

Counseling Connection

Keeping connected

IMPORTANT DATES

Sept. 3

New Student Orientation
Marion students only

Sept. 8

Fall term begins

Sept. 11

Last day to add class

Sept. 18

Last day to drop class

Oct. 1-4

AAMFT Annual Conference
Sacramento, CA

Oct. 9

IAMFT Fall
Conference
Indianapolis, IN

Nov. 12-13

Indiana School
Counseling Conference
Indianapolis, IN

Nov. 25-29

Thanksgiving Break

Dec. 14-16

Final exams

Dec. 19

Graduation

Community Counseling Program is Revised



In July 2009, CACREP implemented the 2009 Accreditation Standards. This set of standards contains the comprehensive list of criteria for all counseling programs accredited or seeking accreditation by CACREP. Thus, these standards can be viewed at www.cacrep.org and sets the bar for standards of academic excellence for counseling

programs around the world.

One significant revision contained in the new standards relates to community counseling programs. In a nutshell, CACREP voted to discontinue its Community Counseling specialization, merge it with Mental Health Counseling, rename it Clinical Mental Health Counseling (CMHC), and specify a requirement of 60 credit hour minimum for the CMHC specialization.

The Division of Graduate Studies, in anticipation of this revision, took action to be in sync with the new CACREP Standards and position itself at the cutting edge of CMHC preparation. Briefly, the 48-hour Community Counseling program remains a non-licensure track. The 60-hour Community Counseling program has been re-named *Clinical Mental Health Counseling*. In keeping with the new standards, new courses and content has been introduced into the program. This includes increased content in wellness, prevention, ecological counseling, addictions, emergency response/management and traumatology. The course content has been reconfigured and a stronger, more comprehensive CMHC curriculum emerges.

The required courses in CMHC are:

CNS 522 Foundations in Clinical Mental Health Counseling 3hrs
(Replaces CNS 522 Foundations and Contextual Dimensions of Community Counseling)

IAMFT Fall 2009 Conference...

“Best Practices for Your Practice”

Friday, October 9
8:30 am to 3:30 pm

Hosted by
Indiana Wesleyan
Indianapolis West Campus

PROGRAM REVISED (from page 1)

CNS 523	Clinical Assessment & Intervention in CMHC <i>(Replaces CNS 523 Knowledge & Skills for Practice of Community Counseling)</i>	3 hrs
CNS 524	Ecological Counseling & Prevention	3 hrs
CNS 511	Issues in Addiction Recovery	3 hrs
CNS 512	Psychopharmacology	3 hrs
CNS 533	Psychopathology	3 hrs
	Electives	3 hrs

Students entering into the CMHC program this fall and thereafter will be required to fulfill the requirements of the new curriculum. Continuing students may either continue in their present program of study or elect to enter into the CMHC program. *These curricular changes do not impact licensure requirements whatsoever.*

Please contact Dr. Hudson or Dr. Gerig for additional information or clarification.

New Program in Student Development Counseling & Administration

As the 2009 academic year opens, the Graduate Counseling program has expanded to offer a new degree: Student Development Counseling & Administration (SCD&A). The 36-hour degree will prepare graduates to utilize a student-centered approach to the varied field of student development. Graduates will be qualified to serve in the higher education realm in areas such as: residence life, student activities, student leadership, career services, experiential leadership, intramurals/recreation, multicultural affairs, conference services, campus ministries, mentoring, enrollment services, and financial aid. While not a CACREP program, the SCD&A degree meets professional training standards set by the Counsel for the Advancement of Standards in Higher Education (CAS) and the American College Personnel Association (ACPA).

The SDC&A program features a core curriculum of counseling courses which will provide graduates with counseling skills and techniques which can be effectively applied to their roles working with students in the higher education

setting. Major courses will then prepare the students for working in the higher education area. While graduates won't serve in counseling roles on campuses, they will utilize the relationship building and maintaining skills in their roles serving the student population as well as work efficiently with campus counseling operations.



Dr. Rob Thompson is the Coordinator/Faculty for the program. Dr. Thompson has served in the area of Student Development for over 20 years, holding a variety of administrative positions at several institutions. His experience includes stints at the University of Tennessee, Northwestern State University (LA), University of Oklahoma, Central Missouri State University, as well as 15 years at Indiana Wesleyan University, most recently serving as the Associate Vice President for Student Development.

IWU Implements New Academic Structure

On July 1, 2009, Indiana Wesleyan University implemented a new academic structure. Approved by the IWU Board of Trustees in April, the new structure affects the Graduate Counseling program in several ways.

First, some common terminology changes. The Graduate Studies in Counseling Program is now known as *The Division of Graduate Counseling*. Instead of referring to the various specializations as “majors,” we now offer *Programs* in Addictions Counseling, Marriage and

Family Therapy, Community Counseling, Clinical Mental Health Counseling, School Counseling, and Student Development Counseling and Administration.

More importantly for students, the Division is now housed in the *College of Arts and Sciences (CAS)*. As a result, you will experience a gradual shift in the various departments serving our Division *from* Adult and Professional Services *to* CAS. Thus, we will now be served by departments which deal regularly with onsite,

term-based programs.

While the 2009 Fall Semester will be a time of transition, the new structure should provide more efficient services in financial aid, student development/services, and accounting. For example, we should eventually see financial aid packages released in a more timely manner.

Please contact Dr. Mark Gerig (765/677-2195, mark.gerig@indwes.edu) or your program coordinator if you have any questions.

Puffer and Steele return to teach graduate students



Dr. Keith Puffer will again join the Graduate Counseling faculty this fall to teach CNS 503 Theory & Techniques in the Helping Profession at the Marion campus.

Dr. Puffer has been at IWU since 1991. He received his Ph.D. (1988) from Purdue University in Counseling and Counselor Education. He also earned an M.A. in Theological Studies from the International School of Theology (1990) in San Bernardino, CA and an M.A. in Counseling Psychology (1991) from Trinity International University in Deerfield, IL. He was ordained as a minister of the Gospel by the Evangelical Church Alliance in 1990.

In addition to being an educator, Dr. Puffer serves as a therapist in private practice. He has been licensed as a Mental Health Coun-

selor by the state of Indiana and is a Nationally Certified Counselor.

Dr. William R. Steele, LMFT, LCSW, will again be teaching at the Indy West campus. Dr. Steele will be teaching CNS 503 Theory & Techniques in the Helping Profession. He has been a practicing MFT for nearly 30 years. In addition to being an adjunct professor in the IWU Graduate Counseling program, Dr. Steele maintains a busy private practice in Indianapolis. Along with his clinical work with individuals, couples, and families, Dr. Steele is also a parent coordinator, a certified family mediator, and custody evaluator.

Dr. Steele did his undergraduate work in biology and psychology at Whitworth University, Spokane, WA. He completed master's and doctoral programs in Marriage & Family Therapy at Brigham Young University, Provo, UT. His doctoral research studied marital adjustment in couples with chronic illness.

Inclusion of MFTs and LPCs in Medicare

Despite the House success, Medicare MFT and LPC coverage is in serious danger due to the following larger health Reform elements:

1. More than 100 viral internet postings about Reform include the falsehood that Medicare MFT coverage will “put the government between you and your marriage” and/or “cover marriage counseling.” Only a handful of House Democrats have rebutted these MFT falsehoods.

2. There is widespread public concern that Reform will result in new taxes and/or reduced private and Medicare health benefits, coupled with vocal opposition organized by political opponents of Reform. Democrats—who are internally divided on some key issues—have been slow to respond to this situation. And Democrats’ recent quick enactment of bills on the Recovery Act (stimulus), the auto bailout, and energy “cap & trade,” has also contributed to public distrust about the rapidly expanding federal role.

3. There is major public concern about the ballooning Federal deficit (\$1.6 trillion in fiscal 2009) in the face of even more new federal spending for Reform, even though Medicare MFT/LPC coverage has a small price.

4. The Senate Finance committee is using a closed-



door process whereby 3 of the committee’s 13 Democrats and 3 of its 10 Republicans (the so-called “Gang of Six”) are developing a scaled-down plan, which is unlikely to include Medicare MFT/LPC coverage.

The danger to our issue is illustrated in what has already happened on the House’s optional Medicare end-of-life counseling coverage. That has been demagogued as comprising “death panels,” and Senate Finance Ranking Republican Sen. Grassley (IA) has declared that will not be in the Finance bill, even though it would help millions and probably reduce costs.

The Medicare MFT/LPC Coalition—comprised of the American Association for Marriage and Family Therapy, American Counseling Association, American Mental Health Counselors Association, the National Board of Certified Counselors, and the California Association of Marriage and Family Therapists—is responding to this situation as follows:

1. Sent email Blast to their respective members to contact Congress, resulting in several thousand emails.

2. Continued work through both state leaders and staff to reach out to Congress, such as these five groups’ joint letter dispelling MFT/LPC coverage myths, sent to all Members of Congress on August 14, and requested visits to all Senate Finance committee Members’ offices.

3. Worked with our greatest Finance committee champion, Sen. Lincoln, D-AR, who is expected to offer an amendment to add MFT/LPC coverage to the Finance plan.

Once our Medicare MFT/LPC Coalition has an updated status when Congress returns after Labor Day, we will assess all our options, and coalition members expect to do another email Blast and make a number of political contributions at that time. House leaders hope to begin full House consideration of HR 3200 during the end of September, while the Senate is expected to lag behind that schedule.

At this point, unless there is a continuous and credible Democratic public-relations campaign, the best thing that could occur in the larger debate is if Democrats agreed to drop the Public Option for the uninsured, which is the most contentious issue in the plans considered to date. That is because it is clear a Public Option cannot pass the Senate.

Reprinted from AAMFT.