

CONNECTIONS

SPRING 2010

CONNECTIONS

THE QUARTERLY NEWSLETTER OF THE IDAHO COUNSELING ASSOCIATION



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~CONNECTIONS~

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Editor's Corner

Spring can awaken in us all the urge to transform, grow and update. In our private lives this can mean tearing out your raised beds and putting in a new garden or repainting the house. For the ICA newsletter staff, it means continuing to work on updating and expanding the range of topics and authors who contribute to informing the membership of exciting activities and opportunities on-going across the state and provide information on topics important to the ICA membership.

This quarter's contributors include a letter from ICA's president, Lori Fairgrieve, on current happenings at ACA and ICA. Dana Hunt-Unruh, Ethics Chair of IMHCA, addresses relationship gray areas in the ACA ethical code. Ryan Lipscomb comments on counselor experiences volunteering in the aftermath of Haiti's recent earthquake. And practitioner Rachel Hall educates us about an exciting new intervention, equine therapy. As we continue to grow and develop I encourage all members of ICA who want to contribute to our newsletter to contact me at your earliest convenience (emack443@gmail.com). We would love to have your input!



ERIN MACKEY
EXECUTIVE EDITOR

Cheers!

A handwritten signature in cursive script, appearing to read 'Erin'.

LETTER FROM THE PRESIDENT

Fellow ICA Members,

Spring is in the air. Everything is greening up and out; and if you don't like the weather, well, just wait because it will change in fifteen minutes. This is always an exciting time for me. Spring classes are over, and I am looking forward to all that summer brings. It also means that the annual ACA 2010 national conference is over. I have recently returned from Pittsburgh, the "City of Champions." While there, I learned that Pittsburgh is also known as "The City of Bridges." If you can remember back to your grade school geography lessons, Pittsburgh is built on the banks of the Ohio River and, as such, boasts the home of more than 900 bridges. It was quite a sight to behold, and as I walked along the river the nine short blocks from the hotel to the conference center each day I passed by seven. I passed nearly one for each block that we traveled. There is something very magical about bridges and, having often used the bridge as a metaphor as a counselor, the conference being held in a city built around so many bridges seemed even more meaningful. Pittsburgh is a tremendous city, and this year's annual conference was phenomenal on so many levels.



Given the difficulties of this past year economically, and therefore emotionally, for many of our clients, our students, our families and perhaps even for ourselves, it was inspiring to see how many counselors made some obviously tough choices in order to make the trip to this year's annual conference. The collective purpose among the conference attendees seemed to be one of needing to reconnect, to recharge and to recalibrate as counselors and as a professional association as a whole. The excitement and energy was palpable throughout the conference, and it was obvious that our counseling profession is seeking ways to unify our identity and to broaden our ability to serve in such devastating times.

"One reason more than 3600 professional counselors gathered for the annual conference was because the field keeps reinventing itself," said current ACA President Lynn Linde. You would remember Lynn Linde from our ICA conference this past January, as she was also one of our distinguished keynotes. She kicked off our conference with an inspiring address. She reminded us that counselors can now be licensed in all 50 states, and as a profession we keep staking out new territory as society's needs evolve. This may have been one of the primary reasons that this conference was one of the most successful and well attended conferences in the past decade in spite of the obvious economically difficult times. As a licensed profession, counseling is younger than other related disciplines such as psychiatry, psychology and social work. However, on the national stage we are gaining our voice and being heard. The national association now counts 42,000 members, and has been emphasizing the education and certification process its members go through. Dr. Linde says, "Our mantra is, if people want to go see a counselor, they need to find someone who is licensed," and we are going to be the ones that are there for them when they need us most.

Along, with the address given by the ACA president, the conference keynotes were quite memorable. On Friday Patti Digh delivered the first keynote address "What would you do with just 37 days left to live?" On Saturday Geri Corey gave the keynote "The Counselor as a Person and as a Professional."

For more information on either of these two keynotes be sure to visit ACA's website and read more about these very accomplished speakers. In addition to these terrific keynotes, there were over 200 breakout sessions offered. And yet, as good as all of this was, I would have to say the highlight of the conference happened at the annual ACA Awards Ceremony held Sunday Evening. The state of Idaho and ICA was recognized by ACA with the "Best Innovative Practice Award" for the fascinating work that has been done by the Idaho Marriage and Family Counseling Division (IDAMFC). This division developed what they call "The Greenhouse" to aide communication between the

division leadership, facilitate a collaborative workspace for initiatives and projects, collect ideas, and promote sustainability and flexibility. This project has created a sense of ownership and belonging among the division leaders and has increased a level of excitement evident within the membership that was not present prior to this initiative. I was proud to accept this award on the behalf of IDAMFC. It was a true delight to have all of this hard work that the division leadership of IDAMFC have done recognized and acknowledged on this national stage. Congratulations!

So, spring has sprung, and now it is May. Together we have come from ICA and ACA and to now LDI. I believe we are still in the midst of troubling times, but I am confident the opportunities that are found within these times are truly life changing, even revolutionary. More specifically, for our state branch we have many tremendous projects and planning sessions that are underway even now to bring us into this next year of new leadership and new directions. We are currently in the process of putting the final touches to our annual Leadership Development Institute (LDI), which will be held in Cascade, Idaho at Trinity Pines Camp June 18th and 19th. This is a great time to learn more about our “innovative” association and how you can become a part of this exciting journey ICA has begun, as we continue to assume a leadership role for our profession both within our Western Region and among our national partners. It’s not too late to get involved, let us know if you would like to participate in this year’s LDI. I would love to see you there!



From Left: Past ICA President and Current ACA Western Region President Linwood Vereen; ACA President Lynn Linde; ICA President Lori Fairgrieve; ICA President Elect Heather Tustison; and ICA Executive Director Sue Holmes

LDI also kicks off our annual conference planning season, and if you attended last year’s annual conference in Boise, I know you will want to participate in our 2011 event. The ICA Annual Conference in 2011 will be held in Pocatello, January 19-22. The 2011 conference will pick up where we left off last year. Due to the remarkable success of last year’s conference, we are extremely excited about our conference theme for 2011 “Charting a Revolutionary Course: Navigational Tools for Counselors.” Therefore, I hope you will take advantage of the leadership training institute and join us in the mountains as we plan, prepare and play our way into the new leadership year.

Happy Spring!

Lori Fairgrieve, *Ph.D., LCPC, LMFT*
ICA President



COMMENTARY—OUTREACH
Providing Crisis Training in Haiti in the Aftermath of the January 2010 Earthquake
By Ryan Lipscomb

Idaho Counselors provide volunteer service across the United States and abroad as part of their dedication to helping individuals and communities deal with adversity and trauma. This article is the first in what the Editor hopes will be a series of articles on how Idaho counselors are providing such services and how other counselors can become involved in these efforts.



In February, I joined a small team of counselors working with Children of the Nations to provide a trauma conference for Haitian community leaders. Our team arrived in the Dominican Republic and we traveled by van early the next morning to arrive in Port-au-Prince. As we entered the city, the sun began to peak over the buildings revealing countless homes, businesses, and government buildings that had been destroyed by the earthquake. When we arrived at the conference location we were welcomed by Daniel, a respected Haitian community leader. Daniel served as both conference coordinator and as an interpreter for the conference. He informed us that the crowd had begun gathering hours earlier; some individuals had traveled over several

hours to attend.

Close to 300 community leaders were present and busy making sure that their name had been put on the list. Daniel and his team worked tirelessly to ensure that all 300 could participate. We were humbled by the number of individuals who were making personal sacrifices to attend the conference. The majority of the participants were still homeless, struggling to find food for their families each day, and likely were missing opportunities to assist their families and community due to attending the conference. Our goal was to provide as many community members as possible with the opportunity to be more equipped to address psychological needs within their communities, as well as to receive collegial support from their peers as they continued to rebuild their communities.

Throughout the next four days we discussed topics relating to how trauma impacts the brain, stages of grief and loss (including developmental considerations), the possible manifestations of trauma, protective factors (such as community and family support and basic needs), risk factors (emotional and physical proximity to a traumatic event), as well as a discussion on coping strategies and interventions that would be culturally appropriate and effective in their communities. A bulk of the material that we were using for the conference was adapted from the Psychological First Aid Field Operations Guide, which was developed by the National Child Traumatic Stress Network National Center for PTSD. We also referenced Dr. Richard Mollica's work on trauma and the brain and the team's experiential knowledge from providing trauma counseling to culturally and linguistically diverse populations.



The conference was both didactic and interactive, including breakout sessions that allowed participants to practice interventions discussed as well as to discuss cultural and community strengths in order to adapt interventions as needed to be effective within their communities. Both morning and afternoon groups were

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very engaged. What seemed to resonate with the community leaders was the use of narrative therapy and metaphorical storytelling, both of which are already cultural strengths. Participants discussed ways they could use these techniques effectively to assist their community by normalizing what had happened and to further process their thoughts and feelings as they relate to their trauma. The most significant thing that we could do during our time together was to hold our preconceived beliefs about mental health and intervention strategies loosely, while learning about the community and cultural strengths that would be the true navigator to help those who were suffering.



The resiliency and strength of the Haitian community was depicted for me one night as the rain came pouring down. I saw hundreds of mothers with their babies, young children, men and others abandon their open-air dwellings to search for an overhanging slab of concrete that would provide a small section of dry space for them to wait out the storm through the night. Over 1.5 million Haitians are without homes due to either the destruction of the earthquake or the fear that another aftershock would cause their cement roof to break apart and bury any inhabitants inside. Yet, as I awoke the next morning I could hear the sound of women singing and children playing in the streets. Some of the

leaders who attended the conference were among those who were without shelter and participated in the exodus from the rain the night before. I was amazed by their ability to find joy and meaning despite such horrific circumstances. Although the earthquake caused their infrastructure and walls to crumble, the Haitian's resiliency has proven yet again to stand firm amidst adversity. As the rainy season peaks in May, we cannot forget our Haitian neighbors who are living in such dire conditions.

During the rest of our time we continued to hear accounts of individuals who were in need of psychological help. One of the teams that was staying in the same lodging as us was a group of doctors and nurses with ADRA (Adventist Development and Relief Agency), who had arrived shortly after the earthquake to provide medical support. They shared stories of having to perform crude amputations due to the lack of supplies and how they themselves had been psychologically impacted by what they had experienced. We heard countless stories of individuals who they had seen initially for physical concerns, but also identified psychological needs that they were unable to meet. In addition, we spoke with interpreters who were suffering from both primary and secondary trauma, who have continued to assist service providers while their own emotional and mental needs go unaddressed.

These stories from both the conference and other humanitarian workers illuminated the vast need for counseling to coexist within the overall aid efforts that are taking place in Haiti, as well as in other disaster relief areas around the world. Psychological needs of communities are often one of the last needs addressed in times of relief, and continue to be an area where health disparities persist. However, as counselors we need to be aware and sensitive to the limitations of our western perspectives and interventions. When we are partnering with communities cross-culturally, we can exacerbate mental health stigmas when we focus on symptomology that is often culturally bound, as well as provide interventions that are not culturally effective. Some of the most important roles that we can play are those of listener and of learner. We also need to affirm efforts being made by community members who often go unrecognized and will continue addressing needs long after relief and aid agencies leave their communities.



Ryan Lipscomb earned his M.S. in Community Counseling from Northwest Nazarene University earlier this month. He



HOT TOPICS

Equine Therapy

By Rachael Hall, LCPC

Equine Assisted Psychotherapy is an experiential approach that uses client-horse interactions to foster insight and change; it can also help reduce client stress while addressing highly disturbing issues.



The family of three stands at the arena fence looking at the horses as they trot around freely with tails up. As the horses begin to settle down, they wander over to check out the new people watching them. The therapist asks the family to make some observations about the horses regarding their personality: Who is the “boss”? Which do they like the most and which horse reminds them of themselves? The dad states, “I think that one is the boss—he was chasing the others around.” The daughter focuses on the dark horse standing off to the side behind the others and says “That one reminds me of myself—he doesn’t fit in and gets picked on a lot.” The mother holds her comments to herself.

The therapist directs the family to decide which horse to catch, to work together to halter the horse, and lead him back to the gate. They’re simple instructions, but to a family with poor communication skills, a history of enmeshment and conflict, and no horsemanship skills, it can be very stressful. Dad states that he doesn’t care which one they try, giving the responsibility to his wife and daughter to decide. The daughter would like to catch the horse that reminds her of herself but her mom feels the “bossy” one, who is standing closest to them, may be the “easiest.” Although they “agree” on this horse, daughter’s body language clearly states she is upset as she shuffles along behind, while dad appears indif-

ferent, allowing his wife to lead the group out to the horse. As they approach the horse, who a moment ago stood relaxed, he begins to back away as he senses the conflict and incongruence of intent and body language. As he turns and trots over to rest of the horses dad states, “Well, nice pick,” his voice dripping with sarcasm. Mom turns to him and hands him the halter rather roughly, and says, “Well, if you think you know so much, you do it!” Meanwhile, the daughter has walked away from her parents and slowly up to the dark horse and begins petting his nose.

As the parents continue to play out their usual pattern of conflict over responsibility and decision making, their daughter’s action goes unnoticed as does the fact that the horses are all at the opposite end of the arena as far from the argument as possible. At this point, the therapist steps in and asks the



parents “Where are the horses? What is your daughter doing?” These two questions begin a conversation about what happens in their “real” conflict between them—how their daughter retreats to her room and cranks the music, and how friends tend to respond less to social invites.

This snippet illustrates how equine assisted psychotherapy can be used to help individuals gain insight, become aware of patterns of behavior, challenge current beliefs, and begin to initiate change. Equine assisted psychotherapy, or EAP, is an experiential type of therapy that encourages people to see and feel what is happening in the present moment with the opportunity then, to see how this relates back to their environment. The EAP activities are set up to “show” rather than to “tell” a person about himself/herself.

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Horses are very powerful and intelligent animals whose social and emotional structure is very similar to our own. Horses, with their distinct personalities, moods, and attitudes, prefer to be part of a group or “herd.” The herd has defined rules, roles, and structure. Horses like to play and have fun. The horse’s primary way of communicating is non-verbal. Horses have an amazing way of mirroring our own internal processes and body language. Being that horses are large and powerful animals, many people are intimidated by them. Accomplishing an activity or simply interacting with a horse allows opportunity for one to overcome fear. These characteristics allow a multitude of opportunities for metaphorical learning during the therapy process.

I have been doing EAP since 2005 on a limited basis through an organization called Equine Partners, a local non-profit organization in the Treasure Valley. I have worked with individuals, families, and small groups addressing many mental health issues including depression, ADHD, trauma, anxiety, and addictions. EAP has been shown to help with self-awareness, all aspects of social skills (verbal and non verbal communications, boundaries, roles) and problem solving (e.g., Ewing, MacDonald, Taylor, & Bowers, 2007; Schultz, Remick-Barlow, & Robbins, 2007).

Most of the EAP activities used by Equine Partners are based on a model developed by EAGALA (Equine Assisted Growth and Learning Association). In this model, a licensed therapist and an equine specialist work together to set up certain activities that match an individual’s therapy goals. For example, if someone wants to address strengthening personal boundaries, the therapy team may set up an activity that will challenge her to move a horse from one point to another without using a halter or touching him in any way, focusing on non-verbal cues and assertiveness.



Equine assisted interventions can also be relatively unstructured. It has been my experience that simply petting or grooming a horse while talking about issues can be very grounding for clients and increases their sense of safety during the therapy session. Touching, smelling, hearing, and seeing the horse’s reactions to being groomed is a way to increase a client’s connection to self, especially helpful for those clients who are cut off from their own reactions, emotions or body sensations.

Horses are intelligent and intuitive animals that can add to our learning and growth. So whether doing a specific EAP activity or just “hanging out” with a horse, our knowledge about ourselves will increase. For more information about EAP programs offered by Equine Partners go to www.equinepartners.org

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Rachael Hall is a counselor at Tidwell Social Work Services in Boise and is the Lead Facilitator for Equine Partners, located near Middleton. She can be contacted at info@equinepartners.org.



ETHICS

Navigating the Gray “Relationship” Requirements of Our Current Ethical Code

By Dana Hunt-Unruh, LCPC



Counselors are faced with ethical dilemmas on a daily basis. For the most part, the 2005 revised *ACA Code of Ethics*, to which we are currently held, is pretty clear about the do’s and don’ts of counseling. However, some of the standards have become more vague. This requires the counselor to be diligent in their understanding of both the literal and the aspirational intents of the Code.

One of the important changes from the 1995 Code to the 2005 Code involves the description of what used to be called a “dual relationship.” Today that term is a “harmful relationship.” The counselor now has many more things to consider when entering into a counseling relationship with someone with whom they may have a dual relationship. Perhaps they attend the same church, perhaps this is the only fence-builder in the area; perhaps it is a friend who refuses to seek counseling with anyone else. Now the counselor has to apply due diligence to ethical decision making as well as making a judgment call as to the “harmfulness” of the relationship. Section A.5 of the Code deals with relationships. Clearly under no circumstances should a counselor engage in a romantic or sexual relationship with a current client, their family members, or with the romantic partners of the client. As for former clients, the Code states that no romantic or sexual relationship with a former client, their family members, or romantic partners shall take place until a period of 5 years from the LAST date of counseling.

But what about nonprofessional interactions or relationships, *other than romantic or sexual*, with current or former clients? Section A.5.c. states: “Counselor-client nonprofessional relationships with clients, former clients, their romantic partners, or their family members should be avoided, *except when the interaction is potentially beneficial to the client*”. The Code further states in section A.5.d. that these “beneficial” interactions are to be fully documented in the case notes. The client must be fully informed as to the “dual” nature of the relationship and the potential pitfalls and harms that might result from counseling under these circumstances. Additionally, any harm that results must be documented and the remedy attempted thereto must also be documented. Nowhere in the Code does it say that counselors are prohibited from counseling friends. Nor does it say that said friendship must be terminated prior to, during, or after the counseling relationship. It behooves the counselor to be fully informed as to the pitfalls of any such relationship. Furthermore, it is in the best interest of the client and the counselor to be upfront and honest about what the counseling relationship is likely to be like. A signed form is strongly suggested so that if, in the future, the outcome of the counseling is “harmful,” the counselor is able to show that: 1) due diligence was taken to avoid such harm, 2) that the client was fully informed, and 3) that he/she signed a release stating that they knew the pitfalls and that they chose to continue with the counseling anyway. A copy of such a form will be made available to anyone who is interested by contacting me at dunruh@idahomentalhealthcounselor.org .

The current ethical code allows for more flexibility in tailoring one’s approach to client relationships on a case-by-case basis. However, it brings with it an added responsibility to take care in navigating and managing the ethical implications of each situation separately. As always, whenever you are in doubt as to the best course of action, consult, consult, consult!

Ms. Hunt-Unruh is in private practice at Green Leaves Counseling in Meridian; she is also the Ethics Chair of IM-HCA. She can be contacted at: dana@greenleavescounseling.com.



WELLNESS

Mindfulness Heals: An Interview with Carol Pangburn**By Erika Stichka**

Mindfulness has been shown to provide both clients and counselors with increased life satisfaction and to improve overall wellness. Carol Pangburn explains why, and describes how you can use mindfulness to both enhance clients' well-being and your own self-care practices.



Erika Stichka: What is your current counseling or teaching position, as well as your background with mindfulness?

Carol Pangburn: I serve as senior staff counselor for Counseling Services and Adjunct Faculty at Boise State University. I've spent 17 ½ years with Counseling Services and have a M.Ed. in Counseling and a Ph.D. in Education. I am also trained in Mindfulness-Based Stress Reduction, EMDR, and Clinical Hypnotherapy. I've spent six years offering classes, workshops, and presentations in Mindfulness, including *Mindfulness-Based Stress Reduction*, *The Art & Practice of Mindful Living*, *Meditation 101*, *Get Out of Your Head and Into Your Life: Mindfulness Strategies for Stress* and a class for masters students in counseling entitled *Integrating Mindfulness and Counseling*.

ES: How did you become interested in the practice of mindfulness in counseling?

CP: It started with Yoga in 1996, which activated an interest in meditation, leading to numerous workshops/trainings including a 10-day silent Vipassana retreat near Sun Valley.

ES: How might you begin with a client when introducing mindfulness?

CP: I would begin by teaching breathing exercises and increasing awareness of body and emotions. Mindfulness techniques also include tuning into the here and now, getting out of "auto-pilot," and connecting with the life all around us. The key is for clients to learn how to be a human "being" versus a human "doing."

ES: With which clients might mindfulness work best? Is there a group for whom mindfulness is not helpful?

CP: Most clients benefit from Mindfulness training. However, those who are extremely anxious/agitated or severely depressed need to be medically stabilized before Mindfulness training can be used.

ES: How does the research from neuroscience add to an understanding of why mindfulness is effective?

CP: There are over 1,000 research studies, most in peer-reviewed scientific journals, attesting to the wide range of measurable improvements in human functioning as a result of Mindfulness practices. Specifically in the area of neuroscience, psychiatrist Dan Siegel's work (*The Mindful Brain*) informs us that the mind is a system of energy distribution. When we are mindfully engaged, there is a shift of energy in the pre-frontal cortex that you can see in MRIs. This shift enhances a sense of well being, intuition, empathy, and the capacity to have attuned communication with others. As the prefrontal lobes are activated with his energy, it promotes a flow of energy to touch other brain areas – the limbic, brainstem, perceptual areas of the brain. This promotes neural integration, which is the linking of the different components into a functional whole.

ES: In what ways does mindfulness contribute to the well-being of a client or a counselor?

CP: Research also suggests that a personal Mindfulness practice can benefit clinicians as well as their clients – reducing stress and enhancing empathy, life satisfaction and self compassion among professionals in health care fields [e.g., Shapiro *et al.*, 1995 and 1998]. Mindfulness training for the counselor enables us to be able to sit

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WELLNESS

with presence with someone and feel from the heart and experience profound moments of connection that capture the universal qualities of the human condition—the joys, the sorrows, life itself. With mindfulness we’re more likely to see life for what it is, as a mirror of clarity. This can be fundamentally healing for clients and counselors.

Erika Stichka is a third-year School Counseling master’s student at Northwest Nazarene University. She can be contacted at eliming@nnu.edu.

ICA CALENDAR OF EVENTS

ICA Leadership Conference, McCall	June 18 - 19
ISCA Annual Conference, Coeur d'Alene	October 7 - 8
Idaho State Board of Counselors and Marriage & Family Therapists - Meetings, Boise	July 22-23 October 5 - 6