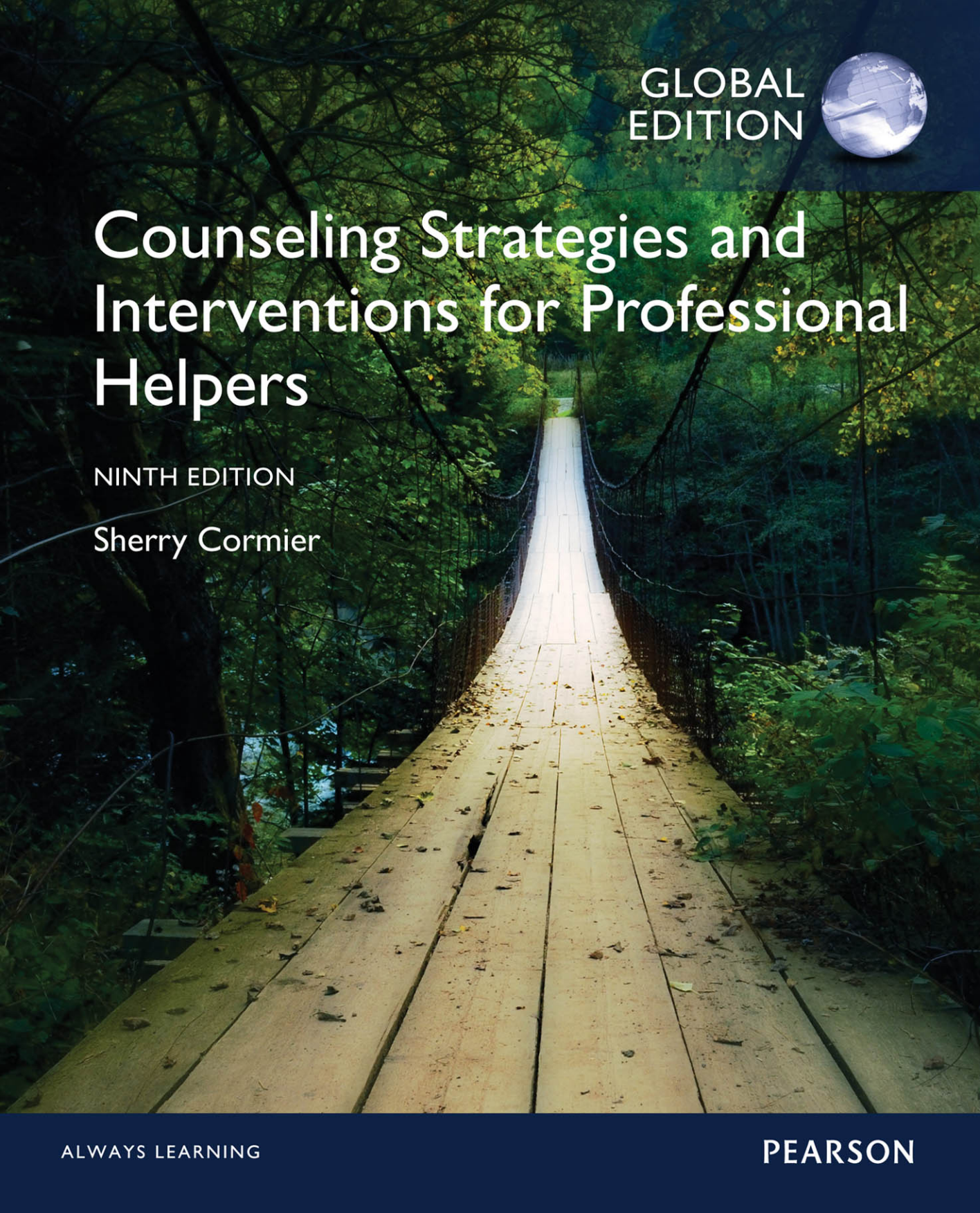
GLOBAL
EDITION
Counseling Strategies and Interventions for Professional Helpers
NINTH EDITION
Sherry Cormier
ALWAYS LEARNING
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# Counseling Strategies and Interventions for Professional Helpers

***Global Edition***
***Ninth Edition***

Sherry Cormier
*West Virginia University*

PEARSON

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*This book is lovingly dedicated to Sierra Elizabeth, Ian Jay, and Colin Frederick and to all those unnamed persons working to eradicate childhood famine around the globe.*

# ABOUT THE AUTHOR

***Sherry Cormier*** is Professor Emerita of counseling, rehabilitation counseling, and counseling psychology at West Virginia University; a licensed psychologist in the state of West Virginia; and a long-standing member of the American Counseling Association. Her areas of expertise include counseling training, counseling skills and interventions, cognitive-behavioral therapy, clinical supervision, health and wellness, and grief and loss. Prior to her appointment at West Virginia University, she was a faculty member at the University of Tennessee.

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# APPLICATION EXERCISES

# PREFACE

Since the eighth edition of *Counseling Strategies and Interventions for Professional Helpers,* the helping professions have continued to expand and evolve. In writing the ninth edition, I have kept several well-grounded features from the previous editions. First, I have tried to blend comprehensiveness and conciseness. Second, the book has been written with upper-class undergraduates or beginning-level graduate students in mind in a variety of helping disciplines. Third, I have included a variety of learning exercises, called Application Exercises, to help students apply and review what they have learned. Fourth, the new edition includes a variety of recently published sources to present the most current information available to my readers.

For the first eight editions of this book, I have had the privilege and honor of collaborating with my major professor and mentor, Dr. Harold Hackney, known by Dick Hackney to most of us. Dick and I have worked together on several projects for a number of years. Dick has decided to pursue more leisure activities at this point in his life. I have missed his delightful presence and skilled writing in this edition and yet I feel grateful to be able to continue to build on his work.

## NEW TO THIS EDITION

An overall goal in this new edition is the expansion of the section on basic helping skills. The ninth edition has three chapters that describe the sequence of basic helping skills, which includes attending skills (Chapter 4), listening skills (Chapter 5), and action skills (Chapter 6). Chapter 4 is an expanded version of the chapter in earlier editions, and Chapters 5 and 6 are new chapters for this edition. Also new to this edition is Chapter 10, "Considerations and Challenges for Beginning Helpers." This chapter was authored by Beth Robinson, PhD, Assistant Professor in the Master's of Education Counselling Program, at the School of Education, Acadia University, Wolfville, Nova Scotia.

A perusal of new content infused throughout the chapters includes the following topics:

- Counseling in military settings (Chapter 1)
- International multiculturalism (Chapter 1)
- Positive regard and the acceptance therapies (Chapter 2)
- Communication with lesbian, gay, bisexual, transgender, and questioning (LGBTQ) clients (Chapter 3)
- Communication with immigrant and refugee clients (Chapter 3)
- Verbal and nonverbal attending skills, Verbal following of cognitive and affective messages (Chapter 4)
- Paraphrase, reflection of feeling, summarization (Chapter 5)
- Open-ended and closed questions, reflection of meaning, and challenging responses (Chapter 6)
- Updates to informed consent, confidentiality, and privacy (Chapter 7)
- Assessment of key components of client issues (Chapter 8)
- SMART goals (Chapter 8)
- Mindfulness interventions (Chapter 9)
- Helping strategies for oppressed clients (Chapter 9)

- Family genograms (Chapter 9)
- The imposter phenomenon (Chapter 10)
- Professional development (Chapter 10)
- New and additional cases and application exercises focusing on ethical issues and cultural issues

In addition, at the end of each of the ten chapters are activities from MyCounselingLab, the online destination designed to help students make the transition from academic coursework to professional practice. This online content consists of video clips of authentic practitioner/client sessions with some well-known clinicians and of interviews with distinguished professionals in the field. Students can access MyCounselingLab by purchasing this directly from the website or by registering with the access code purchased with the text at: http://www.pearsonmylabandmastering.com/mycounselinglab/students/.

## OVERVIEW OF THE BOOK

Chapter 1 identifies the context of the helping professions—who the helping professional is; what kinds of activities he or she performs; and the qualities and skills of helpers, such as cultural competence, resilience, and mindfulness. In addition, Chapter 1 describes issues related to professionalism, such as identity, training, and credentialing of professional helpers. The context of helping includes a wide variety of roles and functions. It might even seem to the untrained eye that the differences among helpers are greater than the similarities. I attempt to dispel that impression in Chapter 2, which discusses the helping relationship. This helping relationship proves to be the unifying force for disparate roles and functions.

Although the helping relationship connotes a sense of shared purpose, there is an added expectation for the helper—the expectation that he or she be both responsible and responsive in exploring the client's needs and concerns. Chapters 3 through 9 identify the skills and interventions expected of a beginning professional helper. Some of these skills are rudimentary; others are more advanced and require coaching and practice. Chapter 3 defines the helper's responsibility to be aware of and attentive to the client's communication patterns, including patterns among diverse clients, and the usefulness of silence. Chapters 4, 5, and 6 describe the basic helping skills. These include attending skills (Chapter 4), listening skills (Chapter 5), and action skills (Chapter 6). These skills, which were introduced in the 1970s and have been refined since, are the building blocks by which helpers of all disciplines conduct helping sessions with clients. Chapter 7, which deals with session management, includes strategies for opening and terminating helping interviews as well as managing subsequent interviews. I also discuss ethical issues affecting initial sessions, such as confidentiality, informed consent, and privacy, and I also describe ethical and pragmatic issues in terminating the helping relationship.

Chapter 8 is a pivotal point in the book. It builds on the fundamentals of the early chapters and is the foundation for the remaining chapters of the book. Although the helper is instrumental in conceptualizing issues (usually with the assistance of a particular theoretical orientation), the goal-setting process inherently depends on mutual discussion and agreement between helper and client. Drawing on mutually accepted goals, the helper begins the most crucial portion of the relationship: the focus on overt change. This calls for more than relationship skills and more than active listening. Many helping

interventions—derived both from theory and practice and supported by research—are synonymous with effective helping practices. Chapters 8 and 9 explain and suggest classroom activities that will help the helper understand and begin practicing these interventions. Chapter 9 offers a variety of different helping strategies that are integrative in focus and purpose and that reflect a host of theoretical orientations to helping, ranging from experiential and interpersonal to cognitive and behavioral; these theoretical orientation also include individual, systemic, and collective approaches.

Finally, Chapter 10 includes several areas pertinent to beginning helpers such as common concerns; preparing for ethical challenges such as confidentiality, informed consent, privacy, and multiple relationships; clinical supervision; and many aspects of professional development including professional identity, networking, professional affiliations, and discussion of self-care for helpers. This is a new chapter for this edition and was authored by Beth Robinson, PhD, Assistant Professor in the Master's of Education in Counselling at the School of Education, Acadia University, Wolfville, Nova Scotia.

## INSTRUCTOR SUPPLEMENTS

This edition offers a revised online Instructor's Manual/Test Bank, authored by Melissa Brown, a graduate of the Master's of Education in Counselling program, Acadia University. The instructor's manual contains test questions, chapter summaries, recommended readings, and additional classroom and homework activities. To download the Instructor's Manual, go to the Pearson Instructor Resource Center at http://www.pearsonglobaleditions.com/Cormier.

## ACKNOWLEDGMENTS

I am grateful to a number of people who have helped make this ninth edition possible. I am most fortunate to have had the benefit of the wisdom and publishing acumen of my editor Kevin Davis. And without a doubt, the work of his team, consisting of Janelle Criner, Caitlin Griscom, Carrie Mollette, and Lauren Carlson, made my job so much easier, I gratefully acknowledge the reviewers of the manuscript for their insights and comments: I also am indebted to Dr. Beth Robinson for writing a new chapter for this edition that is full of instructive guidance for beginning helpers. And I greatly appreciate the work of Melissa Brown, who authored our Instructor's Manual.

*Sherry Cormier*

Pearson would like to thank and acknowledge Sneha Bhat (Counseling Psychologist and Personal Development Coach, Beyond Randomness) and Bhavani Ravi for contributing to the Global Edition, and Bruce Gillmer (Clinical Psychologist in Independent Practice) and Saliha Afridi (Clinical Psychologist, LightHouse Arabia) for reviewing the Global Edition.

CHAPTER

1

# The Helping Professions

A woman goes into a beauty salon, and as she is getting her hair cut, she whispers to her hairdresser something about her marriage disintegrating.

A man goes into a sports bar and while watching a game, says something to the bartender about losing his job.

A couple seeks the counsel of a rabbi about the declining health of his and her elderly parents.

A child confides in a school counselor about the big bruise that shows up on his leg.

A young adult refers herself to a community mental health center because she thought about killing herself after disclosing to her parents that she is a lesbian. At the center, she is seen by a social worker and a case manager.

An older man seeks the services of a psychologist for sexual dysfunction issues following prostate surgery.

A person who has been hospitalized following an accident in which his back was broken decides to talk with a rehabilitation counselor.

It could be argued that helping occurs in all the above examples. Certainly, the woman whose hair is being cut probably feels helped by her hairdresser in much the same way that the man feels helped by telling the bartender about his job loss. And the couple that seeks the wisdom of a rabbi would not be doing so without some sort of implicit trust and respect for this person. The clients who are seen respectively by a counselor, social worker, case manager, psychologist, and so on, are also both seeking and, in all likelihood, receiving help. Yet there are differences—hopefully, positive ones. The hairdresser and the bartender—despite possibly providing help—would be referred to as nonprofessional

helpers, whereas the rabbi, social worker, case manager, psychologist, and counselor would be called professional helpers. And even among these kinds of professional helpers, there are differences; the helping profession includes a broadly knit collection of professionals, each fitting a particular need or segment of society. Some are directly identified as helping professionals, such as psychiatrists, psychologists, professional helpers, marriage and family therapists, and social workers. Others are professionals from other disciplines who enter the helping network on a temporary basis. Most notable among these are ministers, physicians, nurses, and teachers.

Professional helpers can be distinguished from nonprofessional helpers by their identification with a professional organization, their use of an ethical code and standards of practice, and their acknowledgment of an accrediting body that governs training, credentialing, and licensing of practice (Gale & Austin, 2003, p. 3). These are important ways in which a professional helper develops a sense of professional identity. *Professional identity* is defined as the identity assumed by a practitioner of a particular discipline; it is reflected in the title, role, and intention of the profession and results from a cohesive decision of the members of the profession (Myers, Sweeney, & White, 2002; Moss, Gibson, & Dollarhide, 2014). As noted, one way that helping professionals achieve a sense of professional identity is by membership in a professional organization. As Vacc and Loesch (2000) point out, there are a number of relevant professional organizations for helping professionals, such as the American Counseling Association (ACA) for helpers, the American Psychological Association (APA) for psychologists, Canadian Association of Social Workers (CASW), Canadian Counselling and Psychotherapy Association (CCPA), Canadian Psychological Association (CPA), the National Association of Social Workers (NASW) for social workers, and the National Organization for Human Services (NOHS) for human service professionals. (See Appendix A for a list of websites for these and other organizations.)

Finally, professional helpers distinguish themselves from nonprofessional helpers by their sense of vocation and mission—the public promise (the meaning of the word *profess*) to act for the good of the public (Ponton & Duba, 2009, p. 117). Part of this mission involves affirming the public trust for the role and services offered by professional helpers. One of the ways that this public trust is upheld is through accountability: making sure that professionals deliver services and programs to clientele that are valuable, useful, affordable, and effective. Helping professions are increasingly ascertaining levels of accountability through what is known as evidence-based practice (EBP) and action research, both of which are methods for assessing effectiveness of individual and group counseling as well as programmatic efforts (Baker, 2012).

In this chapter, we examine the many facets of the helping professions. We also explore what constitutes differences among laypersons, such as the beautician who may help in the context of the job and professional helpers whose job is defined primarily by the focus of the helping process. Although our focus in this text is on counseling, we use the term *professional helpers* and other interchangeable terms, such as *practitioners* and *clinicians,* to emphasize that counseling occurs in many helping disciplines, even though the characteristics of each discipline may be different. We also focus on professional helpers because the counseling profession now specifically targets collaborative practice among various helping disciplines as a best practice strategy to address interrelated social issues with clients and the systems in which they live and work (Mellin, Hunt, & Nichols, 2011).

## WHAT IS HELPING?

The process of helping has several dimensions, each of which contributes to the definition of *helping*. One dimension specifies the conditions under which helping occurs. Another dimension specifies the preconditions that lead one person to seek help and another to provide help. A third dimension relates to the results of the interaction between these two persons.

### Helping Conditions

The conditions under which helping occurs are quite complex, but in their simplest terms, they may be described as involving four components: (1) someone seeking help and (2) someone willing to give help who is (3) capable of or trained to help (4) in a setting that permits help to be given and received. The first of these conditions is obvious; one cannot help without the presence of someone seeking help. If I do not want to be helped, nothing you can do will be helpful. If I am not sure I want to be helped, then perhaps you will be helpful, provided you can enjoin me to make a commitment to accept help. The second condition requires the willingness or intention to be helpful. Here, it would be good to differentiate between the intention to be helpful and the need to be helpful. Many would-be helpers are driven by the need to be helpful and use the helping relationship for their own needs. This is rarely a conscious act. Neediness has a way of camouflaging itself in more respectable attire. But when the relationship is dictated by the helper's needs, the possibilities for helping are minimal. The third condition reflects the helper's skills, either learned or natural. It is not enough to be well intentioned if your awareness and behaviors drive people away. Indeed, the primary purpose of pursuing training in the field of helping is to develop, expand, and refine your therapeutic skills. The fourth condition refers to the physical surroundings in which the helper and client meet. Privacy, comfort, aesthetic character of the room, and timing of the encounter all contribute to the setting in which helping transpires.

All four conditions occur within a cultural and environmental context in which individual clients may present with a variety of concerns and individual differences, including dimensions such as race, ethnicity, socioeconomic level, gender, religious and spiritual affiliation, ability status, sexual orientation, age, developmental stage of life, and so on. Naturally, such differences affect the help-giving and help-receiving processes in various ways. For example, some clients' cultural affiliations greatly affect even the decision to seek or not to seek help from a helping professional. Instead, they may turn to family or tribal elders, religious and spiritual advisors, or close family confidants for guidance. Cultural variables also affect the setting in which help giving occurs. For some clients, the idea of going to see a helper in a professional office is too foreign to consider as a viable option. These clients may prefer a more informal and less structured setting. Also, even your best intentions to be helpful are influenced by your own cultural affiliations and may affect the degree to which some clients perceive you as able and qualified to help. If you do not understand your clients' expressions, the subtle nuances of their communication patterns, their cultural values, or their culturally related views of their problems, your best intentions may not be enough.

## What Do Professional Helpers Do?

Having discussed the process of helping, we now turn our attention to what professional helpers actually do. Perhaps this is best illustrated by a story such as the following:

> Irina came to see Sherry because, she said, "Even though I am 50 years old, I don't think for myself, and I have trouble making any decision." Earlier in her life, Irina had once seen a professional helper with her now ex-husband. Initially, Sherry educated Irina about the helping process and specifically about issues related to privacy and confidentiality. This educational process was followed by an exploration process in which Irina told her story while Sherry created a safe therapeutic environment for self-disclosure and listened carefully. At different times, Sherry gently probed to move Irina's narrative along, to obtain historical information about Irina's life, and to explore Irina's cultural background. As Irina continued to tell her story, with Sherry's help, it became clearer what Irina wanted from the helping process. She wanted to develop greater reliance on herself so she could trust herself and her decision-making process. Sherry helped Irina develop this goal for change more specifically and then initiated several intervention strategies for Irina to use in working toward this desired outcome, including problem-solving training, cultural genogram work, modeling, and role-playing and behavioral rehearsal (see Chapter 9 for descriptions of these strategies). As the sessions continued, Sherry helped Irina expand her story to include a newer version of herself—someone she saw as competent, confident, and capable. As Irina moved toward this point, Sherry helped her explore her readiness to terminate the helping process and continue the gains begun in counseling on her own.

As you read over this sample case, note how it generally illustrates the kinds of things that professional helpers do with clients:

- They help clients identify and explore life concerns and issues.
- They help clients identify and pursue culturally relevant expectations, wishes, or goals.
- They help clients identify, assess, and implement culturally relevant strategies for change.
- They help clients identify and assess results and plan for self-directed change in the client's own environment.

Professional helpers are trained in the general functions we just described of creating a helping relationship—communication, conceptualization, assessment, and intervention. In addition, some professionals—such as counselors, social workers, and psychologists—provide more specialized services based on their training and work setting. For example, some practitioners may work specifically with minority clients, whereas others may work primarily with children or adolescents or the elderly. Others may focus on couples and family systems or adults or even adults with particular kinds of issues, such as anxiety or depression or career counseling. Some clinicians may work primarily in group modalities; others may work in crisis intervention. And depending on the setting, professional helpers may focus on prevention, remediation, change, and/or life enhancement. Professional helpers use both theory and research to support best practices for working most effectively with particular kinds of clients in particular kinds of settings. Although differences exist within and between settings in which helping professionals work, they all honor the following principles:

- Professional helping involves responding to feelings, thoughts, actions, and social systems of clients.
- Professional helping is based on a stance or frame that involves a basic acceptance of clients.

- Professional helping is characterized by confidentiality and privacy.
- Professional helping is noncoercive.
- Professional helping focuses on the needs and disclosures of the client rather than the counselor.
- A skill underlying effective helping is communication.
- Professional helping is a multicultural experience (Hackney & Cormier, 2013, p. 5).

## SETTINGS IN WHICH HELPERS WORK

As we mentioned at the beginning of this chapter, there are a variety of trained persons and specializations in the helping professions. It is estimated that in the years 2010 to 2020, the employment outlook for professional helpers is especially strong as emerging settings and needs continue to grow. Helpers in various disciplines are forging new paths all the time. Some helpers are working with persons with trauma; some are helping veterans; many others are working with older populations; and still others are working with residential youth schools and programs, parenting programs, and sports settings. The following discussion of representative settings and the services that helpers working in them provide will offer some sense of the helping spectrum.

### School Settings

School counselors are found in elementary, middle or junior high, and high schools. Elementary school counselors do provide some individual counseling with children, but they are more likely to work with the total school environment. Much of the elementary school counselor's focus is on preventive and developmental guidance programs and activities, such as classroom guidance units, small-group counseling, and parent-teacher conferences (Baker, 2000). Middle school and junior high school counselors share this total school perspective but tend to spend more time with students—individually and in groups—and somewhat less time with teachers and parents. This slight shift in focus reflects the developmental changes that occur with preteens, who find themselves involved in self-exploration and identity crises. Two common programs in middle schools include peer facilitation and teacher-as-advisor programs (Vacc & Loesch, 2000). Counseling in the high school reflects a noticeable shift to the students as individuals. Career and college planning, interpersonal concerns, family matters, substance use, and personal identity issues tend to dominate the students' awareness, and the counseling process attempts to provide an environment in which to address these issues. The counselor's day is therefore much more task-oriented. Some students are referred by teachers, but many are self-referrals. The high school counselor often works with student groups on career and college issues, although counseling focuses on all types of secondary students, not just those who are college-bound. Secondary school counselors also engage in much consultation with teachers and administrators (Vacc & Loesch, 2000).

Regardless of the level of a school, school counselors work collaboratively with students, parents, teachers, administrators, and the community. Recent developments in school counseling focus on the use of school counseling programs that facilitate student achievement as well as student development. To help answer the question "How are students different as a result of what school helpers do?" the American School Counselor Association (ASCA; 2012) has developed the *ASCA National Model: A Framework for School Counseling Programs*. This document describes the competencies students obtain

as a result of participating in school counseling programs and also defines both appropriate and inappropriate functions of school counselors. For example, ASCA recommends a school counselor to student ratio of 1:250 and also specifies that school counselors spend 80 percent or more of their time in direct and indirect services to students. It also describes the mission statement of school counselors as supporting all facets of the educational environment in three domains: personal/social, academic, and career development. (For more on this model, see schoolcounselor.org.) This national model highlights the dramatic transformation of school counseling in the last decade. While individual counseling, small-group work, and classroom guidance are still components of school counseling programs, the new initiatives in school counseling stress the importance of consultation and collaboration between school counselors and teachers, parents, and administrators, with the goal of promoting effective broad systemic change that offers access to opportunities and better achievement for all students (Clark & Breman, 2009, p. 7). A recent meta-analysis of school counseling interventions found some support for positive effects of certain school counseling interventions on students at the elementary, middle, and high school levels (Whiston, Tai, Rahardja, & Eder, 2011). At the same time, however, effectiveness data on students from diverse backgrounds are more limited (Whiston et al., 2011).

What will your future look like if you want to be a school counselor? First, you will need to be able and equipped to focus on the issues of the school as a system, in addition to the issues of individual students. An emerging role for school helpers is that of advocacy. This focus on systemic change and advocacy is central to the ASCA national model that we previously identified. This might mean speaking "with teachers who intentionally or unintentionally discriminate against students in marginalized or devalued groups or challenging administrators to address various forms of institutionalized educational inequities" (Bemak & Chung, 2008, p. 375). Or it might simply mean advocating for your roles and skills to be used effectively within your school setting because other school personnel or stakeholders may not be aware of what you do and how you are trained (Gysbers & Henderson, 2012; Shallcross, 2013c). Second, although responsive services to individuals will probably never "go out of style," there will be an increasing emphasis on developing programs that focus on prevention. In recent years, both advocacy and prevention programs have been targeted for school violence and bullying, including physical bullying, verbal bullying, cyberbullying, social aggression, and relational aggression because these forms of bullying are reaching epidemic proportions, often resulting in social isolation, depression, early suicides, and long-term effects into adulthood. (Shallcross, 2013a). Third, you will be heavily involved in the facilitation of groups, teams, or communities and on the achievement and educational needs of all students, making sure that minority students are as well served as other students (Colbert, Vernon-Jones, & Pransky, 2006). One new facet of this endeavor involves helping students and schools in 45 states as well as the District of Columbia meet what is called Common Core State Standards, which is what students are expected to learn to prepare them for college and future careers (see corestandards.org). Ways in which school counselors may be involved in helping to implement Common Core State Standards are described by perusing the following website: counseling.org/docs/resources. Fourth, there will be increasing emphasis on accountability in schools because both teachers and principals are now being evaluated on an annual basis to determine how well they are meeting student learning objectives (SLOs). School counselors are also demonstrating accountability through their use of the ASCA evidence-based counseling implementation plan, which delineates goals and collects data on how well the school counseling program meets the objectives in the three areas described by the ASCA model: personal/social, academic, and career development.

## Higher Education Settings

Although much college counseling occurs in counseling centers or psychological services centers, some helpers in higher education settings also work in offices related to student affairs, such as residence halls, career services, academic advising, and so on. A wide variety of problems are addressed, including career counseling, personal adjustment counseling, crisis counseling, and substance abuse counseling. College counselors also see students with mild to severe pathological problems, such as anxiety, depression, suicidal gestures, eating disorders, and trauma. Boyd and colleagues (2003) observed that the recent past has seen a huge increase in the number of college counseling services and in the functions they provide. Emerging issues in college settings include financial issues, immigration status concerns, date rape, and domestic and relationship violence as well as physical and relational bullying and cyberbullying.

In addition to individual counseling, much reliance is placed on group counseling and on the needs of special student populations and student retention. For example, most college counseling centers have a special focus and staff person to engage in counseling-related services for students with disabilities. Also, many college campuses now employ counselors to work with students with substance abuse issues and also to provide wellness-oriented programs to students. Rollins (2005) described three special populations that are increasing on college campuses in the 21st century: domestic minorities and multiracial students, international students, and third-culture kids (TCK). Students who belong to these groups may be more reluctant than others to seek the services of a college counselor.

What does the future look like for you should you decide to become a college counselor? The answer to this is as diverse as the potential roles and functions that exist for college counselors. First, you will be heavily involved in working with students representing special populations. This work involves outreach programming and consultation with other student offices, such as the disability office, the international students office, and the multicultural affairs office, as well as with the residence halls. Second, you can expect to see clients who arrive on campus with more severe psychological issues. Some of these students may already be on psychotropic medications to manage conditions such as depression, anxiety, eating disorders, substance abuse, and even chronic mental illness. Unfortunately, some students who are severely distressed may be less likely to walk through the counseling center's doors (Faqrrell, 2005). In addition to reaching these students through psychological education, support groups, and outreach programming, you can also expect to become involved in technology because college counseling centers are adding online counseling resources to more traditional in-office services (Faqrrell, 2005). An excellent example of a recent technological advance in college counseling (as cited by Kennedy, 2004) is the *Career CyberGuide* offered by York University in Toronto, Canada (available online at yorku.ca/careers/cyberguide). As technological services grow, so do issues surrounding confidentiality and privacy. An ethical intention checklist surrounding online counseling services is available from Shaw and Shaw (2006). Also, in addition to providing psychological counseling, you may be very involved in wellness programming, which is designed to help college students reach their full potential on a number of levels, including physical, emotional, social, and spiritual.

## Community Settings

Helpers working in community settings usually are social workers, mental health helpers, and other human service professionals, such as case managers, mental health aides, crisis intervention helpers, marriage and family practitioners, and community outreach workers.

Their places of employment are the most diverse of all helping settings. Family service agencies, youth service bureaus, satellite mental health centers, YWCA counseling services, homeless shelters, and substance abuse centers are examples of community settings. Much of what is done is psychotherapy, whether with individuals, couples, families, or groups. In addition, the community practitioner may become involved in community advocacy efforts and direct community intervention. The types of problems seen by community practitioners encompass the spectrum of mental health issues. Clients include children, adolescents, adults, couples, families, and the elderly. In other words, community-based helpers see an enormous variety of clients and problems in a typical month. The work demands are often heavy, with caseloads ranging from 20 to 40 clients per week.

Currently, mental health helpers are concerned with the delivery and implementation of services that are therapeutic, cost-effective, and evidence-based, and that reflect developmental notions as much as remediation. Couples and family practitioners as well as addiction specialists also offer services through a variety of community agencies.

What can you expect should you choose to work as a practitioner in some sort of a community setting? One issue you will have to grapple with is the effects of managed health care, created by the reimbursement system of third-party payees of health insurance. You may engage in brief and short-term counseling in these settings because managed care usually only covers the cost of a certain number of counseling sessions a year. You will also probably be required to provide a fair amount of written documentation and accountability, often in the form of client treatment plans to "justify" the sessions for a given client with a particular diagnosis. In conjunction with this activity, you can be expected to collect data to show that you are using best or evidence-based practices in your setting. Overall, you may be challenged to do more work with fewer available resources. Although at times this can be a test of your patience and resilience, working in a community setting provides the satisfaction of knowing that you are giving something back to the community in which you live.

### Religious Settings

Vacc and Loesch (2000) note that "an interesting mixture of professions is evident in the growing number of clerics (e.g., rabbis, priests, ministers, sisters) who have completed counselor-in-preparation programs" (p. 344). Despite many similarities, helping in religious settings is different in some ways from that in other settings. The similarities include the range of individual and family problems seen, the types and quality of therapy provided, and the helpers' professional qualifications. The differences reflect the reasons that some religious groups establish their own counseling services. There is at least some acknowledgment of the role of religion or spirituality in the individual's life problems. Many religious helpers believe that human problems must be examined and changes introduced within a context of spiritual and religious beliefs and values. The religious counseling center is undeniably attractive for many clients who, because of their backgrounds, place greater trust in the helper who works within a religious affiliation. According to Vacc and Loesch (2000), the three major counseling activities engaged in by clerics are bereavement counseling, marriage and family counseling, and referrals to other professionals.

Helpers in religious settings are often ordained ministers who have obtained postgraduate training in counseling. However, increasing numbers of the laity are also entering religious counseling settings or are receiving training in pastoral counseling and working in nonreligious settings, such as private practice, hospitals, and hospices. The number of

academic programs granting degrees in pastoral counseling has increased substantially in recent years, as has the number of helpers who integrate a faith-based worldview with their academic training and subsequent licensure. This is important because regulation and oversight of unlicensed religious helpers involve substantial ethical and legal issues.

What can you anticipate if you decide to work in a religious setting or offer faith-based counseling? You may end up seeing well-known people who prefer to deal with issues or lapses in judgment by seeing someone in a religious setting. You also may work with people who cannot afford counseling services in other kinds of settings. You will also probably see clients who want to incorporate their faith heritage, spiritual beliefs, or spiritual modalities such as prayer in the counseling sessions. You may also work fairly often with people in crisis, so brushing up on your crisis intervention skills is a good idea.

## Industrial and Employment Settings

Many professionals consider the private sector to be the new frontier for helping services. Such services occur primarily in the form of employee assistance programs (EAPs) that are administered either within the employment setting or through a private contract with a counseling agency. These programs are occurring with increasing frequency in business, industry, governmental units, hospitals, and schools. Many EAPs focus on the treatment of substance abuse issues, whereas others have expanded services to include individual, couple, and family concerns. To make the workplace a psychologically healthy environment, EAPs also deal with counterproductive workplace behaviors and stress management issues. Some research has found a connection between work stress and infectious disease (Hewlett, 2001). An example of a counterproductive workplace behavior that you may see in employment settings has to do with workplace bullying or mistreatment such as verbal abuse or harassment, offensive conduct, or threatening or intimidating workplace sabotage. Because much of workplace bullying is insidious and often subtle, employers often do not have explicit policies to prevent or respond to such behaviors, and the employee takes his or her concerns to the clinician in the form of individual counseling.

Another type of counseling service that has appeared in industry settings is the outplacement counseling service. Outplacement refers to the process of facilitating the transition from employment to unemployment or from employment in one corporation to employment in another. The need for outplacement counseling has increased as corporations downsize their operations to cut costs or to address new goals and objectives. The client may be a top executive, middle manager, line supervisor, or laborer. Counseling takes the form of career counseling and includes the administration of career and personality inventories. The objectives for management clients are to provide data and counseling that will help employees assess their career options and develop plans for obtaining new positions as well as to support clients through that transition period. The objectives for employees who may be affected by plant closings are to identify career alternatives and to assist the company in designing retraining programs that will help unemployed workers obtain new jobs. The outplacement clinician has often worked in an industry setting and understands the characteristics of this clientele from firsthand experience. Practitioners in employment settings also focus on career issues and the interaction between the individuals and their work roles (Power & Rothausen, 2003).

What can you expect should you choose to work in industrial and employment settings? As job-related stress increases due to downsizing and outsourcing, you will see more clients who take advantage of employer-assisted counseling plans. Some clients

may turn to substances such as prescription drugs and alcohol to self-medicate the anxiety and stress resulting from increased job demands. Having an excellent toolkit of substance abuse intervention skills is important. Also, as job stress increases, so too will the need and demand for employee wellness programs. Workplace violence and the prevention of it is also a focus area for helpers who serve in these settings.

### Health Care and Rehabilitation Settings

An increasing number of practitioners are finding employment in health care settings such as hospitals, hospices, vocational rehabilitation centers, departments of behavioral medicine, rehabilitation clinics, and so on. Responsibilities of helpers in these settings are diverse and include tasks such as providing counseling to patients and/or patients' families; crisis management; grief work with the terminally ill; and the implementation of psychological and educational interventions for patients with chronic illnesses, people with physical challenges, and so on. More addictions specialists are also working in health care settings. Wellness programs are also increasing in these settings. It is believed that the number of helpers in health care and rehabilitation settings will continue to rise with increasing human services needs and advances in medicine. For example, the need for rehabilitation helpers now exceeds the supply by over 25 percent across the United States.

Your future as a helper in health care settings is constantly being defined and redefined. Generally, in these settings, you need a repertoire of skills to work effectively with both individuals and families and both illness and wellness. You are also likely to be functioning in a health care delivery setting that integrates both physical and behavioral/mental functioning because the two are so interrelated. You may become involved in teaching patients responsibility for medication compliance and pain management. And you will probably be heavily invested in prevention. For example, helpers currently provide informational and psycho-educational programs to patients whose disease processes are from unhealthy lifestyle factors, but the future looks more and more promising for the implementation of programs to prevent disease processes in the first place by teaching patients effective self-care—proper nutrition, exercise, and reduction of negative thoughts and feelings. An increasing number of health care settings are employing practitioners as health coaches to prevent illness and promote wellness. In recent years, there has been a proliferation of self-employed, independent health coaches marketing services designed to promote the potential and well-being of clients in a number of dimensions including mind, body, and spirit.

### Military Settings

Counseling now is much more readily available for members of the armed services and for their families as well. Many military settings, both in the United States and on bases in other countries, employ both military and civilian counselors to deal with issues such as anxiety, depression, substance use, stress, and anger management, all through the lens of the military culture. Because of a dramatic increase in both suicide attempts and suicide completions by members of the armed forces, there is both a preventive and remedial focus on suicide prevention and response. Because suicide is associated with alcohol use for both former and current U.S. military personnel, a great deal of counseling in military settings also involves substance use, abuse, and addictions counseling. With cases of post-traumatic stress disorder (PTSD) at an all-time high, counseling services are available in both inpatient and outpatient settings for veterans who may return from combat with PTSD symptoms In addition, veterans can also obtain both vocational and educational counseling.

Practitioners in military settings work with families, including the armed service member, his or her spouse, and the children, concerning issues related to marriage, partnership, communication, and stress resulting from multiple deployments and absences by the armed service member. Counseling is available for families before a service member deploys, during the deployment, and after the deployment as well. This counseling may include family counseling, couples counseling, and child counseling. Researchers have identified military and veteran families as at risk for experiencing various forms of stress and distress (Walinski & Kirschner, 2013). Such distress is experienced not only for the military member and his or her spouse but also for the children in the military family.

What does your future look like if you are involved with military clients? Myers (2013) argues that to be an effective helper with military clients, you must be trustworthy, credible, and able to serve as an effective advocate. He maintains that this may involve linking these clients to other community resources or communicating with their other providers such as health care practitioners. And while you may be hired by a particular setting, such as a Veterans Administration (VA) hospital to work with the military, you also may work with military clients in private practice or other community settings. To build a private practice base of military clients, Myers (2013) recommends connecting with the local chapter of the Wounded Warrior Project and enrolling with your state's TRICARE panel (TRICARE is the insurance plan for the U.S. Department of Defense). Regardless of your setting, when your clientele involve military clients, you can expect to deal with a wide range of individual and family issues, including stress, communication, parenting, substance use, depression, loss, anger, and post-traumatic stress.

## APPLICATION EXERCISE 1.1

### Work Settings and Job Functions

Think about a helping setting that interests you. Interview a person employed as a helper in this setting. Explore the job responsibilities, types of clients served, unique aspects of the setting, and joys and frustrations of the helper. Your instructor may have you either present to your class an oral summary about your visit or write a summary of your interview. In writing this summary, note whether your findings about this setting are consistent with your expectations. Explain either way.

## HELPER QUALITIES AND SKILLS

We have described seven settings in which helping and counseling occur. Of course, there are many others, including couples and family therapy, correctional institution counseling, geriatric counseling, and even sports counseling. In all these settings—and with the variety of presenting issues that are seen—there is a common core of characteristics and skills of effective helpers. Over the years, a number of writers have described this core. Qualities such as self-awareness and understanding, open-mindedness and flexibility, objectivity, trustworthiness, interpersonal sensitivity and emotional intelligence, curiosity, and caring are supported by the literature. We concur with all these. We also believe that these are general enough characteristics and skills that you can deduce what they mean on your own and decide if they describe you or not. In this section of the chapter, we want to focus on four qualities that are not as transparent in meaning and implication as the ones just mentioned but, in our opinion, have tremendous importance for practitioners in the 21st century: virtue, cultural competence, neural integration and mindful awareness, and resiliency.

## Virtue

A simple definition of *virtue* has to do with goodness (Kleist & Bitter, 2014). Virtue addresses the character traits of the individual helper and asks the question "What kind of person are you?" (Kleist & Bitter, 2014). Aristotle spoke about virtue as a way of being in the world or a basic disposition toward the world. For example, are you a person who is kind? Are you someone with integrity? Part of being a virtuous helper involves the capacity to put the well-being of your clients at the top of your list of priorities. To do so, helpers in all fields are guided by various codes of ethical behavior (American Association for Marriage and Family Therapy, 2012; American Counseling Association, 2014b; American Psychological Association, 2010; Canadian Association of Social Workers, 1994; Canadian Counselling and Psychotherapy Association, 2007; Canadian Psychological Association, 2007; National Association of Social Workers, 2008; National Organization for Human Services, 2000). A major guiding principle of these ethical codes is the recognition of the importance of being committed to the client's well-being. We think virtue is important today because much of our world seems to be morally compromised and fractured. Ethical codes of conduct do not just convey information; they also help inform a particular way of being in the world. Sullivan (2004)—who has designed an undergraduate mentorship for developing wise and effective habits of character—describes ethics as a particular worldview that incorporates virtue and aspiration. This ethical model assists us in learning to discern what helps persons and communities flourish and what does not (p. 69). For example, when it comes to choosing between the well-being of your client and your own pocketbook, how do you make this decision by using the ethical codes to guide you? What kind of character underlies this decision? What kind of "self" are you bringing to the ethical decisions you will inevitably need to make about clients? Some of you undoubtedly are reading this text while holding views that may label you as leaning toward the political left, while other readers hold views characterized as leaning toward the political right. Despite differing views and values, both liberals and conservatives can share the characteristic of virtue. You may hold opposing views on politics or religion yet share something virtuous about your way of being in the world and the goodness that you bring to the ethical decisions you make about your clients. Virtue is also an important foundational quality in being a culturally competent helper.

## Cultural Competence

Helping professionals are seeing an increasingly diverse group of clients. It is expected that such increasing diversity will continue in the 21st century and beyond. As the dimensions of client diversity expand, the competence of helpers to deal with complex cultural issues must also grow. As Robinson (1997) points out, diversity and multiculturalism are not synonymous. *Diversity* describes clients who are different across dimensions such as age, gender, race, religion, ethnicity, sexual orientation, health status, social class, country of origin, geographic region, and so on. *Multiculturalism* involves an awareness and understanding of the principles of power and privilege. Power and privilege can be defined in many ways, but we especially like the definitions that Lott (2002, p. 101) has offered: *Power* is "access to resources" and *privilege* is "unearned advantage" and, thereby, "dominance." As you can see from these definitions, power and privilege are linked together in important ways. Those who have unearned privilege often use or abuse their power to dominate and subordinate (or oppress) those who do not have privilege and power. Multiculturalism is "willingly sharing power with those who have less power" and using

"unearned privilege to empower others" (Robinson, 1997, p. 6). People who hold unearned privilege and power often seek to maintain their power by labeling, judging, and discriminating against those who do not. This discrimination usually occurs on the basis of various dimensions of diversity, such as race, social class, religion, age, gender, sexual orientation, health status, and so on. Those who are discriminated against on the basis of these dimensions not only feel excluded and disempowered but they also have, in reality, fewer resources. For example, people living in poverty have less access to employment, decent housing, health care, pay and benefits, and even resources such as technology. Privilege can also occur with respect to countries as well as to individuals. Lowman (2013) argues that advanced "Northern" countries are largely privileged compared to non-Western "Southern" countries, meaning that Western countries are more likely to have laws and policies in place to respond to issues of oppression and discrimination even though individuals within Western countries still, of course, often suffer from oppression and discrimination.

Another unfortunate result of power and privilege is the possibility that someone could have a professional commitment to diversity without a corresponding commitment to multiculturalism. As an example, consider the client who comes to see you after a particularly volatile staff meeting at her worksite. Her colleagues are primarily White men, with the exception of one African-American woman. Your client reports that during the meeting, one of the men (not the boss) publicly shamed her female colleague in front of the group for a particular way that this woman had handled a situation. Your client has also been publicly criticized by this same man. The man who has done this also publicly professes a strong commitment to diversity, yet his behavior suggests he has no commitment to multiculturalism. Similarly, a clinician may be committed to multiculturalism but not committed to or knowledgeable about internationalism. Consider the case of an immigrant and his spouse who have moved here from another country and put their first-born child in the public school setting. After several months, the school counselor was contacted by the child's teacher because of the child's disruptive behavior in the classroom. The school counselor initiates a meeting with the parents and suggests some cognitive-behavioral parenting strategies to implement at home with the child. The parents rejected the counselor's suggestions at the outset and said that they preferred to seek the advice of a physician who is also a member of their native country and could better understand their family and their religious beliefs. In this case, the counselor may have had some understanding of multicultural issues but clearly did not understand the international issues posed by the non-American clients.

In 1992, Sue, Arredondo, and McDavis developed a set of multicultural competencies that focused on attitudes, knowledge, and skill areas for the development of culturally sensitive practitioners. These competencies were updated in a 2002 guidebook (Roysircar, Arredondo, Fuertes, Ponterotto, Coleman, Israel, & Toporek, 2002) and more recently summarized by Arredondo and Perez (2006). There are many other ideas of what it means to be a culturally competent helper. The most recent literature on this subject expands multiculturalism to include internationalism. Because we live in a global world, essentially without borders, what happens in one country affects what goes on in the remainder of the world in so many arenas: health care, finance, psychological-emotional issues, politics, and so on. Lowman (2013) argues that "current challenges of multiculturalism are not confined to any one country or region . . . [D]iscrimination on the basis of nonchosen human characteristic (e.g., race, age, sexual orientation, gender) is a near-universal societal phenomenon" (p. 8). Lowman (2013) further asserts that international multiculturalism involves an approach that suggests attention both to what is happening

within one's own culture and also across the context of at least two or more countries. A practitioner must be skilled to work with international clients within one's own country, such as immigrants, as well as with international clients residing in a different country. Both Hurley and Gerstein (2013) and Wedding (2013) have described competencies for multicultural and international fluency for mental health professionals. These represent particular competencies designed to help practitioners provide culturally appropriate services to clients whose primary country of identification differs from that of the practitioner.

Despite all of the recent discussion about diversity and multiculturalism, there is still no universal agreement about what constitutes cultural competence (Sanchez-Hucles & Jones, 2005). However, there is general agreement that counseling/clinical competence is not the same as multicultural counseling competence (Sue & Sue, 2013). From the perspective of these authors, many helping professionals "have difficulty functioning in a culturally competent manner" (p. 39).

How do helpers develop cultural competence and skills? The answers to this question are not always simple, and developing cultural competence does not happen overnight. Indeed, it is most likely a lifelong process. However, we can make the following recommendations:

- Become aware of your own cultural heritage and affiliations and of the impact that your culture has on the counseling relationship. Remember that culture affects both you and your clients. No one—regardless of race or ethnicity or country of origin—is devoid of culture.
- Become immersed in the cultures of people who differ from you (Sue & Sue, 2013). Seek opportunities to interact with people who represent different cultural dimensions, and be open to what they have to say. Create opportunities rather than waiting for them to come to you. Hansen and colleagues (2006) suggest seizing opportunities such as getting culture-specific case consultation and learning about indigenous resources (p. 72). Wedding (2013) recommends "doing homework" to gain information about other countries as well as your own (p. 297).
- Be realistic and honest about your own range of experiences as well as issues of power, privilege, and poverty. Become aware of the great impact of poverty. Think about the positions you have or hold that contribute to oppression, power, and privilege. In the United States or European countries, being White, able-bodied, young, intelligent, male, Christian, heterosexual, middle or upper class, and English-speaking all convey aspects of privilege. Individuals who do not share these privileged attributes are disempowered in significant ways, and the inequities between privileged and nonprivileged persons contribute to much injustice and oppression, *especially when privilege is ignored by those who hold it* (Crethar, Rivera, & Nash, 2008).
- Remember that, as a helper, you, not your clients, are responsible for educating yourself about various dimensions of culture. For example, if you feel uninformed about the background and cultural and religious heritage of your new client who is Muslim and you ask your client to inform you, this essentially constitutes a role reversal, and the client is likely to feel frustrated. A similar misuse of culture would be to tell your Latino client about your new Latino and/or Latina friends. A facet of cultural competence that emerges consistently from the literature is how important it is for helpers to demonstrate an interest in a client's culture and to seek out opportunities to educate yourself about cultures and countries different from your own. At the same

time, being a false know-it-all and pretending to have all the knowledge and answers about a client's varying dimensions of culture is also misguided.

- Become aware of your own biases and prejudices, of which racism is the most problematic (although not the only *-ism* that affects practice). Remember that racism is not restricted to overt behaviors but also includes everyday opinions, attitudes, and ideologies (Casas, 2005, p. 502). Recent literature has attested to covert racism in the form of what is known as racial microaggressions (Sue et al., 2007). Racial microaggressions are more insidious forms of racism, often committed by a well-intentioned person but still deeply wounding, that are subtle insults (whether verbal, nonverbal, and/or visual) that communicate denigrating messages to people of color (Sue, 2010). Data indicate that higher frequencies of racial microggressions are associated with depression and poorer mental health for clients of color (Nadal et al., 2014).

  As an example of a microaggression, consider the way that language is used. Watts-Jones (2004) points out the power conveyed by words and phrases such as "black sheep," "black mark," "white lie," and "Indian giver" and suggests that from a social justice perspective, practitioners need to pause and query when such language is used in the counseling room. Too often, we do not recognize such language, let alone challenge it. For example, in working with persons with disabilities, the use of first-person language is empowering. Group designations such as "the disabled" or "the blind" are inappropriate because they do not convey respect and equality. First-person language such as "persons with disabilities" or "individuals with visual impairments" is preferred (Daughtry, Abels, & Gibson, 2009, p. 204).

  All helpers need to be aware of potential racist origins and implications of their actions and also to be sensitive to potential racist origins and implications of the actions of colleagues. Saying to a client of color "you are so light-skinned that you really don't look Black" or telling a client of color not to worry about getting racially profiled because "it happens to a lot of people all the time" are examples of very wounding racial microaggressions that drive clients away from the helping process. Sue (2010) has recently written a groundbreaking book—suitable for both helpers and clients on the insidious effects of microaggressions—that is based on 5 years of research he and his students have conducted. We list this book in the Recommended Readings at the end of the chapter, and we consider it to be essential reading for all helping professionals because many microaggressions are committed by people like you and me—well-meaning, well-intended, decent folks who lapse into states of unawareness that produce various categories of microaggressions that are devastating to the recipients of such slurs, insults, or invalidations.
- It is the responsibility of the helper, not the client, to get issues related to culture "out on the counseling table," so to speak. This responsibility has been defined by Day-Vines et al. (2007) as *broaching*—that is, the helper's "ability to consider the relationship of racial and cultural factors to the client's presenting problem, especially because these issues might otherwise remain unexamined during the counseling process" (p. 401). Broaching is important because the acknowledgment of cultural factors enhances the credibility of the helper, establishes trust, fosters greater client satisfaction, and influences the clients' decisions about returning for further sessions. Broaching behaviors essentially refer "to a consistent and ongoing attitude of openness with a genuine commitment by the counselor to continually invite the client to explore issues of diversity" (Day-Vines et al., 2007, p. 402). An example of a broaching

> behavior would be for the practitioner to say at the beginning of an initial counseling session something like the following: "I notice that we are from different ethnic backgrounds. I am wondering how you are feeling about working with someone like me who is a White European American woman . . ." (Day-Vines et al., 2007, p. 402).

In recent years, all major professional organizations for helping professionals have offered descriptions of various multicultural competencies required for helpers. (These are usually available from the organization's website, many of which we list in Appendix A.) We strongly encourage you to familiarize yourself with these competencies and to identify areas in which you need to develop greater awareness, sensitivity, and proficiency.

## Neural Integration and Mindful Awareness

Earlier, we said that virtue was important in the development of cultural effectiveness. It is also likely that the development of cultural competence is affected by the therapist's own level of neural integration. *Neural integration,* although complicated as a process, can be simply stated as describing what occurs when separate parts of the brain (hence the word *neural*) are connected together into a functional whole (hence the word *integration*; Siegel, 2007). What does the counselor's level of neural integration have to do with being an effective helper? The recently emerging field of interpersonal neurobiology (Siegel, 1999, 2010) asserts that neural integration allows clinicians to enter a state of mind in which their ability to think clearly and maintain an emotional connection with clients is enhanced. When helpers do not have it "together," their capacity to think clearly during counseling and develop effective connections with clients is diminished. Siegel and Hartzell (2003) made the following analogies: having neural integration is like taking as the "high road" and not having it is like taking the "low road" (p. 154). When taking the "high road," neurally integrated practitioners are able to process information with clients that involves rational and reflective thought processes, mindfulness, and self-awareness. These neural processes occur in the prefrontal cortex of the brain, located in the front part of the brain behind the forehead. When the opposite occurs—taking the "low road," or being in a nonintegrated brain state—helpers are governed more by emotions, impulsive reactions, and rigid rather than thoughtful responses to clients. In this nonintegrated state, the prefrontal cortex shuts down and disconnects from other parts of the brain that need its signals to function well.

Why is it so important for helping professionals to be neurally integrated? We now know from a decade or so of brain research that neural integration aids practitioners in developing empathy as well as having reflective conversations with clients that help them process information and regulate emotions. The helper's own level of neural integration helps to foster new neural connections in the brains of clients, a process referred to as neural or brain plasticity. It is now believed that neural plasticity may be the path by which psychotherapy alters the brain (Siegel, 2010).

At this point, perhaps you are thinking, "How in the world can I integrate myself 'neurally'? What is the process? What does it mean? How does it happen?" One major way that neural integration occurs for helpers is through mindful awareness. Siegel (2006) stated that mindful awareness invokes receptivity to what arises within the mind's eye on a moment-to-moment basis. In other words, being mindful is simply paying attention to what is happening as it is happening. It is being aware of what we are doing *while* we are doing it. This morning, when I watered the outdoor plants, I caught myself doing it mindlessly—on automatic pilot, so to speak—until I noticed a hummingbird and a beautiful coral-colored zinnia popping its head up through the yellow black-eyed Susan patch. Immediately, I became mindful (or aware)