Central Valley Counselor Association

Serving and Supporting Virginia Counselors in Augusta County, Highland County, Page County, Rockingham County, Shenandoah County, Harrisonburg, Staunton, and Waynesboro since 1962!

September 2011

Letter from the President

We hope you will like the new theme format we have chosen, as this newsletter is packed full of informative and interesting information on a group near and dear to my heart –those who face the daily challenges of living with a disability. A very wise professor I encountered as a graduate student told our nervous group as we entered our first abnormal psychology class, “now, don’t worry, all of you will have at least one diagnosis for yourself by the end of this course, and some of you will see yourselves in all of the people we discuss; that is to be expected, we are all abnormal!” My hope is that as you read the articles in this newsletter that is dedicated to people with disabilities, and the people who work with, live with, and love these fine folks, that you might find a bit of yourself in every story. Connection to each other’s stories is what truly makes us a community and gives us the opportunity to grow both personally and professionally.

I am so excited to be serving as this year’s president of the Central Valley Counselors Association and feel privileged to be working alongside an excellent board for the 2011-12 year. Please mark the dates in this newsletter in your calendar and join us for our upcoming events. From socials to conferences, we have something for everyone, whether student, school, or community counselor. I challenge you to connect with us to provide the best we can as professional “helpers” for our communities, our schools, and our world. Hope to see everyone at VCA!

Jodi Myers

Inside this Issue:

FALL CVCA Workshop

Collaborative Care: Working with Clients Who Have Disabilities Across the Lifespan

October 21, 2011 8:30 – 3:00 PM Blue Ridge Plecker Workforce Center

In this workshop Elaine Almarode, M.Ed., Lisa Ellison, M.A.T., and Faith Patterson, M.A./Ed.S will instruct counselors on best practices for working with clients who have disabilities in both school and community settings. Basic information regarding IDEA and ADA will be provided. Roles for both school and community professionals will be addressed in an effort to increase awareness.

Please register by October 14, 2011 at **http://www.vcacounselors.org/cde.cfm?event=362959**

Well in a newsletter all about disability the place to start seems to be with defining disabilities and exploring the topic as a whole. So before we go any farther, let us look at what a disability is.

Disability:

According to the Americans with Disabilities Act (ADA), there are three ways a person can be determined to have a disability.

- A Person who has a physical or mental impairment that substantially limits a major life role .
    - "Substantially limits" – prohibits or significantly limits the person's ability as compared to the average person and the duration and impact of the impairment.
    - "Major life activity" - any activity that a nondisabled person can engage in with little or no difficulty, i.e. learning, sleeping, hearing, bodily functions, mental processing etc.
- The individual has a history of such an impairment.
- The person is viewed as having an impairment.

Statistics

54 million people in United States (18.7%) has some kind of disability (www.disabilitystatistics.org/)

35 million people in United States (12%) has a severe disability (www.disabilitystatistics.org/)

650 million total people in the world (10%) have an identified disability (www.disabilitystatistics.org/)

30% of students with disabilities drop out of high school (*National Center for Education Statistics)*

10% of undergraduate college students have an identified disability and 7% of graduate students have an identified disability (*National Center for Education Statistics)*

Major Laws Concerning Disabilities

Americans with Disabilities Act (ADA)- 1990 http://www.ada.gov/

Designed to establish clear and comprehensive prohibition of discrimination on the basis of disability

Individuals with Disabilities Education Act (IDEA) – 1990 http://idea.ed.gov/

Governs how states and public agencies provide early intervention, special education, and related services to children with disabilities. It addresses the educational needs of children with disabilities from birth to age 18 or 21, in cases that involve 14 specified categories of disability.

Rehabilitation Act - 1973

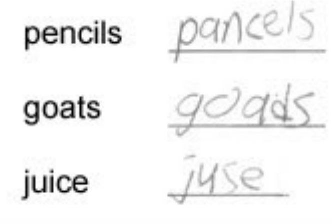
Prohibits discrimination on the basis of disability in programs conducted by Federal agencies, in programs receiving Federal financial assistance including schools, in Federal employment, and in the employment practices of Federal contractors.

A Different World

Growing up, I was a straight A student who loved to learn, but man did I hate, hate, hate, going to school!! Every day was a new day of trying to keep teachers and students from being able to tell how hard I worked just to keep my head above water. By the end of the day I came home completely exhausted and worn out, ready to be done with school and wanting to forget the horrible day, only to face several hours of homework.

I first knew I was different from all the other students in 2nd grade when my teacher and my mom sat me down to tell me that every word *must* have a vowel in it. Since I was not quite sure why there had to be a vowel in a word or even what sounds vowels made, I just started throwing random vowels into words wherever I thought they would fit best. The same thing happened with punctuation. I couldn't seem to grasp the idea of when to use a coma or any other punctuation for that matter, so I simply started peppering my writing with comas, using them to break up my run-on sentences that went on for at least a paragraph, and sometimes the entire page.

I would spend hours every week trying to learn my spelling list. I tried everything - writing the words over and over again, spelling the words out loud, writing the words in shaving cream, and yet they never stuck. I would show up on Friday to take my test and every time I would fail, at least up until I resorted to cheating off my classmates. I dreaded spelling bees because I always felt like everyone was laughing when I was the first person out, and generally on what should have been an extremely easy word.



pencils	pancels
goats	goads
juice	juse

I have a learning disability, and an auditory processing disorder. Basically an auditory processing disorder means that I do not process the sounds I hear the same way as everyone else. In other words, my brain just does not hear correctly. To me, words sound alike- like specific and pacific, Michael and Michele, soldier and shoulder; other times I just don't hear words or sounds, or I hear too many sounds at once. In a normal setting it is estimated that I miss one or two words a sentence, in loud settings or when I am tired I might miss entire sentences or paragraphs.

Most of the time this means I feel very isolated and alone, especially when I am in the middle of a big group, since there is too much noise and conversations going on for me to be able to comfortably hold up my end of a conversation. Along with the isolation come the feelings of shame and embarrassment at constantly failing at things that seem to come so easy to everyone else. I have discovered that there are only so many times that you can ask someone to repeat themselves before they become frustrated with you or only so long of a pause you can take before you have to respond to someone.

I will always struggle with my disability. Over the years I have learned how to hide my disability, but the times where I can be me are priceless. Those are the nights where I am out with a friend talking and he is willing to continue repeating himself until I understand him or the times he sees my confusion and panic and steps in. It is when I am sitting around with other people with disabilities and we can compare stories and complain. We might not have the same disability but we understand each other's experience. It is when someone really wants to understand what my world is like. These moments give me what I crave the most, to be accepted disability and all. ♦ Jorli Swingen

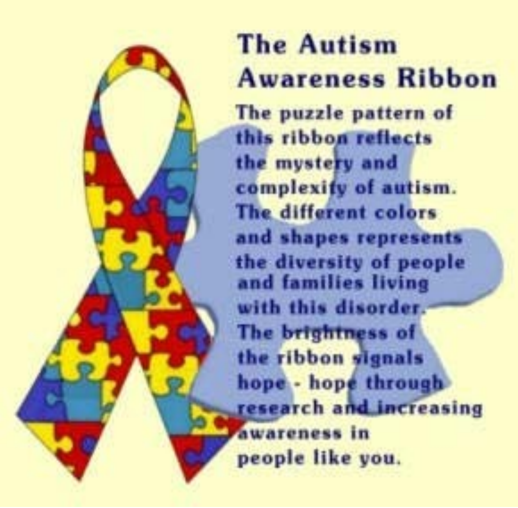
Jorli Swingen is working on her school counseling master degree at JMU. She speaks around the state about being a student with a disability.

Brilliance is an Expectation

“Bren, …why..?”

Two short words that say so much. First, by using my name, I know a social connection has been made and my goal of offering a relationship of respect and trust has been earned. Second, asking a question lets me know the door has been opened for me to explain something that has made no sense. Over the years, I have changed most of what I expected would work from the many books I have read, the many conferences I have attended, and the many individuals with Autism I have encountered. One lesson I learned early: if you want to understand Autism, do not spend much time with clinical data. It is information only and limited due to the setting. Instead, talk to parents and persons within the spectrum or read something written by someone in the spectrum.

I work with each person who comes to me with the same perspective. I expect a genius has just walked through my door! It is my job to create an environment and relationship that offers the best opportunity for this to develop. I expect the most and give the best I can. The connection begins as soon as I open the door. I ask the parent or aide to let go of hands if a child is there or stand behind an adolescent or adult. My space is open for exploration. The first hour may be seeing what ‘Bren’ is all about. We may sit at the computer or end up in the pasture with a horse. It works. I have never had anyone leave who hasn’t come back. Usually, after the first session, a parent or aide is not included. Help is provided, if needed, for other environments. I constantly listen with all my senses to find what is needed in the moment. Is it just comfortable silence, a shared moment of understanding, simple language in a soft voice, or time to process information and then respond? I take a multidisciplinary, client-centered approach that celebrates the uniqueness of each person that is firmly grounded in love.


The Autism Awareness Ribbon

The puzzle pattern of this ribbon reflects the mystery and complexity of autism. The different colors and shapes represents the diversity of people and families living with this disorder. The brightness of the ribbon signals hope - hope through research and increasing awareness in people like you.

If a child or adolescent is referred due to a behavioral issue, the behavior is not what I question. I want to know *what* caused the behavior. Finding the source and correcting the environment will offer a chance for success. If a child is old enough I use a Behavior Choice chart. After making sure the task is understood, the child tells or writes the behavior, checks if their choice was innocent, foolish or smart, and then tells or writes the result. The marks are charted with a visual affirmation of checks. When the goal is met, there is a reward.

Presently, I am working with many adolescents who have been referred for severe depression and anxiety. I am finding anger and pain due to cruelty from their peers. I hear, “They make fun of me. I am too weird. They are afraid of me. I have no friends my age.” Yes, there are differences, but I have never found danger or meanness in a person on the Spectrum. Unfortunately, I have learned from young adults just how cruel peers were to them. Understanding the cause of their emotions and building self-esteem is a primary goal. As soon as possible, we talk about how Autism influences their behavior and how their behavior influences their treatment by their peers. If acceptance is desired, social skills are a focus. I encourage those with Autism to see it as a unique difference not a disability. ♦ Bren McGillivary Smith

Bren MicGillivary Smith, LPC, LMFT has a private practice in Broadway on a small farm with many effective therapy resources for working with people who have Autism Spectrum Disorders. While some of her work takes place within traditional counseling rooms, nature is a frequent modality.

The Importance of People First Language

Sticks and stones may break my bones but names can never hurt me . . . .
This is a common rhyme heard on playgrounds across America. While the rhyme implies that words are harmless, as mental health professionals we know that language can hurt. As a society, the words we use offer subtle clues regarding our attitudes towards and perceptions of the people we encounter. Language is insidious and often unconscious. The very best thing we can do as counselors is to be mindful of the words we use to describe others.

Disability is a normal part of the human experience and can be redefined as part of the body that works differently (Snow, 2010). People with disabilities constitute our largest minority population. It is the only minority group that anyone can enter at any time during the life span. People with disabilities come from all walks of life, yet “they have one thing in common –being on the receiving end of societal misunderstanding, prejudice, and discrimination” (Snow, 2010). While this is an unfortunate fact in our current society, we have the capacity to shift this paradigm through the use of People First Language. People First Language puts the person before the disability and respectfully describes people in terms of their needs and strengths.

Many disability descriptors, such as Autism, Learning Disability, ADHD, and Traumatic Brain Injury, are related to medical diagnoses. While these descriptors are appropriate in the service system at IFSP, IEP, ISP meetings and in medical or legal settings, medical diagnoses have no place within families, among friends, or in the community (Snow, 2010). We would not call someone with cancer “cancerous.” We should offer people who have disabilities the same respect and refrain from using words that describe people in ways that suggest deficiency or defect. This can be more difficult than it sounds. Words that were once appropriate may no longer be acceptable. For example, Mental Retardation was listed as a DSM diagnosis in the DSM-IV-TR. Until recently, this term was also used in the name of an important advocacy organization, but it is being phased out in favor of Intellectual Disability. At one point in time it was appropriate to use the label “educatable” on IEPS; however, this is no longer acceptable. It is vital that we remain abreast of the changes in terminology so we can be mindful of our words and help educate others.

Snow (2010) makes the following suggestions:

Say:	**Instead of:**
Children/adults with disabilities	Handicapped, disabled, special needs
He has a cognitive (or intellectual) disability	He’s mentally retarded
She has autism	She’s autistic
He has Down syndrome	He’s Down’s/mongoloid
She has a learning disability	She’s learning disabled
He has a physical disability	He’s a quadriplegic/crippled
She uses a wheelchair	She’s confined to/wheelchair bound
HE receives special education services	He’s in special ed; a special ed kid
People without disabilities	Normal or healthy people
Communicates with her eyes/device/etc.	Is non-verbal
Congenital disability/Brain Injury	Birth defect/Brain damage
Accessible parking, hotel room, etc.	Handicapped parking, hotel room, etc.

The Importance of People First Language cont.

I challenge and encourage all of you to examine the words you use when describing the people you serve. When doing research for this article, I found that I had developed some bad language habits during my time as a special education teacher. In spite of my love for my students, I had become lazy. In the professional world, it can much easier to use descriptors and speak in shorthand than to mindfully and respectfully describe people. But if we don't take a time out and change our words, who will? I am working to speak differently in my own life in order to honor my former students' tenacity and courage. It is not always easy. Sometimes I stumble, but then I stop and correct what I have said. In a way, stumbling is a good opportunity to not only point out changes in my thinking, but to educate others on ways to speak and think differently about the people we encounter. It is a small thing, but it has the potential to make a big difference. ♦ Lisa Ellison

Lisa Ellison M.A.T. is a graduate student in the Clinical Mental Health Program at JMU. Prior to entering the program, she spent seven years as a special education teacher in Louisville, Kentucky.

References

Smith-D'Arezzo, W. M., Moore-Thomas, C (2010). Children's Perceptions of Peers with Disabilities. *Teaching Exceptional Children Plus, 6*(3) 2-16.

Snow, K (2010). To ensure inclusion, freedom, and respect for all, it's time to embrace People First Language. Retrieved from disabilityisnatural.com.

Emotional Issues After Acquired Brain Injury (ABI)

Tanya had just graduated from high school and begun her first semester at college when she was involved in a car accident. Tanya was flown to a trauma center and spent three weeks in a coma. While in the hospital, Tanya and her family received excellent medical care, but they did not |receive much counseling about what to expect after they returned home. Eventually Tanya was discharged back to her parents' home to continue recovering. Due to her traumatic brain injury (TBI), Tanya was irritable and impulsive, and said whatever first came to mind. Eventually Tanya's friends stopped showing up to hang out and moved on with their lives. Tanya's parents had to return to work soon after her accident, so she spent most of her days at home alone, sleeping, drinking, and watching television. She became depressed and was admitted to the local psychiatric hospital for attempting suicide.

Tanya's story is not an uncommon one. Over 250,000 adults in Virginia are living with a disability as a result of acquired brain injury (ABI), and it is the primary cause of death and disability in Virginia (Virginia Brain Injury Council, 2010). Behavioral and cognitive issues, the most common debilitating consequences of a severe ABI (Milders, Fuchs, & Crawford, 2003), have a significant impact on a person's psychosocial adjustment and ability to reintegrate into the community. Individuals with ABI report more concern with long-term problems with psychosocial issues, caregiver stress, and isolation rather than physical and cognitive issues (Hammond et al., 2004). Depression is the most frequently reported psychiatric symptom following brain injury with rates up to 77% (Brenner & Homaifar, 2009). Additionally, return to substance abuse may increase over time after injury (Corrigan, Smith-Knapp, & Granger, 1998; Kruetzer, Witol, & Marwitz, 1996). Bombardier, Temkin, Machamer, & Dikmen (2003) find that individuals with no pre-injury history of substance abuse initiate high levels of alcohol or drug consumption after injury, potentially to relieve depression or anxiety (Corrigan, 2005). Finally, individuals with TBI are seven times more likely to commit suicide than the general population (Teasdale & Engberg, 2001).

In Virginia, there is currently no publicly-funded option for neurobehavioral treatment programs. These individuals are unable to access appropriate behavioral health services, and left untreated, they may face

Emotional Issues After Acquired Brain Injury (ABI) cont.

incarceration, inappropriate placement in nursing homes and psychiatric facilities, and homelessness. Furthermore, if a person has a brain injury, traditional treatments are often ineffective and may even be counterproductive (Jacobs, H. E., 2010). Individuals with brain injuries must have access to skilled and knowledgeable providers in the community who will treat them in the context of their brain injury. Finally, interventions need to be flexible and tailored to the changing needs of the individual (Jacobs, H. E., 2010) as brain injury is a chronic, lifelong, and ever-changing condition (BIAA, 2009). ♦ Michelle Huey and Elizabeth Lincoln

Michelle Huey has worked at Crossroads to Brain Injury Recovery for the last two years as a case manager for individuals with acquired brain injury. She received her BSW from James Madison University in 2008, is a Certified Brain Injury Specialist, and is currently working towards her endorsement in Positive Behavior Support Facilitation.

Elizabeth Lincoln has worked at Crossroads to Brain Injury Recovery for the last three years, both as project coordinator and as a case manager for individuals with acquired brain injury. She received her B.A. from the College of William and Mary, is a Certified Brain Injury Specialist, and is currently working towards her endorsement in Positive Behavior Support Facilitation.

References Available Upon Request

A Compassionate Look at Behavioral Analysis

It's 7:30 AM and Johnny's bus is stopped on the side of the road . . . again. It's only the third week of school, but for the bus driver and the students on Jonny's bus, it feels like 3 months have passed. Johnny has had difficulty sitting in his seat since the first day of school. Last week he screamed obscenities at a passing car and threw pencils out of the window. This morning he punched the boy sitting next to him, leaving a huge welt.

Students walked into Ms. Smith's class with full bellies, ready for afternoon math. Ms. Smith said, "Everyone open your books to page five and start the warm-up exercises." Sarah screamed "I'm not doing this stupid stuff. I'm out of here." She ran out the door and down the hall.

Jeremy was referred for intensive in-home counseling after three CPS calls and two arrests for vandalism at his school. His counselor showed up for their weekly appointment, having just learned that Jeremy had been suspended from school for three days. Jeremy opens the door and let the counselor in, saying, "oh it's you. Don't expect me to talk or anything." He pulled out a lighter and started running his hand over the flame.

Nikki's mother sagged down in the chair of the counseling room and sighed. "I'm ready to give up. Bed times have been a nightmare. Every time I try to set a limit she throws a fit and runs around the house breaking things and screaming for hours. You've got to do something to make it stop.

A Compassionate Look at Behavioral Analysis cont.

Jay refuses to comply with even the simplest request. It is as if he lives in an alternate universe where you are required to do the opposite of everything people tell you.

Children and adolescents have explosive, defiant behaviors for a variety of reasons – many of which are unclear. Learning difficulties, mental illness, trauma, abuse, and various disabilities can manifest through defiant, disruptive behaviors that range from frustrating to downright dangerous. While there are many reasons for these problems, everyone involved has one agenda – make it stop.

As counselors we want to understand our clients so we can help them resolve their inner turmoil and develop more appropriate behaviors and coping skills that can help them deal with life's difficulties. But this can be a complicated process and children, adolescents, (and for that most adults) cannot readily explain why they do what they do.

Applied behavioral analysis can be an excellent way of "understanding the why" when there are not words to explain what is going on. Systematically tracking behaviors over time can often help uncover the function of the behavior so counselors, parents, and teachers can begin to understand what needs the person is trying to meet. Perhaps Johnny's mornings are very chaotic and he's desperate to gain anyone's attention. Could Sarah's disruptions after lunch be a reaction between something she eats at lunch and her medication? Maybe Jay's persistent refusals are the only way he knows to gain control in a world where he feels small and powerless.

Functional Behavior Analysis (FBA) is frequently used in the school system to track the behavior of students whose behavior significantly disrupts the learning environment. FBAs are mandatory for special education students at risk for suspension. They are used to determine whether or not the behavior is a manifestation of the disability. Data is collected regarding the environment, antecedents, nature of the behavior, frequency, duration, intensity, impact on self and others, and reactions to consequences. Hypotheses are developed regarding the function of the behavior and an intervention plan is created. Common functions of behavior include: power and control, justice seeking, attention, and affiliation.

The intervention plans created for students work to not only stop the behavior but offer the client alternatives and choices so they can get their needs met in healthier ways. Typical behavior intervention plans

A Compassionate Look at Behavioral Analysis cont.

include environmental supports, rewards and consequences, and most importantly skills to be learned that can help the client learn how self-soothe, manage anger, and ask for what is needed in a more appropriate way. Consequences are examined to see if they are helping neutralize the behavior, or if they are inadvertently reinforcing it. This is incredibly important. It is not uncommon for people to implement consequences and punishments that seem reasonable and appropriate only to find the behavior getting worse.

If Johnny is desperate for attention and he gets to go to the principal's office and has to speak to the counselor, is he learning anything new? Keep in mind that for some children, negative attention is better than no attention at all. If Jay is defiant, loses his privileges, and then throws a tantrum that stops everything around him, is he learning to meet his needs in a different way? I have seen amazing things happen when defiant students are offered choices – even when those choices are between cooperating and experiencing a negative consequence. While FBAs are an excellent way of tracking and analyzing behavior, the paperwork involved can be daunting – making it impractical for community counselors. Still, community counselors can use the concept of the FBA to examine client needs by asking the following:

- What happened just before the behavior?
- Who was around?
- What did the behavior look like?
- How long did it last?
- How did you feel before, during, and after it was all over?
- What happened afterwards?

Jotting the answers to these questions in progress notes and occasionally examining this information can help counselors get a better sense of what is going on with the client and what skills he or she might need to learn. A simple chart including these questions can also be given to parents so they can document what is happening at home. I have even involved the student/client in the process, which can be incredibly helpful when power and control are key issues.

For some, behavioral analysis can conjure images of Pavlov's dogs and disengaged clinicians judging and diagnosing from afar. But this does not have to be the case. Applied behavioral analysis can be used as a compassionate, and I would dare to say almost humanistic way of listening to, understanding, and validating clients through careful observation and hypotheses that let him or her know you understand what they want and can help them get what they want in ways that are validating, empowering, and healing. ♦ Lisa Ellison

Working With Special Needs Children: A Parents Perspective

I am a parent of a grown daughter with mild Cerebral Palsy. I am also a retired Elementary School Counselor. What I have learned over the years from both perspectives I hope will be of help to counselors in the field. First of all, you can't rehabilitate the child or make him "normal." You can help teachers to maximize his opportunities and pull the best out of him. Children with special needs have the same needs for love, acceptance, and achievement as all other children. Special education teachers know this; however, teaching these children is taxing to say the least so as a counselor, you can go into the classroom and have a fun lesson with them and bring some happiness into their lives (it will make the teacher happy too). If the child is mainstreamed or self-contained, the counselor can take an individual child out once in a while to give the teacher a break. The burnout rate is high among special education teachers. There is so much repetition and reteaching of things that nondisabled children learn just by observing others or in incidental learning. A counselor can work on things such as manners, salutations, goodbyes, and other social skills.

Many parents are looking for a cure. They think that the doctors, psychologists, teachers, and counselors are going to have the combination of magic to make this happen. You can help by providing literature for the parent to read about their child's needs. Parents need to know that they are not the only ones dealing with the problems and joys of rearing a child with special needs. Counselors can get parents in touch with support groups and or form a support group in the school or school system. Sometimes parents just need to talk to each other. I have often told people that I have learned more from my child with special needs than the other two daughters put together. She has taught me what is really important in life and about looking at things with innocence and amazement. For me and my family it has been an opportunity to learn and to grow. ♦ Pat Lynn

Pat Lynn, M.Ed., Ed.S. is a past VCA President, wife, mother and grandma extraordinaire. She has held many offices in VCA, VSCA, CVCA including president, secretary, membership chair, and VCA convention committee.

Chronic Sorrow

When the news that your child has a disability is dropped on you, it can feel like your world has suddenly ended. Most parents have big hopes and dreams for their children's lives – what they will look like, what activities they will participate in, what college they will attend, and what type of spouse they will have. Above all else they want the perfect life for their children. So as a parent what do you do when you find out your child has Down Syndrome, and not only looks different from his or her peers, but might never be able to have children of his or her own? How do you react to the news that your child has lost his vision, your daughter has a learning disability, or your son has Autism? When a parent find out that their child has a disability, their perceptions of that child must change. They lose the dream of the "perfect" child. With that loss comes grief.

There are five stages in the grief process for parents of children who have disabilities:

Shock & Denial
Anger
Despair
Acknowledgement
Guilt

Parents do not necessarily progress though the stages in order, nor is this cycle ever completed. Over time as the parent sees their child struggle with their disability, the grief of the lost dream resurfaces.

Chronic Sorrow cont.

Chronic sorrow is a term used to describe the continued grief process parents of children who have disabilities experience as they face the continued challenges of having a child with a disability. This is the reason why the final stage of the grieving process is acknowledgement rather than acceptance.

As counselors we need to be prepared for these periodic times of grief, especially around developmental milestones and at times when the child appears to deviate from what is expected due to the disability. Some parents struggle to acknowledge this grief, feeling that it suggests they do not love their child with a disability. Counselors need to be aware that the tendency is to underestimate the grief parents feel. In fact, it has been shown that in some cases the grief intensifies as time goes on, rather than diminishing, as many would expect. Educating parents on the grief process and letting them know that their feeling are a normal part of having a child with a disability and not a personal failing, can help normalize feelings, and aid in the acknowledgment process.

Yet we must also keep in mind that the individual with the disability also goes through a grief process when coming to terms with their diagnosis. The greater the child's awareness of his or her differences, the more pronounced this grief may be. One of the struggles is how they view the disability. Do they see it as a deficit, or something that makes them stupid, odd, or weird? How are others treating them? Do they feel like their living life on the sidelines, missing out on important things their friends without disabilities can do? How do they overcome their challenges? When do they feel defeated? Finding out the answers to these questions can help counselors understand the person's view of their disability, stage in the grief process, and the coping mechanisms used to deal with their challenges.

There are many ways to view a disability. Some people may view the disability from a moral model which suggests that the disability is punishment for sins, moral lapses, and tests of faith. While this can feel highly discouraging and judgmental for some individuals, it is important to note that religious beliefs and support from faith communities can also help individuals accept their differences and make meaning from their situations. Faith communities can also help educate those looking at disabilities in this manner. Another view is the medical model, where it is believed that the disability is caused by a physical deficit within the person. For these individuals, the counselor can help the person explore technology and training that might be available to help the individual fit in. Finally there is the minority model, where it is believed that the disability is a result of the environment not accommodating or adjusting to the individual. For this view the counselor should emphasize self-empowerment and self-advocacy, helping the person release what they can do to change their environment. ♦ Jorli Swingen

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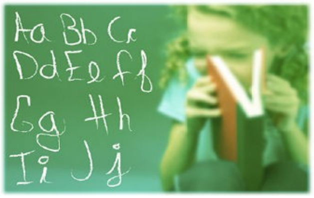
Working with Students with Disabilities – What School Counselors Need to Know

Although all school counselor knows we will be working with students with disabilities, we are often unaware of our appropriate role and responsibilities in serving these students. Sometimes we are asked to assume inappropriate administrative and supervisory tasks related to special education services. Sometimes we do not include these students in all of our school counseling services. The 2010 ASCA Position statement affirms our responsibility to serve students with disabilities in comprehensive school counseling programs. Providing equitable access to classroom school counseling lessons, providing for participation in group and individual counseling services, collaborating with parents, consulting with other school staff and out of school service providers, counseling on academic, career, and personal and social issues, and acting as an advocate for these students are all appropriate tasks for school counselors. In order to fulfill these responsibilities, we need certain essential knowledge and understandings to fully use our counseling skills.



The primary knowledge we need is to know our students with disabilities. Prior to the school year beginning, we should know who on our caseload has an IEP or 504 plan. If we are not familiar with those labels, then we must become familiar with the language and acronyms of special education. Committing all of the terms, definitions, and acronyms to memory is unnecessary. Numerous resources are available, and bookmarking these on a computer or compiling a notebook to make a quick and easy reference can be very helpful. Additionally, knowledge about a disability is helpful, but the range of abilities and limitations within a disability category can be wide.

Seeing the student as someone who has a disability as opposed to a disabled student is important. We need to raise our own awareness of the stereotypes and biases we hold about students with disabilities and disability categories. What we believe about a student with a certain disability and his belief about his abilities may not be the same. The importance of understanding the reality of the student with a disability is no different from the importance of understanding the reality of any student. Counseling from a positive strength based perspective will allow for maximum student achievement.

Once we know which students on our caseloads have disabilities, we need to learn as much as possible about the abilities of these students. If we have worked with the student previously, we may have a full picture of his/her abilities, obstacles, accommodations and modifications needed. If not, then the IEP and assessments can provide valuable information. Consulting with the special education case managers and special education teachers of the students can also assist in reading and understanding the IEP, understanding the assessments and the results, and the accommodations and modifications the student needs to succeed.

We may also need to consult and collaborate with other school staff such as school psychologists, family service workers, physical and occupational therapists, and private and community service providers. Using time to gather this information prior to the school year saves time later and builds professional competency and credibility. This information helps in planning classroom lessons that include these students.

Working with Students with Disabilities – What School Counselors Need to Know cont.

We can also plan and prepare for group and individual services by anticipating the student's needs prior to delivering the service. For example, will I need an ASL interpreter? Will the student's aide attend the classroom lesson or counseling session? Will I need more visuals for a non-verbal student? Will the student's wheelchair fit in my office? Are school counseling services written into the IEP (a legally binding document)? If we are to plan and prepare our school counseling services to serve students with disabilities, we must know their strengths and needs.

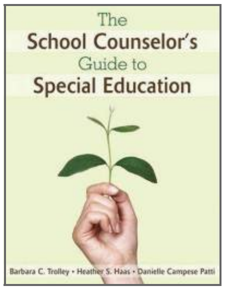
Advocating for these students can take many avenues. We may have to work with their teachers, coaches, and even administrators to increase their understanding of these students as individuals. Working with the special education staff, we can help parents to align the information from special education assessments with academic and career planning. Our input is important in transition planning with the special education staff. Additionally, the school counselor can serve as an important advocate for the student when legal and ethical conflicts arise. Sometimes, conflicts arise between non-special education staff and special education staff as well as between school staff and parents. Students with disabilities are sometimes bullied. Learning about special education laws and regulations can help us advocate for the student and navigate through these conflicts.

Counselors by our very nature are committed to the idea of human potential. If we are asking students to reach their potential, if we are to close the academic achievement gap for students with disabilities, we must meet the challenge of working with students regardless of their disabilities.   ♦ Elaine Almarode

Elaine F. Almarode, M.Ed. Counseling Psychology, has 36 years of experience in education as a teacher, school counselor, school counseling coordinator, and curriculum and instruction supervisor of gifted education.

The School Counselor's Guide to Special Education

Trolley, Haas, & Patti 2009



Navigating the complex world of special education can be a daunting task. School counselors often wonder about their role in the special education process. *The School Counselors Guide to Special Education* is a comprehensive guide that answers many of the important questions school counselors will need to know. The easy to read reference format allows counselors to quickly look up pertinent information regarding topics such as: assessment, intervention, RTI, information on the various disability categories, collaboration, legal and ethical issues, and special education terminology. The sections offer clear concise information regarding the law and school counselors roles, interventions, examples of the paperwork counselors may encounter such as IEPs, FBAs, and Transition Plans, and also provides easy to copy reproducibles that counselors can use when working with students, parents, or other professionals in the field.

Best Practices for Counselors Working with Clients Who Have Traumatic Brain Injury

According to the National Center for Injury Prevention and Control (2011), every year 1.7 million people sustain a traumatic brain injury (TBI), and currently more than 5.3 million people have a permanent disability as a result. After hospitalization, many of these clients seek counseling; therefore, it is important for counselors to be aware of best practices when working with this population. It is imperative for counselors to be aware of their own feelings and stereotypes that may surface when working with clientele. Clinicians are in a situation to realize their own vulnerability and mortality and have potential to react with negative emotions (Begali, 1996). Practitioners must be able to recognize their feelings and have an outlet to process them through supervision or consultation (Patterson & Staton, 2009).

It is important to carefully conceptualize the potential behavioral, cognitive, and affective implications of the TBI. Practitioners are also encouraged to assess the responsiveness of the client's support network and, finally, to consider the most appropriate theoretical stance for the situation (Patterson & Staton, 2009). Each situation is unique, and most importantly counselors must remember these clients are people first. Regardless of the theoretical orientation, several counselor behaviors and interventions may be helpful. Safety issues should be thoroughly considered, including potential for suicidality, substance abuse, and ability to provide adequate self-care (Patterson & Staton, 2009). Providing education about TBI to clients and their support networks can help families and clients know what to expect from the injury. It promotes normalizing of feelings and actions (Kreutzer & Godwin, 2011)

Clinicians can put pragmatic steps into practice by assisting clients in finding compensatory strategies, such as using personal digital assistants, taking notes, and reviewing key points at the end of sessions. Some clients, especially those with memory and attention deficits, may benefit from having shorter sessions several times per week and redirection when necessary. Furthermore, the use of expressive arts may be particularly beneficial for clients who have lost a sense of self-efficacy (Patterson & Staton, 2009). Promoting self-efficacy is key. Because of the sudden, often dramatic changes they have experienced, clients can have a tendency to only focus on aspects of loss and grief. Discussing how clients make meaning out of their injury can be beneficial. By discussing meaning, the clinician can examine clients' sense or lack of control over their own lives. Reframing the clients' interpretation can help them to consider other perspectives and regain their freedom of choice. When reframing, it is important to first and foremost listen and acknowledge the clients' fears about their disability and its impact for the intervention to be effective. (Kreutzer & Godwin, 2011). Gaining self-efficacy decreases depression because clients begin to focus on their abilities. Emphasize positive qualities to facilitate the development of an identity that is not solely based on disability. Set goals, express enthusiasm, and give encouragement as clients begin to express a sense of mastery.

Working with clients who have TBI can be challenging yet rewarding. Exercising patience and a calm demeanor is fundamental for creating a productive therapeutic environment. May the recommendations outlined in this article serve as valuable guidelines for anyone who is currently or will work with this population in the future. ♦
Faith Patterson, M.A./Ed.S

Faith Patterson is a 2007 JMU Community Counseling graduate. She works at Woodrow Wilson Rehabilitation Center as a Vocational Evaluator.

Begali, V. L. (1996). *Psychotherapy following acquired brain injury: An integrative paradigm for facilitating psychological adjustment and psychosocial competence.* Unpublished doctoral dissertation. James Madison University, Harrisonburg, VA.

National Center for Injury Prevention and Control. (2011). Retrieved August 28, 2011, from http://www.cdc.gov/ncipc/tbi/TBI.htm.

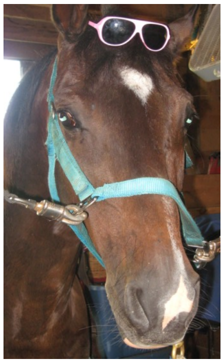
Kreutzer, J.S., & Godwin, E.E. (2011, January). *Brain injury family intervention*. Training workshop presented at Blue Ridge Community College, Harrisonburg, VA.

Patterson, F.L., & Staton, A.R. (2009) Adult-acquired traumatic brain injury: Existential implications and clinical considerations. *Journal of Mental Health Counseling 31* (2), 149-163.

A Healing Touch

According to webmd, pets can help relieve anxiety, depression, lower blood pressure, and provide companionship. Alzheimer patients show less anxious outbursts when there is an animal in their home and patients with AIDS suffer from less depression than their counterparts who do not have pets. In fact, webmd reports that Midland Life Insurance ask their patients over 75 if they have a pet and factor this into their decision to award life insurance to applicants. So the question for counselors is, how can we incorporate these benefits into our clients lives? By using animal therapy ourselves or encouraging our clients to seek out animal therapy we can help them improve their quality of life.

Therapy animals have been evaluated and registered with a national organization and participate in either Animal Assisted Activities (AAA) or Animal Assisted Therapy (AAT). AAAs are generally group activities where the pet visits and interacts with people, such as a therapy dog visiting a nursing home. AAT is when the animal is specifically incorporated into therapy sessions to accomplish specific goals and objectives on an individual client basis. A wide variety of animals are used in this capacity including dogs, rabbits, horses, pigs, and cats. In order to qualify as a therapy animal, the animal must be at least one year old, display no aggression, pass training courses, and be reliable, predictable, and controllable.



When used in therapy settings a few of the benefits seen might be: empathy, outward focus, social interaction, rapport, and acceptance, just to name a few. Nursing homes that have introduced pet visitations have seen their medication costs per patient drop from $3.80 to $1.18 per day. About 20% of people living with depression have used animal therapy and 54% of those people found animal therapy useful.

Therapy animals have also been used to visit students in school to help improve student's grades, such as with the R.E.A.D. program (Reading Education Assistance Dogs) which launched in 1999. It allows children to read to dogs to help them increase their social skills and literacy. Animals have also been used in counseling sessions to help clients explore and tackle difficult issues such as eating disorders, depression, and anxiety. FEMA used animals after the Oklahoma City Bombing to help relieve victim's anxiety and inspire hope for the future.

Horses have been used with military veterans to help them improve not only their muscle coordination, but to help them deal with PTSD. Since horses feed off the emotions of those around them, they need their handlers to remain calm and self-assured. Handling horses can help clients learn to control their emotions. It can also help them create emotional bonds and break the cycle of isolation they might fall into. Equine therapy has also been used with at risk youth, victims of violence, autism, and physical disabilities. ♦ Jorli Swingen

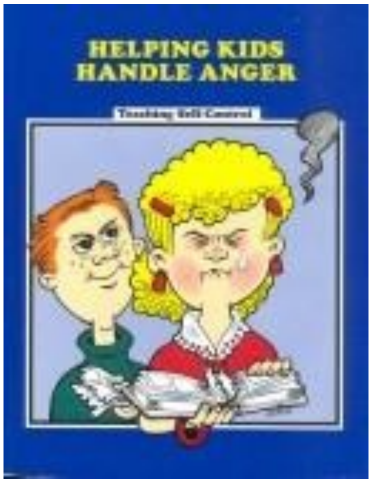
Jorli Swingen has been helping with equine therapy programs for the past 6 years and has seen first-hand the changes that can take place.

Davis, J. (n.d.). 5 ways pets can improve your health. *WebMD Features*, Retrieved from http://www.webmd.com/hypertension-high-blood-pressure/guide/5-ways-pets-improve-your-health

Delta society. (n.d.). Retrieved from http://www.deltasociety.org/Page.aspx?pid=183

Helping Kids Handle Anger

Washington State Innovative Education Program, 1993



Anger is a normal human emotion. It is a signal that our boundaries have been crossed and a way to protect ourselves from further harm. Unfortunately many hurtful, destructive things have been done in the name of anger because people simply do not know what to do with this very powerful emotion. The book Helping Kids Handle Anger is a great resource for both school and community counselors who want to help their young clients express their feelings appropriately. The book is set up as a series of lessons that includes social stories on the various topics, hands on activities with reproducibles, and practical solutions for dealing with difficult situations. The book's slogan "It's OK to be mad; it's not OK to be mean," can be used as an easy reminder for kids who struggle to stop and think before reacting. While the lesson format may seem most appropriate for school settings, community counselors can adapt the information to be used with individuals or groups who need to learn new social skills and ways to self soothe when things get overwhelming. I was particularly fond of the turtle trick, and was amazed to see how it helped some of my students who had very explosive behaviors figure out ways to cool down when tempers flared. While this helped me maintain the serenity of my classroom, I think the biggest reward was seeing a child who did not know how to react to stressful situation sit up and realize "Hey I have choices. I can be mad but not mean."

They Said They Couldn't Do It

They said they couldn't do it. Adults with intellectual disabilities do not get married.

I first met them 30 years ago as a team leader of a new group home in a little town in Virginia. David arrived from a residential school in St. Louis with his little dachshund Heidi. He loved the Orioles and Redskins. Linda came a few months later from an institution in which she had lived since age five, then 18-years-old with a hunger to try anything new. She loved the color purple and Dolly Parton.

It soon became apparent that they were a couple. People commented with the typical, "Oh, isn't that sweet, they are so cute!" not recognizing the depth of love filling the space between them. They eventually parted ways, he to an Independent apartment and she to a supported living arrangement in another town, seeing each other only on Sundays. I moved to another state, internally cheering when I got the occasional update that they were still "together."

They Said They Couldn't Do It cont.

Years later, having returned to the Valley, I began working at the local Community Services Board where my path occasionally crossed theirs. We began hearing them mention the "M" word and some wished their thought of marriage would simply go away. However, it became clear that this was not a passing fancy.

Staff and family raised genuine fears and concerns. Issues such as long term supports, residential programs that did not allow couples to live together, reproductive and financial concerns, and lack of relevant precedents seemed insurmountable. Neither David nor Linda had been adjudicated "Incompetent" and we asked the State Advocate for Client Rights to become involved. Circle of support meetings were sometimes tense and uncomfortable as folks tried to find their way through difficult spaces of disagreement. Linda and David's pastor faced a church leader who cautioned him to "run" from it all as he tried to balance their dream with congregants' and families concerns.

Linda and David decided to move ahead without the blessings of everyone they had hoped for. Their dream prevailed and 30 years after their first meeting they now celebrate their sixth anniversary. At the time of their wedding, donations poured in as our community heard the news. David's grocery store catered the reception and his supervisor was his best man. Friends, staff, and community members donated decorations. One friend made Linda's dress, making sure purple peeked through the lace bodice. Her friend's husband donated the photography and the couple's son was ring bearer. Another staff member's daughter was flower girl and Linda's case manager offered flowers. Her job coach was matron of honor and our children ushered and managed the overflowing gifts. A community member donated his 1965 white Oldsmobile convertible for the bon voyage car to a cottage on the Outer Banks another friend had offered. Linda's coworker made purple mints and a three-tiered cake with purple frosting and a fountain. Church family served at the reception and other friends offered their musical gifts. It was, some said, the most meaningful wedding they had ever attended.

Now Linda and David live in a cottage outside our back door a block from the old group home. They both work full time. She still loves purple. He still loves the Redskins and Orioles in spite of their current seasons. The strong and courageous love that fills the space between them endures, overflowing into spaces in our community that once held fears and resistance. We're grateful they did not give up on us. ♦ Joann Henderson

Joann H. Henderson, MA, LPC, QMRP is licensed as a professional counselor in Virginia, a Pastoral Care Specialist with the American Association of Pastoral Counselors, and licensed in Special Ministries with the Virginia Mennonite Conference. She maintains a private practice in Harrisonburg at 1820: A Center for the Healing Arts.

This article was reprinted with permission. It was originally published in the journal "Journeys: Essays From the Heart of Pastoral Counseling" Winter/Spring 2010: Vol. 12, No 1.

CVCA Awards Breakfast

The morning of April 29th, 2011 was a wonderful opportunity for counselors in our area to reconnect over eggs, pancakes, and coffee during the CVCA awards breakfast. Eight embers were recognized for their service and leadership during the event. Congratulations to all of the winners and thank you for your service to CVCA and our community!

Award Winners

CVCA Chapter Member of the Year – *Katie Baird*
CVCA Support Member of the Year – *Jorli Swingen*
CVCA Administrative Support Person – *Gordon Mowen*
CVCA Student Member Awards – *Courtney Boyd and Courtney Portell*
CVCA Community Counselor of the Year Award – *Donna Detrich*
CVCA School Counselor of the Year Award – *Sherry Miller*
CVCA Emerging Leader – *Lisa Ellison*

Back Row: Courtney Boyd, Courtney Portell, Jorli Swingen, and Gordon Mowen Front Row: Lisa Ellison, Katie Baird, and Sherry Miller. Not Pictured: Donna Detrich

Sabrina Burress, Program Coordinator for the Staunton, Waynesboro, Augusta County Office on Youth, offered an excellent presentation on the growing problem of SPICE and Bath Salts abuse in the Valley. I have to admit that when I first heard about the growing problem with bath salts I thought really, people are snorting Calgon? Sabrina dispelled these myths and passed around samples so counselors would be able to recognize the packaging. She also discussed the current legal status of these substances and let us know where they have been purchased in our community. For more information on Bath Salts please see the following article by Ms. Burress: http://stauntonparksandrecreation.wordpress.com/2011/03/16/warning-about-synthetic-sensations/

Summer Institute in Counseling: Looking Towards the Future

For two weeks in June members of the JMU faculty and professionals in our area offered nine different workshops and classes to the mental health community. Seventy-nine people attended the Institute and the feedback was overwhelmingly positive. Plans for next year's Summer Institute are currently underway. If you have any ideas for workshops or have an interest in presenting during next year's Institute, please send an email with your ideas and information to Lisa Ellison ellis2la@dukes.jmu.edu.

Valley News cont.

Students, Mental Health Professionals, and Members of the Community Join Forces to Raise Awareness for Suicide Prevention

On Saturday April 30th, 2011, seventy-six people including JMU Counseling graduate students, members of CVCA, and members of the Harrisonburg community came together to raise awareness of the signs and risk factors for suicide, while offering hope and solace to those who have lost loved ones during Harrisonburg's first Chi Sigma Iota AFSP Out of the Darkness Campus Walk. This event, hosted by Chi Sigma Iota Counseling Honor Society, was held at the RISE Mission House on the corner of South Mason and Cantrell Streets. Mental Health professionals from the Center for Marriage and Families, Central Valley Counselors Associations, and a representative of the nonprofessional support group Lanterns of Hope, distributed resources and were on hand to answer questions regarding services offered in our community. During registration survivors shared stories of lost loved ones, volunteers offered support, and donations were made to support suicide prevention. A memory wall was placed in the Mission House where those who lost loved ones to suicide could share favorite memories, quotes, or messages. The wall was taken to the Miller Counseling Suite on the JMU Campus where it will be kept on display.

This was a day filled with unity, hope, and at time tears. Walkers held hands during a moment of silence offered as a part of the opening ceremony to honor those no longer with us. Several members of Chi Sigma Iota spoke –offering support, comfort, stories, and information regarding suicide. The walk itself circled downtown Harrisonburg and traveled past the main part of the JMU campus. It was a powerful event held on a beautiful sunny day. Many walkers expressed gratitude that this event was held in Harrisonburg. Some walkers felt disappointment by the lack of resources and services available to survivors of suicide loss, and those struggling with suicidal feelings in our area. Chi Sigma Iota intends to make this walk a yearly event, and hopes that it will act as a springboard for increasing support in our community for those in need.

We would like to offer a special thank you to volunteers from Chi Sigma Iota, the Counseling Programs, Central Valley Counselors Association, RISE for graciously donating their space and volunteers for the event, and the members of the community who donated their time and resources. Your help made this a successful event!

Valley News cont.

Local Counselors Co-Led Middle East Program for Landmine Survivors

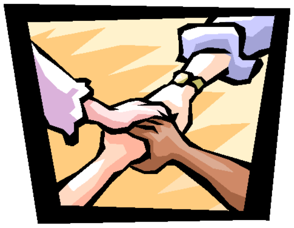
This May, Anne Stewart and Lennie Echterling were 2 leaders of a 7 day training program for survivors of landmines. They helped to develop and implement "Pathways to Resilience" (P2R), which took place near Beirut under the sponsorship of the U.S. State Department and the Lebanese Mine Action Center. The 29 participants, most of whom were amputees, came from Kurdistan, Jordan, Yemen, Iraq and Lebanon.

The purpose of the program was to train these survivors in helping and leadership skills in order for them to return to their home communities, where they could promote resilience in peer-to-peer projects. The intensive schedule involved experiential learning, play- based activities, role-plays, improvisations, and other exercises designed to promote posttraumatic growth.

The feedback from participants was overwhelmingly positive. More significantly, the majority of participants also reported that they had experienced posttraumatic growth (PTG) in dramatic ways. Anne and Lennie found the week to be a transformative experience that they hope to repeat in other landmine-invested areas. Although most of the participants spoke Arabic, Anne and Lennie quickly discovered that they did not need a translator to appreciate their strengths. They may have been missing hands, arms, feet and legs, but their hearts were clearly present through their courage, compassion, hope and joy.

For more information about P2R, you can contact Anne at stewaral@jmu.edu or Lennie at echterlg@jmu.edu.

The Art of Team Work



It is not uncommon for the hard work and care offered by members of the helping professions to go unnoticed by the larger community; however, this was certainly not the case for Professor Emeritus, Dr. Ed McKee. During a recent visit to RMH for back surgery he was so impressed with the level of teamwork, care, and interconnectivity displayed by his treatment team, he created a wood sculpture titled "Interconnectivity," which he gave to the RMH staff to honor their teamwork and support. His story is featured on page 19 in the 2011 edition of the RMH HealthQuest Magazine, which can be accessed by clicking on: http://www.rmhonline.com/HealthQuestMagazine/tabid/372/Default.aspx

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CVCA Takes Hospitality on the Road at VCA

This year's VCA convention will be held in Portsmouth, Virginia from Nov. 10 through Nov. 12, 2011. In previous years CVCA held a reception on Thursday night; however this year we will not be able to do that. So, we are doing something different this year – we're taking our hospitality on the road. Members will visit receptions hosted by other VCA chapters and organizations carrying baskets of goodies. While we're sad that we will not be hosting our own reception, we are excited to take the opportunity to network and support the efforts of our fellow chapters and organizations.

Counselors Creating Connections

Please join CVCA for our upcoming Counselors Connection social on September 26, 2011 at the Clocktower in Staunton. This social is an opportunities for community agency counselors to meet with school counselors who might serve as referral sources. This is an excellent change to meet new colleagues, network, and have fun! The social will run from 5:30 PM – 7:30 PM. CVCA will buy the appetizers. You buy the drinks.

Valley News cont.

Invest, Invest, Inspire

Pat Lynn and Sandy Hite plan to continue the group opportunity for school counselors, "Invite, Invest, Inspire" during the 2011-2012 school year. Meetings will be at 4:30 PM at Blue Ridge Community College's Plecker Workforce Center, Room P124 on the following Thursdays: Sept. 22, Nov. 17, Feb. 2, April 19. This is an opportunity for counselors and students in the school counseling field to meet and discuss any situations where they may need assistance and also to share ideas and resources. Everything is confidential - no names of students, teachers, etc. - just an opportunity to get new ideas and helpful suggestions. You are invited to invest a little time and inspire each other by joining Pat and Sandy, having some refreshments and sharing concerns and current information.

Certificates will be issued to attendees noting continuing education hours.

Upcoming Events

Event	Date	Time	Location
CVCA Social Counselors Creating Connections	September 26, 2011	5:30—7:00 p,	Clock Tower, Staunton VA
CVCA Fall Workshop Working with Clients with Disabilities	October 21, 2011	8 am—3 pm	Blue Ridge Community College
EMU Counseling Open House	November 7, 2011	4:30—6:00 pm	Contact: Brenda Fairweather at 504.432.4243
VCA Convention	November 9– 12	All Day	Portsmouth, VA
CVCA Invite, Invest, Inspire	November 17, 2011	4:30—6:00 pm	Blue Ridge Community College

Website and Facebook Page

You can now find us on mycvca.org and on Facebook by searching for Central Valley Counselors Association - CVCA. These sites provide professional development opportunities, chapter information, a directory of school counselors, and more!

Letter from the Editor

Lisa Ellison

Welcome back to another school year! Regardless of whether you had the summer off or were busy counseling clients, we hope you had a chance to relax, reflect, and enjoy the sunshine and bounty summer has to offer. I (Lisa) spent time in my garden, traveled, and even spent a couple of days wave jumping at the beach. I am glad that I was able to take some time off and fill myself up before beginning this very busy school year.

Jorli and I are very pleased by the participation and support we have received when creating this newsletter. When Jorli proposed the idea of themed newsletters I thought it was a great idea, but I had no idea that so many people would be willing to write articles and share their information and expertise on a topic near and dear to both of our hearts. I (Lisa) worked as a special education teacher in an urban setting for seven years and have spent many more working with people who have a variety of needs, abilities, and challenges. I am always amazed by their courage, compassion, and character.

Jorli Swingen

I also have been touched by the overwhelming number of people who have contacted me or Lisa to submit an article or just to share their own story. Rarely do individuals with disabilities and the lives they touch get a chance to share their own story. I was honored to provide this opportunity. As an individual with a disability this topic is very dear to me. I have been working for years to help educate parents and students with disabilities, and believe that the counseling community can make such a difference in our lives by giving us a place to feel like we are accepted unconditionally, that we are a valuable member of society, and a place to express the frustration and shame we feel.

We would like to thank the following people who graciously offered their time and experience to make this possible: Faith Patterson, Elaine Almarode, Michelle Huey, Elizabeth Lincoln, Pat Lynn, Bren McGillivary Smith, and Joann Henderson.

We are currently accepting articles, book reviews, personal experiences, and questions regarding our next theme: **Poverty and Abuse**. Please send all submissions to cvca17@gmail.com. As always, you are more than welcome to submit articles outside of the theme. Also, don't forget to send us information regarding trainings that might be of interest to our members.

Have you moved or changed your e-mail address?
If so send us an e-mail at cvca17@gmail.com