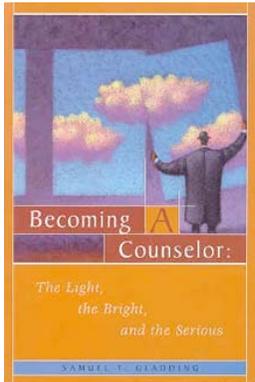


IMHCA Conference 2008 Planning Underway!

The IMHCA Conference Planning Committee has been very busy with plans for our annual conference. The conference will take place Friday, September 5th and Saturday, September 6th, 2008. We are incredibly happy to have Dr. Samuel T. Gladding as our keynote speaker. Our conference theme is “Celebrating Diversity through Creativity in Counseling”. Dr. Gladding is one of the foremost authorities on using creative techniques in counseling. He is the author of many books, including: *Family Therapy: History, Theory, and Practice (4th Edition) (2006)*, *The Creative Arts in Counseling (3rd ed.) (2005)*, *Becoming a Counselor: The Light, the Bright, and the Serious (2002)*, *The Counseling Dictionary (2001)*, *Counseling: A Comprehensive Profession (4th ed.) (2000)*, *Group Work: A Counseling Specialty (3rd ed.) (1999)*.



Dr. Samuel T. Gladding comes to us from Winston-Salem, NC, where he is the chair and a professor in the counselor education program at Wake Forest University. He has degrees from Wake Forest University, Yale, and received his Ph.D. from University of North Carolina at Greensboro. He was the Director of Children's Services at the Rockingham County (North Carolina) Mental Health Center for five years before going into the academic world. Dr. Gladding's previous academic appointments include: the University of Alabama at Birmingham and Fairfield University in Connecticut. In 1999, he was cited as being in the top 1% of authors in the profession of counseling.

Our conference will be held in the Saemann Student Center at Wartburg College in Waverly, IA. Waverly is a lovely historic town approximately 15 minutes from Waterloo and Cedar Falls. There are several hotels, shops, and restaurants within a few minutes of the conference site.



The Call for Programs, Submission form and a detailed conference schedule are available on our website: www.imhca.net Registration materials and volunteer forms will be updated to the website shortly. Remember to check the website for conference updates, job opportunities, and upcoming professional events.

LETTER FROM THE IMHCA BOARD

Over the past couple of years the IMHCA Board has experienced a lot of changes. Those of us currently serving on the board are pleased to be of service and are working diligently to become more organized and continue to find new ways to serve our membership. We have redesigned our website to generate revenue and continue to provide our members with updated job opportunities, professional development information, and legislative opportunities to advance mental health awareness. We are excited about our fall conference and are optimistic about the continued growth of IMHCA.

With change sometimes things get overlooked. In the course of doing general research, one of our board members found out IMHCA lost its official non-profit status in 2007 due to failure to file a biennial report. The board members are working diligently to correct this error, file the appropriate paperwork to reinstate our non-profit status, and develop safeguards to prevent this type of issue from happening in the future. We felt it was important to let members know of this situation. IMHCA board meetings are open to all members and we would like to extend a personal welcome to come to our next meeting in Marshalltown, IA at 10:00am on June 7th, 2008. We will be discussing the non-profit status, conference plans, and preparing for upcoming board member elections. If you need location directions email: contact@imhca.net. We hope to see you there and in September at the conference!

LEGISLATIVE NEWS

H.RES.1134 PASSES!

H.RES.1134 Expresses support for: (1) the goals and ideals of Mental Health Month; and (2) the findings of the President's Commission on Mental Health that the nation's failure to prioritize mental health is a national tragedy.

Recognizes that mental well-being is as important as physical well-being for people, the economy, and the nation.

Applauds the coalescing of national and community organizations in working to promote public awareness of mental health and in providing critical information and support to the people and families affected by mental illness.

Encourages all organizations and health practitioners to use Mental Health Month as an opportunity to promote mental well-being and awareness, ensure access to appropriate services, and support overall quality of life for those with mental illness.

5/14/2008--Passed House without amendment.

From the Library of Congress at: <http://thomas.loc.gov>

H.RES.1134

Title: Supporting the goals and ideals of Mental Health Month.

Sponsor: [Rep Napolitano, Grace F.](#)
[CA-38] (introduced 4/23/2008)

[Cosponsors](#) (148)

Related Bills:

[H.CON.RES.130](#)

Latest Major Action:
5/14/2008

Passed/agreed to in House. Status: On motion to suspend the rules and agree to the resolution Agreed to by the Yeas and Nays: (2/3 required): 421 - 0 (Roll no. 312).

IMCHA MEMBERS ANSWER THE CALL



A tree sits uprooted on the front lawn of a damaged house in Parkersburg, Iowa, on Monday, May 26, 2008, a day after a tornado struck the town. (AP Photo/Kevin Sanders)

For the victims in the Dunkerton, New Hartford, and Parkersburg areas, the tornadoes that touched down on May 25, 2008 have left behind scars that are much deeper than the loss of their homes, personal property, or businesses. Many residents of these communities are experiencing feelings of hopelessness, of being overwhelmed, and of great uncertainty. Many have described the fear that individuals, both adults and children, have been experiencing since the tornado. Recently, as the town of Parkersburg was going through the process of testing their emergency warning sirens, several individuals described the terror they felt after hearing the sirens again. Others have described continued difficulty with sleeping. Some community members have shared feeling as though they constantly hear the tornado, particularly when they close their eyes. Providing psychological first aid to these individuals has been a crucial service that IMHCA members have been performing since shortly after the tornadoes touched down.

While many individuals will continue to need assistance, others are finding ways to cope and will not experience long lasting effects. With whatever future needs arise, IMHCA is encouraging its members to continue to offer support and services to disaster victims. Specific volunteer efforts will be ongoing in the affected areas for the next several weeks. If you are interested in volunteering, please contact Hawkeye Chapter of the American Red Cross at www.hawkeyechapter.org or by calling 1-800-322-9051. Volunteer opportunities are available at several levels and capacities.

Some important criteria for volunteering are listed below. In addition, you may want to consider your familiarity with small town dynamics and the inherent differences in culture in smaller communities. Also, volunteering is not appropriate for everyone. It requires the ability to have appropriate boundaries and manage issues related to self-care. If you are uncertain about your ability, or availability to volunteer at this time, consider volunteering in the future as continued support of these communities is warranted. ---Tracie Self (IMHCA Boardmember)

DISASTER COUNSELING SKILLS

Disaster counseling involves both listening and guiding. Survivors typically benefit from both talking about their disaster experiences and being assisted with problem-solving and referral to resources. The following section provides "nuts-and-bolts" suggestions for workers.

ESTABLISHING RAPPORT

Survivors respond when workers offer caring eye contact, a calm presence, and are able to listen with their hearts. Rapport refers to the feelings of interest and understanding that develop when genuine concern is shown. Conveying respect and being nonjudgmental are necessary ingredients for building rapport.

ACTIVE LISTENING

Workers listen most effectively when they take in information through their ears, eyes, and "extrasensory radar" to better understand the survivor's situation and needs. Some tips for listening are:

- **Allow silence** - Silence gives the survivor time to reflect and become aware of feelings. Silence can prompt the survivor to elaborate. Simply "being with" the survivor and their experience is supportive.
- **Attend nonverbally** - Eye contact, head nodding, caring facial expressions, and occasional "uh-huhs" let the survivor know that the worker is in tune with them.
- **Paraphrase** - When the worker repeats portions of what the survivor has said, understanding, interest, and empathy are conveyed. Paraphrasing also checks for accuracy, clarifies misunderstandings, and lets the survivor know that he or she is being heard. Good lead-ins are: "So you are saying that . . ." or "I have heard you say that . . ."
- **Reflect feelings** - The worker may notice that the survivor's tone of voice or nonverbal gestures suggests anger, sadness, or fear. Possible responses are, "You sound angry, scared etc., does that fit for you?" This helps the survivor identify and articulate his or her emotions.
- **Allow expression of emotions** - Expressing intense emotions through tears or angry venting is an important part of healing; it often helps the survivor work through feelings so that he or she can better engage in constructive problem-solving. Workers should stay relaxed, breathe, and let the survivor know that it is OK to feel.

SOME DO'S AND DON'T'S

DO say:

These are normal reactions to a disaster.

It is understandable that you feel this way.

You are not going crazy.

It wasn't your fault, you did the best you could.

Things may never be the same, but they will get better, and you will feel better.

DON'T say:

It could have been worse.

You can always get another pet/car/house.

It's best if you just stay busy.

I know just how you feel.

You need to get on with your life.

The human desire to try to fix the survivor's painful situation or make the survivor feel better often underlies the preceding "Don't say" list. However, as a result of receiving comments such as these, the survivor may feel discounted, not understood, or more alone. It is best when workers allow survivors their own experiences, feelings, and perspectives.

KEN-01-0096

Tips for Managing and Preventing Stress: A Self-Care Guide for Emergency and Disaster Response Workers

Normal Reactions to a Disaster Event

- No one who responds to a mass casualty event is untouched by it
- Profound sadness, grief, and anger are normal reactions to an abnormal event
- You may not want to leave the scene until the work is finished
- You will likely try to override stress and fatigue with dedication and commitment
- You may deny the need for rest and recovery time

Signs That You May Need Stress Management Assistance

- Difficulty communicating thoughts
- Difficulty remembering instructions
- Difficulty maintaining balance
- Uncharacteristically argumentative
- Difficulty making decisions
- Limited attention span
- Unnecessary risk-taking
- Tremors/headaches/nausea
- Tunnel vision/muffled hearing
- Colds or flu-like symptoms.
- Disorientation or confusion
- Difficulty concentrating
- Loss of objectivity
- Easily frustrated
- Unable to engage in problem-solving
- Unable to let down when off duty
- Refusal to follow orders
- Refusal to leave the scene
- Increased use of drugs/alcohol
- Unusual clumsiness

Ways to Help Manage Your Stress

- Limit on-duty work hours to no more than 12 hours per day
- Make work rotations from high stress to lower stress functions



- Make work rotations from the scene to routine assignments, as practicable
- Use counseling assistance programs available through your agency
- Drink plenty of water and eat healthy snacks like fresh fruit and whole grain breads and other energy foods at the scene
- Take frequent, brief breaks from the scene as practicable.
- Talk about your emotions to process have seen and done
- Stay in touch with your family and friends
- Participate in memorials, rituals, and use of symbols as a way to express feelings
- Pair up with a responder so that you may monitor one another's stress

From <http://mentalhealth.samhsa.gov/publications>

LEGISLATIVE UPDATES FROM OUR NATIONAL ASSOCIATION (AMHCA) AMHCA Applauds House Passage of Mental Health Parity Bill!

In a historic vote on March 5, 2008, the U.S. House of Representatives passed, by an overwhelming vote of 268 to 148, the Paul Wellstone Mental Health and Addiction Equity Act (H.R. 1424).

The American Mental Health Counselors Association (AMHCA) commends the authors of the bill, Reps. Patrick Kennedy (D-RI) and Jim Ramstad (R-MN), both of whom have battled mental illness and substance abuse, for the bipartisan spirit in which this legislation was introduced and for their hard work in shepherding H.R. 1424 through the House.

Under the bill, group health plans must ensure that any financial requirements, such as deductibles, co-payments, co-insurance and out-of-pocket expenses, are no more restrictive or costly than those required for comparable medical and surgical benefits. H.R. 1424 only applies to insurers and group health plans that provide mental health benefits and does not require plans that do not currently offer mental health benefits to do so.

The Senate passed its version of mental health parity legislation, S. 558, the Mental Health Parity Act of 2007, by voice vote on September 18, 2007.

"AMHCA applauds the House passing this legislation to make mental health and substance abuse treatment services more widely available to our nation's citizens," said AMHCA President Gary Gintner, PhD., LPC, NCC. "We urge a House-Senate conference committee be quickly convened to reconcile differences in the House and Senate measures and look forward to working with the 110th Congress to ensure its ultimate enactment."

From: <http://www.amhca.org/news/releases/index.asp#031008>