

SPECIAL  
POINTS OF  
INTEREST:

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# E-REPORT

# ACEG

Association for Counselors and Educators in Government

VOLUME 3, ISSUE 1

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## 2014 ACEG Annual Awards

### André Sutton and Sharon G. Seesholtz, Awards Co-Chairpersons

Annually ACEG recognizes members who have served our profession in an outstanding way. During the next ACA annual conference (March 2014, Honolulu, HI), at our Awards Luncheon two members will be formally recognized for their dedication and significant contributions as counselors and/or educators.

Your help is needed so we can choose the best! Please take the time to help us recognize some worthy people. **Any member may nominate one or more candidates for the ACEG awards. Nominees must be ACEG members. You can nominate yourself with an endorsement from your supervisor.**

The award for *Professional of the Year* is based on outstanding

achievement in any or all of the following:

- 1) Day to day counseling activities leading to positive improvement in client progress;
- 2) Specific and innovative contributions to the operation of a counseling or education related organization;
- 3) Counseling or support activities in a situation requiring effort above and beyond the norm (e.g. public disaster or emergency);
- 4) contributions/efforts leading to improved environments for counselors, educators, and clients;
- 5) Participation in programs of professional development training - either as organizer, participant, or presenter; and
- 6) Publications related to any of the above.

Criteria for the *Notable Achievement Award* are similar to the above. However, this award may be given to an individual or to an

organization that has provided outstanding service or benefits to counseling professionals and clients.

To make a nomination, send an email with an attached word document summarizing the accomplishments or actions of the nominee that warrants consideration. Please limit your narration to two pages, typed and double-spaced. **Please send your nomination so it will reach the awards chair by January 30, 2014.** The individuals and/or organization will be recognized at the ACEG Awards Luncheon to be held at the Hilton Hotel in Honolulu during the ACA Conference March 27, 2014.

If you have questions, please contact the Awards Chairperson, Sharon G. Seesholtz at (210) 842-9054 or [SSeesI@msn.com](mailto:SSeesI@msn.com).

**Please send your nomination to [SSeesI@msn.com](mailto:SSeesI@msn.com) by January 30, 2014.**

## Serving the U.S. Armed Forces, Veterans, and Their Families



# President's Message



Seth C.W. Hayden  
PhD

## On the Horizon

As we conclude another year, it provides an opportunity to reflect on the past accomplishments of ACEG and look towards the future of the organization. This past year, ACEG engaged in several activities designed to provide members

with resources around assisting active duty military, veterans, and their families.

In March, we had our annual professional development institute focused on the supporting military families. This annual event offered in conjunction with the American Counseling Association Conference provided informative discussions on ways in which counselors can assist military families. Dr. Lynn Hall discussed in detail the unique culture of the military and its impact on military families. Other presentations focused on the growing concern of suicide, research on the connection between school counseling and children of military families, and other pertinent

topics. There were also several ACEG-sponsored presentations at the conference.

A significant achievement this past year was the publication of the ACEG journal, *Journal of Military and Government Counseling*. We released two additions of the journal in 2013 offering a wide array of resources around various topics association with assisting this population. Our editor, Dr. Benjamin Noah, is to be congratulated on his competence and fortitude in spearheading this initiative. We have also resumed our regular newsletter, *E-report*, designed to inform our members of the activity of the organization and offer useful information for counselors working within government or military settings.

While there has been much accomplished over the past year, this coming year offers the potential for significant growth in innovation and resources within ACEG. Our president-elect, Lynna Meadows Morton, has put together an especially resourceful Professional Development Institute coinciding with the ACA

conference this March in Hawaii. We will also be sponsoring several presentations at the ACA conference around the unique needs of the military.

We will continue the publication of the journal and newsletter continually eliciting submissions for both publications. We will also be administering a needs survey of our members to determine your views of our current offerings in addition to ways in which we can better serve you. Finally, we are considering ways in which to offer low-cost and easily accessible resources to our members such as webinars for continuing education credits, and information on pertinent events via our website.

I am appreciative of all of the efforts of my fellow ACEG members in supporting counselors and educators who serve in military and governmental settings. Much is on the horizon for ACEG and we look forward to serving your needs. I wish you all the best for a successful 2014.

Regards,  
Seth Hayden  
ACEG President 2013-2014

## Editor's Notes



Ben Noah,  
PhD  
NCC,  
NCCC,  
ACS, LPC

This issue highlights the 2014 PDI in Hawaii. ACA is partnering with ACEG this year. This insures that CEUs are available. It also provides a seamless registration for both the ACA Conference and the ACEG PDI.

I want to encourage our graduate student and new professional members to submit to the *Meet the Next Generation*. This column is intended to feature one of our new members.

I want to encourage everyone to consider submitting an article on any topic related to the ACEG mission

and population—our military and veterans. Many of you have interesting jobs working with the population—and others need to know that. **We need one or two people to take over newsletter editor and webmaster positions—if you are interested, let me know.**

# President-Elect's Message



**Lynna  
Meadows  
Morton,  
MS,  
SLPC,  
NCC**

As we head into the final stretch toward the ACA National Convention in Honolulu, Hawaii, I encourage all of our members who will be attending the convention to take the time and sign up for our Professional Development Institute and our Luncheon. We have added a speaker to our Luncheon agenda, Dr. Angie Waliski, who will be bringing us timely information about Veterans and Suicide. Please take a moment and go to the Conference Tab on our website. You will find a list of our outstanding presenters and presentation. You will also find the schedule for our Annual ACEG General Meeting, and our Reception with the National Employment Counseling Association (NECA). Economic times are truly difficult at this time, and I am very aware that although some of you had planned to attend this year's Convention, the funds just are not available. The "tightening of the belt" has affected almost everyone. If you are unable to attend, and would like to be able to receive a synopsis of our PDI speakers presentations, please let me hear from you. If there is enough interest, I will work to achieve that and have it included in our Summer 2014 Newsletter. You may email me at [lynnameadowsmorton@comcast.net](mailto:lynnameadowsmorton@comcast.net) with your interest. Now, on to my informational "tool box" section.

## Did You Know?

I came across a recent article by Dr. James Bender in March of 2013, posted for the DCoE Blog. Dr. Bender is a former Army Psychologist who deployed to Iraq as the brigade psychologist for the 1st Cavalry Division 4<sup>th</sup> Brigade Combat Team out of Fort Hood, Texas. His article focuses on posttraumatic stress disorder (PTSD) and some promising new therapies being studied. I found these new therapies to be of significant importance as opposed to evidenced-based treatments we have heard of and used in the past, such as prolonged exposure and cognitive processing therapy. These treatments have been successful in many patients with PTSD, but the scientific community continues to research other helpful treatments. There is even investigation into and development of smartphone apps aimed to support those in psychological treatment! Here are three of the most promising therapies:

### **Virtual Reality Iraq/Afghanistan**

Virtual reality is a technology being studied at the Naval Medical Center-San Diego. Patients are equipped with a head-mounted visual display and exposed to a virtual world in which they experience the sights, sounds and even smells of combat in order to confront their trauma in a safe and controlled environment. By gradually exposing the patient to memories of the traumatic event, they are able to deal with emotions that the memories bring up. A study by the center and researchers at the University of Southern California and Emory University, found that virtual reality technology yielded an 80% success rate in treating combat-related PTSD.

### **Yoga Intervention for PTSD**

A 10 week yoga program funded by the U.S. Army included twice-weekly inter-

ventions with an assigned daily home practice. This particular program was built on considerable evidence that yoga, which focuses on calming sympathetic nervous system (SNS) activity, can be effective for PTSD. The SNS activates when someone is very stressed or fearful and is responsible for associated physical responses (increased heart rate, tense muscles, stomach churning, etc.) People with PTSD have trouble regulating these responses and yoga helps them to regain control. The yoga program was found to be as effective as medication in treating PTSD.

And my favorite –

### **Fishing Therapy**

Some veterans are taking up fishing to ease the symptoms of PTSD. Piscatorial therapy, meaning "related to fishing", suggests there are health benefits to fishing. Findings from the University of Southern Main, University of Utah and the Salt Lake City Veterans Affairs medical center showed significant improvement in perceptual stress, PTSD symptoms and sleep quality for veterans who took part in a two-day, three-night residential fly fishing retreat.

Hopefully these new therapies will give you some techniques to consider and research. You can check out the **National Center for PTSD** website, [www.ptsd.va.gov/](http://www.ptsd.va.gov/) for more information and resources. In addition, you can request information related to PTSD from DCoE Outreach Center at [re-sources@dcoeoutreach.org](mailto:resources@dcoeoutreach.org)

Have a good spring and hope to meet some of you in Honolulu!

Lynna

# Hawaii Happenings 2014

## ACEG Professional Development Institute

### ***Solving the Revolving Door: Easing the Impact of Multiple School Transitions on Military Children***

Michael A. Keim, PhD, NCC & S. Beth Ruff, Doctoral Student; University of West Georgia

### ***Domestic and Sexual Violence in the US Military Services: How Professional Counselors Can Identify, Support, and Empower Survivors***

Lt Col Judith Mathewson, USAF, PhD Candidate, MS, MEd, Fort Smith, Arkansas; DixieLynn Johnson, MA, Hope for Heroes Counseling Center, Silverton, OR; Mark McDaniel, PAWS for Change (Prevention, Awareness, Wellness, Strength), Klamath Falls, OR

### ***Helping Military Children Develop and Implement their Post-High School Career and Education Plans***

David L. Fenell, PhD & Ruth Ann Fenell, MS; University of Colorado at Colorado Springs

### ***Out of the Closet and into the Ranks: A Group Counseling Approach for Gay Military Veterans***

Eric W. Price, MS, Graduate Student University of Central Florida; Dodie Limberg Ohrt, Ph.D., Assistant Professor Texas A&M University-Commerce; Nick P. Patras, Doctoral Candidate, Texas A&M University-Commerce; Paulina Flasch, Doctoral Student, University of Central Florida; E.H. Mike Robinson, Ph.D., Professor, Univer-

sity of Central Florida

### ***Military Families: Resilience Factors in Counseling***

Monica G. Darcy, PhD, LMHC, NCC; Rhode Island College

### ***Operating in a New Paradigm – DSM-5***

Benjamin V. Noah, PhD, NCC, NCCC, ACS, LPC; Capella University

## Luncheon Session

### ***Veteran Suicide by Firearm: An Examination of Non-Fatal Suicide Attempts***

Angie Waliski, PhD, LPC, NCC; Central Arkansas Veterans Healthcare System and University of Arkansas for Medical Sciences

## ACEG Sponsored Sessions

### ***Women in Warrior Culture: Their Evolving Role and Counseling Challenges***

Michael A. Keim, PhD, NCC; University of West Georgia

### ***Suicide in the US Military Services: How Professional Counselors Can Help***

David L. Fenell, PhD; University of Colorado at Colorado

### ***Creating Supportive Communities to Assist in Counseling Military Members and Veterans***

Seth Hayden, PhD; Florida State University & Heather Robertson, PhD; St. John's University

## ACEG Sponsored Poster Sessions

### ***Out of the Closet and into the Ranks: A Group Counseling Approach for Gay***

## ***Military Veterans***

Eric W. Price, MS, Graduate Student University of Central Florida; Dodie Limberg Ohrt, Ph.D., Assistant Professor Texas A&M University-Commerce; Nick P. Patras, Doctoral Candidate, Texas A&M University-Commerce

## ***Military 101: Civilian Providers and Military Families***

Monica G. Darcy, PhD, LMHC, NCC; Rhode Island College

## Events Schedule

**ACEG Professional Development Institute (PDI) – Thursday, March 27, 2014, 8:00 AM – 4:00 PM**

**ACEG Annual Awards Luncheon - Thursday, March 27, 2014, 12:00 Noon – 2:00 PM**

**ACEG / NECA Joint Reception – Thursday, March 27, 2014, 7:00 PM – 8:30 PM**

**ACEG Annual Director's Board Meeting – Friday, March 28, 2014, 2:00 PM – 3:00 PM**

**ACEG Annual Membership Business Meeting – Friday, March 28, 2014, 3:00 PM – 4:00 PM**

**Check your ACA program for locations and room numbers. As additional information is known, it will be added to the ACEG website.**

**ACA and ACEG 2014 Elections – deadline is Friday, Jan 31, 11:59 p.m. ET.**

# There IS a Safe Place



**Dix-  
ieLynn  
Johnson,  
MA**

If someone asked me what I dreamed I would be when I grew up, I never imagined a mall shooting survivor, a rape survivor, and a divorcee turned mental health therapist with complex PTSD as my life story. Yet it is. Although my story of thwarted maladjustment led to a diagnosis of the PTSD straightjacket, I hid my grief and pain well. I have had the Glock to my head and my finger on the trigger because I saw no way out. No hope for ending my pain.

But I was wrong. You see, there was one piece of hope that kept me alive and that is what saved me. That hope came from God through life stories written with my children and grandchildren who loved me unconditionally, friends who accepted me regardless of what I did, women Bible studies that taught me the love of a heavenly Father, strangers who saved the rebellious me, counselors who mentored me with encouragement, law enforcement who protected me, and professors who exemplified knowledge and truth to overcome the obstacles of adversity and lies which once paralyzed me.

Little by little hope began to morph into a dream, a plan, and a passion that emerged into finding truth, into

using the stories of my past as a means to empower the future of others. And through that process, I completed my Bachelor Degree in Social and Behavioral Studies and my Master Degree in Clinical Mental Health Therapy, specializing in PTSD, both from George Fox University and graduating Summa Cum Laude. It was during my internship at the Department of Veteran Affairs Medical Center I began to implement my life experiences using stories and Person-Centered Therapy when working with veterans, a process that naturally unfolds the integration of a holistic approach within empathy and warmth. I now have a private practice called Hope for Heroes Counseling Center, where I counsel, coach, speak, advocate, and motivate military veterans with PTSD and their families across the United States via online, private messaging, and video sessions, as well as face to face sessions. I am also a resident therapist for an online non-profit to over 17,000 veterans and their families, and as a collaborative effort with the ACEG, I am coauthoring a guidebook on working with Military PTSD.

Veterans and their families have allowed me to walk alongside their battlefield stories of sorrow, grief, loss, heartache, betrayal, flashbacks, sleepless nights, hypervigilance, unhealthy sexual encounters to cope, and the ongoing torment they face on a daily basis. There are no words to adequately describe how honored and blessed I am to journey with them.

You see, just as I needed a safe place for my story, they also need a safe place for theirs. One where they can learn violence does not confine, nor define them. One that says we are not

crazy or strange, but we are accepted. That it is ok to feel the pain, to look it square in the eyes, to walk through it, and to examine the triggers that take us back to that place of being cemented in fear and having someone alongside to chisel out a new pathway of hope, healing and inspiration that says, we are not alone. We are part of a community of overcomers, achievers, believers and encouragers that together, one person, one life can be changed for the good one day at a time. Just as Noah dared to stand alone, to be a nonconformist and to endure people calling him strange, by faith he was moved to build an ark in the middle of a desert. Just as mental health therapists dare to stand up for the call, for the safety of another human being, one woman at a time, one man at a time, one child at a time, one family at a time to build a safe place for our clients. An ark in the desert of a woman's violence or a man's PTSD that says you're not crazy, you're not strange. Here we are your refuge. Here you are accepted, valued and have worth beyond all the treasures ever dreamed imaginable and were we would sell off the entire world to buy you back. Perhaps, for the first time in a very long time or for the first time ever, they have somewhere and someone to trust in. Someone who will help them discover their voice and to hear there is hope. There is a safe place.

***“I have had  
the Glock to  
my head ...”***

**“Moral courage is the most valuable and usually the most absent characteristic in men.” - Gen. George S. Patton**

# A Call to Action



**Christian J. Dean,  
PhD, LPC, LMFT**

Dear ACEG Members,

I'm writing to request your time to contact your senators and representatives, to include the Senate and House Armed Services Committees. I've been trying to get the Army to recognize LPCs and LMFTs to serve as uniformed Behavioral Science Officers since 2006. However, those efforts did not result in much (or any) action. The efforts include individual letters to my senators and representative as well as a similar information paper like the one below through the Army channels. I'm including the information paper I've recently sent to my senators and representative as well as to the two Armed Services Committees. Please, feel free to copy and/or alter any part of the information below in your outreach to your representatives and senators. The more of us who reach out the better the chance that something will be done.

Respectfully,  
Christian J. Dean, PhD,  
LPC, LMFT

## **Request for Professional Counselor and Marriage and Family Therapist Area of Concentration**

I am writing this letter to support the request of the establishment of a new Behavioral Science Officer Area of Concentration (AOC) for qualified licensed or certified Mar-

riage and Family Therapists (MFTs) and for qualified Licensed Professional Counselors (PCs) in the Army Medical Department (AMEDD). Marriage and Family Therapists (MFTs) have been recognized under TRICARE as independent providers of behavioral/mental health services for several years. Professional Counselors are now also recognized independently by TRICARE.

MFTs and PCs are recognized as providers to service members and their families as civilians in private practice, clinics, and as civilian contractors for the U.S. Army as well as other Services, but are not able to provide such clinical services as members of the United States Army or any of the U.S. Army components (Active Duty, Reserves, or National Guard) due to the AOCs for Behavioral Sciences Officers (73A- Social Work and 73B - Clinical Psychology) listing specific profession based criteria. For example, the Social Work AOC (73A) qualifications require a Masters degree in Social Work from a Council on Social Work Education (CSWE) accredited program and a license in Social Work. The Clinical Psychology AOC (73B) qualifications require a Doctoral degree in Clinical or Counseling Psychology from an American Psychological Association (APA) accredited program. These specifications do not allow for other qualified mental health professionals,

such as Marriage and Family Therapists or Professional Counselors, who have their own professional organizations (American Association for Marriage and Family Therapy [AAMFT] or the American Counseling Association [ACA]) and accrediting body for graduate programs; the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or the Council on Accreditation for Counseling and Related Educational Programs (CACREP) to become Behavioral Science Officers in the U.S. Army.

## **Recognition of PC and MFTs**

Not only are PCs and MFTs recognized by TRICARE, they are also recognized by several other government agencies and departments. All 50 states and the District of Columbia have an established license for Professional Counselors and for Marriage and Family Therapists. Both PCs and MFTs are considered approved providers to work with Veterans Administration (VA) health clinics and hospitals. Conceptually, MFTs and PCs provide services to Service Members and their families as independent TRICARE providers as well as to Veterans as VA providers; however, MFTs and PCs can't provide the same service while wearing a uniform in support of their country.

(Continued on next page)

(Continued from page 6) **The Need for Qualified Mental Health Professionals**

The behavioral health need of service members continues to increase. Repeated deployments result in Soldiers exposed to unfavorable conditions as well as adding additional strain to family systems. The increase in suicides among Veterans and Service Members is particularly concerning. Behavioral Science Officer positions are vacant not only in Active Duty units but also in the National Guard, where less support is available to Citizen Soldiers. The current push to fill vacant Behavioral Science Officer positions are not adequate and require an expansion of AOCs to include MFTs and PCs. According to the U. S. Army Medical Department (AMEDD), Medical Service Corps website (<http://medicalservicecorps.amedd.army.mil/about/demographics.html>) there are currently 21 Medical Service Corps (MSC) Officers in Military Functional Area (MFA) 73, which includes the two Behavioral Science Officer AOCs (73A- Social Work and 73B – Clinical Psychology), within the Army National Guard. That is less than one Behavioral Science officer for every state. Therefore, less than half of the States have a Behavioral Science Officer to assist members of the National Guard.

**Ready to Meet the Need**

Qualified MFTs and PCs are able to function in the Behavioral Sciences AOCs, which can alleviate the already strained Behavioral Sciences Officers by filling the needed vacancies and providing needed services. The Army can meet the behavioral health needs of service members and their families by either expanding the already existing AOCs (73A- Social Work and 73B- Clinical Psychology) to include other related behavioral health disciplines or to create two new AOC for licensed or certified Marriage and Family Therapists (example: 73C) and for Licensed Professional Counselors (73D). There are approximately 175,000 Licensed PCs and MFTs in the United States compared to approximately 203,000 Licensed Social Workers (American Counseling Association, 2011). Including PCs and MFTs significantly increases the pool of masters and doctoral level mental health professionals

that can serve in uniform and provide services to Soldiers and their families. By including MFTs and PCs, the U.S. Army can save a significant amount of money by filling vacant Behavioral Science Officer positions. Filling these vacant positions will allow the U.S. Army to not have to spend additional funding and resources to train Behavioral Science Officers to fill such vacancies. For example, the U.S. Army spends approximately \$200,241 per Social Work officers (73A) who complete the U.S. Army Masters in Social Work (MSW) program coordinated through Fayetteville State University. U.S. Army MSW participants receive an initial commission as Second Lieutenants (2LTs) and attend the MSW courses and preparation provided through the collaboration with Fayetteville State University. The U.S. Army bears the burden of paying an annual salary (approximately \$34,516 per 2LT with zero years of service), plus benefits (healthcare costs, housing allowance, etc.), for three years, plus the cost of the education, before they have a fully licensed and qualified Behavioral Science Officer. Program participants would not be licensed for at least 3 years from the beginning of the program. Three years of pay (at roughly \$34,516 per year), individual benefits (BAH= \$660.90 per month for Single Soldier; BAS= 242.60 per month), healthcare benefits (average of \$19,000 per active duty member, RFPB report, 2013, p. 14), and dependent education benefits (\$2,389 per Active Duty member, RFPB report, 2013, p. 15) result with the estimated cost of approximately \$200,241 (Salary, BAH, BAS, dependent education and healthcare = \$66,747 per year X 3 years = \$200,241) to the U.S. Army per participant until they are fully licensed and qualified. The \$200,241 does not include the funds for the educational program, faculty, and so forth. associated with the MSW program coordinated through Fayetteville State University. Additionally, the \$200,241 does not account for the commissioning of Service members who are prior-service and whose monthly and

yearly pay would be significantly higher. For every 10 graduates, the U.S. Army has spent over \$2 million dollars in supporting these Soldiers while they get trained.

Creating AOCs for MFTs and PCs would save the U.S. Army millions of dollars over the next several years and provide quality healthcare services to Soldiers and their families faster. New AOCs for MFTs and PCs can result in changes to Unit Manning Rosters (UMRs) to include either the 73A (Social Work) Behavioral Science Officer or the proposed MFT (73C) or PC (73D) to fill those vacant slots. These changes can be applied to Active Duty Army, Army Reserve, and Army National Guard vacancies and increase the Behavioral Health readiness of the total Army force.

Thank you for your time and consideration in this matter. Please contact me at 504-231-1883 or at [growthcounseling@cs.com](mailto:growthcounseling@cs.com) if you have any questions regarding this request. For more information, feel free to also contact the national groups supporting a solution to this problem: Brian Rasmussen at the American Association for Marriage and Family Therapy ([brasmussen@aamft.org](mailto:brasmussen@aamft.org)) and Art Terrazas at the American Counseling Association ([aterrazas@counseling.org](mailto:aterrazas@counseling.org)).

Very Respectfully,

Christian J. Dean, Ph.D.

Licensed Marriage and Family Therapist

Licensed Professional Counselor

**References**

- American Counseling Association. (2011). *2011 Statistics on mental health professions*. Retrieved from: [http://www.counseling.org/docs/public-policy-resources-reports/mental\\_health\\_professions\\_statistics\\_2011.pdf?sfvrsn=2](http://www.counseling.org/docs/public-policy-resources-reports/mental_health_professions_statistics_2011.pdf?sfvrsn=2)
- Reserve Forces Policy Board. (2013). *Eliminating major gaps in DoD data on the fully-burdened and life-cycle cost of military personnel: Cost elements should be mandated by policy*. Retrieved from: <http://www.ngaus.org/advocating-national-guard/important-guard-related-studies>
- U.S. Army Medical Department. (2013). *About the MSC: Demographics*. Retrieved from: <http://medicalservicecorps.amedd.army.mil/about/demographics.html>

# Emotional Breathing Technique



Al Sarno, PhD,  
LPC, LCPC,

One of the techniques about which I have received the most positive feedback is the Emotional Breathing Technique. I learned it in 1977 as a senior in my psychology undergrad at a Gestalt workshop in Palm Beach, FL. I was to be graduating soon from Palm Beach Atlantic University, while holding a job at a foster group home. Needless to say, I have taught it to clients, students, workshop participants many, many times since 1977! The feedback continues to be extremely positive! It has helped me over the years as well.

The verbal version goes like this. It is a 12 minute task to be done by two people. One talks the other listens as they take turns for 3 minutes each, using an egg timer in the old days, or a smartphone stopwatch now. The talker repeatedly lists all his/her resentments in life with the statements "I resent..." in listing fashion. Three minutes each taking turns for 6 minutes of "I resents..." One talks the other listens and says nothing for 3 minutes each – very important. No shortcuts into categories, or just saying the words "I resent" once and then listing the items. One item per sentence starting with "I resent..." Think weather, politics, money, work, travel, family of origin, and present family. Then, after the 3 minutes each of "I resent..." they repeat 3 minutes each listing repeat-

edly "I appreciate..." Same rules. Start each item in a sentence beginning with "I appreciate..." Three minutes each, one talks one listens taking turns for six minutes total. Now they have spent 12 minutes of emotional breathing. Emotional breathing out = resentments, emotional breathing in = appreciates. Remind them to appreciate something about themselves. Usually folks list some resentments about self and no appreciates about self. Some items will be in both categories. For me, an example would be orange and white barrels. I resent orange and white barrels as they mean slow-downs and detours. I appreciate orange and white barrels as they mean road improvements.

The written version goes like this. It reminded me about writing lines from when I was kid. I wrote a lot of lines. Listing all the "resents" with the words repeatedly "I resent..., I resent... I resent..." "And then listing all the "I appreciate... I appreciate..." The excerpt below is taken from the "On The Same Page 45 day Workbook" with a Christian perspective I have developed ([www.onthesamepage.net](http://www.onthesamepage.net)). "TASK: This isn't going to be easy. For some of you, this will be the first time you have written down anything like this. You may experience a case of brain

freeze or denial. Keep on going through all that and write down a list of at least 30 total people, places, things, or events you resent. Relax, you have at least 500! You can resent anything no matter if seemingly insignificant. For example, I resent orange and white construction barrels because they slow down traffic. Just write down a list of 30 "I resent..." statements to show to My Same Page Partner©.

Next, make a list of 60 "I appreciate..." statements of people, places, things, or events you appreciate. We have over 1,000 appreciates in life! Did you remember some aspects of yourself as well? Some aspects may be on both lists. You may also appreciate orange and white construction barrels since they signify progress. Do this list second as this exercise is a type of "emotional breathing" - breathing out the old resentments and breathing in the new appreciates."

Doing the task, whether verbal or written, for 21 days, makes it a part of you and a healthy relational health style. This technique has worked quite well in many settings and for me personally over the years. For further clarification or to talk, call me at 636-497-0768 or email me at [DRAL-SARNO@ONTHESAMEPAGE.NET](mailto:DRAL-SARNO@ONTHESAMEPAGE.NET).

Thank you all for all you do to help so many!

# Meet the Next Generation



**Heidi Quashie Mckie, LCDC-CI  
MSW, Graduate Student '14  
School of Social Work  
Baylor University**  
[Heidi Quashie-  
Mckie@baylor.edu](#)

I have been part of the military community for the last 17 years. I was an active duty soldier for 8 years and was medically separated as a disable veteran in 2003. I then married a soldier and the tables turned. I was not only a disable veteran, but also a

military spouse. In more ways than one I feel honored to have worn and still continue to wear three different hats within the military, and a fourth one (military social worker) soon. The military lifestyle and struggles are very personal to me and I can identify with them in more ways than one.

Substance use disorders among active military, veterans, and family members are a huge problem. There is a great need for individuals that are not only well trained professionals, but also have a desire to help the veterans, service members and families in our country. My passion to help and be an advocate for individuals within the construct of the military is great.

In 2012, I graduated with my BS in Psychology and Sociology from University of Mary Hardin-Baylor in Belton, TX. A couple weeks after graduation I started graduate school at Baylor University in Waco, TX. My degree at Baylor University is Masters of Social Work with a mental health concentration. I am also a licensed chemical dependency counselor intern. My goal is to work with service members, their families, and veterans

with substance use disorders as well as other mental health diagnoses.

I am currently a social work intern at Central Texas Veteran Health Care System and I work with veterans in the Substance Abuse Treatment Program (SATP), which is a residential program. After completing school, my goal is to continue working within the Veteran Health System or Department of Defense. Another goal is to become a Licensed Clinical Social Worker and continue helping my brothers and sisters in arms.

One of my research goals is to understand how to be more effective when evaluating and helping someone with a substance use disorder and/or mental health issue and deciding on inpatient or outpatient treatment. It is important to know that no two clients are the same and there is not EVER a cookie cutter fix for mental health regardless of how similar the cases might be.

## Battle of the Bulge

So far, this winter is looking to be one of the most severe in decades – cold, windy, snow, and sleet. The Battle of the Bulge (16 December 1944 – 25 January 1945) was fought in similar weather. The German push in the Ardennes was specifically planned to start during a period of poor weather to neutralize Allied air assets. The weather would prove almost as

important a factor as the number of personnel and armor engaged.

The battle involved some 610,000 American men, of whom some 89,000 were casualties, including 19,000 killed. A total of 17,000 troops were hospitalized by the cold. It was the largest and bloodiest battle fought by the United States in

World War II.



The purpose of ACEG is to encourage and deliver meaningful guidance, counseling, and educational programs to all members of the Armed Services, their family members, and civilian employees of State and Federal Governmental Agencies. Encourage development of professional monographs and convention/conference presentations by any of these agencies. Develop and promote the highest standards of professional conduct among counselors and educators working with Armed Services personnel and veterans. Establish, promote, and maintain improved communication with the nonmilitary community; and conduct and foster programs to enhance individual human development and increase

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Visit us on the web at: [acegonline.org](http://acegonline.org)

## Register for the ACEG PDI Through ACA

### HERE ARE YOUR OPTIONS:

Our PDI and Luncheon will be located at Hilton Hawaiian Village on Thursday, March 27, 2014. Our PDI will begin at 8:00 AM and will break for our Luncheon which is at 12:00 Noon. Our PDI will begin again at 1:30 and continue until 5:00 PM. Come join us for six professional presentations.

\$50.00 – ACEG PDI (only)

\$50.00 – ACEG Luncheon  
(only)

\$100.00 – ACEG PDI &  
Luncheon

We will be awarding 6 CEUs for attending ACEG's PDI.

### HERE'S HOW TO REGISTER FOR OUR PDI:

You will be registering through ACA:

1. Go to [www.counseling.org](http://www.counseling.org)
2. Log In (With your username and password)



### See You in Honolulu

3. If you do not have a user name and password you will need to create one (you do not have to be a member to create a password and register for the PDI or ACEG lunch)
4. Once logged in you will need to one of the following:
  - a. access your current

2014 conference registration and add the ACEG PDI and/or ACEG lunch ticket;

- b. register for the 2014 Conference and include the PDI and/or lunch with their registration;
- c. create a conference profile (name, address, email address, etc.) then you can purchase the PDI and/or lunch tickets.

Finally, follow the remaining screens to pay

**If you prefer, you can call the ACA Members Relation Department at 800-347-6647 x222 and register! It's that simple!** You do not have to register for the conference to attend or purchase the PDI and/or ACEG lunch, but ACA would love to have you attend.