

## Michigan Mental Health Counselors Association

# Life Lines

Serving Licensed Professional Counselors

Winter 2010

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Featured Article

A Few Words from Your  
President

### SAVE THE DATE

Regional Meetings 2010

Save these dates for 10:00 AM to  
12:00 PM networking events.

April 24-Royal Oak

Sept. 11-Midland

Oct. 29-Lansing

**Also planned is a one-  
day Supervision  
Training Workshop in  
May 2010.  
Watch for details on the  
above events!**

Rich Miller

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### Looking Back and Moving Forward

The older I get the more I look back to see what has happened to my life. I am now in my fourth year as president of the Michigan Mental Health Counselors Association. I feel very good about the progress MMHCA has made in the last two years. Our board has grown from three officers to seven with several faithful members who attend our board meeting and serve on committees. We welcome all of our members to attend board meetings and become active on committees.

Looking back at MMHCA in 2009. We have had two conferences. Linda Lawless presented an exciting conference on private practice. Then in the fall Irene Armetrano and Diane Parfitt presented a one-day conference on supervision. MMHCA presented two free regional workshops in 2009 one in Macomb County and the other in Lansing. MMHCA has revived their focus on legislative issues that impact mental health counselors in Michigan. Irene Ametrano and Sara Sue Schaeffer now serve as co-chairs of the legislative committee. The legislative committee and most of MMHCA's board members attended the last board of counseling meeting in Lansing. Looking back I see that MMHCA is getting stronger and doing more for our members and the counseling profession.

Moving forward MMHCA will continue to provide educational and networking opportunities. We plan to continue our free regional workshops and even expand them into more regions. Practical conferences will also be a part of our future. We will continue to co-operate with the Michigan Counseling Association and also maintain our relationship with the American Mental Health Counselors Association. MMHCA will continue to work to protect our profession through our legislative committee.

The MMHCA board wishes to serve the needs of our members. If there is a need that is not being addressed please let us know. Tell us if there is a topic for a workshop or conference you would

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Integration of Feminist  
Theory into Treatment  
of Veterans with  
Combat Related  
Posttraumatic Stress  
Disorder

by

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like to attend. A regional meeting can be scheduled in a community near you. You can help make this a reality. All we need is a place to hold the workshop. MMHCA will provide the presenter and cover the cost of the meeting. Your ideas for making your professional organization better are always welcome. The best way to get in touch with the MMHCA board is to e-mail me at [dmonroe@mmhca.org](mailto:dmonroe@mmhca.org) or call me at 800 693-9051 and leave a voice message. We would like to hear from you!

**David Monroe, PsyD, LPC**  
**MMHCA President**

### **Regional Meetings**

**We are working to build a closer connection with you, our members. We will be holding at least three networking breakfasts. The theme of these functions will be focused on marketing our professional skills to the consumer in our local communities. I firmly believe we can move our profession forward through effective marketing strategies. We have waited far too long for legislation, third part reimbursement, etc. to succeed. The time has arrived for us to become proactive if we are to build our profession. Please attend the networking meetings planned, and let us know if you wish to have us add your area into our future locations.**

**Save these dates for 10:00 AM to 12:00 PM networking events.**

- **April 24, 2010 - Royal Oak.**
- **September 11, 2010 - Midland.**
- **October 29, 2010 - Lansing**

**Also planned is a one-day Supervision Training Workshop in May 2010.**

**Watch for details on the above events!**

**Please email Jim Blundo or David Monroe with any questions or comments on this article.**

**Email: [jamesblundo@att.net](mailto:jamesblundo@att.net) or [dmonroelpc@comcast.net](mailto:dmonroelpc@comcast.net)**

### **Legislative Column -**

Here is the latest information regarding our Public Policy and Legislation activity. On the Federal level we are anxiously awaiting the outcome of the conference negotiations between the US House of Representatives and the US Senate over inclusion of Mental Health Counselors and other Masters level mental health providers. The House approved of inclusion under the Medicare portion of the Health Care Bill. The Senate did not include us. We are counting on Senator Deborah Stabenow to negotiate our inclusion.

The stakes have never been higher for our profession. Please take action

immediately by contacting Senator Stabenow and thanking her for her support of mental health counselors, and encourage her to fight for our inclusion in Medicare.

Tell her where you are from, what you do for a living and how important inclusion is to delivery of services. If you counsel individuals on Medicare be sure to focus on the cost effectiveness of out patient counseling services to the elderly.

The quickest way to let your views known is to either email or call.

Here are your options

Email: [stabenow.senate.gov/email.htm](mailto:stabenow.senate.gov/email.htm)

Phone: Washington DC 202-224-4822

On the state level, we are pleased to announce that Dr. Sara Sue Schaeffer and Dr. Irene Mass Ametrano are co-chairs of the Public Policy and Legislation Committee for MMHCA. Both have been involved in protecting our LPC License since its inception. They invited the MMHCA Board and guests to Lansing for an intensive training on the history and present issues related to the Board of Counseling. We have many challenges ahead of us to protect our License. We have created a great team to address our needs. More details will come in the next issue of this newsletter.

If you want further information please email: [jamesblundo@att.net](mailto:jamesblundo@att.net)

Or call 248.930.0644

Submitted by James Blundo LPC, MSW, CCMHC, NCC

MMHCA Member at Large

Public Relations and Marketing Chair

**With wars in Iraq and Afghanistan, the number of returning veterans will continue to rise. That creates a need for counselors not only in mental health counseling but career counseling as well. The following excerpt from an article done by Jeffrey Wm. Katke at Oakland University will be useful to those who are treating returning veterans trying to cope with the struggle to return to civilian life after tours of duty overseas. This column only allows space for an abstract. Please contact Mr. Katke directly and he will be happy to share the entire article with you. See his contact information elsewhere in this newsletter.**

**editor**

**Integration of Feminist Theory into Treatment of Veterans**

## **with Combat Related Posttraumatic Stress Disorder**

Jeffrey Wm. Katke

Oakland University

Feminism continues to morph into a broader construct that considers gender interaction with social expectations, limiting opportunities for good health, personal growth, and economic opportunity. Controlling influences of patriarchal expectations and societal norms on veterans is presented along with a brief overview of how modern US Military induction and training procedures use male gender role identification in combination with operant conditioning for the specific purpose of creating human "killing machines". Feminist theory, specifically, Gender Awareness Theory (Good, Gilbert, & Scher, 1990), may be effective in reducing adverse effects on male veterans with PTSD. This article seeks to demonstrate the value of research into the integration of feminist constructs with existing treatment modalities for veterans with PTSD.

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Counselors should be aware that male veterans with combat related PTSD have learned to measure themselves using the yardstick of traditional masculinity. As a result, veteran's perception of self maybe manifest to two forms: (1) mental health disorders (depression, anxiety, OCD, etc.), and (2) physical health issues such as heart disease or the consequences of substance abuse or inappropriate behaviors (Levant, 1996). Levant (1996) further suggests that when patients present with this form of dysfunction, treatment might include an examination of the patient's manhood ideals and the relationship between internalized standards and problematic behavior. It is all too easy to believe that gender plays no role in the therapeutic process. Counselors must be non-sexist in their work with clients; they must also understand the client's difficulties within the gender perspective and incorporate an understanding of gender effects and sexism in therapeutic strategies and goals (Good, Gilbert & Scher, 1980).

Gender Aware Therapy encourages clients to gain an understanding of societal conceptions of gender and how this limits feelings, thoughts and

behaviors of male veterans with PTSD. An important goal of GAT is to help the men (and women) to develop healthier and more fulfilling lives. Veterans (men and women) can benefit from this approach by mitigating the negative effects of gender role identity.

Recently commissioned research in the Department of Veterans Affairs, in conjunction with the National Institute for Mental Health and the US Army may provide an opportunity to explore how feminism and GAT can be directly applied to treatment and integrated into the broader schemas of therapy for of veterans experiencing combat related PTSD.

### **A Few Words From Your President**



### **Lies Don't Have To Be True!**

A number of years ago I had a client who was struggling with feelings from her childhood. She had a strict father and a passive mother. She told about family pictures that were taken when she was a child. In the picture she was the only one smiling. She felt like her whole life was a fake smile. She was well educated with a masters degree and worked in a helping profession. Yet she felt unsure about herself and had low self-esteem. After several sessions we concluded the things she was told as a child were not true. Messages from her childhood were still playing in her sub-conscious mind. I then coined the phrase "*Lies don't have to be true*".

Many people are living out the lies they learned about themselves as children. It can impact their self-esteem and limit what they are willing to do. It can even affect their choice of spouse and other choices they make. This negative self-talk can be multi-generational. For many generations negative self-talk can be passed from parent to child. I encourage you to look at your self-talk and if you are lying to yourself seek to do positive self-talk that will improve our attitude about yourself as well as help you make better choices. It is imperative that you used positive affirmations with children and other people. This will build their self-esteem and give them positive self-talk. This influence can be seen in this generation and have power in many generations to come. Remember lies you tell yourself don't have to be true.

## Counselors Mentoring Counselors

by **Cindy S. Goldman**

It has been eight years since I received my Master of Education degree in Counseling and sometimes I wonder where the time has gone. For those of you who are still in graduate school or recent graduates who are trying to become fully licensed, those of us at MMHCA are here to mentor and encourage you. Enjoy the day by day endeavors and before you know it, you will have 20 years of counseling under your belt and wonder how it could have gone by so quickly.

When I first graduated, I moved to a new state, so I did not have that easy transition some counselors have. You know the people who land a job at the agency where they did their internship? At first, I wondered why the counseling department at my graduate school didn't have a class on how to land a job being a counselor? Now that I've been in the counseling world for eight years, I get it. It is because, fellow counselors, each of us is a special individual who brings with us our own unique talent, strengths, experiences, and interests. No one path a novice counselor will take is ever the same. How could it be taught and who would teach it? Instead, you must join the classroom of the world. One must look to other counselors for guidance. Find a mentor. Look for mentors at the agencies where you work or volunteer. Use social networking sites like LinkedIn (join the MMHCA LinkedIn Group), TherapyNetworking.com, or NetworkingforTherapists.com. Read Counseling Blogs such as [my.counseling.org/](http://my.counseling.org/) on the ACA website. Join a Professional Association such as MMHCA and get involved. For those of you who are already licensed and have some years under your belts, who have you mentored lately? We have to help each other in order to be ready to help our clients.

### Newsletter by

Cindy S. Goldman, MEd, LPC, NCC

Newsletter Editor

Michigan Mental Health Counselors Association

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