



Montana Counseling Association E-Mail Newsletter

March 15, 2004

Highlights:

- MCA Annual Conference Issues
- MCA Keynote Speaker to become ACA President !
- MCA officer nominations
- Call for MCA conference assistants
- MCA Members
- Articles on Attachment and Parenting , as well as St. John's Wart
- Upcoming workshops and conferences

Happy Spring!

Issues on Upcoming Conference

Mika Watanabe-Taylor, MCA President

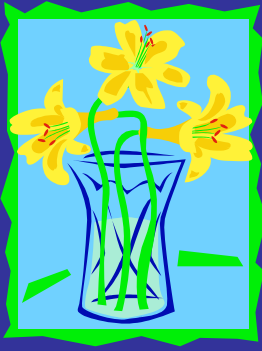
During its annual conference last October, MCA announced that we were considering changing the conference date. On the conference feedback forms, a number of attendees shared concerns regarding a possible date change. Currently, the conference is the primary way MCA raises membership numbers and funding. In the last few years, these figures have inconsistent and decreasing due to the following reasons: 1) In October, there are number of conferences offered throughout the state, 2) many other professional organizations hold major events at the same time, and 3) MCA's membership among licensed counselors has been decreasing. As a result, funding for MCA is unstable. MCA is considering changing the conference dates in order to stabilize the organization.

Last month, I met with Joy Jones, President of the Montana School Counselor Association (MSCA), to discuss the relationship between the MCA and MSCA, as well as future collaboration. MSCA recently joined into a partnership with MEA-MFT, a large statewide public school organization with 16,000 members, to collaborate their 2004 fall conference. MEA-MFT will hold its annual conference on October 21-22 in Helena this year. The MSCA President reported that many of MSCA members highly value MCA conferences; however, they also need more school-oriented workshops normally offered by the MEA conference. Jones shared a strong willingness to collaborate with MCA and we agree to support one another's effort and growth. For example, we discussed a shared MCA/MSCA conference next spring in order to attract more participants.

MCA has also been discussing further collaboration on this conference with Division of Education and Research Service (DERS) at the University of Montana-Missoula. DERS was recently awarded a 4-year U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) grant to join *The National Child Traumatic Stress Network* and partner with school officials, mental health providers, and community leaders on the Rocky Boy Reservation in north central Montana. MCA and DERS are considering a sponsorship to focus the MCA's next conference around trauma. If this collaboration occurs, MCA will hold the conference next spring and seek partnership with several other professional organizations, including MSCA. These are all exciting opportunities and I will keep you updated this information!

Congrats to Dr. Patricia Arredondo!

The March 2004 edition of ACA's *Counselor Today* announced that Dr. Patricia Arredondo won the ACA Presidency election for 2005. Way to go Patricia! *She was the keynote speaker for our MCA conference last October.* Dr. Arredondo's presidency will occur June 2005 to July 2006. Patricia's election will be formally announced during the ACA annual conference in Kansas City, MO next month.



Nomination Results

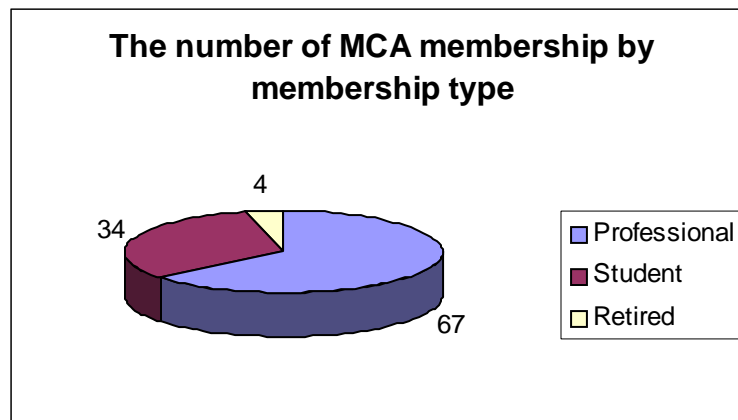
MCA sought nominations for MCA Board appointments past winter. Despite its statewide announcement, MCA did not receive any nominations. Therefore, an election was not held. For the 2004-2005 year, Mika Watanabe-Taylor will continue her presidency until MCA successfully finds new officers. MCA desperately needs YOUR involvement! Participation can be fun and involves excellent networking and even travel opportunities. If you are interested in joining the MCA Board, please nominate yourself by contacting the MCA President (email: mikawt@mso.umt.edu).

Conference Assistance Needed

MCA would also love to have you assist with the next conference! If you are interested in helping *plan* the next event, please e-mail Mika Watanabe-Taylor at mikawt@mso.umt.edu or by calling (406) 243-6535. You may also write to: Mika Watanabe-Taylor, MCA, c/o DSS, Lommasson Center 154, The University of Montana, Missoula, MT 59812. We look forward to hearing from you.

Membership Report

As of March 9, 2004, MCA holds 105 members. Thank you for your support to MCA!



Are you going to Kansas City?

Mika Watanabe-Taylor

Have you ever been to the American Counseling Association Annual Convention? If you have, you know just how fun and informative these can be. The 2004 ACA conference is occurring April 2-4 in Kansas City. If you haven't already, I urge you to register and attend! This is where you meet and hear the leading, most dynamic experts in our field, get acquainted with ACA officers, and can network with colleagues and other professionals who share your interests.

If you are already planning to attend the convention, please let me know. Let's meet there!

Articles by MCA Members

“Neurons that Fire Together Wire Together” Parenting with the Brain in Mind

By Michelle Stearns

According to practicing child psychiatrist Daniel Siegel, up to 80-90% of mental health practitioners have no background on mental health or the mind. In a recent seminar on *The Developing Mind*, Siegel presented his interdisciplinary approach to further our neurobiological and interpersonal understanding of the human mind and how it develops from the early years onward. The summary I provide here is but a cursory attempt to simplify an otherwise brilliant mind's life work on the subject of how relationships and the brain interact to shape who we are.

The mind never stops developing and the brain never stops changing. The mind self-organizes its processes through the regulation of states of mind and the flow of information and energy across time. Self-regulation evolves through attachment and other interpersonal relationships. The circuits develop in the first couple of years of life but the models change throughout the life span.

Since the mind is a social organism that emerges from an interaction of neurobiological and interpersonal processes, brain connections continue to be shaped by ongoing experience.

Attachment relationships are central in our lives. They enable a child's brain to achieve bodily balance and later mental coherence. Because attachment is not a function of genetic hardwiring but a measure of a child's experience, what is going on in a parent's mind is very important. Parents need to know about themselves, make sense of their own childhood experiences, and have insight into how that past has influenced their development as an adult and as a parent. Fortunately, an insecure adult coupled with a secure adult can become more secure over a given period; psychotherapy is an example of such a relationship that enables the mind of the patient to achieve new levels of more adaptive, flexible, and stable self-regulation.

Memory is both implicit and explicit. Even though we are born with implicit memory, it can be triggered by trauma or activated by memories that aren't well integrated. Explicit memory, on the other hand, is semantic and autobiographical and the experiences one has alter the possibilities/probabilities. Since REM sleep is vitally important for integrating memory, blockage of it can interfere with development of a coherent narrative.

Not only do experiences change memory, they increase synaptic strength. According to Siegel, 50% of our genes influence how our synapses connect. Our genes are programmed to expect experiences (experience expectant) and then maintain them (experience dependent). A number of influences can curtail brain construction; early adverse experiences (such as drugs, stress, abuse) continue to have negative effects on functioning. Avoiding at all costs is, of course, the best alternative; otherwise, mental health requires integrating painful experiences, making adaptations and connections.

The brain has evolved as a social organ of the body; it interacts and attunes with the rest of the body and other bodies. The brain has three parts: the brain stem (most highly developed in the baby), the limbic region (regulates interpersonal relations and the emotional structures), and the cortex (center of bodily regulation, attuned communication, emotional regulation, response flexibility, social cognition, autobiographical memory, fear extinction, intuition and morality). Both sides of the brain are important in the development of secure attachment. Bilateral integration is necessary in constructing a coherent narrative – autobiographical memory is stored in the right hemisphere and the narrative process and drive to tell it is a function of the left hemisphere. Development of the right

hemisphere is especially important to relating to a whole brain.

Secure attachment is based on experiences of safety, a process shaped by contingent communication between a caregiver and a child that promotes well-being and resilience. The parent style is one of responsiveness, availability, consistency and effectiveness. The narratives of attached adults tell much about these free-autonomous individuals; they are flexible, coherent, self-reflective, and offer a balanced perspective. Dismissing, entangled and disorganized attachment styles, in contrast, lack recall, are incoherent and inflexible, minimize emotional significance, can be preoccupied with the past or intrude on present, intense idealization or devaluation, or have disorientation around issues of grief or trauma.

Secure attachment allows for differentiation (specialization of function) and integration (clustering together into a functional whole). Flow, described by Csikszentmihalyi, is the balance between differentiation and integration. This balance enables maximal complexity, optimal flexibility and adaptation. Maximum complexity leads to better solutions and reduces impulsivity. It is the result of self-understanding and leads to more empathy, compassion, and deeper insight. Consequently, it is the best predictor of a child's secure attachment and mental health.

As parents, it is incumbent to start inside and make sense of our lives. Healthy relationships are based on being able to understand yourself and joining with another. Empathy (or attunement) is about learning to link perception and action. Since a caregiver's state of mind will alter a child's perception, misalignment can lead to misattunement. An integration of consciousness, on the other hand, accounts for mutual satisfaction or secure attachment. This "flow" or coherent state is adaptable; the brain changes and remains open. Parenting with the brain in mind and focusing on consciousness gives you choice, and with choice comes change. Coherent parenting requires both attuning and inhibiting behavior and making reconnections if "low road" interactions have been taken.

When both sides of the brain are operating, a person's narrative is coherent. Coherent parenting combines self-understanding and attuned contingent responses. With resolution of trauma and grief and development of self-understanding, a person can achieve a more coherent narrative. Even though ruptures (misunderstandings, setting limits, saying no) sometimes occur, the destruction can be minimized through repairs, forgiving, and reconnecting. Understanding the triggers and repairing the connection are critical. Other principles that maintain the connection are: 1) mindfulness (having awareness prior to responding), 2) flexibility, 3) lifelong learning, 4) mind sight (a reflective dialogue or self-talk for both parent and child based on sharing symbolic meanings and understanding others' minds), and 5) an attitude of living joyfully. When these ideas and meanings are incorporated into a family's life, resiliency is created and reinforced.

Michelle Stearns is a school counselor at Rattlesnake Middle School and Lolo Elementary School in Missoula. She has been working for Missoula County Public Schools for 24 years.

St. John's wort: Can a Noxious Weed Help Relieve Depression?

by Sunny Mavor

There has been a great deal of controversy in the popular press lately about the pros and cons of herbal medicine. One herbal protocol that has received a plethora of media attention is the use of St. John's wort (*Hypericum perforatum*) for the treatment of mild to moderate depression.

For solid science on botanical medicine, many herbalists turn to the German literature. In many respects, Germany is considered the 'hotbed' of well-funded herbal medicine research. German physicians routinely prescribe botanical medications for their patients as standard practice. St. John's wort is a widely utilized part of the pharmacopoeia there; in

1996 alone, 66 million doses of St. John's wort were prescribed for the treatment of depression (De Smet & Nolen, 1996). A 1996 meta-analysis of 23 randomized clinical trials including 1,757 patients found that St. John's wort is significantly more effective than prescription medications for the treatment of mild to moderate depressive symptoms than placebo, with potentially fewer side effects (Linde, et al., 1996).

So why has St. John's wort received bad press lately? Is St. John's wort dangerous? Not likely, say the scientists. This recent controversy began in 2002 when the *Journal of the American Medical Association (JAMA)*, published a study discrediting St. John's wort's usefulness for treating severe depressive episodes. What is important to know here is that natural health care practitioners have always advised *against* the use of this herb for severe depression, and suggest instead limiting its use to clients being treated for mild to moderate depression. In full disclosure, it turns out that the *JAMA* study was funded by Pfizer Pharmaceuticals, makers of Zoloft, did not compare the herb's effect with placebo, and has been labeled a flawed by a number of critics.

A recent pilot study at St. John's Episcopal Hospital in Far Rockaway, N.Y. utilized a double-blind randomized format to compare 30 participants with mild to moderate depression (Brenner, 2000). Subjects took either 900 mg/day of St. John's wort or 75 mg/day of sertraline (an SSRI antidepressant). Scores from the Hamilton Rating Scale for Depression found that 47 percent of the St. John's Wort subjects improved, compared to 40 percent of the SSRI group. While it is nice to see a comparative study, criticism of this study concerns the minimal survey time (six weeks); other studies have noted up to a four-week time of effectiveness for this botanical medication.

Counselors will almost certainly encounter clients who are currently self-prescribing St. John's wort. It is useful to know that an efficacious dose of St. John's wort will include 900 - 1200 mg. per day, in divided doses, standardized to 5% hyperforin and 0.1 to 0.3% hypericin, the most bioactive constituents in the raw herb. The tea and non-concentrated capsules will not provide significant medicinal effect. Self-medicating clients will benefit most from referral to the services of a licensed naturopathic physician or professional herbalist to rule out pre-existing medical pathologies and prescription medication interactions. Clients should be highly cautioned against the collateral use of prescription antidepressants, particularly MAO inhibitors.

Yes, St. John's wort should be used with good judgment, and only for mild to moderate depressive states. As in all herbal medicines, a high quality preparation should be used with support from health care providers who have had specific training in phytomedicines. With these caveats, St. John's wort appears to provide safe and effective support for clients without the expected side effects often seen from prescription antidepressants.

References

- De Smet, P.A., Nolen, W.A. (1996). St. John's wort as an antidepressant. *British Medical Journal*. 313: 241 - 247.
- Linde, K., Ramirez, G., Mulrow, C., Pauls, A., Weidenhammer, W., Melchart, D. (1996). St. John's wort for depression - an overview and meta-analysis of randomized clinical trials. *British Medical Journal*. 313: 253 - 258.
- Brenner, R. (2000). Comparison of an extract of *Hypericum*, the amino acid (LI 160) and sertraline in the treatment of depression: a double-blind, randomized pilot study. *Clinical Therapeutics* 22(4): 411 - 419.

Sunny Mavor is a graduate student in the Marriage and Family Counseling Program at Montana State University, Bozeman. She is a peer-reviewed member of the American Herbalists Guild, and co-author of Kids, Herbs and Health (with Linda White, M.D., Interweave Press, 1999). She has been a practicing herbalist for nineteen years.

Upcoming Conferences & Workshops

March 31-April 2

2004 Montana Council for Exceptional Children (CEC) Conference on Diverse Abilities, Holiday Inn Grand, Billings. "Supporting the Practitioner"

Special and general educators, family members, and students:

- Early childhood, elementary, middle school, and secondary educators;
- Special education related service providers and childcare providers;
- Administrators and paraeducators;
- Parents, students, and all others concerned with topics and issues in the field of special education.

Pre-Conference Workshops: Wednesday, March 31

Conference Sessions: Thursday-Friday, April 1-2

For registration materials e-mail debbieannhanna@hotmail.com or go to

<http://www.mtcec.org>.

March 31-April 4

American Counseling Association Annual Convention, Kansas City, MO. "The Professional Counselor: Integrating Practice & Science with Client Advocacy."

ACA Members

Professional/Regular - \$315; Student/New Professional - \$215

Non-Members

General Attendee - \$500; Student - \$420

1 Day Rate - \$175; 2 Day Rate - \$320

Registration and more information on the conference:

<http://www.counseling.org/site/PageServer?pagename=convention>

April 1-2, 2004

Cognitive Therapy Unplugged, Essential Therapist Skills for All CT Applications:

presenter Christine Padesky, PhD, Hampton Inn, Great Falls, MT. Sponsored by Great Falls Mental Health Association. For more information, contact MT3TRO@aol.com or go to: www.padesky.com

April 14

Thinking in Pictures: A look inside AUTISM, Dr Temple Grandin, Billings.

Dr. Temple Grandin is a gifted animal scientist who is also autistic. Dr. Grandin is perhaps one of the most noted high-functioning individuals with autism in the world. Grandin is an active speaker around the world on autism and the author of two books, *Emergence: Labeled Autistic* and *Thinking in Pictures*. Grandin thinks, feels, and experiences the world in ways incomprehensible to most people. She has helped thousands of parents and professionals understand how to help individuals with autism/PDD/Asperger's.

This seminar will serve as a valuable source of inspiration and understanding for parents, professional counselors, teachers and others working with children diagnosed with autism/Asperger's.

Seminar Fee: \$39-individual or \$50-couple/family. For more information, go to:

<http://www.msubillings.edu/cot/springfever2004/scheduleApril14.htm>

April 15-17

South Dakota Counseling Association Spring Conference, Ramkota Inn Aberdeen, SD. "Building Blocks for Unity in Counseling." For detailed information, go to:

http://www.sd counseling.org/conference_info.html

April 16-17

National Association of Social Workers Montana Chapter Conference, Butte. New Frontiers of the Mind: Exploring Trauma Treatment and the Brain. Presenter: Psychiatrist Bessel van der Kolk. For registration and more information, go to: <http://www.naswmt.com/continuinged.htm#vdk>

May 6-7

Montana School Counselor Association 2004 Spring Institute, Bozeman. "School Counseling: Making a Difference An Institute for Skills & Strategies." For more information, go to: <http://www.mtschoolcounselor.org/>

For additional continuing education programs, visit Montana Board of Social Work Examiners and Professional Counselors Approved Education Information at http://www.discoveringmontana.com/dli/bsd/license/bsd_boards/swp_board/ce_choose.asp.

Montana Counseling Association

c/o Disability Services for Students
Lommasson Center 154
The University of Montana
Missoula, MT 59812
Phone: (406) 243-6535
Fax: (406) 243-5330
Email: mikawt@mso.umt.edu
We're on the Web!
www.montanacounseling.org