of multiple-choice test format because they believe this format assesses the level of knowledge but not the thought-process. Instead, these scholars propose an open-ended question/answer format that would tap into the students' disposition for critical thinking. Elder and Paul (1997) submit there are "crucial distinctions" (p. 34) between questions that require logic and those typically seen in multiple-choice test format. In agreement, Ku (2009) emphasizes that multiple-choice questions assess the ability to memorize the material, but do not assess the "dispositional characteristics of test-takers" . . . or the "underlying reasoning for choosing a particular answer" (p. 70). Robinson (2001) urges clinical supervisors to apply critical thinking to the supervisee-supervisor dyad to detect and challenge the hypotheses the supervisees may have formed about their clients.

Discussion

Based on the arguments presented herein, accurately assessing counseling trainees warrants counseling educators' special attention. Carefully evaluating the *GRE* score in the Analytical Writing Section and encouraging more individual paper assignments rather than group writing projects are some ways this ambitious task may be undertaken. This issue is important because it touches on public mental health. Identifying meaning, which is at the core of counseling, is an ability that may be compromised by a deficiency in critical thinking. Those who pass through the gates of clinical supervision mostly without this skill may pose a potential risk to society. Passing through the gate is a privilege to be well-guarded. Having an objective standardized evaluative protocol for assessing counseling supervisees may increase the potential of having counselors who are competent clinicians.

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The Unconventional Counselor: A Brief Overview of Community-Based Clinicians

Megan V. Boyd, MS, LPC, Doctoral Candidate, Mercer University

Community-based services are time-limited, intensive, and address client's clinical and basic needs. This may mean that services will be in place during a 3 to 6 month period with multiple visits per week (Lawson & Foster 2005). In a case or more frequent interactions, services can be in place for only 4-8 weeks (Berry, Propp, & Martens, 2007). Families receiving community-based services have specific, frequent and "greater" therapeutic needs than families who engage in traditional outpatient families, (Lawson & Foster, 2005). The client population for community-based work is comprised of varying cultural and socio-economic status. Working with these families is often inconsistent, sporadic, and includes families that are actively engaged in crisis. It is because of this that the traits of a community-based clinician should include "positive rapport, warmth, optimism, humor, and commitment," (Thompson, Bender, Lantry, & Flynn, 2007).

Individual clients and families that participate in community-based services face serious and/or chronic problems affecting social, academic, community, legal, and interpersonal functioning (Glebova, Foster, Cunningham, Brennan, & Whitmore, 2012). Building an intimate rapport through direct and realistic observation of a family's functioning outside of an office session allows for the clinician to make real-time assessments, and model consistency and routine for clients (Morris, 2003).

Clinicians who work in community-based settings face several challenges that are not necessarily experienced by clinicians who work in traditional office settings. When practicing in an office setting, counselors may benefit from having a clearer structure and boundaries with clients when compared to community-based counseling (Lauka, Remley, and Ward, 2014). The counseling relationship between a community-based clinician and the client can result in "emotionally charged and problematic situations" because of the environment that these services take place, (Lauka et al., 2014, p.129). Community-based clinicians also encounter ethical dilemmas such as dual roles (Worth & Blow, 2010) environmental factors and safety (Glebova et al. 2012), and choosing an appropriate therapeutic model on a case by case basis (Jordan et al., 2001).

Community-based counseling is "multi-systemic and utilizes the context of the home as the proving ground for authentic and lasting change" (Worth & Blow, 2010, p. 460). Community-based counseling interventions are designed to work with the entire family system and are often referred by social service or child welfare agencies (Hammond & Czyszczon, 2014). Working as a community-based counselor requires the clinician to utilize crisis intervention skills while simultaneously maintaining relationships with the family, environment, and community networks (Walter & Petr, 2006).

For further information about Megan V. Boyd, LPC and her work as a community-based clinician, visit *The Unconventional Counselor* on Facebook for blogs, resources, and networking.

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TECHNOLOGY ADDICTION AND COUNSELOR AWARENESS

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Do you reach for your cell phone before your cup of coffee? Do you sleep with your iPod or smartphone on the nightstand for easy access? What about FB, Twitter, email; how many times a day do you check your account? In a recent New York Times article, reporter Nick Bilton mentions his conversation with the late Apple Founder, Steve Jobs, and his children's use of the iPad. When asked what his children thought of the latest device, Steve Jobs replied, "They haven't used it. We limit how much technology our kids use at home." (Pawlowski, 2014, para. 4). If the late Steve Jobs required moderation in his home for technology use, we as consumers may want to think about the possibilities of excessive use ourselves. In most cases, our use is far too frequent and can be an indication that we may be addicted to technology with a real need for psychological treatment.

Technology Addiction and Mental Health

The reality of technology addition is a valid concern for mental health professionals. In 2013 the Diagnostic and Statistical Manual of Mental Disorders, 5th edition, considered adding "behavioral addictions" as a new category that would include "internet addiction" to the long list of many disorders. Behavioral addictions, also known as process addictions, are often overlooked for treatment by counselors due to more obvious addictions like drug and substance abuse. The overlooked treatment may stem from unfamiliarity with internet addition and treatment options. However, process additions, such as gambling, shopping and internet use all share commonalities with substance abuse. It is believed that brain patterns in excessive internet users resemble the patterns of drug addicts, which make it a consideration for a true diagnosis. Due to minimal data, the classification is currently mentioned in section three of the DSM-V as an area for further research (American Psychiatric Association, 2013).

Unlike the United States, countries like China, where internet coffee shops are readily available, can conveniently research the idea of internet addiction and work towards early treatment advances. In addition to China, India, South Korea, Taiwan and Singapore have already taken steps toward meeting this epidemic head on. In Singapore, they have started a "cyber wellness" campaign to minimize excessive internet use and in China, 300 internet addiction clinics have been opened to address this growing concern (McNamee, 2014).

Technology Addiction and Research

In an article written by David McNamee, Dr. Wang, a psychiatrist at the Gleneagles Medical Center in Singapore, stated that *"I am generally not in favor of a standalone 'Internet diagnosis, and I agree that it is more a symptom of a larger problem - anxiety, depression, boredom, self-esteem issues to name a few - than an illness itself. Making it a DSM diagnosis 'medicalizes' the problem." "However," he adds, "there are individuals with addictive personalities who may be more vulnerable to developing such an addiction. It's a combination of factors - an addictive personality plus a trigger (e.g., anxiety or depression) snowballing to full-blown addiction symptoms."* (McNamee, 2014, para. 40). Those symptoms may differ to some degree but overall people suffer from anxiety, excessive use, withdrawals, tolerance and compulsive use, much like drug addictions.

In addition, psychologist Dr. Mark Griffiths performed a study where he asked European youth the following questions to determine if they met criteria for internet addition:

1."I have gone without eating or sleeping because of the Internet"
2."I have felt bothered when I cannot be on the Internet"
3."I have caught myself surfing when I am not really interested"
4."I have spent less time than I should with either family, friends or doing schoolwork because of the time I spent on the Internet" "I have tried unsuccessfully to spend less time on the Internet."

His study found that children were not as dependent as initially thought; however, there was a correlation between excessive use and psychological and emotional problematic behaviors, such as substance abuse and drinking alcohol (Smahel, et al., 2012).

What does this mean for Counselor Educators?

The technology craze has been a topic of discussion for many years; however, the effects have been mildly considered until now. When a client presents to a session with the more obvious disorder of substance abuse, would internet addiction cross your mind? If the DSM V is still unclear on how to define internet addiction, how can we as counselors be more confident? As professional counselors, when we counsel our clients for depression, insomnia, substance abuse or anxiety, to name a few, we should be inclined to ask critical questions concerning internet addiction and consider excessive use of technology as a contributing factor when developing our therapeutic plan of action.

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SOUTHERN ASSOCIATION FOR COUNSELOR EDUCATION AND SUPERVISION

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The Southern Association for Counselor Education and Supervision (SACES) is the southern region of the Association for Counselor Education and Supervision (ACES). ACES is a division of the American Counseling Association (ACA). ACES consists of five regions, with SACES being the largest region. Other regions include North Atlantic, North Central, Rocky Mountain and Western.

The purpose of SACES shall be to strengthen counselor education and supervision. SACES will serve to advance knowledge in the academic fields of the behavioral sciences, and assist in improving competency both for members and for those counselors with whom the members are working or will work.

Message from the SACES Newsletter Editors

Are you trying to find a way to get more involved in SACES? What about mentoring a student by helping them to get published? Think about submitting an article for the SACES newsletter. We would love your involvement!

Here are some simple tips to help you create an article for our newsletter:

1. It needs to be focused on topics related to counselor education and supervision or an editorial.
2. You can share information about endorsed SACES, state ACES and ACA activities.
3. If you are a student, have one of your faculty members review your work prior to submitting.
4. Take a look at previous editions of the newsletter located at the SACES website to get a feel for the writing style.
5. Keep it between 500 and 800 words.
6. Attach a picture of you in .jpg, .tif, or .gif format.

Thank you for supporting the SACES newsletter!

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