



- Therapeutic Advising
- Campus Recovery
- Anxiety
- Wilderness Weight Loss
- Sensory Processing Disorder
- Outcomes Research
- Insurance Tips

Calendar

- June 1-3
IECA at the WACAC Conference
- June 2
IEC Outreach Breakfast, Los Angeles
- June 9
IECA Regional Symposium: Future of College Admission, Los Angeles
- June 10
Spring 2017 Conference Planning Committee, Denver, CO
- June 14
Monthly Webinar: Working with Chinese Clients the IECA Way
- July 4
Independence Day, Office Closed
- July 5-9
Summer Training Institute-West Claremont, CA
- July 12
Monthly Webinar: The New Coalition and Common Application
- July 26-30
Summer Training Institute-East Swarthmore, PA
- August 9
Monthly Webinar: Student Success & Well-Being Through Resilience & Coping
- September 5
Labor Day, Office Closed
- September 13
Monthly Webinar: Financial Aid: Prior Prior Year
- September 21
Transitioning to Private Practice Workshop, Columbus, Ohio
- September 22
IECA/Admission Rep Luncheon Columbus, Ohio
- Looking Ahead:**
- Monday, October 31-Saturday, November 5
IECA Fall Conference & Events
New Orleans, Louisiana
- November 8
Election Day

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June/July 2016

Spring Conference Scores Many Successes

The IECA Spring Conference in Boston was a success by many measures. Record attendance hit 1,500, with 520 IECs among that number. In recognition of IECA's 40th anniversary—and a first for the Association—two films were produced and aired: *Voices*, which featured 23 members talking about what they love about their careers, and *Making a Difference*, which followed the journey of three adolescents who used IECA members to help them succeed (films will be available at www.iecaonline.com). Anniversary buttons showing how many years attendees have been part of IECA—those involved for more than 30 years were labeled “pioneers”—were also popular anniversary items, opening up many opportunities for conversation among members. Even those who huddled outside under the heat lamps for the member dinner on Tuesday evening enjoyed that invigorating start to the conference and the camaraderie it generated. First-time attendee **Carol**

Doherty, an Associate member (GA), said “I wasn't sure what to expect at my first IECA conference but I can say with certainty that the days I spent in Boston exceeded any of my hopes.”

William Fitzsimmons, Harvard's dean of admissions and financial aid, spoke highly of the work that IECA members do during his community forum, telling attendees, “You're among the best on the planet, in terms of being able to reach out to students and make a difference in their lives. In a world in which many high schools have no counselor and others say ‘it's really good, it's only a 400 to 1 ratio,’ you actually have the time to change individual lives in quite a profound way.”

Fittingly, as IECA seeks to identify and amplify the pro bono work done by members, Fitzsimmons also acknowledged IECs' roles in meeting low-income students needs, saying, “If you're a college admission

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William Fitzsimmons, Harvard's Dean of Admissions and Financial Aid

President's Letter

Stewards, Strategists, and Standard-Bearers

Spring ushers in a new Board of Directors and fresh committees within IECA, and I am pleased to be joining others in new positions and serving as president of the Association. As volunteers in the organization, our roles include those of steward, strategist, and standard-bearer. As stewards, we are charged with leaving the Association better than we found it; our time in these roles is limited but infused with responsibility. As strategists, we are faced with helping to solve the challenges that face our Association in a fast-growing industry. And as standard-bearers, we are examples of our profession, putting the *Principles of Good Practice* into action for others to witness.

The Strategic Plan produced specific board initiatives, and those are the focus for our board in the near term. The number of school, therapeutic, and college consultants is growing, and our Association reflects that growth in the number of school, therapeutic, and college consultants around the globe. IECA membership will soon reach an all-time high of 1,500.

As we all recognize, growth presents challenges, and many of the initiatives in front of us address this expansion. Our brand identity and our brand promise are crucial to continuing the reputation of IECA in the minds of our stakeholders: students, parents, policymakers, programs, and educators. The board will be exploring



Ann Rossbach

ways to enhance the value of the IECA brand so that we remain the gold standard within our profession.

Similarly, understanding what each of us does—not only within our specialties, but just as importantly among our specialties—is another challenge for the Association. Opportunities for more education and interaction will support this strategic goal. We welcome your continued input.

Our first board discussion after the Boston conference focused on three important

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IECA⁺ INSIGHTS

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In Focus

Prevalence of Self-Reported Emotional Disorders Appearing at Any Time During Years 13–18

31.9% of adolescents will experience an anxiety disorder.
8.3% will experience a severe disorder or distress.

19.1% of adolescents will experience a behavior disorder.
9.6% will experience a severe disorder or distress.

14.3% of adolescents will experience a mood disorder.
11.2% will experience a severe disorder or distress.

11.4% of adolescents will experience a substance use disorder.
40% of these cases, will reflect a disorder in two categories or more (comorbid).

Source: National Institutes of Mental Health NCS-A survey

Charlotte Klaar Receives Award for Professional Achievement

Charlotte Klaar, PhD, IECA (MD) received the Steven R. Antonoff Award for Professional Achievement in Boston for her remarkable contributions to the profession—an honor made even more special because her daughter was there for the recognition. This award, conferred since 2014, recognizes an IECA Professional member who has distinguished him- or herself through outstanding contributions to the profession of independent educational consulting.

The first person to step up to help new members feel welcomed and connected at tours, conferences, and other association events, Charlotte has worked tirelessly to help new IECs develop professionally. She has also worked with staff many times to hone and revamp the curricula for the IECA Summer Training Institute and other educational initiatives and presented numerous IECA conference sessions.

A certified educational planner who has been in practice for more than 20 years and a professional member of IECA since 1998, Charlotte has served IECA in numerous positions and capacities, including many years on the Summer Training Institute faculty, four years on the IECA Board of Directors, and positions on many committees. She taught in



the college counseling certificate program at UCLA Extension and the independent educational consulting certificate program at UC Irvine Extension as well as at Assumption College's masters in school counseling program. She is now director of Klaar College Consulting LLC.

IECA Joins Boycott of States With Discriminatory Laws

The IECA Board of Directors joined thousands of businesses and national associations to stand up for the rights of lesbian, gay, bisexual, and transgendered (LGBT) individuals at their May meeting. A new policy, adopted in a unanimous vote, prohibits IECA from contracting to hold national conferences in states that adopt laws that allow companies or the government itself to discriminate against certain citizens. In two well-known, recent examples, North Carolina and Mississippi adopted such "freedom of conscience" laws that allow businesses to refuse service to people when a business owner or employee sees doing so as "contrary to one's deeply held beliefs." A similar bill passed in Indiana last year but was reversed after the business community rose in opposition.

According to IECA CEO Mark Sklarow, "IECA should hold its national events only in communities where we know every attendee will be treated fairly and equally under the

law. Many don't realize that IECA conferences bring well over a million dollars in revenue to a host city, and significant tax revenue from hotel stays, restaurant checks, taxi rides, airport fees, and shopping. By joining with associations across the United States, our genuine hope is that we can reverse such legislation and ensure equal treatment for LGBT attendees."

IECA had been looking at Charlotte, NC, for an upcoming conference and Asheville, NC, for a retreat. The Association has notified the Convention & Visitor's Bureau of the two cities of the new policy. The Convention Bureaus in North Carolina have been among the most vocal opponents of these laws.



Conference Photos (more photos can be found on IECA's Facebook page)



What's better than networking with colleagues after the day's activities?



Dr. Ellen Braaten delivered her presentation on the "average" child at the Wednesday opening session.



The School & College Fair and Therapeutic Information Swap offered great information for both new and experienced IECs.



The chill in the air for the al fresco member dinner in no way dampened the enthusiasm and enjoyment of attendees.



Conference Central was bustling as attendees mingled, visited with vendors, and enjoyed refreshments.



Attendees had their books signed by featured speaker Daniel Levitan after his presentation.



The Master Class session featured Dr. Gabor Maté.




Roundtable discussions provided great opportunities for sharing perspectives.



Members make their voices "heard" at the Annual Meeting.

person, a financial aid person, a counselor in a public or independent school, or an independent counselor...young people need your help more than ever before....It's a time when we need to double down and focus on the common good."

Each day, attendees found such a wealth of resources and information from among the featured speakers that no doubt conversations are still going on regarding Dr. Ellen Braaten's revelations about the true meaning of average; Daniel Levitin's advocacy of a daily nap and assertion that the brain is not wired to multitask (bad news for most busy IECs); and Gabor Maté's master class session, which one college attendee said was "not only a highlight of my professional career but reminded me so much of the impact we have on kids and their parents." **Mark Hofer**, an associate member (WA) summed up the experience: "The Boston conference was, in a word, invaluable. From the two days of college tours, breakout sessions listening to directors of admissions talk about essays and applications, and making incredible connections with other people who live a personal mission to serve students, the information and network building were very inspiring." 

President's Letter, from page 2

values we would like to infuse into our work: transparency, communication, and inclusiveness will be paramount as we tackle the initiatives ahead of us. Actions taken at that meeting included:

- Adoption of a policy that restricts us from contracting to hold a national conference in a jurisdiction that has passed legislation allowing business or service providers to discriminate against any individual or class of individual
- Creation of an ad hoc committee to address regional group guidelines
- Creation of an ad hoc committee to address the TalkList practices and purpose
- Creation of a board ad hoc committee to reevaluate the annual meeting.

I hope that you are as optimistic as I am about our profession. The conference in Boston, a celebration of 40 years, was both inspiring and affirming. I look forward to working with all of you to continue the valuable work that we do, both in our practices and in the Association.



Ann Rossbach, MAT
IECA President

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- Twelve-step work provides a source of healing for our patients and their families. Opportunities for service work support the recovery process.

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IECA Members and College Admission Officials to Connect at NACAC in Columbus, Ohio

SEPTEMBER 21–24, 2016

Luncheon for IECA Members and College Admission Officials

Thursday, September 22, from 11:30 a.m.–12:30 p.m.

The unofficial start of the NACAC conference for hundreds is the traditional IECA members and admission reps luncheon held just before the opening general session. As many as 400 guests are expected to attend! Invitations will be sent out in August to college admission officers and IECA members.

Transitioning to Private Practice College Consulting

Wednesday, September 21

IECA's widely acclaimed full-day workshop for school-based counselors or university-based admission reps who are considering a future transition to independent educational consulting has been endorsed by NACAC as an official preconference workshop for the 11th consecutive year. Registration is being conducted through the NACAC conference registration site and program details are available on the IECA website.



Photo courtesy of NACAC.

IECA in the Exhibit Hall

Thursday, September 22–Saturday, September 24 in Booth #410

Come visit the IECA team, learn about IECA membership and member services, discover how colleges can connect with IECs, and much more. Visit with Mark Sklarow, IECA chief executive officer; Sue DePra deputy executive director; Amanda Fogler, manager of member outreach and engagement, and Caitlin Myers, membership associate.

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College Recovery Programs: A Movement With Momentum

By Melissa Shanahan, MA, IECA (CO)



College campuses are often synonymous with drinking and partying. Scenes of students playing beer pong on porches with red cups littered across front lawns, drinking flavored vodka in dorm rooms, and just managing to make it to a 10:00 a.m. class are all considered integral parts of the college experience. But the idea that students

can attend college and not drink or use drugs is fast becoming a viable option on campuses. Many colleges and universities provide support services, housing options, and a variety of other recovery activities for students who want to remain sober while pursuing their college degree.

Recovery is more visible and accepted on college campuses across the United States than ever before, with more than 150 College Recovery Programs (CRPs) and College Recovery Centers (CRCs) in the US. This movement is supported and overseen by the Association of Recovery in Higher Education (ARHE)—an organization with more than 150 participating colleges and universities that developed a set of evidence-based standards for CRPs and provides guidance, collaboration, and expertise to campuses that have CRCs and CRPs or are interested in starting new ones (www.collegiaterecovery.org). ARHE publishes *Recovery Campus* monthly, which includes articles, campus profiles, and personal stories of student recovery, and hosts the National Collegiate Recovery Conference each year, which provides workshops, seminars, and networking opportunities for students and leaders in CRPs.

Growth of College Recovery Programs

The first CRCs started as school-based recovery projects at Brown University in 1979 and Rutgers University in 1983 to provide support and sober-friendly spaces on campus. In 1986, Carl Anderson from Texas Tech started the Center for the Study of Addictions and Don Warren at Augsburg College started the StepUP program. Those programs aimed to improve successful outcomes for students who struggled with addiction by not only promoting recovery but also providing academic support and sober housing. The results were positive. Staying sober at those colleges was no longer an alienating experience, and students were able to achieve a college degree in a supportive and sober environment. Today, Texas Tech is a leader in collegiate recovery, and its curriculum is often used as a model for other campuses that are interested in starting their own recovery program.

By 1997, there were 29 CRCs and CRPs, which allowed for new research and outcome studies to begin. The research identified

academic support, peer-to-peer recovery groups, and 12-step programs as factors that contributed to CRCs effectiveness. (Smock et al. 2011) The federal government also started to take notice of the growth of CRPs on college campuses, and in 2005, SAMHSA funded three pilot programs at Tulsa Community College, the University of Colorado–Boulder, and Vanderbilt University.

With the help of \$10,000 in seed grants from Transforming Youth Recovery, there has been an explosion of CRPs and CRCs on college campuses in the past five years. At last count, there were over 150 CRCs and CRPs nationwide. A complete list of colleges and universities can be found at www.transformingyouthrecovery.org/grant-intiative-update. Students who are recovering from addiction now see doors opening to them through the help and support of CRPs and the new recovery movement on college campuses.



How College Recovery Programs Work

CRPs and CRCs are not entirely one in the same although they do sit on the same continuum of recovery support for college students. Each provides a safe, sober space where students can gather for support, information, and like-minded community. Both CRCs and CRPs promote recovery and wellness through peer and institutional bonding.

CRCs, which initially started the collegiate recovery movement, are grassroots in nature, student initiated, student led, and lightly supported by the university or college. CRCs can evolve toward more-defined programs, called CRPs, which are more structured, strategic, and well-defined within the campus setting. They have financial support from the university, which also offers collaboration, leadership support, and promotion of recovery efforts on campus. For example, most CRPs have a dedicated

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meeting space or center, offer specific recovery support services, are overseen by a paid program staff member, and in some cases offer residential housing for those who qualify. At the University of Colorado-Boulder, the CUCRC offers assessments, recovery talks, recovery meetings, academic support, peer mentoring, leadership opportunities, and a sober resident hall.

It is important to note that CRCs and CRPs are not treatment programs, but rather an adjunct to treatment. They are a place for students to gain support and direction, and they provide valuable resources for students to further their recovery. Each CRP and CRC differs in the services it provides students and also varies in tone in accordance with the culture of its specific school.

As the college recovery movement gains more momentum, so does the Association of Recovery in Higher Education (ARHE). The last conference in April, 2016, addressed hot topics, such as medication-assisted treatment in CRPs, housing options on campus versus private providers, and how to support students with co-occurring disorders. In the future, ARHE would like to support and provide more research and outcome studies regarding the effectiveness of recovery on college campuses, create opportunities

to support more diversity of students, and explore how to increase recovery support on community college campuses.

From Ivy League institutions to community colleges, CRCs and CRPs are popping up at campuses near you. They are being supported through grants, colleges, and universities and are highly sought after by students who see the value of living a sober lifestyle. There is a specific curriculum of recovery to be applied for higher education institutions, an annual conference to attend, a strong association to confer with, and most importantly a large membership of campuses that are making this movement a mainstay of services for students in recovery. CRCs and CRPs are here to stay and are creating new opportunities for success, accountability, and completion of college degrees. 

Reference

Smock, Sarah A, Amanda K. Baker, Kitty S. Harris, and Cynthia D'Sauza. 2011. "The Role of Social Support in Collegiate Recovery Communities: A Review of the Literature." *Alcoholism Treatment Quarterly* 29 (1): 35–44.

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Anxiety Disorder Treatment

By Bryan Randolph, MS, LICSW, Mountain Valley Treatment Center



Anxiety can simply be defined as “an individual’s response to real or perceived danger.” In general, this response is normal, healthy, and adaptive, yet for those with an anxiety disorder, safe would be the last word used to describe the feeling of being anxious. This article covers factors that contribute to the development of unhealthy anxiety and describes current treatment modalities.

Prevalence

The National Institute of Mental Health (NIMH) estimates that the lifetime prevalence rate for an anxiety disorder among 13–18 year olds is 25.1%. NIMH further estimates that 5.9% of those cases are labeled as “severe.” Additionally, NIMH cites that only about 32% of children diagnosed with an anxiety disorder age 8–15 sought professional treatment. Clearly, anxiety is an emerging health issue for teens and youth, and one that may not be receiving proper treatment.

Pathological Anxiety

Pathological anxiety is excessive anxiety in the absence of a real life threatening event. This includes anxiety disorders like social anxiety disorder, social phobia, generalized anxiety disorder, and panic disorder. It also includes such conditions as posttraumatic stress disorder, obsessive-compulsive disorder (OCD), body dysmorphic disorder, and somatic disorders /illness anxiety disorder. Individuals with an anxiety disorder experience an excessive anxiety response on a physiological and cognitive level, which then drives pathological behavior, such as avoidance, isolation, and social withdrawal or defiance and resistance.

The anxiety response is largely driven by the sympathetic nervous system, which can also be thought of as the body’s “fight, flight, or freeze” response. Certain physiological changes occur when the body prepares to face a dangerous situation (fight), run away from danger (flight) or hide/avoid (freeze). Individuals with an anxiety disorder become sensitized to these sensations and experience them as distressing and dangerous. In some individuals, those sensations become an anxiety trigger themselves, which can lead to escalating anxiety. That can result in episodes labeled as panic attacks.

Cognitively, pathological anxiety is experienced as excessive doubt, fear, and worry. Many individuals with anxiety describe their thoughts as racing or overwhelming and find themselves endlessly analyzing past mistakes or future catastrophes. Individuals with pathological anxiety believe that their fears are founded and that the feared items, situations, thoughts, memories, or sensations really are in fact dangerous. Individuals with anxiety disorders often have problematic beliefs regarding anxiety itself, such as “If my anxiety does not go away, I will go crazy,” or “I can’t let anyone see me when I am anxious because I will be irreversibly negatively judged.” Unhealthy anxiety is the result of a combination of overestimating

the danger inherent in a situation and underestimating one’s ability to cope with the situation.

Factors Contributing to Anxiety Among Teens

The etiology of pathological anxiety is complex. Many individuals have a genetic vulnerability which causes the body’s anxiety response system to activate too intensely and too easily at the perception of danger. In cases of clinical anxiety, this perception is based on faulty beliefs. There are several proposed pathways to the development of these unhealthy behaviors.

Classical conditioning involves the association of a response with a previously neutral stimulus. For example, a child who felt humiliated by a teacher who chided her for not turning in homework may not only feel anxious around that teacher in the future but also may feel anxious simply walking into the school building. The building, which was previously neutral, has become associated with danger (humiliation by teachers) and will now evoke a conditioned anxious response.



Vicarious learning involves learning to be anxious through another’s experience. A child who watches a friend faint and become injured by hitting her head on the ground may become anxious about fainting even though he has never fainted himself.

Informational transmission involves being told by others that certain objects or situations are dangerous. This is common in children and adolescents who themselves have anxious parents. Anxiety disorders seem to have a genetic component and it is common for anxious children to be raised in an “anxious family.”

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) focuses on correcting problematic beliefs and interpretations and eliminating behaviors that prevent behavioral change. This is achieved through the use of cognitive restructuring techniques and exposure and response prevention therapy (ERP), the process of helping an individual experience a fear trigger while eliminating the use of behaviors that prevent the

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individual from fully facing the feared stimulus. Those behaviors are referred to as “safety behaviors” and include avoidance, OCD rituals, reassurance seeking, or defiance. During therapy, individuals create a subjective scale, referred to as subjective units of distress (SUDS). Throughout the exposure process, individuals rate and scale their anxiety level. The reduction of intensity of anxiety symptoms over time is referred to as “habituation.” Traditionally, ERP therapists were taught to aim for a reduction of SUDS to half the level of the peak anxiety experienced to achieve within-session habituation. An exposure task is repeated until the feared stimulus no longer elicits an unmanageable level of anxiety.

Some therapists are hesitant to use exposure therapy because of concerns that a client’s anxiety level will not be able to habituate within the time frame of the session. Emerging research suggests, however, that within-session habituation is not necessary for corrective learning of problematic beliefs to occur. Exposures should be designed in a way to test anxious predictions so clients can experience that their “worst case” scenario does not occur—or if it does, that it is not as scary or dangerous as they believe it to be. The goal of an exposure is not solely to achieve habituation, but to also create new adaptive learning which then competes with and inhibits the older fear-based learning. This inhibitory learning decreases the anxiety aroused by a situation and contributes to an increase in self-confidence and self-efficacy.

Some individuals may be so affected by their anxiety that they are unable or unwilling to participate in ERP therapy. In those cases, residential treatment may help these individuals become “unstuck” and reclaim their lives from anxiety. Residential treatment can provide the opportunity to capture exposure therapy moments present in everyday life, which in turn enhances treatment compliance and positive outcomes.

Acceptance and Commitment Therapy

The shift in thinking in ERP therapy from a focus on habituation to one of fear tolerance is similar to another type of treatment used for anxiety called acceptance and commitment therapy (ACT). Sometimes referred to as a “third-wave” in therapeutic modalities, ACT is part of a movement that focuses on accepting difficult thoughts and feelings rather than seeking to fundamentally change them. This is done through identifying personal values and then committing to act in a way that may cause distress in order to live those values and achieve desired goals.


Family Therapy

In the context of anxiety treatment, family accommodation refers to changes made to help a family member manage their anxiety. Accommodations that prevent an individual from facing the source of their anxiety reinforce and maintain pathological anxiety. These changes often result from a lack of anxiety psychoeducation within the family and from difficulties tolerating the anxious individual’s distress. Family therapy for anxiety focuses on changing patterns of accommodation and helping the entire family develop tools for managing the increase in distress caused by changing these patterns. When residential treatment is used for adolescent or young adults with anxiety, it is crucial that treatment focuses on addressing family patterns as well. This will allow the entire family to function in a healthier way by making decisions that are based on what is best for the family and not driven by anxious thinking.

Medication

Medication can be an important part of anxiety treatment. It is recommended that anxious individuals seek out the guidance of a trained psychiatrist and that medication be used in conjunction with psychotherapy.

Hope

Individuals with an anxiety disorder often live a life controlled by fear. This fear can make seeking out or being compliant with treatment difficult. Anxious teens and adolescents who are unable or unwilling to participate in treatment may need residential treatment to engage in therapy in a safe, structured, and supportive environment. The supportive environment of a residential treatment center often yields positive results for many of these teens. Although anxiety may be a rising issue in today’s society, with the proper care and treatment, anxious individuals are able to gain the skills and tools they need to live happy, healthy, and productive lives. 

Bryan Randolph can be reached at brandolph@mountainvalleytreatment.org.

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Making Sense of Sensory Processing Disorders

By Farrell Lindley-Kessler, MOT, ORT/L, occupational therapist, Cherry Gulch

As an occupational therapist, I am particularly aware of the need for OT-informed care in therapeutic programs. Children, teens, and young adults with emotional and behavioral dysregulation often respond positively to treatment that addresses sensory processing disorders. Programs that consult with an occupational therapist (or better yet, have an OT on staff) can dramatically improve their understanding of sensory issues and their effect on emotions and behavior. As the following article demonstrates, this understanding is vital to proper treatment in any therapeutic setting. Thank you to Andy Sapp, founder of Cherry Gulch and Novitas Academy, for facilitating this article.

—Ruby Laufer OTR/L, IECA (NJ)



Farrell Lindley-Kessler

We all have different ways of processing and making sense of the world around us. When it comes to learning a new skill, for example, some of us depend more on sight (pictures and movies) than on sound (lectures and recordings) to gather and process the necessary information. Others may rely more on touch or on body movement. When we go home at night to relax, some of us might hit the gym for a good workout while others may listen to a favorite piece of classical music. It's all about individual preference.

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Children who have difficulty organizing input from the outside world are at higher risk for becoming frustrated in a variety of situations, especially situations they perceive as stressful. They may resort to extreme shyness or become dangerously uninhibited. Young people who struggle with developmental problems and issues related to autism spectrum disorders, psychiatric

problems, and substance abuse often have increased difficulty organizing input or sensations from their outside world.

Children and teens who have difficulty processing sensations are at a higher risk for emotional, social, and educational problems, including an inability to make friends or be part of a group; poor self-concept; poor self-regulation; academic failure; and being labeled as clumsy, uncooperative, belligerent, disruptive, or out of control. Anxiety, depression, aggression, and other behavior problems can also be exhibited. Untreated adults may experience difficulty performing routines and activities involved in work, close relationships, and recreational and daily living activities, as well as experience depression, underachievement, social isolation, and other secondary effects.

Sensory Processing Disorder

According to the Sensory Processing Disorder Foundation, sensory processing (sometimes referred to as sensory integration) is a term that describes the way the nervous system receives messages from the senses and turns them into appropriate motor and behavioral responses. For most of us, this process is automatic. Sensory processing disorder (SPD) is a neurological disorder that disrupts the way an individual processes and responds to sensations.

A 2004 study by Ahn et.al, found that the daily life of at least 1 in 20 children is affected by SPD. Another population-based study by Ben-Sasson, Carter, and Briggs-Gowen (2009) suggested that 1 in 6 children experiences sensory challenges sufficient to disrupt their academic, social, or emotional development.

SPD affects the way the brain interprets the incoming information with emotional, attentional, motor, and other responses, almost like a neurological "traffic jam," as described by A. Jean Ayres,



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Therapeutic Advising

Sensory Processing, from page 17

an occupational therapist and neuroscientist who pioneered the assessment and treatment of sensory integration dysfunction.

Children—and adults—with SPD may over- or underrespond to sensations (e.g., a loud sound or a light touch), crave intense sensations, or have problems with motor skills and coordination. Children who are overresponsive to sensation tend to feel sensation too easily or too intensely and are constantly overwhelmed with information, which often results in a “fight or flight” response to sensation, a condition often called “sensory defensiveness.” They may try to avoid or minimize sensations, such as being touched or hugged, and be very particular about clothing; respond to being touched with aggression or withdrawal; and avoid bathing, showering, or hygiene routines. Some avoid or become overwhelmed in social situations, are fearful or get sick from exposure to movement or heights, are very cautious and unwilling to take risks or try new things, feel uncomfortable in loud or busy environments (such as sporting events or malls), and are very picky eaters and/or overly sensitive to food smells.

On the other hand, some children are underresponsive to sensation. Their nervous systems do not always recognize the sensory information that is coming into the brain. They seem to have an insatiable desire for sensory stimulation and may seek out constant stimulation or more intense or prolonged sensory experiences, such as extreme activities or moving constantly. Behaviors seen in

those children include hyperactivity, as they seek more sensation; difficulty with self-organization, task completion, and academic performance; unawareness of touch or pain or touching others too often or too hard, (which may seem like aggressive behavior); taking part in unsafe behaviors, such as climbing too high or on unsafe structures; and enjoying very loud music or television.

Other children with SPD have trouble processing sensory information properly, resulting in problems with planning and carrying out new actions. They may have particular difficulty forming a goal or idea or developing new motor skills, and some are clumsy, awkward, and accident prone. Poor fine motor skills, such as handwriting, or very poor gross motor skills, such as kicking, catching, or throwing a ball are also common. SPD can result in difficulty initiating and timing movements, trouble with balance, or problems sequencing movements and using both sides of the body together (e.g., playing “Simon Says.”) Those so affected may prefer familiar activities or play or sedentary activities, such as watching TV, reading a book, or playing video games. They may become frustrated easily and seem manipulative and controlling. Some may try to compensate with an over-reliance on language and may prefer fantasy games to real life or try to mask their motor planning problems by acting like the “class clown” or avoiding new group activities.

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therapy assessment and treatment provide support for children who struggle with sensory processing disorders. With effective occupational therapy, they improve their ability to accurately detect, regulate, interpret, and execute appropriate motor and behavioral responses to sensations, so they are able to perform everyday “occupations”—playing with friends; enjoying school or work; completing daily routines, such as eating, dressing, sleeping; and enjoying a typical family and social life—in a functional manner. The goal of OT is to develop automatic and appropriate responses to sensation so that daily occupations can be competently performed and social participation fostered. As these competencies increase with effective treatment, social participation, self-esteem, self-regulation, and sensorimotor abilities also increase. Overall, school and family life often improve significantly. 🧑‍🏫

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Sensory Processing Disorders Resources

Professionals use many practical strategies in the classroom and in home environments when working with children who have sensory processing disorders, but an OT evaluation or consultation should always be conducted before any strategies are implemented. Used incorrectly, strategies can be counterproductive and contraindicated. For example, in one case, a teacher had a student sit on a ball during writing activities because the student was hyperactive in class. Good strategy, but in this case used at the wrong time. The student became increasingly agitated because he did not have the postural control/stability to sit on the ball when engaged in a task such as handwriting. He was trying to stabilize himself distally by pressing hard into the paper and stabilizing himself with the pencil, thus making handwriting strenuous and difficult causing his frustration level to increase.

Among the simple classroom strategies that may be indicated are soundproof headphones, preferential seating in low-stimulus areas, weighted lap pad, weighted pencil, weighted hand weights, raised lined paper, stress balls or resistance balls, fidgets, inflatable disk seat, T-stools, ball chairs, movement breaks, water bottles, helper role, hand pushes/pulls, chair push-ups, Pencil Olympics, Brain Gym activities/warm-ups, scheduling congruent with sensory needs (PE class, lunch breaks, etc.), resistance bands on the desk chair legs, pressure vest or weighted vest, reduced fluorescent lights, and a calming sensory space in the classroom or nearby.

For More Information

Sensational Kids: Hope and Help for Children with Sensory Processing Disorders by Lucy Jane Miller, PhD, OTR

Raising a Sensory Smart Child: The Definitive Handbook for Helping Your Child with Sensory Processing Issues by Lindsey Biel, MA, OTR/L and Nancy Peske

The Out-of-Sync Child: Recognizing and Coping with Sensory Processing Disorder by Carol Stock Kranowitz, MA

The Out-of-Sync Child Has Fun: Activities for Kids with Sensory Processing Disorder by Carol Stock Kranowitz

Sensory Integration Tools for Teens: Strategies to Promote Sensory Processing by Diana Henry, MS, OTR/L, Tammy Wheeler MS, OTR/L, and Deanna Iris Sava, MS, OTR/L

Sensory Integration Tools for Parents: A Handbook to Bring Sensory Integration into the Home by Diana Henry, MS, OTR/L and Tammy Wheeler, MS, OTR/L

Zones of Regulation: A Curriculum Designed to Foster Self-Regulation and Emotional Control by Leah Kuypers MEd, OTR/L

Sensory Integration and the Child by A. Jean Ayres, PhD

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Wilderness Weight Management

By Michelle Grappo, MA, EdM, NCSP, Associate Member, IECA (CO)



No one is immune to the challenges of nutrition, activity, and stress management in our society. According to a 2015 report from the Centers for Disease Control and Prevention, over 30% of children and adolescents were overweight or obese in 2012. That fact is certainly reflected in the

families with whom independent education consultants (IECs) work.

Parents typically contact IECs for solutions when things have reached a tipping point: when local resources have been exhausted and the child's happiness and well-being are compromised. When I get referrals where the primary concern is weight management, I typically view the weight issue as merely the canary in the mine and approach the referral with a holistic perspective, asking:

- How is he doing in school?
- What is her social life like?

- How does he cope with difficult or challenging situations?
- Is she able to express and cope with emotions in an age appropriate manner?

Children, like any of us, may use food to cope with difficult emotions or struggle to get proper nutrition in a busy world. Teens with ADHD or other executive functioning issues may have added challenges because they struggle to manage timely or balanced meals—for example, they allow themselves to become ravenously hungry and then overeat. I become especially concerned when a child has a poor self-image, the effects of which can snowball and affect their involvement with friends or in activities they once enjoyed. The goal is for young people (and all people) to feel good about themselves and have positive relationships with their bodies, regardless of their weight.

In my practice, I have seen great success in weight management through participation in outdoor behavioral health programs, e.g.,

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Weight from page 21

wilderness therapy or therapeutic outdoor programs. Although such programs are not designed as weight loss (or gain) settings, students typically emerge stronger, fitter, and more confident. For example, I recently had a teenage client who lost about 20 pounds in a wilderness program. That young man felt very good about his physical abilities upon program completion, and his experience laid the groundwork for a more active lifestyle after his graduation. He knew he was stronger and wanted to keep that going, and he also felt more confident and empowered when exercising, especially in group settings.

At Pacific Quest, a wilderness therapy program in Hawaii, medical director Britta Zimmer, ND, advocates a slow and sustainable approach of 2–4 pounds a week. Dr. Zimmer points out that “once students realize they have to address several areas of their life—exercise, eating well, sleep, and stress management—there is so much they can do that extends well beyond food to manage their weight.” She adds, “as they are working on these elements, they also find more energy to engage in all the pieces in their lives.”

Beneficial Program Components

Programs that effectively address weight loss include multiple domains.

Rest. Proper sleep is the cornerstone of good physical and mental health. One of the first shifts for students at wilderness programs is the regulation of circadian rhythms—in the absence of technology programs and with a group schedule, students’ rhythms begin to align with the natural world. Students fall asleep soon after the sun goes down and wake with the sunlight. Dr. Zimmer explains that “balanced cortisol rhythms in the body will lead to less insulin resistance, which results in better blood sugar control and fat metabolism.”

Physical activity. Students are physically active every day. Whether walking around the campsite, rock climbing, gardening, or hiking, students are moving. Many programs also include calisthenics or yoga. Students not only increase their caloric expenditure but also develop muscle mass and, most importantly, confidence in their physical abilities and a more positive self-image. They come to see their bodies as capable of incredible feats—and their self-efficacy grows.

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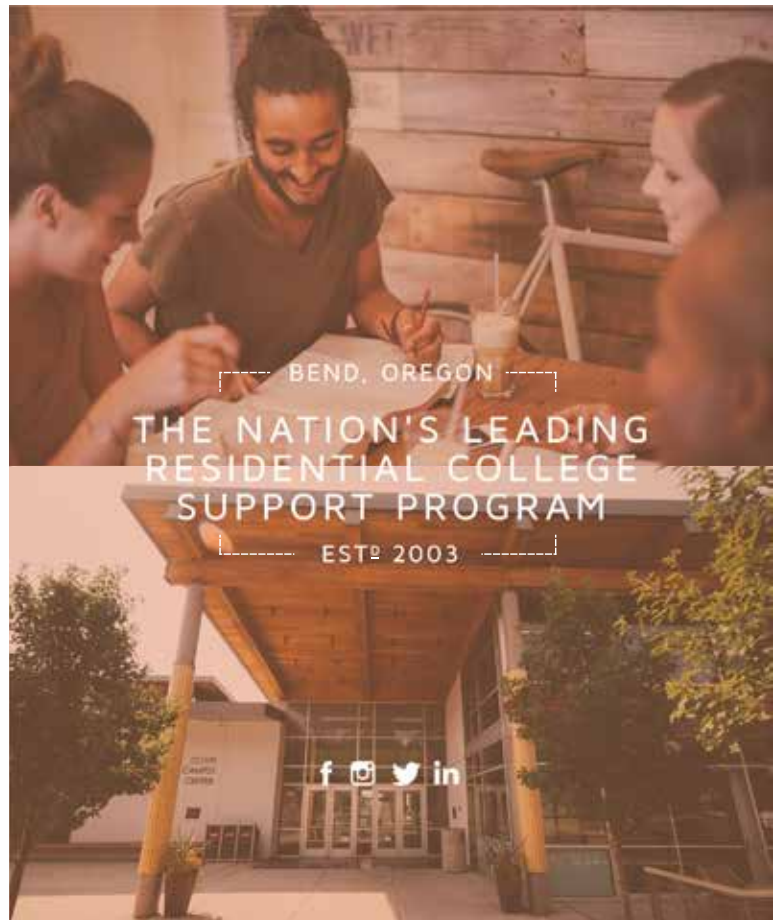


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Therapeutic Advising

Weight, from page 23

Nutrition. Programs employ dietitians, nutritionists, or naturopathic doctors to ensure that food is wholesome and appropriately rationed. All programs have nutritional oversight because of licensure regulations, but some have gone an extra mile—or three. Many now serve kids organic or exclusively whole foods and place an emphasis on nutrient-dense foods as the diet cornerstone. Open Sky Wilderness in Colorado, despite the logistical challenges of being an expedition model, incorporates local meats and fresh organic produce into participant's diets. Students learn to cook and to nutritionally balance a plate; many report that they never really understood correct portions before that experience. Proper hydration (with water, not soda) is also emphasized, and meals are social occasions and a time for connection. The relationship with food evolves in positive ways with all those changes. Dr. Zimmer adds, "In terms of food, it's very important not to restrict or miss meals; to learn clearly whether each meal has enough protein, fiber, colored vegetables, and fruit; and to never count calories, but rather to



analyze the plate—e.g., I don't have enough protein, so I need to add an egg."

I have also noted programs' increased sensitivity to students' nutritional needs. It used to be that girls were at risk of gaining

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weight in wilderness programs, but on a recent tour of True North Wilderness, a program in Vermont, I learned that a dietician had advised different ration portions for boys and girls. They had also looked at carbohydrate consumption and were working to incorporate more protein to better support weight management.

Skilled support. One of the most important pieces of the puzzle is well-trained adults who are always present to observe an issue if it arises and compassionately intervene. A primary goal of a therapeutic wilderness experience is to work with children to identify what's going on for them emotionally in a developmentally appropriate way—whether it's in a food-related or another moment of stress. Skilled therapists and guides work with students to help them express and process their emotions in healthy ways. Before admission, IECs should discuss eating and other related referral concerns with programs so that a treatment plan can incorporate those goals.

Conclusion

Although therapeutic programs can really shine in addressing the mechanics of weight management—such as eating, exercise, and

sleep—they can also go far deeper to deal with underlying issues, such as poor stress management, depression, anxiety, and even trauma. Bullying and self-image are also issues that often arise and can be therapeutically addressed. What's more, families are very much involved in this process with detailed parent communication and support so that the momentum behind the students' progress can be maintained long after graduation.

Our philosophy as IECs is to try to understand and serve the “whole child.” When a child is unhappy, we want to learn from the parents and other professionals how we can support the child's growth across the domains of life. And sometimes an outdoor therapeutic program is just the right fit. 

Michelle Grappo, RNG International Educational Consultants, can be reached at michelle@rnginternational.com.

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Advancements in Outcomes Research

By Mike Petree, Petree Consulting



There is no doubt that the landscape of behavioral healthcare is changing and that research will obtain a permanent and influential seat at the private behavioral healthcare table. The rate at which that chair is built and placed at the table largely depends on the collaborative efforts of IECs, providers, and guiding associations.

The largest national outcomes research initiative, which is headed up by the National Association of Therapeutic Schools and Programs (NATSAP) and the Outdoor Behavioral Healthcare Council (OBHC), recently announced the Research Designated Program (RDP) endorsement. Programs that sample a majority of clients at admission, discharge, and 12 months postdischarge are awarded the RDP seal and certificate. Those programs will be added to a registry of qualifying programs in the NATSAP directory. In April, 2016, 34 NATSAP members were awarded the RDP seal for having demonstrated that more than 80% of their admissions were sampled. These early adopters must demonstrate ongoing data collection that meets NATSAP-defined percentages of data collection at discharge and up to 12 months postdischarge.

In addition, the NATSAP research committee has begun revising key demographic surveys that researchers use to parse out success rates by including important variables that include diagnosis, the use of transport services, prior placement, use of an independent educational consultant, changes in the use of medications, and other factors of interest to stakeholders.

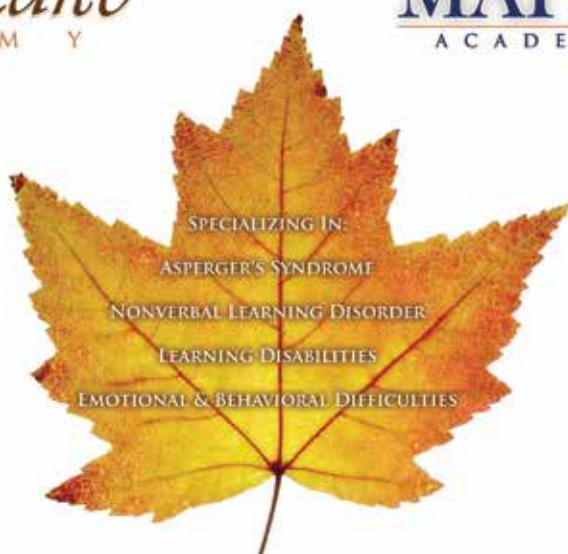
Associations are also helping to facilitate outcomes research. Representatives from IECA, the Young Adult Transition Association, and the Therapeutic Consultant Association met to draft a formal proposal for collaboration among multiple associations for the NATSAP board of directors. That proposal includes agreement to support the use of the same outcomes measures and schedule to increase the size and depth of the aggregate data set as well as the contribution of financial resources allocated to the initiative. Other developments include:

- The Remote Research Director Service released the Remote Research Director Dashboard (R2D2), a software that integrates with Outcome Tools to provide a streamlined system for tracking data collection and reporting results for the purposes of increasing the national data set and informing practice and program development.
- NATSAP and OBHC reports are successfully persuading insurance companies to cover more treatment services.

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- There has been a notable increase in peer-reviewed publications (approximately 27) and professional conference presentations based on the NATSAP and OBHC data
- NATSAP conferences include a research track to create a systematic offering of sessions related to the use of research in clinical practice.
- OBHC now requires research as a criterion for membership.

The Changing Landscape

There is no turning back. The private-pay behavioral healthcare field—under the leadership of associations and a small group of early-adopting providers—has taken a strong position that research will become integral to the treatment process. The recent advancements are evidence that programs should be involved in research both at a local and national level.

Public sector providers are mandated by current federal and state legislations to demonstrate treatment effectiveness as a criterion for ongoing funding. Although the private sector is not currently obligated to follow suit, accrediting bodies—such as the Joint Commission and the Commission on Accreditation of Rehabilitation Facilities (CARF)—that require demonstration of effectiveness do influence accredited private programs as do consumers and a handful of referents. In addition, consumers are increasingly vigilant about asking for evidence of treatment success. Such pressures will only grow in strength until the field has shifted to a more data-driven approach.

What will hinder the pace of change?

The most significant hindrance to the advancement of research is motivational in nature. It's instructive to explore the differences in motivation between the early-adopting and the late-adopting programs. Early adopters tend to be motivated by the desire to evaluate their effectiveness, improve the quality of services, improve the strength of marketing efforts, contribute to the knowledge base, and protect the field from aggressive legislation. Late adopters tend to respond to sticks over carrots and struggle to find the motivation to become involved because the line between the expense for being involved in the research and the direct revenue that is generated is indirect or dotted. For example, I recently toured a program and discussed the benefits of being involved in research efforts with the owner, who said, "I have no need to facilitate research because I have a steady educational consultant following." Although his perspective doesn't necessarily represent how the process of independent educational consulting works, it does represent a motivational dilemma.

Some who struggle to find the motivation blame the high costs of

involvement. Although that may be the case for a percentage of programs that are struggling to keep their doors open, the total cost is typically equal to one or two client user days per month. Over the years, NATSAP and OBHC have successfully gained the support of instrument vendors who've offered discounted rates for members. Other business partners, such as Best Notes and Outcome Tools, offer inexpensive and helpful software solutions for data collection and reporting. It's become clear that many complaints about costs are a smokescreen for a lack of motivation.

What can hasten the pace of change?

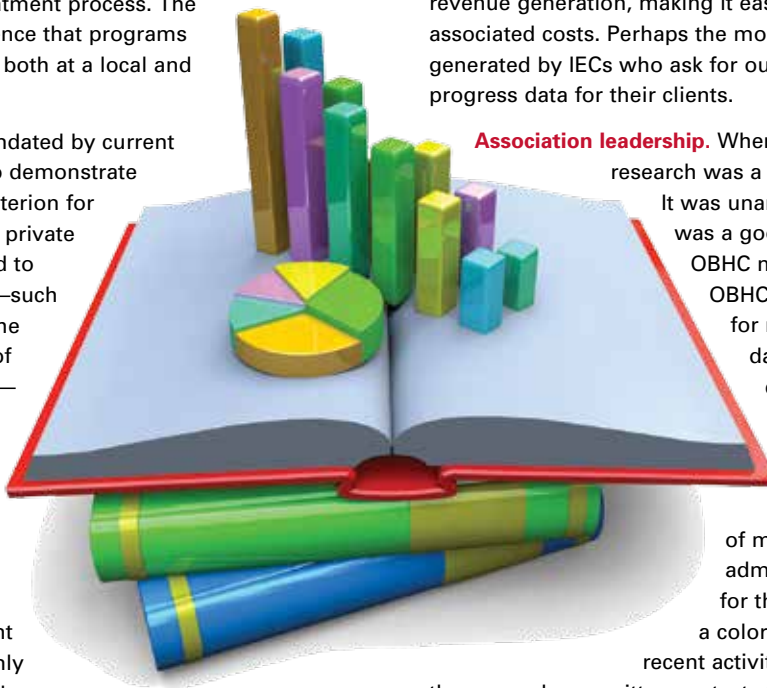
IEC leadership. The most direct path to addressing the motivation problem is to make a straight line between outcomes and revenue generation, making it easy for providers to justify associated costs. Perhaps the most persuasive influence can be generated by IECs who ask for outcomes reports and ongoing progress data for their clients.

Association leadership. When OBHC was initially formed, research was a primary objective of the council. It was unanimously agreed that research was a good idea, but only a handful of OBHC members actually stuck with it. OBHC later set the highest standard for members by requiring outcomes data collection and reporting as a criterion for membership. Currently all members report data collection statistics to a third party on a monthly basis. That party then reports the number of matched sets of data—meaning admit, discharge, and postdischarge for the same client or parent—and also a color code regarding recent activity. If recent activity falls below a defined threshold, the research committee contacts the program and requests details about a plan of action to improve or recommends that the program retain the services of data collection consulting services. NATSAP's RDP endorsement falls into a similar category, although it falls short of requiring that programs participate. It is highly anticipated that the RDP program will play a key role in addressing motivational issues.

Technological solutions. Currently any data that are collected are entered into Outcome Tools, the data collection software developed by Best Notes. Client identity is removed and those data are submitted to the researchers at the University of New Hampshire. Programs that meet the minimum number of matched sets of data receive annual reports about their strengths and weaknesses as well as how their outcomes compare to the national mean.

Currently there are inefficiencies in this process that require clients who attend multiple participating programs to complete redundant surveys. Outcome Tools and Petree Consulting have devised a plan to solve this problem and are working with association leaders to obtain funding for development and implementation of those solutions.

Mike Petree can be reached at mike@remoteresearchdirector.com.





Insurance Coverage for Mental Health Treatment

By Cecily Ruttenberg, Mental Health & Autism Insurance Project



Families that have a loved one who is struggling with mental health issues or autism spectrum disorder are now in a better position than ever to seek intensive treatment for their adolescent or young adult. Final regulations under the Federal Mental Health Parity Act—in effect as of January 1, 2015 for nearly all

health plans—state unequivocally that residential treatment (RTC), partial hospitalization (PHP), and intensive outpatient (IOP) must be covered by health plans when medically necessary in parity with medical conditions. This includes self-insured ERISA plans, Affordable Care Act plans, and state-regulated plans.

Independent educational consultants (IECs) play an important role in helping their clients obtain health insurance coverage. IECs can take the following specific steps to help their clients:

Look first at the in-network RTCs. When choosing a program, IECs have typically looked for the best program without considering health insurance. Times have changed. Your client will have the greatest chance of monetary coverage if you choose an in-network facility. Ask your client to request a list of in-network treatment programs from their insurer and at least look it over to see if one of them might be a good fit.

Consider out-of-network treatment programs that work with insurance. Choosing an out-of-network treatment program is not necessarily a bad choice, because a family's plan may cover anywhere from 50% to 90% of the cost. Treatment programs vary wildly, however, on how they help families work with insurance. Choose a treatment program that provides preauthorization; ongoing utilization review; and billing for the entire cost of treatment, not just individual sessions. Make it a point to find out if the program you are recommending offers those very specific services.

Wilderness programs. Some wilderness programs do work with insurance companies by doing preauthorizations, utilization reviews, and billing. Most of them will provide a breakout bill for individual,

group, and family therapy sessions, but far fewer support families in billing for the entirety of treatment. Be sure to ask.

Licensing matters. When choosing a treatment program for your client, favor those that are licensed for the step-down levels of care: PHP and IOP. For example, if your client goes to an RTC that is also licensed for PHP and IOP, the client will likely get funded for a much longer stay than if they attend a program that is only licensed for RTC. That is because insurance companies rarely will fund longer than one to two months of residential treatment, but they will follow those months funding PHP and IOP, which would allow your client to stay in the program and continue collecting insurance dollars for up to six months or more.



HMO insurance. If your client has HMO insurance and there are no appropriate treatment programs in-network, all hope is not lost. Your client can argue that their insurance has an inadequate network (which is illegal) because they have no clinically appropriate program for a given patient, and therefore they must fund the program you choose.

School District Funding

Insurance companies are designed to deal with acute mental health crises and are likely to fund the first several months of treatment if the proper protocol is followed. For longer term RTC or therapeutic boarding school costs, parents should look to their school district. The school district is the best source of long-term funding for kids



with ongoing, serious mental health needs. When approaching the school district, it is best to retain a local special education attorney who is experienced working with the local school district. Families can reach out to their local NAMI or special needs community for an attorney recommendation.

Occasionally, families recover funds from both the school district and health insurance for the same time period. Should that happen, families must return one or the other funding sources as it is illegal to double dip. There is no reason, however, not to seek both from the beginning because you never know what will come through.

What Families Should Do

1. Obtain a letter from the teen's therapist stating that outpatient therapy was attempted but a higher level of care and structure, as is found in an RTC, is clearly needed. In most cases, teens should be receiving outpatient treatment before going to RTC. Insurance companies will want proof that less-intensive treatment was attempted—and was ineffective—before they agree that RTC is medically necessary.
2. Call the insurer, tell them that their child needs RTC, and request a list of the in-network facilities. Write down the date of

the call, name of the person helping you, and obtain a tracking number. Do this with all your future communication with your insurance company.

3. Research the in-network RTCs to determine whether they are an appropriate fit or ask your IEC to do it for you. Write down the reasons why programs are not clinically appropriate for your child. That may help you get costs covered at the in-network rate.
4. When your child does go to treatment, be sure the treatment program calls and requests preauthorizations. That is a critical step.

Obtaining insurance coverage for residential treatment is not an easy process, but the law requires coverage of mental health treatments in parity with medical treatments. Insurance is a service you pay for, and as such, you and your family are entitled to those benefits.

Cecily Ruttenberg can be reached at cecily@mhautism.org. The Mental Health and Autism Insurance Project (www.mhautism.org) is a nonprofit organization that helps families and providers secure insurance coverage for interventions related to autism and mental health disorders.

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Therapeutic IECs Visit New England Programs

By Deborah A. Shawen, MS, CAS, IECA (MD)

The first IECA-sponsored therapeutic program and school tour consisted of five days in Maine, New Hampshire, and Vermont in April. Spearheaded by **Pam Tedeschi** (MD), chair of the Therapeutic Committee, and greeted by a spring snowfall, the group of eight IECA members included both newer and seasoned IECs. They spent time at 13 educational options for adolescents and young adults, including several traditional boarding schools that will consider therapeutic program graduates.

At Mountain Valley Treatment Center, Bryan Randolph made a presentation called Anxiety in the 21st Century: Treatment Modalities and Current Trends. Interestingly, he reported that a review of recent research does not indicate a significant rise in the prevalence rates of anxiety, but participants agreed that they have experienced a rise of anxiety disorders within their practices.

In addition to Mountain Valley, the tour included Shortridge Academy, Foundation House, Summit Achievement (and Traverse), Tilton School, Oliverian School, Spruce Mountain Inn, Mansfield Hall, Rock Point School, True North Wilderness Program, Vermont Academy, Wediko School, and Granite House. The participating IECA members wish to thank their hosts for the valuable time they spent with staff members and students and for the opportunity to see program components in action.



IECA members on the New England tour visit Jeff Hatch, former NFL player, and staff members at Granite House in Derry, NH.

New York City Arts College Tour

by Chris Andersson, Associate Member, IECA (NY)

IECA offered its first themed stand-alone college tour in May with a focus on arts colleges in New York City. Three days, six schools, and many artistic disciplines—all enjoyed by 23 IECA members from around the world: California, China, Colombia, Connecticut, Florida, Massachusetts, Minnesota, New Jersey, New York, Texas, and Turkey.

The IECs visited NYU Tisch School of the Arts in Manhattan, Pratt Institute in Brooklyn, Marymount Manhattan College on the Upper East Side, Parsons/The New School, and Pace University. Participants also took a bus trip to Westchester to visit SUNY Purchase.

We met students and faculty, admissions reps and recruitment directors, and area heads and department chairs. Our student tour guides were opera singers, visual artists, actors, composers, film editors, graphic designers, dancers, photographers, communications majors, lighting designers, and even a jazz singer from Turkey who sang “After You’ve Gone” for us! Together, we learned; laughed; shared our knowledge; and explored New York’s sights, restaurants, and theater, but not one of us won the *Hamilton* lottery!



IECA members in Washington Square Park after a day of touring.

Pre-Conference Tours

During the Connecticut Shore Tour in April, members visited Chapel Haven, Franklin Academy, Grove School, Vista, and Oxford Academy.



Chapel Haven Tour: Karen Mabie (IL), Sandra Clifton (NY), Linda Cain (CO), and other IECs met with leaders of Chapel Haven, including Michael Storz, president; Catherine Sullivan-DeCarlo, vice president of admissions; and Christy Chandler, director of admissions.



Oxford Academy Tour: Jessie Quam (NC), Karen Mabie (IL), Sandra Clifton (NY), Michelle Shackelford (CT), Beth McGaw (TX), and Linda Cain (CO), and other IECs met with Phil Cocchiola, head of Oxford, and David Tuttle, director of admission at Oxford.



IECA members observe activity at the Hughey Center for Financial Services (trading room) at Bentley College.

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Why I Belong

Full-disclosure: I worked in the public school system as a guidance counselor for the past 22 years. I jumped at every chance to attend a college fly-in program over the span of my career because I was tired of taking virtual tours of the campuses that I was recommending to my students. My favorite time of year was February because that was when we started our individual planning conferences with juniors and their families. It really started bothering me that I had to wait until February for that exciting process and couldn't veer off the department's timeline.



During the winter of 2013, I was "stuck in gear" in my career and knew I wanted a change. I needed to recharge my battery and reevaluate my future as a high school counselor. I applied for a sabbatical through my district, proposing to visit as many college campuses as I could over that next year while marketing my high school to the colleges. The school board and parents loved it! I figured it would ultimately play into my master plan of one day getting out of the school setting. I started applying for any and all college tours and reaching out to my regional reps, who were instrumental in putting me in touch with tour directors and nominating me for tours.

That year I visited more than 70 colleges on eight tours, three fly-ins, and a couple of road trips!

Later that spring, my local Penn State rep told me about a great organization called IECA and its upcoming Summer Training Institute (STI) at Swarthmore. I had been moonlighting over the years as a college consultant and after researching IECA's membership qualifications, I decided to apply for Associate membership and register for the STI that summer. My experience there was a game changer! I felt empowered and energized to make things happen. I admit, at the time, I felt a little out of place being a high school guidance counselor, but once I spent a few days with Mark, Joan, Carolyn, Steve, and Kristina (like rock stars, no last names needed), I knew IECA was where I belonged.

I set a personal goal to become a Professional member within the next two years and retire early from my school district to launch my new career as an IEC. It's amazing what can happen when you set your mind to it and have the support of such a powerful organization and network of people. I would not change anything about my journey over the past two decades. Working in a public school has really provided a diverse and rich foundation of the inner workings of a high school as it relates to the whole student in the areas of personal, academic, and career counseling.

I take great pride in telling anyone who will listen why I left the public school system and joined IECA—to have the ability to follow my passion and focus solely on the college admissions process with families with no distractions! I used to imagine what it would be

like to actually have time to soak up as much knowledge as possible about specific colleges and the admission process as a whole. I was amazed by the expertise and insight of the IECs that I had met over the past few years. Participating in tours and webinars, creating meaningful college lists, serving on committees and boards, collaborating with colleagues, writing a column, updating my blog, and even reading the TalkList are all things I fill my days with now.

And I am open to collaboration with high school counselors any chance I get. I see us as members of the student team. I do miss the camaraderie that being a member of a department or a faculty provides, but IECA is my home now and the regional IECA groups are a great way to develop new professional relationships. Becoming an IEC has renewed my enthusiasm for the profession as a whole and allowed me to create a career that is tailored to my specific strengths, interests, and goals!

I belong because IECA welcomed me with open arms and offered a strong support system of encouragement, engagement, and education, which has empowered me to follow my heart, take a risk, and do what I love everyday. I was once a high school guidance counselor, but I am now an IEC.

—Laura Blanche, MEd, IECA (PA)

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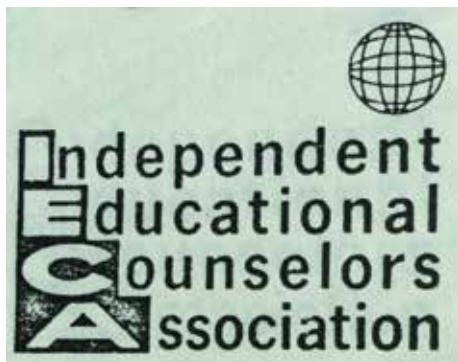


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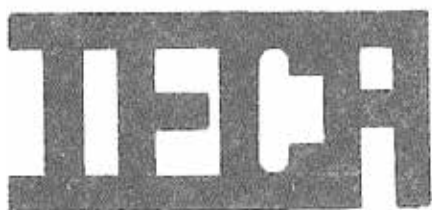
IECA⁺ Then and Now

A look back at IECA logos through the decades.

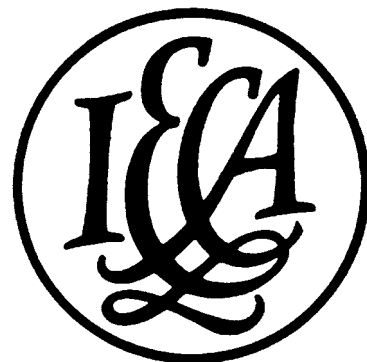
1976



1980



1987



2001



2005



2006



2011



2016



In the News

Associate member **Laura Hosid** (MD) was interviewed about gap years by anchor Erica Hill of NBC news on May 1. She was also quoted in the *Washington Post* article "Why Harvard Encourages Students to Take a Gap Year. Just Like Malia Obama Is Doing."

Bruce Vinik (MD) was quoted in the *Washington Post* article "For Malia Obama, a Study Break and Time Out of the Presidential Spotlight" on May 1.

Janet Marthers (CT) was interviewed by Chris Teare at Forbes.com about her book *Follow Your Interests to Find the Right College* on March 23.

Connie Pollack (PA) was featured in the *Pittsburgh Post-Gazette* *Countdown to College: 2016 Education Planning Guide* in "What Steps Are Key in Choosing the Right College?" on February 12. On March 29, she was interviewed by Jon Delano on KDKA News (CBS) for the story "IUP to Switch Tuition Plan."

Kristina Dooley (OH) was quoted in the *Money* magazine article "Now That You've Done College Signing Day, Here's All the Stuff You Need to Do Next" on April 26.

Janet Rosier (CT) appeared on *Good Day Connecticut* (Fox 61) on April 28 to talk about what students should do if they are placed on a college wait list.

Sue Luse (MN) was interviewed by WCCO Radio-Minneapolis on May 2 to explain the concept of a gap year.

Deborah Davis (CT) was quoted in the article "3 Reasons to Try Out MOOCs Before Applying to College" quoted in *US News & World Report* on May 12.

Jamie Dickenson (WV) was quoted in the *Fiscal Times* article "The Hidden Cost of a College Education" on May 9. She was also interviewed by Channel 13 WOWK for "Preparing for the New SAT."

Initiatives

The Coalition for Access, Affordability, and Success appointed former IECA member **Annie Reznick** to be its first executive director.

Jane Klemmer (NY) participated in an hour-long Twitter chat (#FinAidHelp) with *Money* senior writer Kim Clark to talk about financial aid, college affordability, and admissions on March 30.

Carolyn Geldermann (IL) presented "Get Ready for College! A Workshop for Juniors" to first-generation students and their parents through Waukegan to College, a nonprofit that helps students and families plan for college, on March 8.

On April 19, **Carolyn Mulligan** (NJ) continued a three-part series on the college application process with a discussion of The Coalition for Access, Affordability, and Success at the Summit (NJ) Free Public Library.

Lisa Temkin (IL) received a Character Counts award from the City of Highland Park for her work on the Historic Preservation Commission, which included four month-long public education projects on architecture.

Brooke Shuman (TX) participated in "Putting a Face on the Independent Educational Consultant in TACAC," a panel session at the TACAC annual conference in April.

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Introductions

Please Welcome IECA's New Professional Members

Heidi de Chatellus (CA) has been an IEC for 6 years, following more than 10 years of banking and marketing experience with Chase Manhattan Bank, L'Oréal, and the Walt Disney Company, in the United States and in France. She earned



a BA in history from Brown University and an MBA from INSEAD in France. In addition, she completed the certificate program in college admissions and career planning at UC Berkeley Extension, simultaneously interning in the college counseling office at the Lycée Français in San Francisco to gain hands-on experience. She is also a certified practitioner of the Strong Interest Inventory Assessment and is a member of WACAC.

Among her activities, de Chatellus has held leadership positions at her children's schools as well as with the Junior Group of the Dallas Symphony Orchestra League and the National Charity League. Through the organization 10,000 Degrees, she mentors students from low-income households to help them on the path to a college degree.

de Chatellus and her husband, Thibault, have three children: Alexander (Dartmouth 2013), William (Dartmouth 2016) and Daphne (Georgetown 2018). She is an avid runner and hiker.

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Maureen Delaney (MD), an IEC for three years, previously served as the director of college guidance at a small, private high school in Manhattan and has more than 20 years of experience working with students individually and in groups.



Delaney received her MA in teaching as well as her BA from George Washington University. She is a member of NACAC.

Outside of work, she enjoys working on creative projects, including creating handmade brooches sold in craft and museum shops nationally, and is an avid supporter of the arts. Delaney has served as a volunteer at the Met and enjoys keeping up with art museum exhibits in NYC and Washington, DC.

*Maureen Delaney, MAT
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http://prepmatters.com
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Anne Gould (NY) has worked as an independent educational consultant for two years, and has been an IECA associate member. From 1989 to 2014, she was a guidance counselor at G. W. Hewlett High School in New York. She holds a BA in psychology



from Boston University, an MA in teaching (counseling and consulting psychology) from Harvard University Graduate School of Education, and a certificate of advanced graduate study in school counseling from Lesley University. She attended IECA's Transitioning to Private Practice workshop in 2013 and is a member of NACAC, NYSACAC, NYSSCA, and NCA.

Gould and her husband have one daughter, who has recently gone through the college application process, so after many years working with other parents and students, she learned first-hand about the stress, anxiety, and joy of preparing for that next life transition. Gould's daughter will attend her alma mater, Boston University, as a Presidential Scholar in the Kilachand Honors College and the College of Arts and Sciences.

*Anne Gould
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agould59@mac.com
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Specialty: C*

William C. McMurray (ME), an IEC and IECA



Associate member for four years, has spent 34 years in the field of college admission counseling in both secondary and collegiate positions. He has managed college partnerships and

programs for Envision Schools, a network of public charter high schools in the San Francisco Bay area; was the director of graduate admission at California College of the Arts; and was on the staff at Wheaton College (MA), both campus-based and as a regional director in California and Maine. His work with IECA began in 1981 when he organized an IECA board meeting at Culver Academy (IN), where he started his career.

McMurray earned a BA in psychology and English from Bates College and an MEd in higher education from the University of Vermont. He attended IECA's Transitioning to Private Practice and the 2007 Summer Training Institute. Among his memberships are NACAC and NEACAC.

In addition, McMurray has held positions as chair of the NEACAC professional development committee, director of the NEACAC Summer Institute for new professionals, and chair of NACAC's national college fair committee. He participates regularly in cycling events to raise funds for organizations such as Dana Farber Cancer Institute, the Leukemia/Lymphoma Society, the American Lung Association, and the Multiple Sclerosis Society.

McMurray lives in Portland, Maine, with his wife and College Search U partner, Kathy Strand. He appreciates the freedom from institutional constraints and enjoys the process of bringing greater college awareness and sanity to client families. He enjoys cycling, golf, gathering with friends, and generally loving life on the Maine coast.

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Specialty: C*

Pamela Pik (CT) has been an IEC for



six years. After completing college, she worked in investment management in San Francisco for three years; after business school, she worked in finance and

marketing for Time Warner Publishing.

Pik earned a BA in American studies from Stanford University and an MBA from the Tuck School of Business at Dartmouth College. She attended IECA's 2009 Summer Training Institute. In addition to her practice, she has served on college planning panels at the local high school and given college prep presentations to student and parent groups, such as Girl Scout troops.

Her volunteer efforts include mentoring at Essay Busters, which works with underprivileged kids on their college essays; sitting on the board of the local Stanford Alumni Club; and since completing her training on May 22, serving as a Stephen Minister, a lay minister who cares for people in need.

Pik lives in Darien, CT, with her husband and golden retriever. They have three children, ages 24, 22, and 19. In her spare time, she enjoys cooking, reading, traveling, and playing golf.

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Specialty: C*

Valerie Raines (OH), an IEC for 3 years



and an IECA Associate member for 2 years, has nearly 20 years of experience in college counseling and admissions. She has held positions at the Laurel School (where she is also an alumna),

Oberlin College, and Connecticut College; spent 12 years in grantmaking, primarily in corporate philanthropy; and served as the executive director of an organization working to improve higher education access and success for urban students.

Raines graduated from Northwestern University with a BA in psychology and earned an MA in nonprofit management from Case Western Reserve University. She is a member of NACAC and attended IECA's Transitioning to Private Practice workshop in 2013. As an IECA Associate member, she participated in the mentoring program and benefited tremendously from the feedback, friendship, and experience of her mentor, **Peter Stevens** (MA).

Raines' article "Financial Aid Trends Since the War on Poverty" was published in the Fall 2014 edition of *The Journal of College Admission*, and she coauthored "Lessons in Strategic Plan Implementation," a chapter in *The Nonprofit Handbook: Management*, published by John Wiley & Sons Inc. She will moderate a session about Montessori high schools at NACAC's 2016 national conference.

The YWCA of Greater Cleveland named her a 2012 Woman of Professional Excellence, and she is a past president and trustee of the Woodruff Foundation in Cleveland, which makes grants in mental health. Raines volunteers to help Pell-eligible students apply for scholarships and serves on an advisory group for a program that provides care for severely mentally ill people who have been incarcerated.

Raines loves visiting colleges and her hobbies include kayaking, cross-country skiing, and biking.

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216-288-8353
Specialties: S, C*

News from the IECA Office



Laurence Moses joined IECA in April as our new education assistant. She will work alongside Valerie Vasquez-Guzman, manager of Education Programs, to track continuing education credit, assist with the proposal process for professional development programs, and coordinate campus tours.

Laurence has worked in education in Washington, DC, supporting students and families in the classroom and the community as a City Year Corps Member and Education Organizer. Laurence is “excited to join an organization like IECA that is deeply committed to quality,” and she looks forward to working to advance IECA’s mission to promote the highest quality independent educational consulting to students and families. She can be reached at laurence@iecaonline.com or 703-591-4850, ext. 6981.



Jan Umphrey is the new editor of *Insights*, but she has served as copy editor since February 2015. She will work closely with Sarah Brachman, manager of communications, to continue to deliver high-quality and timely information to IECA members. As the former associate director

of publications at the National Association of Secondary School Principals, Jan has 17 years of experience in publications and communications and was the founding editor of the flagship *Principal Leadership* magazine. Previously, she taught English literature and composition at George Mason University in Fairfax, VA. Jan is also a board member and volunteer with Vecinos Unidos, a nonprofit after-school program for children in need. She can be reached at insights@iecaonline.com.

Upcoming Webinars

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Working With Chinese Clients the IECA Way

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Significant Shifting Sands: The Coalition and Common Application

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Regional Groups

New Regional Group Forms

The newly formed **Central Florida** regional group (Tampa/Bradenton/Sarasota) is up and running. Contact Dianne Keilholtz at dianne_keilholtz@launchingcollegesuccess.com for more information.



Members of the **New Jersey** group met with admission officials at Lynchburg College: Linda Kay; Laurie Weingarten; Will Stratton, admissions counselor, Lynchburg College; Amy Hallock; Carolyn Mulligan.



Visiting with Laura Goddard, senior admission counselor at the University of Iowa, are **NJ** members Carolyn Mulligan, Judy Berg, Lynne Rosenfeld, Beth Cassie, Laurie Weingarten, and Eileen Nolan.



Members of the **Minnesota** Regional Group joined over 500 college admissions colleagues at the MidWest ACAC conference in Minneapolis on May 16. Front row (l to r): Kate Malczewski, Susan Hoff, Lisa Thomas. Back row: Jenny Buyens, Ryan Luse, Toni Marie O'Daniel, Clarinda Low, Vita Cohen, Ann Cadwallader. Not pictured Garth Robertson, Lisa Knudson.



The **San Diego** group had lunch with Sarah Hense from DePaul University on Monday, April 18th. Pictured are Gina Gerrato; Jennifer MacLure; Sarah Hense, DePaul University admissions representative; Jackie Woolley; and Jeanette Wright.



The **San Diego** group also held an essay workshop with Janine Robinson from Essay Hell to learn new strategies to help students write compelling essays.

The **Philadelphia** group met at Swarthmore College in April for a tour of the engineering building and to discuss the Coalition. If anyone is interested in more information about the group, please contact Joanne LaSpina or Laura Blanche at blanchecollegeconsulting@gmail.com.



Philadelphia group members Rachel Sobel, Joan Koven, Luisa Rabe. Sue Crump, Ginny Johnson, and Laura Blanche learned more about ZeeMee with Teddy Barnes, outreach partner.



The executive committee of the **Connecticut** group met to discuss planning and programming. Pictured l to r: Betsy Morgan, Grace Mulliken, Stephanie Klein Wassink, Laura Seese, Janet Rosier, and Cathy Zales.

The Back Page

What IECA Looks Like at 40

Where We are:



In USA:

44 States + DC + Puerto Rico

Our 5 largest states:

228 Members in California
140 in New York
111 in Massachusetts
76 in Texas
75 in Connecticut

Beyond the USA:

Members' primary offices in 29 nations

Our 5 largest nations:

45 Members in China
10 in Canada
6 in Singapore
5 in Japan
4 each in England, Korea, Turkey, United Arab Emirates

How They Practice (Professional & Associate Members)

1,194 College Specialists
408 School Specialists
239 Therapeutic Specialists
183 Graduate School Specialists
422 include LD placements within their specialty
238 include international placements within their specialty