Responding to the Crisis in Children's Mental Health: Potential Roles for the Counseling Profession

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Mental health concerns pose a substantial threat to the immediate and future health of children and their functioning at home, at school, and in the community. Research indicates that 1 in 5 children has a diagnosable mental or addictive disorder and 1 in 10 has a serious emotional disturbance. This review considers emerging trends, national initiatives, and the roles of related professions in responding to the crisis in children's mental health. Recommendations are offered for counseling practice, training, leadership, and research.

Mental health problems among children have been described as a public health crisis as a direct result of the troubling, and oftentimes tragic, impact mental health disorders have on the lives of children and families (U.S. Public Health Service [USPHS], 2000, p. 5). After the publication of *Unclaimed Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services* (Knitzer, 1982), national attention began to be focused on problems in the children's mental health system (see Tolan & Dodge (2005). Despite this attention, however, there has been little progress in improving mental health service delivery; as a result, many children continue to receive inadequate care for mental health concerns (Tolan & Dodge, 2005). In a report from the Surgeon General's Conference on Children's Mental Health (USPHS, 2000), former Surgeon General David Satcher stated,

> Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by those very institutions which were explicitly created to take care of them. It is time that we as a Nation took seriously the task of preventing mental health problems and treating mental illnesses in youth. (p. 5)

As one of the disciplines with direct influence on children's mental health, the counseling profession has the potential to have a significant role in improving services and outcomes for children and their families. Given the promise to improve mental health services and outcomes, this article examines emerging trends, national initiatives, and current activities focused on the children's mental health system. The responsibilities of counselors in children's mental health are also described. Finally, suggestions are made for the role of counseling professionals in terms of counseling practice, training, leadership, and research.

Emerging Trends in Children's Mental Health

One in 5 children has a diagnosable mental health or addictive disorder, and 1 in 10 has a serious emotional disturbance that significantly impairs functioning at school, at home, and in the community (U.S. Department of Health and Human Services [USDHHS], 1999). Disruptive behavior disorders (31%), mood disorders (21%), and adjustment disorders (16%) are the most frequent diagnoses among children, and almost 40% of children and adolescents with mental health diagnoses are considered seriously emotionally disturbed (Pottick, 2002). Estimates also indicate that 1 out of every 10 male children between the ages of 3 and 17 is diagnosed with attention deficit hyperactivity disorder (ADHD; Child Trends Data Bank, 2005). Of growing concern are the large numbers of children who are likely diagnosed with two or more mental health problems. Among older children (ages 13–17 years), 32% are likely to have cooccurring diagnoses, most often ADHD and mood disorders (Warner & Pottick, 2004).

Despite the large number of children and their families who are struggling with mental health concerns, estimates suggest 70% will receive no mental health care (USDHHS, 1999). Further complicating discussions of treatment for children is the reality that children with mental health problems are involved with multiple systems (USDHHS, 1999). Schools, primary care physicians' offices, child welfare programs, and juvenile justice courtrooms represent a few of the settings in which children receive mental health intervention even if these entities are not funded or equipped to provide this type of care (Huang, Macbeth, Dodge, & Jacobstein, 2004). Citing a previous study by Burnes et al., the USDHHS (1999) indicated that among children with mental health concerns who do receive services, 40% receive specialty services provided through the mental health sector, 70% are served by schools, 16% by child

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welfare, 11% by health care providers, and 4% receive services in the juvenile justice system.

In addition to problems coordinating mental health care across multiple systems, there are also increasing trends for using psychotropic medications with children. Some experts have suggested that increases in drug treatment for children's mental health concerns is a direct result of community-based mental health professionals who are ill-equipped to treat children and their families (Levin-Epstein, 2006). Olfson, Blanco, Linxu, Carmen, and Gonzalo's study (as cited in Levin-Epstein, 2006) found that antipsychotic medications are prescribed for children at 6 times the rate they were a decade ago (i.e., 1.2 million prescriptions were written in 2003 compared to 200,000 in 1993), and 86% of children who were prescribed antipsychotic medication were not diagnosed with a psychotic disorder. Perhaps one explanation for the increase in the use of antipsychotic medications is that they are also used to manage aggression and behavioral symptoms rather than true psychotic features (Levin-Epstein, 2006).

Increasing recognition of the impact of poor mental health on academic outcomes, substance use, delinquent behavior, and child welfare has also resulted in significant attention to children's mental health. Students with severe emotional and behavioral needs are 50% more likely than their peers without such needs to drop out of school (Wagner, 1995). Recent research has also suggested that up to 70% of children involved in the juvenile justice system have a diagnosable mental health disorder (Skowyra & Cocozza, 2006). Estimates have indicated that 39% to 80% of children in the child welfare system have mental health needs (Shin, 2005). Left untreated, some children are at risk for suicide (USPHS, 1999); in fact, suicide is the third leading cause of death among persons between the ages of 15 and 24 years (Centers for Disease Control and Prevention, 2007).

Children's Mental Health Workforce

The increased attention to children's mental health has also revealed another sobering realization: significant projected workforce shortages. These shortages of professionals specifically trained to intervene with children have been reported across a variety of settings, including community agencies, public mental health systems, hospitals, and private practices (National Health Policy Forum [NHPF], 2004). Estimates suggest that just to meet the demand for services among youth with the most significant mental health needs, each of the approximately 6,300 practicing child psychiatrists in the United States would have to carry a caseload of 750 children (Kim, 2003), which supports the projected need for 30,000 child psychiatrists (U.S. Bureau of Health Professions, as cited in Huang et al., 2004). Furthermore, in 2001, nearly half the states in the United States reported workforce shortages for social workers (Schacht, 2003). Although many disciplines (e.g., psychiatry, psychology, nurse practitioners) were included in this report, the counseling profession was not considered despite the presence of counselors in the state mental health workforce.

Counselors and Children's Mental Health

Professional preparation of counselors often centers on the needs of adults, but many counselors work with children (Velsor, 2004). The unique challenges, problems, stresses, and worries that children and families with mental health needs face are often read by counselors in a variety of settings (e.g., schools, community agencies, juvenile justice systems, child welfare programs, rehabilitation centers). School counselors, according to the American School Counselor Association (2007), focus principally on academic, vocational, and personal development and are directed away from focusing on more significant mental health needs by the American School Counselor Association National Model (Pérusse, Goodnough, Donegan, & Jones, 2004). Mental health, community, and rehabilitation counselors may work in a variety of settings with children and families. Increasing recognition given to the relationship between mental health and academic outcomes, coupled with a shortage of school personnel available to meet the substantial mental health needs of children, has resulted in the provision of services by a variety of mental health counselors in schools (Weist, Lowie, Flaherty, & Pruitt, 2001). The provision of mental health services in schools is creating new roles and practice boundaries for traditional community-, mental health-, and rehabilitation-trained counselors and may suggest a need for additional competencies (e.g., structure and culture of schools, working with education professionals, differences and similarities in roles of helping professionals in schools) across counseling specialties.

A National Priority

In response to the critical shortage of qualified mental health professionals, a bill titled The Child Healthcare Crisis Relief Act was introduced in the U.S. House of Representatives. The legislation was developed to provide financial support through loan repayment, scholarships, clinical training grants, and program development grants for mental health professionals, including counselors (American Psychological Association [APA], 2006). It authorizes $45,000,000 per fiscal year to professionals across different disciplines, providing direct funding to support students and improve graduate training (APA, 2006). Funding priority is given to students and graduate programs who are (a) committed to working with child and adolescent populations with severe mental health concerns, (b) of racial and ethnic minority status, and/or (c) residents of low socioeconomic urban or rural areas. The legislation has not yet been approved by committees in the U.S. House and Senate (American Counseling Association, 2007).

Although additional funding to support training of qualified mental health personnel would assist in improving outcomes of children with mental health concerns and their families, other governmental commissions have indicated that changes in treatment and service delivery are needed. For example, the Surgeon General's Conference on Children's Mental Health

was convened in 2000 to address concerns about education, early intervention, treatment, service delivery, workforce training, and research issues related to children's mental health (Levant, Tolan, & Dodgen, 2002). This conference sponsored by three major federal departments (Health and Human Services, Justice, and Education) collaborated with practitioners, children, families, and the larger public to dialogue about improving mental health services for children. A selective review of the *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda* (USPHS, 2000) includes recommendations for improving early identification of mental health needs, increasing access to services by addressing racial and socioeconomic barriers, identifying and disseminating evidence-based practices, and coordinating services across disciplines and settings.

More recently, a report from the President's New Freedom Commission on Mental Health (hereinafter referred to as the Commission), *Achieving the Promise: Transforming Mental Health Care in America* (2003), called for major changes to the mental health service delivery system to improve access to care and treatment outcomes. The Commission provides specific guidance on transformations necessary to improve children's mental health through identification of several key principles to guide service delivery. These principles include counseling that is family-driven and community centered, contextually based according to the needs of each member within their respective cultures, strengths-focused and resilient, and coordinated across various mental health and related systems using technology to advance positive outcomes.

The Annapolis Coalition on the Behavioral Health Workforce was formed in 2001 to address the gaps between clinical practice and training of mental health providers (USDHHS, 2007). Through funding from the Substance Abuse and Mental Health Services Administration, the Annapolis Coalition developed a National Strategic Plan for Behavioral Workforce Development (USDHHS, 2007). In addition, the Annapolis Coalition created a specific workgroup to focus on transforming the children's mental health workforce. In partnership with the Georgetown University Center for Child and Human Development, the Annapolis Coalition has begun disseminating issue briefs that provide information and action steps related to current children's mental health workforce issues (Huang et al., 2004).

Response From Related Helping Professions

Two professions have heeded the call to improve mental health services for children and their families. The field of psychology has demonstrated commitment to improving the children's mental health system through specific leadership and advocacy roles at the national level. The APA created the Working Group on Children's Mental Health to respond to recommendations made in the *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda* (USPHS, 2000). In 2004, an interdivisional task force of APA, Task Force on Psychology's Agenda for Child and Adolescent Mental Health, released a report of action steps taken to improve the children's mental health service delivery system. In addition, during 2003–2004, two APA members cochaired the children and families subcommittee of the President's New Freedom Commission on Mental Health. Members of APA also had a direct impact on children's mental health policy development through involvement in the White House Summit Meeting on Children's Mental Health and the Surgeon General's Conference on Children's Mental Health in the year 2000 (see Levant et al., 2002).

Social work professionals are also responding to the specific demands of the children's mental health service delivery system through workforce training and planning. The National Association of Social Workers (NASW) provides certification for social workers who practice primarily with children and families. The Certified Advanced Children, Youth, and Family Social Worker (C-ACYFSW) is a credential given to master's-level social workers who have had a minimum of 20 contact hours of children and family education and 1 year (1,500 paid hours) of supervised work experience with children and families, among other profession-specific requirements (NASW, 2006a).

In addition to the child, youth, and family-specific credentials, NASW created the Center for Workforce Studies (NASW, 2006b). In 2006, the Center for Workforce Studies produced a special report on social work services for children and families created from their study "Assuring the Sufficiency of a Frontline Workforce: A National Study of Licensed Social Workers" (Whitaker, Weismiller, & Clark, 2006), which analyzed professional preparation, practice, services to clients, and workplace issues among nearly 5,000 social workers. The results of this study supported what has now become a common realization across helping disciplines—there are not enough licensed professionals to meet the needs of children and families. A similarly comprehensive analysis of the children's mental health workforce has not been completed by the American Counseling Association or the American Mental Health Counselors Association.

Psychologists and social workers are responding to the identified crisis in children's mental health and taking an active role in improving the system. Counselors who serve children with mental health concerns should also take proactive steps toward improving mental health services and outcomes for children and their families. Action steps such as workforce studies, stronger advocacy for the Child Healthcare Crisis Relief Act, collaborative work with APA and NASW, dissemination of research findings related to children's mental health at professional conferences, and creation of task forces focused on children's mental health could help improve existing transformation efforts in important ways. The leadership of counselors is needed to identify relevant issues in children's mental health and effect change in the counseling field.

Implications for the Counseling Profession

The children's mental health system is facing significant problems. Left unsolved, these challenges will result in disturbing outcomes for children and their families. Counseling represents one of several professional disciplines that offer specific knowledge, skills, attitudes, and resources to help improve children's mental health. The opportunities for involvement are numerous, and the projected workforce shortages signal a potential untapped market for the counseling profession. There is much work to be done, but the counseling professionals can likely help through practice, training, advocacy and leadership, and research.

Counseling Practice

The emerging mental health needs of children and families suggest a new focus for counselors working with this population. The significant prevalence of more than one mental health disorders among children between the ages of 13 and 17 (Warner & Pottick, 2004) indicates the need for counselors to assess for and treat cooccurring disorders among this population. As noted earlier, in 2003 there were upwards of 1.2 million prescriptions written for antipsychotic medications for children (Levin-Epstein, 2006). This number suggests that counselors working with children would benefit from training about the psychotropic medications that are commonly prescribed to children and what side effects these medications may have on the moods and behaviors of children. Furthermore, the multiple systems involved with children often complicate counseling services (Hansen, Litzelman, Marsh, & Milspaw, 2004). Families commonly express significant confusion and frustrations related to which system provides what service and how to access help. So that they can educate the children and families they serve, counselors who work with children must become familiar with the various systems that serve children, the roles and services of these systems, and how to work as part of an interdisciplinary team to meet the needs of children and their families.

Training

It is likely that changes in the mental health needs of children and their families are creating different workforce needs, which require new approaches to training. Contributors to the professional literature regularly argue that a majority of education and training programs do not have curricula that reflect these changes (e.g., evidence-based practices, consumerism, managed care, diversity of the United States population) in the mental health service delivery system over the past 15 years (Hoge, Huey, & O'Connell, 2004). Data also suggest that more than 70% of key stakeholders (e.g., providers, families, advocates) report that inadequate university training curricula have resulted in clinicians who are ill-equipped to help (Meyers, Kaufman, & Goldman, 1999). A new approach to training has been instituted in the Division of Child and Adolescent Psychiatry at the University of Maryland, where the field experiences for their residents have been restructured (O'Connell, Morris, & Hoge, 2004). Previous field placements for child psychiatry residents did not expose students to the multitude of child mental health service systems in which they would likely work. Recognizing this limitation, the Division now places each student in both private sector and public service systems during their residency. In the public sector, child psychiatry residents are working in juvenile justice systems, schools, outpatient clinics, and state hospitals.

Counseling training programs might replicate this approach by placing students enrolled in mental health or community counseling programs into juvenile court, child welfare, and state hospital settings during their practicum and internships. School counseling programs could expose students to public sector systems that service children through experiential activities and service learning within existing curricula. The Child Healthcare Crisis Relief Act, if passed, could provide additional funding that will likely be needed to support on-site supervision that is not often readily available in such expanded public sector settings. Because the Child Healthcare Crisis Relief Act targets programs preparing professionals to work in the public sector with traditionally underserved populations, the availability of such funds could support related changes to existing curricula and supervised clinical experiences in counseling. Similarly, this legislation could be useful for directing course work and clinical experiences that are developed to meet current and proposed standards of the Council for Accreditation of Counseling and Related Educational Programs (2009).

Advocacy and Leadership

The involvement of the APA in national efforts to address children's mental health provides suggestions for advocacy and leadership in the counseling profession. Contributions of professional counselors to national consortiums and conferences that are focused on cross-disciplinary action in children's mental health will create shared responsibilities, actions, and voice for improving the troubling statistics and trends. The American Counseling Association should initiate action regarding children's mental health by forming an interdivisional workgroup. Representatives from the American School Counselor Association, International Association for Marriage and Family Counselors, Association for Counselor Education and Supervision, American Mental Health Counselors Association, and Association for Multicultural Counseling and Development, to name a few, could begin a dialogue on children's mental health issues that affect members of their respective divisions. Specific action steps, practice and training recommendations, research focused on children's mental health, and workforce studies specific to counseling are examples of potential products of such an interdivisional work group.

Finally, some experts in the field of children's mental health predict that a set of universal core competencies for helping

professionals will be developed; when a core set of skills are mastered, providers would be identified by their specialty areas (e.g., children from minority backgrounds, serious emotional disturbance) rather than by professional discipline (e.g., social work, counseling, psychology; NHPF, 2004). The Pennsylvania Child and Adolescent Service System Program (CASSP) Training and Technical Assistance Institute and Trinity College in Vermont have both developed a set of core competencies and related training curricula for children's mental health providers, and both sets have been reported to be exemplary (Meyers et al., 1999). Selected examples of core competencies developed by the Pennsylvania CASSP Training and Technical Assistance Institute include skills for involving children and families as partners in service planning, knowledge of child developmental stages and commonly diagnosed mental disorders, and the ability to work with multiple service systems in children's mental health. The potential implications of the core competency predictions are extensive and suggest some important leadership and advocacy actions opportunities for counselors.

Research

There are numerous opportunities for research that may result in informed and valuable contributions to the counseling profession's role in improving the children's mental health system. Because counselors work with children across a variety of settings (e.g., school, community, mental health centers), there is little common understanding of basic issues. For example, how many counselors primarily work in children's mental health? What is the projected need for children's mental health counselors, and how many are being trained? In what content areas do counseling practitioners perceive they have adequate and inadequate levels of preparation? Similar efforts noted in a parallel survey (Whitaker et al., 2006) may clarify important information gaps, such as how many counselors work with children and in what settings, what are emerging trends and necessary competencies, and what additional workforce support is needed to improve mental health outcomes for children? When competencies are identified, it may be useful to examine education levels of service providers (e.g., baccalaureate, master's, doctoral) and their academic preparation programs (e.g., general counseling, marriage and family, mental health, rehabilitation, school counseling) in determining the impact of professional training on service outcomes for children with mental health problems and their families.

References

American Counseling Association. (2007). *Representative Kennedy introduces Child Healthcare Crisis Relief Act.* Retrieved May 12, 2007, from http://www.counseling.org/PublicPolicy/LegislativeUpdate.aspx?ReqPId=10

American Psychological Association. (2004, November). Children's mental health work: A timeline. *Monitor on Psychology, 35.* Retrieved November 7, 2006, from http:www.apa.org/monitor.dec04/timeline.html

American Psychological Association. (2006). *The Child Health Care Crisis Relief Act.* Retrieved November 7, 2006, from http://www.apa.org/ppo/issues/echccra.html

American School Counselor Association. (2007). *What does a school counselor do?* Retrieved May 15, 2007, from http://www.schoolcounselor.org/content.asp?pl=328&sl=336&contentid=336

Centers for Disease Control and Prevention. (2007). *Suicide: Facts at a glance.* Retrieved October 18, 2007, from http://www.cdc.gov/ncipc/dvp/Suicide/SuicideDataSheet.pdf

Child Trends Data Bank. (2005). *ADHD.* Washington, DC: Child Trends.

Council for Accreditation of Counseling and Related Educational Programs. (2009). *2009 standards.* Alexandria, VA: Author.

Hansen, M., Litzelman, A., Marsh, D. T., & Milspaw, A. (2004). Approaches to serious emotional disturbance: Involving multiple systems. *Professional Psychology: Research and Practice, 5,* 457–465.

Hoge, M. A., Huey, L. Y., & O'Connell, M. J. (2004). Best practices in behavioral health workforce education and training. *Administration and Policy in Mental Health, 32,* 91–106.

Huang, L., Macbeth, G., Dodge, J., & Jacobstein, D. (2004). Transforming the workforce in children's mental health. *Administration and Policy in Mental Health, 32,* 167–187.

Kim, W. J. (2003). Child and adolescent psychiatry workforce: A critical shortage and national challenge. *Academic Psychiatry, 27,* 277–282.

Knitzer, J. (1982). *Unclaimed children: The failure of public responsibility to children and adolescents in need of mental health services.* Washington, DC: Children's Defense Fund.

Levant, R. F., Tolan, P., & Dodgen, D. (2002). New directions in children's mental health policy: Psychology's role. *Professional Psychology: Research and Practice, 33,* 115–124.

Levin-Epstein, M. (2006). Increasing scrutiny of antipsychotics. In D. J. Edwards (Ed.), *Behavioral healthcare* (pp. 32–33). Cleveland, OH: Vendome.

Meyers, J., Kaufman, M., & Goldman, S. (1999). Promising practices: Training strategies for serving youth with serious emotional disturbance and their families in systems of care [Monograph]. *Systems of care: Promising practices in children's mental health, 1998 series, Volume V,* 1–125.

National Association of Social Workers. (2006a). *Certified advanced children, youth, and family social worker* (C-ACYFSW). Retrieved November 8, 2006, from http://www.socialworkers.org/credentials/speciality/C-ACYFSW.asp

National Association of Social Workers. (2006b). *NASW Center for Workforce Studies.* Retrieved November 8, 2006, from http://workforce.socialworkers.org/

National Health Policy Forum. (2004). *The provider system for children's mental health: Workforce capacity and effective treatment* (Issue Brief No. 801). Washington, DC: Koppelman.

New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America. Final Report* (DHHS Publication No. SMA-03-3832). Rockville, MD: U.S. Government Printing Office.

O'Connell, M. J., Morris, J. A., & Hoge, M. A. (2004). Innovation in behavioral health workforce education. *Administration and Policy in Mental Health, 32,* 131–165.

Pérusse, R., Goodnough, G., Donegan, J., & Jones, C. (2004). Perceptions of school counselors and school principals about the National Standards for School Counseling Programs and the Transforming School Counseling Initiative. *Professional School Counseling, 7,* 1096–2409.

Pottick, K. (2002, Summer). Children's use of mental health services doubles, new research-policy partnership reports [Report submitted to the Annie E. Casey Foundation]. *Latest findings in children's mental health* (Vol. 1). New Brunswick, NJ: Institute for Health, Health Care Policy, and Aging Research, Rutgers University.

Schacht, L. M. (2003, May). *Workforce issues at state mental health agencies: 2001* (No. 02-10). Alexandria, VA: National Association of State Mental Health Program Directors Research Institute.

Shin, S. H. (2005). Need for and actual use of mental health service by adolescents in the child welfare system. *Children and Youth Services Review, 27,* 1071–1083.

Skowyra, K., & Cocozza, J. J. (2006, June). A blueprint for change: Improving the system response to youth with mental health needs involved in the juvenile justice system. *Research and Program Brief.* Delmar, NY: National Center for Mental Health and Juvenile Justice.

Tolan, P. H., & Dodge, K. A. (2005). Children's mental health as a primary care and concern: A system for comprehensive support and service. *American Psychologist, 60,* 601–614.

U.S. Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

U.S. Department of Health and Human Services. (2007). *An action plan for behavioral health workforce development: A framework for discussion.* Washington, DC: Annapolis Coalition on the Behavioral Health Workforce.

U.S. Public Health Service. (1999). *The Surgeon General's call to action to prevent suicide.* Washington, DC: Author.

U.S. Public Health Service. (2000). *Report of the Surgeon General's conference on children's mental health: A national action agenda.* Washington, DC: U.S. Department of Health and Human Services.

Velsor, P. V. (2004). Revisiting basic counseling skills with children. *Journal of Counseling & Development, 82,* 313–318.

Wagner, M. M. (1995). Outcomes for youths with serious emotional disturbance in secondary school and early adulthood. *Critical Issues for Children and Youths, 5,* 90–112.

Warner, L. A., & Pottick, K. J. (2004, Winter). More than 380,000 children diagnosed with multiple mental health problems. *Latest findings in children's mental health* (Vol. 3). New Brunswick, NJ: Rutgers University.

Weist, M. D., Lowie, J. A., Flaherty, L. T., & Pruitt, D. (2001). Collaboration among the education, mental health, and public health systems to promote youth mental health. *Psychiatric Services, 52,* 1348–1351.

Whitaker, T., Weismiller, T., & Clark, E. J. (2006). *Assuring the sufficiency of a frontline workforce project. A national study of licensed social workers.* Washington, DC: National Association of Social Workers.

Correction

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Rebecca L. Toporek, Judith A. Lewis, and Hugh C. Crethar were the guest editors for Special Section: Advocacy Competence in the Summer 2009 issue of the *Journal of Counseling & Development,* Vol. 87, No. 3. Unfortunately, their names were inadvertently omitted in the publication process.