NBCC’s legislative and lobbying team continues its advocacy efforts on behalf of counselors serving men and women in the armed services. At this writing, TRICARE still does not permit its beneficiaries, numbering nearly 9 million, direct access to NCCs or LPCs without the requisite physician referral and supervision. Social workers, psychologists, pastoral counselors, and other core mental health professionals are not subject to this requirement. Thus for counselors, the issue has become a matter of parity, fairness, and professional respect.

Change in systems as large as the Department of Defense and TRICARE can come slowly. In the matter of managed care for service personnel, legislative action is required. That process can be painfully long and arduous as well.

This year several positive developments occurred on Capitol Hill during consideration of the National Defense Authorization Act of 2006.

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A WEEK IN THE LIFE
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Mondays are the busiest days for intake interviews. I prepare myself. Facial expressions, body language, and tone of voice are often crucial during the first meeting with a reluctant or resistant patient. I review the patient’s chart—most importantly the referral form from the commander or supervisor. When it isn’t too hastily filled out, it contains information on the patient’s physical signs, personality changes, behavioral indicators, and other problem areas. Sometimes information on behavioral sanctions levied or pending is included as well. Because of the problem of incomplete information, I always insist that new patients be accompanied by their first-line supervisor.

I interview the supervisors first, especially since I like to hear the supervisor’s description of the work and living environments, and of relationships with others. While I do that, the patient fills out required forms in another part of the office. When a supervisor talks about previous incidents, I know that a pattern of substance abuse applies. I talk about the dangers of enabling and enlist the supervisor’s commitment to keep me informed about the patient’s progress. I also explain treatment strategies should the patient have trouble being abstinent. Unfortunately, few supervisors know how to work with a soldier enrolled in treatment. Note: abstinence is the desired behavior since it can prevent a bad situation from getting worse and assessing the patient’s difficulty in staying abstinent can lead to a truer diagnosis. After I interview the patient, the supervisor will escort him or her to the hospital lab for routine blood and urine screening. Note: lab results are available to me to view and use in determining the best course of treatment for the patient.

There is no doubt that relationship building with the military leaders is vital in getting and keeping support for treatment. Rehabilitation Teams consist of the patient, counselor, supervisor, and commander. They meet at the end of the assessment and at least every ninety days thereafter to assess progress.

When I finally meet with the patient, I review the forms and clarify any significant disclosures made on them. Then I conduct a complete bio-psycho-social questionnaire that can reveal relevant physical, mental, emotional, or spiritual issues. When completed, I am able to determine the diagnostic recommendations and dimensions of treatment. This interview takes a minimum of two hours and

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NBCC’S TRICARE INITIATIVE
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First, Representative Robin Hayes of North Carolina introduced the TRICARE Mental Health Services Enhancement Act, which included provisions for coverage of counselors’ services under TRICARE. Following an effective lobbying effort by ACA, AMCHA, and NBCC, the desired counselor provision was included in the House version of the Defense Authorization Act that passed in May.

NBCC and NCCs subsequently turned their attention to the Senate where a floor amendment was necessary for inclusion of the counselor provision in the Senate’s version of the defense legislation. Many NCCs again responded to the call to contact their senators with the case to eliminate TRICARE’s referral and supervision requirement for professional counselors. By late July, Senator Elizabeth Dole of North Carolina introduced the needed floor amendment. Although Congress was on recess in August, the Senate is expected to consider the defense legislation including floor amendments upon its return in September. If the Senate’s action mirrors that of the House, the matter will be resolved in favor of counselor interests. If not, a conference committee of Senate and House members will then work to resolve the differences. Because of this time frame, it is not too late to make your views known to your senators. NBCC will continue to provide legislative alerts via e-mail whenever communications with congressional representatives are vitally important. If you have questions or concerns, please contact Kristi McCaskill, NBCC’s counseling advocacy coordinator, at 336-547-0607 or mccaskill@nbcc.org.
A WEEK IN THE LIFE
From Page 2

is important in setting the stage for trust (and truth!). During that time, the patient has critical input into every element of the agenda, so that she or he leaves the interview with a clear understanding of the plan and program requirements, and with the best possible level of personal investment in completing the goals.

I assess up to four patients in a day. After nine hours, though I’m mentally exhausted, the day isn’t over. The End of Day Report must be written and entered into the clinic’s database tracking system and the hospital’s medical services system.

Tuesday
First thing Tuesday morning, I prepare the paper case files. These are reviewed with the clinical director and the clinical consultant physician, who ultimately has the sign-off responsibility. Since not all clinical consultant physicians are trained in substance abuse and dependence in depth, they rely on the counselor’s assessments and the clinical director’s assurances that the information is accurate and complete.

In the afternoon, I conduct a group treatment session for patients who have been diagnosed as substance abusers. Another licensed and credentialed counselor and I co-facilitate these two-hour sessions. A separate group is necessary for soldiers facing possible separation from service for misconduct, rehabilitation failure, or unlawful acts. The goal is to solidify motivation for a substance-free future. The fact is if they are not through using yet, they are not through losing yet. Sometimes individual sessions are necessary following group sessions.

Wednesday
Wednesday morning’s work consists of individual sessions with patients who are inappropriate for group treatment. Today I will see a couple—a captain and his wife. He had been drinking to the point of blacking out while waiting for his wife to join him at our installation. In the meantime, she had been hoping he would have started to address the problem. I also saw a noncommissioned officer whose wife died recently as a result of a longtime dependence on alcohol and a gambling addiction. Now the single father of two children, he is displaying distinct PTSD symptoms.

In anticipation of the heavy caseload surge when our soldiers return from Iraq, I am working toward certification in EMDR for PTSD patients. Right now I use EMDR techniques under the supervision of a certified provider and my clinical director.

This afternoon I had my dependence treatment group meeting. Nearly all of the members have been arrested at least once for DWI. Most are noncommissioned officers or higher. And, most exhibit the physical indicators of long-term substance use. These require close coordination among physicians, supervisors, and mental health providers. In contrast to yesterday’s substance abusers’ group, I find that this group, and others like it, has a greater sense of empowerment arising from their shared history and higher level of treatment. They are able to do a lot more work with a lot less structure and prodding.

As you might guess, the day necessarily ends with case file management, write-ups, computer data entry, and projections for next steps in treatment plans.

Thursday
Mandatory training of one sort or another occurs nearly every week. Our training requirements come from licensure and certification organizations, the Army, and other entities such as the Joint Commission for Accreditation of Health Care Organizations.

In addition to today’s training activities, I attend a staff meeting and try to fit in some work on cases that have multiple diagnoses.

Friday
Today I will attend several Rehabilitation Team meetings. These are tricky because of the need to balance roles. The counselor must provide the commander with information on the patient’s progress, while also being the patient’s chief advocate for support. Often I find myself being a mediator between the two while representing the treatment program as a healthcare professional. Sometimes elevated treatment is the best way to go, and sometimes we must acknowledge the limits of services available to soldiers on active duty. Some drug dependent or abusing patients do require punishment responses for their behavior. Punishments, however, must not be conflicted with the necessity for treatment, and I’m
Linda Goldman, NCC, of Chevy Chase, MD, recently published *Children Also Grieve* (Jessica Kingsley Publisher). An imaginative resource, fully illustrated with color photographs, the book offers support and reassurance to children coming to terms with the loss of a close relative, friend, or pet, and to adults who are supporting them through their bereavement. Goldman is the author of *Raising Our Children to Be Resilient: A Guide to Helping Children Cope with Trauma in Today’s World* (Taylor and Francis), which addresses the many frightening events that impact our children. It includes trauma resolution techniques and case studies; discussions of the respective roles played by parents, teachers, and the larger community; and a wealth of additional resources for those helping traumatized children and who want to support their natural attributes of resiliency. For more information about these books, visit www.childrensgrief.net.

Jennifer B. Kahnweiler, NCC, NCCC, of Atlanta, GA, has written *Shaping Your HR Role: Succeeding in Today’s Organizations* (William M. Kahnweiler) for HR practitioners. It provides tools, guidelines, ideas, and strategies for developing the HR practitioner’s strategic role within the ever-changing human resources function. Kahnweiler is founder and owner of the career consulting firm, AboutYOU, Inc., which focuses on current issues and future trends in both the HR profession and the workplace. For more information, contact www.myhrsuccess.com or Sheri Dean Allen, publicity manager (sher.deanallen@elsevier.com).


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### A WEEK IN THE LIFE

From Page 3

the person who must advocate for that need.

Later in the day, I work with several soldiers who have remained on active duty after being released from a treatment program. These soldiers are afforded access to aftercare programs through the army substance abuse clinics. These services are designed to refresh motivation as necessary for continued abstinence and to conduct follow-up on any chronic conditions or unresolved relational issues. Our clinic has a weekly open-ended group for such patients that meets on Friday afternoon.

Surely it goes without saying that the week must end with more report writing—reports on workload hours, performance outcomes, research, and patient treatment trends. My educational background in analysis and interpretation of data as well as my understanding of psychological testing tools has been invaluable to my work at the clinic.

Today I look forward to the forty-mile commute over the two-lane, hilly highway—my bridge to the weekend and the sanity that must emerge before the start of another week at the clinic!
Beverly Baskin, NCC, NCCC, CCMHC, LPC, of Marlboro, NJ, was named Licensed Professional Counselor of the Year 2004 by the New Jersey Counseling Association. The association, a state subsidiary of the American Counseling Association, honored Baskin for her 2004 contributions to the counseling field, her workshops, visibility, and modeling as a licensed professional counselor in the state of New Jersey.

Linda Foster, NCC, NCSC, LPC, of Birmingham, AL, received the Outstanding Alumna Counseling Program Award from the University of Alabama at Birmingham. This award is presented to an alumnus who has made professional contributions at the state, regional, and/or national level; has promoted counseling in professional endeavors; has seized professional development opportunities; has promoted UAB; and has been recognized by counseling organizations other than UAB for professional endeavors. Foster currently serves on the NBCC Board of Directors.

Claire Houston, NCC, LCMHC, of Exeter, NH, was selected to receive the 2005 C. Eugene Morris Distinguished Alumni Award in Mental Health Counseling from Long Island University. The award is given each year to a graduate who is presently employed in the area of mental health counseling and who serves as a role model for students in the program. Houston was chosen for this award by the faculty in the Department of Counseling and Development in the School of Education. She graduated from the master's program in mental health counseling with highest honors and was elected into the Chi Sigma Iota honor society in mental health counseling in 1995.

Dwaine Phifer, NCC, NCSC, CCMHC, LPC, of Cleveland, NC, was awarded the LPC of the Year Award by the Licensed Professional Counselors Association of North Carolina (LPCANC). A powerful advocate for the counseling profession throughout his career, Phifer has served as both LPCANC’s secretary and treasurer during which time he created a thirty-hour clinical supervision workshop series. Phifer also serves NBCC & Affiliates in numerous capacities. He is on three of NBCC’s assessment development committees and is a consultant for the Center for Credentialing and Education (CCE).

Judith Sommerstein, NCC, NCCC, of Rolling Hills Estates, CA, a Los Angeles area career counselor since 1980, took her own advice and is on the road to a new career. For the past three years, Sommerstein has been a student at the Academy of Jewish Religion in Los Angeles, a Rabbinical College from which she will graduate in 2006 as part of the first class of lay chaplains with a master’s in Jewish Studies. She will have the designation of chaplain.

The following NCCs have passed the NBCC® Voluntary Audit for special recognition in continuing education. While 100 hours of continuing education are required for recertification, these NCCs have completed and documented more than 130 hours in the five-year certification period. They have received a special certificate citing this achievement and are to be congratulated for their dedication to excellence. NBCC salutes them!

Lois P. Anders, Delta, CO
Pamela V. Balentine, Escanaba, MI
Lisa K. Baroni, Armonk, NY
Theresa Ann Bowes, Indianapolis, IN
Anne M. Brainerd, Galena, AK
Marvin R. Brams, Newark, DE
Ellen C. Cohen, New York, NY
Sharon Gagne, Rocky Hill, CT
Prudence Hoppin, Washington, DC
Roger Huddleston, Gallup, NM
Maria E. J. Kuhn, Geneva, IL
Michelle Lawler, Hadmen, CT
Nancy Ann McCormack, Throop, PA
Inge Moorman, APO-AE
Thomas E. Morgan, Midway, GA
Dolores Mortimer, Dunedin, FL
Michelle A. Pargman, Jacksonville, FL
Rhonda Paul, Detroit, MI
Thomas M. Pierino, Getzville, NY
Ronald D. Porterfield, Jr., Nashville, TN
Francine Quesada, Scranton, PA
Ann T. Resca, Canton, MA
Kathleen F. Triebwasser, Jacksonville, FL
Wesley C. Wilkes, Sylacauga, AL

If you are interested in applying for a voluntary audit, go to www.nbcc.org/audit and click on “Download the Voluntary Recognition Audit” form.
### NEW NBCC APPROVED CONTINUING EDUCATION PROVIDERS (ACEPs)

- **Adawchi Institute**, Columbus, NC, #945
- **AL Association for Play Therapy**, Birmingham, AL, #6211
- **AL Coalition Against Rape**, Montgomery, AL, #6183
- **Amelia Center at Children’s Health System**, Birmingham, AL, #6193
- **American Psychiatric Partners, Inc.**, Clarkeville, GA, #6136
- **Amiga Center for Professional Development, Inc.**, New Westminster, BC, #6204
- **Amrit Yoga Institute**, Salt Springs, FL, #6171
- **Bethesda Family Services Foundation, Inc.**, West Milton, PA, #6143
- **BJC Behavioral Health**, St. Louis, MO, #6187
- **Blessing Hospital**, Quincy, IL, #6146
- **Blue Ridge AHEC**, Rome, GA, #6180
- **Boise State Univ.**, Boise, ID, #4502
- **Catholic Charities, Diocese of Boise, ID**, #4508
- **CE4Less.com**, Butte, MT, #6176
- **CEUnitsAtHome**, Los Angeles, CA, #6202
- **Clinical Tools, Inc.**, Chapel Hill, NC, #6161
- **Coaching, Counseling & Mentoring Services, Inc.**, Alexander, IA, #6188
- **College of New Rochelle**, New Rochelle, NY, #6400
- **Community Partners Education & Research Alliance**, Biddeford, ME, #6147
- **Compass Continuum**, Denver, CO, #6200
- **Cooperative Parenting Institute**, Clarks Summit, PA, #6199
- **Cottonwood de Tucson**, Tucson, AZ, #6195
- **DCH Employee Assistance Program**, Tuscaloosa, AL, #6165
- **DeKalb Medical Center—Behavioral Health Services**, Decatur, GA, #6157
- **Educational Gerontology**, Pass Christian, MS, #6139
- **Educational Gerontology**, Pass Christian, MS, #6139
- **Family and Youth Counseling Agency, Inc.**, Lake Charles, LA, #6148
- **Family Counseling Service of Tuscaloosa County**, Tuscaloosa, AL, #6190
- **Family Service Assn., Egg Harbor Township**, NJ, #6186
- **Family Service Partners**, York, PA, #6205
- **Faulkner University**, Montgomery, AL, #4504
- **FLAC Educational Collaborative**, Shirley, MA, #6170
- **Foundations Behavioral Health**, Doylestown, PA, #6164
- **Full-Spectrum Living**, Jeffersonville, NY, #6153
- **Geisinger Health System**, Danville, PA, #6185
- **Genesis Continuing Education Group**, Palm Beach Gardens, FL, #6159
- **Gestalt Associates for Psychotherapy**, New York, NY, #6169
- **Grief Recovery Institute Educational Foundation, Inc.**, Sherman Oaks, CA, #6210
- **Guided Self-Healing Training Institute, Inc.**, Lexington, MA, #6158
- **Helen B. Anderson**, Roanoke, VA, #6191
- **Insight Consulting and Education**, Knoxville, TN, #6209
- **Insight Counselors**, Tampa, FL, #6196
- **Johns Hopkins Bayview Medical Ctr.**, Community Psychiatry, Baltimore, MD, #6156
- **Koumidou Center**, Lynbrook, NY, #6175
- **LA Assn. for Marriage & Family Therapy**, Greta, LA, #6160
- **LifeAlign**, San Anselmo, CA, #6197
- **NAR Associates**, Barryville, NY, #6194
- **National Board of Forensic Evaluators, LLC**, Ormond Beach, FL, #6189
- **National Center for Victims of Crime**, Washington, DC, #6151
- **NC Assn. for the Treatment of Sexual Abusers**, Jacksonville, NC, #6167
- **NC Family-Based Services Assn.**, Archdale, NC, #6166
- **NetStudyCEU**, Tallahassee, FL, #6172
- **Northwest Nazarene Univ., Nampa, ID**, #4508
- **Online Continuing Education**, Camarillo, CA, #6154
- **PA Psychological Association**, Harrisburg, PA, #6150
- **PACE Seminars**, Hartsville, TN, #6203
- **Personal Dynamics**, Chandler, AZ, #6207
- **Play Therapy International**, East Sussex, United Kingdom, #6155
- **Process Work Center of Portland**, Portland, OR, #6179
- **Professional Learning Network**, Greenwich, CT, #6182
- **Public Conversations Project**, Watertown, MA, #6144
- **Relationship Training Institute**, San Diego, CA, #6181
- **Remuda Ranch Center for Anorexia & Bulimia, Inc.**, Wickenburg, AZ, #6152
- **Riverbend Behavioral Healthcare Associates**, Bedford, TX, #6173
- **Roberson Research Institute**, Saginaw, MI, #6177
- **Rogers Memorial Hospital**, Oconomowoc, WI, #6192
- **Rosen Grandon Associates, Inc.**, Greensboro, NC, #6174
- **Sage Institute for Family Development**, Boynton Beach, FL, #6149
- **Salve Regina Univ., Newport, RI**, #4507
- **Seraaj Family Homes, Inc.**, Montgomery, AL, #6168
- **Training Resources Associates, Inc.**, Largo, MD, #6142
- **Transformation Meditation**, Boca Raton, FL, #6163
- **Triad Group**, Ball, LA, #6145
- **University Beh. Healthcare-Research & Training Inst., Piscataway, NJ**, #6198
- **University of Arizona**, Tucson, AZ, #4501
- **University of St. Francis**, Ft. Wayne, IN, #4506
- **Webster Univ., St. Louis, MO**, #4505
- **Wilmington College**, Dover, DE, #4503
- **WorkLife Media**, Beverly, MA, #6178
In June, the U.S. House of Representatives’ Committee on Appropriations released a committee report that included an expressed concern regarding the National Board for Professional Teaching Standards’ credentialing of school counselors.

“The committee expresses concern that the National Board for Professional Teaching Standards (NBPTS) has begun to move away from its primary focus of improving classroom teacher quality and into other arenas within the education field, such as school counseling. The committee encourages the Board to retain its focus on improving the skills and credentials of classroom teachers.” (House Report 109-143, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriation Bill, 2006)

Since 1991, Congress has appropriated more than $130 million to the National Board for Professional Teaching Standards. From the outset, this money was intended to help NBPTS establish instructional competencies for classroom teachers. Although the earmark was specifically designated to help start an advanced credentialing program for teachers, NBPTS continued to use funds to also create a school counseling credential, even though an advanced credential for school counselors had been established by NBCC in the early nineties.

NBPTS continues to lobby against efforts to secure state salary supplements for National Certified School Counselors (NCSCs). The NCSC credential is a product of the collaborative efforts of the major counseling associations including the American Counseling Association, the American School Counselor Association, and NBCC. The NCSC is recognized by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and the Association for Counselor Education and Supervision (ACES).

For the past six years, the House Committee on Appropriations has recommended that over half of the entire Advanced Credentialing Budget be earmarked for NBPTS. This year, however, the NBPTS earmark was eliminated from this committee’s provisions, giving the Department of Education more flexibility in awarding funding for advanced credentialing.

While the House committee has moved away from a former stance of unquestioning support of NBPTS, the Senate Appropriations Committee has expressed its continued support for the teacher Board. Because of the differences in the budget language between the House and Senate committees, the issue of appropriations for advanced credentialing will now go to a conference committee where a compromise will be worked out for the final FY 2006 budget. During this time, NBCC is continuing to request that NCCs and NCSCs express concern to their congressional representatives for their excessive support of the NBPTS monopoly.
AASCB PRESENTS THE NATIONAL CREDENTIALS REGISTRY

The American Association of State Counseling Boards (AASCB) is comprised of state government agencies that are responsible for the licensing of counselors. For more than six years, the delegates at the annual meeting have discussed the difficulties for counselors trying to move between states and become licensed in a new jurisdiction. Licensing requirements differ greatly from state to state, often requiring counselors with years of valid experience to go back to school or find additional supervision in order to be licensed in another state. AASCB realized that not having portability creates undue hardships on individuals seeking the ability to practice in a new state, and that this dilemma needed to be solved.

The Portability Plan is a two-phased model: The first phase was the establishment of the National Credentials Registry (NCR). The NCR officially opened July 1, 2005. The purpose of the Registry's Bank is to provide a storage facility for all the documentation required by state licensing boards. For a fee, counselors will be able to store coursework, supervision reports, continuing competency hours, and work history as they proceed to accumulate them throughout their careers. Whenever a counselor needs to access this information in order to relocate, it will be available to be sent by the Bank to any AASCB member state as part of a licensing application. Documents will be verified as they are accepted into the Bank so that receiving states will have valid information.

The second part of the model is the plan for portability. Licensed counselors who have been working in the field for a minimum of five years may apply for registrant status. Registrants will be placed in one of two groups depending on the credentials they bring to the Bank. Placement in either group I or II is based solely on the individual registrant’s credentials. All registrants must have as a baseline:

- A valid active license from an AASCB member state
- Five years of post-license counseling experience
- No record of disciplinary action taken against their license

States will have the ability to use valid work experience as “equivalent” in order to substitute for deficiencies between a registrant’s credentials and a state’s particular license requirement. Individuals with significant work experience would essentially be given “credit” for that experience instead of being required to return to school, take another examination, or get additional supervision. Use of the equivalency concept will be at each state board’s discretion, but the portability plan encourages states to be as flexible as possible in recognizing work experience as an important predictor of clinical competence.

Similarly, state licensing examination requirements have varied over the years and only recently have most states adopted one of the two NBCC national assessments. The NCR will encourage states, for a period of time, to accept any licensing exam as valid.

AASCB and the National Credentials Registry Committee are committed to working with state boards to assist them in whatever way they can to adopt the model. The model is respectful of the right of state boards to maintain their own licensing regulations, but is asking for a second path for experienced licensed counselors to come to their states and be licensed without unreasonable additional requirements.

For more information, visit www.aascb.org/ncr.htm.

WHAT DO YOU CALL IT?

Job Analysis; Work Behavior Study; Role Delineation Study; Practice Analysis; Occupational Analysis. These different terms have a single, common purpose: to describe the job activities of a profession in sufficient detail to provide a common base for the development of a professional, job-related examination. The Standards for Educational and Psychological Testing (1999) and the U.S. federal Uniform Guidelines on Employee Selection Procedures (1978) point out that job analysis is an essential process for exhibiting evidence that the content of a test is appropriate to its use. Because NBCC is committed to providing tests that assess examinees’ abilities to apply knowledge in ways that define safe and effective professional practice, we routinely review our job analyses every five years to maintain an accurate description of practice. So, the next time you come across an invitation to participate in a job analysis (either as a committee member or as a survey respondent), please remember that you are being invited to help define your profession.
NBCC International (NBCC-I) was launched on January 1, 2005. Since then, the NBCC-I staff has been working to promote the profession of counselling and support others working to make counselling a unique and strong profession in various regions of the world. Efforts to facilitate the growth and relevance of counselling include collaborations with a number of country, regional, and worldwide organizations. The subheadings which follow are consistent with the World Health Organization’s geographic regions.

**International**

UNESCO/OECD (Organisation for Economic Cooperation and Development): “Guidelines for Quality Provision in Cross-Border Higher Education.” The OECD invited NBCC to join more than sixty countries at the OECD headquarters in Tokyo and later in Paris to help develop guidelines for quality in cross-border higher education. NBCC Chair Tom Collins was one of more than 100 delegates representing higher education and professions globally. Only the professions of counselling and nursing were represented by global credentialing organizations.

World Health Organization (WHO): ATLAS and Mental Health Certification. ATLAS is a surveillance initiative that maps international mental health resources such as the availability of providers and services (www.who.int/mental_health/evidence/atlas/). Eventually, an ATLAS publication will allow individuals to identify the number of counsellors available in relation to specific populations, the existence of policies for credentialing counsellors, and descriptions of work carried out by counsellors in each responding country. NBCC-I and WHO have reached an agreement whereby NBCC-I will spearhead data collection and writing efforts. This will mark the first time that counselling as a separate mental health profession has been systematically and completely mapped globally by WHO or any other entity. Currently, the initial survey, which will include 192 countries, is being refined. Data collection is expected to begin at the end of 2005.

NBCC-I is working with WHO to design a certification meant to address the sometimes conflicting efforts of expanding capacity and providing quality assurance. Modeled after the Global Career Development Facilitator (GCDF), in which individuals are certified based on specialized training and supervised experience, this certification will allow development of true community-based helpers within national mental health programs. Such programs are designed with both universal and country-specific standards to ensure cultural appropriateness. Depending on a given nation’s mental health policies, these certificants may be initial helpers of choice and/or may serve as a referral source for more acute services. NBCC-I and WHO have entered into an agreement for NBCC-I staff to develop curriculum and training plans for this credential with a large network of professionals from around the world.

**Africa**

African Association for Guidance and Counselling (AAGC) and Guidance, Counselling, and Youth Development Centre for Africa: Job Analysis and Conference Presentation. NBCC and NBCC-I have been collaborating with representatives of more than forty countries in Africa to formulate a framework for credentialing counsellors. A job analysis, which describes the work that counsellors do, forms the basis by which standards of practice may be defined and qualifying exams/certifications could be structured to measure competencies. Such efforts provide a means for quality assurance and portability across the continent. Reports from participants indicate there is a profound need for such efforts due to the growing demand for services in Africa.

Malawi Center—Resource/Training Venue. NBCC-I continues to help strengthen the Guidance, Counselling, and Youth Development Centre for Africa located in Lilongwe, Malawi. That centre reports transition in directors and a surge in support from ministers of education from the forty-two member countries. The Guidance, Counselling, and Youth Development Centre for Africa has the capacity to provide training to counsellors working in the underserved areas of Sub-Saharan Africa. The center will also facilitate information exchange between counsellors in Africa and NCCs around the world.

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The Americas

Association for Counselor Education and Supervision (ACES)—NBCC International Fellows at ACES. One of the goals of NBCC-I is to facilitate relationships with future leaders of the counselling profession in other parts of the world. In this spirit, NBCC-I founded the NBCC-I Fellows at ACES program. Created by NBCC-I and ACES for international students studying counseling in the U.S., the program facilitates these students’ participation in the ACES National Conference. At this year’s conference held in Pittsburgh, PA, USA, selected Fellows will participate in a training workshop and share their knowledge about counseling in their home countries with attendees. Fellows were nominated by their program faculty following a call for nominations in March 2005. Six Fellows studying counseling in the United States were selected from a competitive applicant pool, and invitations to participate were sent in early July. NBCC-I also solicited applicants from areas affected by the 2004 tsunami and Middle Eastern countries.

Jamaica Association of Guidance Counsellors in Education (JAGCE)—Ministry of Education: Job Analysis. A job analysis is being conducted in Jamaica through the country’s counseling association in cooperation with the Ministry of Education. NBCC-I representatives met with Jamaican leaders in the counseling field to structure the survey of professional practices within the country. The job analysis survey will be distributed to Jamaican counsellors in August.

Federación de Asociaciones Venezolanas de Orientadores [Federation of Venezuelan Counseling Associations —FAVO]: Job Analysis and Conference Presentation. Paralleling work in Sub-Saharan Africa and Jamaica, a job analysis is now underway in Venezuela. While counseling and counselor education have been well established for more than fifty years in this country, credentialing of individuals and training programs on a national level has not been established. NBCC-I representatives facilitated the initial job analysis meeting in July and conducted a conference session on the process of professionalization with emphasis on credentialing.

In February 2005, NBCC Chair Tom Collins announced NBCC’s plans to partner with FAVO to create NBCC-Venezuela under the FAVO umbrella. Since that time, NBCC has completed a memorandum of understanding with FAVO to establish NBCC-Venezuela. NBCC-related credentials in countries other than the U.S. are administered by a counseling organization within those countries. Individual processes and regulations are created by and for counseling professionals who practice in those respective nations and are immersed in the day-to-day realities of counseling there. Use of the NBCC name is contingent upon the establishment of appropriate mechanisms and empirically based certification standards.

Eastern Mediterranean

NBCC-I Fellows at ACES. In addition to the six Fellows selected to participate in the ACES National Conference, two additional Fellows were selected from outside the U.S. One of these Fellows is from Lebanon and has been invited to participate in the ACES conference and other Fellows activities.

Europe

NBCC-Romania. Following the First Romanian International Conference on Career Counseling (organized within Romania) in June, NBCC launched NBCC-Romania and NBCC-I Europe. This NBCC affiliate and NBCC-I Secretariat is housed at the University of Petru Maior and is directed by Dr. Andreea Szilagy, former NBCC-I International Counsellor-in-Residence (ICR). The affiliate and secretariat will be responsible for the administration of GCDF-Romania credentials and will serve as a center for counseling advocacy in Romania and in Europe.

Southeast Asia

Conference Presentation. The 11th International Counseling Conference is scheduled for late December in Bangkok, Thailand. NBCC and NBCC-I will be sending representatives and are honored that current NBCC Chair Sylvia Fernandez has been asked to present a plenary session on the activities of NBCC-I.

This summary references only NBCC-I projects which are well underway. The staff of NBCC-I is pleased to represent NCCs in advocating for the worldwide recognition of professional counseling.
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