Volume 1, Issue 3

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Letter From the Publisher

March 10th, 2011

The National Board for Certified Counselors (NBCC) decided to launch a new academic journal. But not your average, run-of-the-mill journal—our goal was to create an exciting online resource for the counseling profession that would appeal to the more than 46,000 National Certified Counselors (NCCs) around the world and also speak to counselor educators, practitioners, graduate students, researchers, supervisors, and the general public.

Knowing that this new twist on the traditional journal was an ambitious undertaking and would require some out-of-the-box thinking, we formed a journal team. After many lively discussions, we had a raft of creative ideas for making this journal innovative and distinct, as well as informative, relevant and user-friendly.

Not your average, run-of-the-mill journal—our goal was to create an exciting online resource for the counseling profession that would appeal to the more than 46,000 National Certified Counselors (NCCs) around the world

As part of the process, we asked ourselves basic questions. What was our purpose for creating this journal? To promote the practice of professional counseling. How can we do this? By publishing original, peer-reviewed manuscripts covering a wide range of empirical, theoretical and innovative counseling topics, and delivering this journal in an efficient and timely manner.

When the role of publisher came up—and my name with it—I needed to figure out what a publisher does. A little Internet research revealed that a publisher connects writers to readers. That sounded easy enough.

For the very specific and important job of editor, the journal team selected Dr. J. Scott Hinkle, Director of Professional Development for NBCC. His professional knowledge and insight will serve him well in this demanding role.

And now, with our core journal staff in place, we are very pleased to welcome you to The Professional Counselor: Research and Practice (TPC). We are excited to be able to contribute this resource to the counseling profession and look forward to watching it grow and change to meet your needs.

Dr. Thomas W. Clawson
Publisher, TPC
President & CEO, NBCC

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Counselors-in-training face the challenges of balancing academic, professional, and personal obligations. Many counselors-in-training, however, report a lack of instruction regarding personal wellness and prevention of personal counselor burnout. The present study used CQR methodology with 14 counseling graduate students to investigate counselor-in-training perceptions of self-care, burnout, and supervision practices related to promoting counselor resilience. The majority of participants in this study perceived that they experienced some degree of burnout in their experiences as counselors-in-training. Findings from this study highlight the importance of the role of supervision in promoting resilience as a protective factor against burnout among counselors-in-training and provide information for counselor supervisors about wellness and burnout prevention within supervision practice

Keywords: counselors-in-training, wellness, burnout, supervision, resilience

Professional counselors, due to often overwhelming needs of clients and heavy caseloads, are at high risk for burnout. Research indicates that burnout among mental health practitioners is a common phenomenon (Jenaro, Flores, & Arias, 2007). Burnout is often experienced as "a state of physical, mental, and emotional exhaustion caused by long-term involvement in emotionally demanding situations" (Gilliland & James, 2001, p. 610). Self-care and recognition of burnout symptoms are necessary for counselors to effectively care for their clients as well as themselves. Counselors struggling with burnout can experience diminished morale, job dissatisfaction (Koeske & Kelly, 1995), negative self-concept, and loss of concern for clients (Rosenberg & Pace, 2006). Clients working with counselors experiencing burnout are at serious risk, as they may not receive proper care and attention to often severe and complicated problems.

The potential hazards for counselor distress in practicum and internship are many. Counselors-in-training often begin their professional journeys with a certain degree of idealism and unrealistic expectations about their roles. Many assume that hard work and efforts will translate to meaningful work with clients who are eager to change and who are appreciative of the counselor's efforts (Leiter, 1991). However, clients often have complex problems that are not always easily rectified and which contribute to diminished job-related self-efficacy for beginning counselors (Jenaro et al., 2007). In addition, counselor trainees often experience difficulties as they balance their own personal growth as counselors while working with clients with immense struggles and needs (Skovholt, 2001). Furthermore, elusive measures for success in counseling can undermine a new counselor's sense of professional competence (Kestnbaum, 1984; Skovholt, Grier, & Hanson, 2001). Client progress is often difficult to concretely monitor and define. The "readiness gap," or the lack of reciprocity of attentiveness, giving, and responsibility between the counselor-in-training and the client, are an additional job-related stressor that may increase the likelihood of burnout (Kestnbaum, 1984; Skovholt et al., 2001; Truchot, Keirsebilck, & Meyer, 2000).

Counselors-in-training are exposed to emotionally demanding stories (Canfield, 2005) and situations which may come as a surprise to them and challenge their ideas about humanity. The emotional demands of counseling entail "constant empathy and one-way caring" (Skovholt et al., 2001, p. 170) which may further drain a counselor's reservoir of resilience. Yet, mental health practitioners have a tendency to present themselves as caregivers who are less vulnerable to emotional distress, thereby hindering their ability to focus on their own needs and concerns (Barnett, Baker, Elman, & Schoener, 2007; Sherman, 1996). Counselors who do not recognize and address their diminished capacity when stressed are likely to be operating with impaired professional competence, which violates ethical responsibilities to do no harm.

Counselor supervision is designed to facilitate the ethical, academic, personal, and professional development of counselors-in-training (CACREP, 2009). Bolstering counselor resilience in an effort to prevent burnout is one aspect of

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facilitating ethical, personal, and professional development. Supervisors who work closely with counselors-in-training during their practicum and internship can promote the hardiness and sustainability of counselors-in-training by helping them learn to self-assess in order to recognize personal needs and assert themselves accordingly. This may include learning to say "no" to the demands that exceed their capacity or learning to actively create and maintain rejuvenating relationships and interests outside of counseling (Skovholt et al., 2001). Supervisors also can teach and model self-care and positive coping strategies for stress, which may influence supervisees' practice of self-care (Aten, Madson, Rice, & Chamberlain, 2008). In an effort to bolster counselor resilience, supervisors can facilitate counselor self-understanding about overextending oneself to prove professional competency to achieve a sense of self-worth (Rosenburg & Pace, 2006). Supervisors can help counselors-in-training come to terms with the need for immediate positive reinforcement related to work or employment, which is limited in the counseling profession as change rarely occurs quickly (Skovholt et al., 2001). Counselor resiliency also may be bolstered by helping counselors-in-training establish realistic measures of success and focus on the aspects of counseling that they can control such as their knowledge and ability to create strong therapeutic alliances rather than client outcomes. In sum, distressing issues in counseling, warning signs of burnout, and coping strategies for dealing with stress should be discussed and the seeds of self-care should be planted so they may grow and hopefully sustain counselors-in-training over the course of their careers.

Method

The purpose of this exploratory study was to investigate counselor-in-training perceptions of self-care, burnout, and supervision practices related to promoting counselor resilience. The primary research questions that guided this qualitative study included: (a) What are master's-level counselors-in-training's perceptions of counselor burnout? (b) What are the perceptions of self-care among master's-level counselors-in-training? (c) What, if anything, have master's-level counselors-in-training learned about counselor burnout in their supervision experiences? And (d) what, if anything, have master's level counselors-in-training learned about self-care in their supervision experiences?

The consensual qualitative research method (CQR) was used to explore the supervision experiences of master's-level counselors-in-training. CQR works from a constructivist-post-positivist paradigm that uses open-ended semi-structured interviews to collect data from individuals, and reaches consensus on domains, core ideas, and cross-analyses by using a research team and an external auditor (Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005; Ponterotto, 2005). Using the CQR method, the research team examined commonalities and arrived at a consensus of themes within and across participants' descriptions of the promotion of self-care and burnout prevention within their supervision experiences (Hill et al., 2005; Hill, Thompson, & Nutt Williams, 1997).

Participants

Interviewees. CQR methodologists recommend a sample size of 8–15 participants (Hill et al., 2005). The participants in this sample included 14 individuals; 13 females and 1 male, who were graduate students in master's-level counseling programs and enrolled in practicum or internship courses. The participants attended one of three universities in the United States (one in the Midwest and two in the Southeast). The sample consisted of 10 participants in school counseling programs and 4 participants in clinical mental health counseling programs. Thirteen participants identified as Caucasian, and one participant identified as Hispanic. The ages of participants ranged from 24 to 52 years of age (mean = 28).

Researchers. An informed understanding of the researchers' attempt to make meaning of participant narratives about supervision, counselor burnout, and self-care necessitates a discussion of potential biases. This research team consisted of three Caucasian female faculty members from three different graduate-level counseling programs. All three researchers are proficient in supervision practices and passionate about facilitating counselor growth and development through supervision. All members of the research team facilitate individual and group supervision for counselors-in-training in graduate programs. The three researchers adhere to varying degrees of humanistic, feminist, and constructivist theoretical leanings. All members of the research team believe that supervision is an appropriate venue for bolstering both personal and professional protective factors that may serve as buffers against counselor burnout. It also is worth noting that the three members of the research team believed they had experienced varying degrees of burnout over the course of their careers. The researchers acknowledge these shared biases and attempted to maintain objectivity with an awareness of their personal experiences with burnout, approaches to supervision, and beliefs regarding the importance of addressing protective factors, wellness and burnout prevention in supervision. This study also was influenced by an external auditor

who is a former counselor educator with more than 20 years of experience in qualitative research methods and supervision practice. As colleagues in the field of counselor education and supervision, the research team and the auditor were able to openly and respectfully discuss their differing perspectives throughout the data analysis process, which permitted them to arrive at consensus without being stifled by power struggles.

Procedures for Data Collection

Criterion sampling was used to select participants in an intentional manner to understand specified counseling students' experiences in supervision. Criteria for participation in this study included enrollment as a graduate student in a master's-level counseling program and completion of a practicum experience or participation in a counseling internship in a school or mental health counseling agency. Researchers disseminated information about this study by email to master's-level students in counseling programs at three different universities. Interested students were instructed to contact, by email or phone, a designated member of the research team, who was not a faculty member at their university. All participants were provided with an oral explanation of informed consent and all participants signed the informed consent documents. All procedures followed those established by the Institutional Review Board of the three universities associated with this study.

Within the research team, researchers were designated to conduct all communication, contact, and interviews with participants not affiliated with their respective universities, in order to foster a confidential and non-coercive environment for the participants. Interviews were conducted on one occasion, in person or via telephone, in a semi-structured format. Participants in both face-to-face and telephone interviews were invited to respond to questions from the standard interview protocol (see Appendix A) about their experiences and perceptions of supervision practices that addressed counselor self-care and burnout prevention. Participants were encouraged to elaborate on their perceptions and experiences in order to foster the emergence of a rich and thorough understanding. The transferability of this study was promoted by the rich, thick descriptions provided by an in-depth look at the experiences and perceptions of this sample of counselors-in-training. Interviews lasted approximately 50–70 minutes. The interview protocol was generated after a thorough review of the literature and lengthy discussions about researcher experiences as a supervisee and a supervisor. Follow-up surveys (see Appendix B) were administered electronically to participants six weeks after the interview to capture additional thoughts and experiences of the participants.

Data Analysis

All interviews were audio-taped and transcribed verbatim for data analysis. Transcripts were checked for accuracy by comparing them to the audio-recordings after the transcription process. Participant names were changed to pseudonyms to protect participant anonymity. Participants' real names and contact information were only used for scheduling purposes. Information linking participants to their pseudonyms was not kept.

Coding of domains. Prior to beginning the data analysis process, researchers generated a general list of broad domain codes based on the interview protocol, a thorough understanding of the extant literature, and a review of the transcripts. Once consensus was achieved, each researcher independently coded blocks of data into each domain code for seven of the 14 cases. Next, as a team, the researchers worked together to generate consensus on the domain codes for the seven cases. The remaining cases were analyzed by pairs of the researchers. The third team member reviewed the work of the pair who generated the domain coding for the remaining seven cases. Throughout the coding process, domains were modified to best capture the data.

Abstracting the core ideas within each domain. Each researcher worked independently to capture the core idea for each domain by re-examining each transcript. Core ideas consisted of concise statements of the data that illuminated the essence of the participant's expressed perspectives and experiences. As a group, the researchers discussed the wording of core ideas for each case until consensus was achieved.

Cross analysis. The researchers worked independently to identify commonalities of core ideas within domains across cases. Next, as a group, the research team worked to find consensus on the identified categories across cases. Aggregated core ideas were placed into categories and frequency labels were applied to indicate how general, typical, or variant the

results were across cases. *General* frequencies refer to findings that are true for all but one of the cases (Hill et al., 2005). *Typical* frequencies refer to findings that are present in more than half of the cases. *Variant* frequencies refer to finding in at least two cases, but less than half.

Audit. An external auditor was invited to question the data analysis process and conclusions. She was not actively engaged in the conceptualization and implementation of this study, which gave the research team the benefit of having an objective perspective. The external auditor reviewed and offered suggestions about the generation of domains and core ideas, and the cross-case categories. Most feedback was given in writing. At times, feedback was discussed via telephone. The research team reviewed all auditor comments, looked for evidence supporting the suggested change, and made adjustments based on team member consensus.

Stability check. For the purpose of determining consistency, two of the 14 transcripts were randomly selected and set aside for cross-case analysis until after the remaining 12 transcripts were analyzed. This process indicated no significant changes in core domains and categories, which suggested consistency among the findings.

Results

A final consensus identified five domains: *counselor burnout, counselor self-care, faculty supervision, site supervision, and improvements* (see Table 1). Cross-case categories and subcategories were developed to capture the core ideas. Following CQR procedures (Hill et al., 1997, 2005), a general category represented all or all but one of the cases (n = 13–14); a typical category represented at least half of the cases (n = 7–12); and a variant category represented less than half but more than two of the cases (n = 3 - 6). Categories with fewer than three cases were excluded from further analysis. General categories were not identified from the data.

Table 1

Domains, Categories, and Frequencies of Participants' Responses

Domains	Categories	Frequency
Counselor Burnout	Experiencing burnout	Typical
Counselor Burnout	Multiple stressors that lead to burnout	Variant
Counselor Self-Care	Self-Care is purposeful and proactive	Typical
Faculty Supervision	Faculty supervisors directly promote counselor resiliency	Typical
Faculty Supervision	Faculty supervisors indirectly promote counselor resiliency	Typical
Site Supervision	Site supervisors did not directly address burnout or self-care	Typical
Improvements	Improvements for counselor supervision	Typical
Improvements	Improvements for counseling programs	Typical

Note. N = 14. Typical = category applied to at least half of the cases; variant = category applied to fewer than half of the cases. The Typical/Variant frequency is due to different frequencies in the subcategories.

Counselor Burnout

Experiencing burnout. Most participants reported knowledge of or having experiences with burnout. Participants identified stressors leading to burnout as a loss of enthusiasm and compassion, the struggle to balance school, work, and personal responsibilities and relationships, and difficulty delineating and separating personal and professional boundaries.

Participants described counselor burnout as no longer having compassion or enthusiasm for counseling clients. One participant defined counselor burnout as, "it seems routine or [counselors] feel like they've dealt with so many situations over time that they're just kind of losing some compassion for the field or the profession." Another participant described counselor burnout as no longer seeing the unique qualities of individuals seen in counseling:

> I wouldn't see [clients] as individuals anymore...and that's where I get so much of it coming at me, or so many clients coming at me, that they're no longer an individual they're just someone that's sitting in front of me, and when they leave they write me a check....they are not people anymore, they're clients.

Participants often discussed a continual struggle to balance personal and professional responsibilities. One participant described burnout as foregoing pleasurable activities to focus on work-related tasks:

> I can tell when I am starting to get burned out when I am focusing so much on those things that I forgo all of those things that are fun for me. So I am not working out anymore, I am not reading for fun, and I am putting off hanging out with my friends because of my school work. There's school work that maybe doesn't have to get done at that moment, but if I don't work on it I'm going to be thinking about it and not having fun.

Another participant described burnout as having a hard time balancing professional and personal responsibilities stating, "I think I don't look forward to...working with…people. I'm just kind of glad when they don't show up. And this kind of sense that I'm losing the battle to keep things in balance."

Boundary issues were commonly cited by participants. Several participants reported that they struggled to be assertive, set limits, maintain realistic expectations, and not assume personal responsibility for client outcomes. One participant described taking ownership of a client's outcome and wanting to meet all the needs of her clients:

> I believe part of it is internalizing the problem on myself, feeling responsible. Maybe loosing sight of my counseling skills and feeling responsible for the situation. Or feeling helpless. Also, in school counseling there tends to be a larger load of students. And this is frustrating to not meet all the needs that are out there.

Participants reported experiences with burnout and multiple stressors that lead to burnout. Participants defined counselor burnout as a loss of compassion for clients, diminished enthusiasm, difficulty maintaining a life-work balance, and struggles to maintain boundaries.

Counselor Self-Care

Self-care is purposeful and proactive. Participants were asked to describe self-care for counselors and reported that self-care requires purposeful efforts to set time aside to engage in activities outside of work that replenish energy and confidence. Most participants identified having and relying on supportive people, such as family, friends, and significant others to help them cope with stressors. Participants also identified healthy eating and individualized activities such as exercise, reading, meditation, and watching movies as important aspects of their self-care. One participant described self-care as:

> Anything that can help you reenergize and refill that bucket that's being dipped into every day. If that's going for a walk in the park...so be it. If that's going to Starbucks...go do it....Or something that makes you feel good about yourself, something that makes you feel confident, or making someone else feel confident....Whatever it is, something that makes you feel good about yourself and knowing that you're doing what you need to be doing.

Participants reported that self-care requires proactive efforts to consult with supervisors and colleagues; one of the first steps is recognizing when one needs consultation. One participant explained:

> I think in our program, [the faculty] were very good about letting us know that if you can't handle something, refer out, consult. Consult was the theme. And then if you feel you really can't handle it before you get in over your head, make sure you refer out to someone you feel is qualified.

Participants described self-care as individualized and intentional, and included activities and supportive people outside of school or work settings that replenished their energy levels. Participants also discussed the importance of identifying when counselor self-care is necessary and seeking consultation for difficult client situations.

Faculty Supervision

Faculty supervisors directly promote counselor resiliency. More than half of the participants reported that faculty supervisors directly initiated conversations about self-care. A participant explained, "Every week when we meet for practicum, [the faculty supervisor] is very adamant, 'is everyone taking care of themselves, is anyone having trouble?' She is very open to listening to any kind of self-care situation we might have." Similarly, another participant stated, "Our professors have told us about the importance of self-care and they have tried to help us understand which situations are likely to cause us the most stress and fatigue." One participant identified preventive measures discussed in supervision:

> In supervision, counselor burnout is addressed from the perspective of prevention. We develop personal wellness plans, and discuss how well we live by them during supervision….Self-care is addressed in the same conversation as counselor burnout. In supervision, the mantra is good self-care is vital to avoiding burnout.

Faculty supervisors indirectly promote counselor resiliency. Participants also reported that faculty supervisors indirectly addressed counselor self-care by being flexible and supportive of participants' efforts with clients. Participants repeatedly expressed appreciation for supervisors who processed cases and provided positive feedback and practical suggestions. One participant explained, "I know that [my supervisor] is advocating for me, on my side, and allowing me to vent, and listening and offering advice if I need it....giving me positive feedback in a very uncomfortable time."

Further, participants stated they appreciated supervisors who actively created a safe space for personal exploration. One participant explained:

> [Supervision] was really a place for us to explore all of ourselves, holistically. The forum existed for us for that purpose. [The supervisors] hold the space for us to explore whatever needs to be explored. That was the great part about internship with the professor I had. He sort of created the space, and we took it. It took him allowing it, and us stepping into the space.

Modeling self-care also is an indirect means of addressing counselor burnout and self-care. Half of the participants reported that their faculty supervisors modeled self-care. For example, faculty supervisors demonstrated boundaries with personal and professional obligations, practiced meditation, performed musically, and exercised. Conversely, participants reported that a few supervisors demonstrated a lack of personal self-care by working overtime, sacrificing time with their families for job obligations, and/or having poor diet and exercise habits.

Participants reported that faculty supervisors directly and indirectly addressed counselor burnout and self-care in supervision. Supervisors who intentionally checked in with the supervisees and used specific techniques such as wellness plans were seen as directly affecting the participants' perspective on counselor self-care. Supervisors who were present and available, created safe environments for supervision, provided positive feedback and suggestions, and modeled self-care were seen as indirectly addressing counselor self-care. Both direct and indirect means of addressing counselor burnout and self-care were seen as influential by participants.

Site Supervision

Site supervisors did not directly address burnout or self-care. Participants reported that site supervisors rarely initiated conversations about counselor burnout or self-care. One participant reported that counselor burnout was not addressed and as a result she felt a lack of support from the supervisor:

> [Site Supervisors] don't ask about burnout though. Every time I'm bringing it up, the answers I'm getting are 'well, when you're in grad school you don't get a life.' You know, yeah, I get that, but that's not really true, so I get a lot of those responses, 'well, you know, welcome to the club.'

One participant stated that her site supervisor did not specifically address counselor burnout or self-care, stating "I think that is less addressed in a school setting than it is in the mental health field....I think that because we see such a small

picture of our students, I think it is not as predominantly addressed." Some participants, however, reported that their site supervisors indirectly addressed self-care by modeling positive behaviors. One participant stated:

> [My site supervisor] has either structured her day or her life in such a way that no one cuts into that time unless she allows it. In that sense, she's great at modeling what's important…She just made a choice....She was protective. She made her priorities. Her family was a priority. Her walk was a priority, getting a little activity. Other things, house chores, may have fallen by the wayside. She had a good sense of priorities, I thought. That was good to watch.

In summary, participants reported that counselor burnout and self-care were not directly addressed in site supervision. Indeed, some participants felt a lack of support when feeling overwhelmed by counseling duties, and that school sites may address burnout and self-care less than at mental health sites. At best, self-care was indirectly modeled by site supervisors with positive coping mechanisms.

Improvements for Counselor Supervision and Training

Improvements for counselor supervision. More than half of the participants reported wanting more understanding and empathy from their supervisors. One participant complained:

> A lot of my class mates have a lot on their plates, like I do, and our supervisors don't have as much on their plate as we do. And it seems like they don't quite get where we are coming from. They are not balancing all the things that we are balancing....a lot of the responses you get demonstrate their lack of understanding.

Another participant suggested:

> I think just hearing what the person is saying. If the person is saying, I need a break, just the flexibility. Not to expect miracles, and just remember how it felt when you were in training. Just be relatable to the supervisees and try to understand what they are going through, and their point of view. You don't have to lower your expectations to understand where we're at…and to be honest about your expectations...flexible, honest, and understanding. If [supervisors] are those three things, it'll be great.

Participants also suggested having counselor burnout and self-care more thoroughly addressed in supervision, including more discussions on balancing personal and professional responsibilities, roles, and stressors. One participant explained:

> What would be really helpful when the semester first begins is one-on-one time that is direct about 'how are you approaching this internship in balance with the rest of your life?' 'What are any issues that it would be worthwhile for me to know about?' How sweet for the supervisor to see you as a whole person. And then to put out the invitation: the door's always open.

Improvements for counselor training programs. More than half of the participants wanted a comprehensive and developmentally appropriate approach to self-care interwoven throughout their counselor training, with actual practice of self-care skills rather than "face talk." One participant commented:

> Acknowledge the reality that a graduate-level program is going to be a challenge, talking about that on the front end....[faculty] can't just say you need to have self-care and expect [students] to be able to take that to the next level if we don't learn it in a graduate program....how much better would it be for us to have learned how to manage that while we were in our program and gotten practice and feedback about that, and then that is so important of a skill to transfer and teach to our clients.

Most of the participants suggested the inclusion of concrete approaches to counselor self-care. Participants provided examples such as preparing students for their work as counselors-in-training by giving them an overview of program expectations at the beginning of their programs, and providing students with self-care strategies to deal with the added stressors of graduate school such as handling administrative duties during internship, searching for employment prior to graduation, and preparing for comprehensive exams.

Discussion

Findings from this study highlight the importance of the role of supervision in promoting resilience as a protective factor against burnout among counselors-in-training. The majority of participants in this study perceived that they experienced some degree of burnout in their experiences as counselors-in-training. Participants' perceptions of experiencing burnout are a particularly meaningful finding because it indicates that these counselors-in-training see themselves as over-taxed during their education and training. If, during their master's programs, counselors-in-training are creating professional identities based on cognitive schemas for being a counselor, then perhaps these counselors-in-training have developed schemas for counseling that include a loss of compassion for clients, diminished enthusiasm for counseling, a lopsided balance of personal and professional responsibilities, and struggles to maintain boundaries. Counselors-in-training should be aware of these potential pitfalls as these counselors-in-training reported experiencing symptoms of burnout which were rarely addressed in supervision.

In contrast to recent literature, which suggests that counselor burnout is related to overcommitment to client outcomes (Kestnbaum, 1984; Leiter, 1991; Shovholt et al., 2001), many counselor trainees in this study did not perceive that their supervisors directly addressed their degree of personal commitment to their clients' success in counseling. Similarly, emotional exhaustion is commonly identified as a potential hazard for burnout (Barnett et al., 2007); yet, few participants believed that their supervisors directly inquired about the degree of emotional investment in their clients. Finally, elusive measures of success in counseling are often indicated as a potential factor for burnout (Kestnbaum, 1984; Skovholt, et al., 2001). The vast majority of participants interviewed for this study did not perceive that these elusive measures of success were addressed in their supervision experiences. Supervisors who are interested in thwarting counselor burnout early in the training experiences of counselors may want to consider incorporating conversations about overcommitment to client outcomes, emotional exhaustion, degree of emotional investment, and elusive measures of success into their supervision with counselors-in-training. In an effort to promote more resilient schemas and expectations for counseling work, supervisors can take an active role in helping counselors-in-training understand the importance of awareness and protective factors to protect against a lack of compassion, enthusiasm, life-work balance, and professional boundaries, similar to the way a pilot is aware that a plane crash is possible and therefore employs purposeful and effective methods of prevention and protection.

Participants in this study conceptualized self-care as purposeful behavioral efforts. Proactive behavioral choices such as reaching out to support others are ways that many counselors engage in self-care. However, self-care cannot be solely limited to engagement in specific behaviors. Self-care also should include discussions about cognitive, emotional, and spiritual coping skills. Supervisors can help counselors-in-training create a personal framework for finding meaning in their work in order to promote hardiness, resilience, and the potential for transformation (Carswell, 2011). Because of the nature of counseling, it is necessary for counselors to be open and have the courage to be transformed. Growth and transformation are often perceived as scary and something to be avoided. Yet, growth and transformation can be embraced and understood as part of each counselor's unique professional and personal process. Supervisors can normalize and validate these experiences and help counselors-in-training narrate their inspirations and incorporate their personal, spiritual, and philosophical frameworks in their counseling. In addition, supervisors can directly address misperceptions about counseling, which often include: "I can fix the problem," "I am responsible for client outcomes," "Caring more will make it better," and "My clients will always appreciate me" (Carswell, 2011). While these approaches to supervision are personal in nature, counselors-in-training in this study reported an appreciation for time spent discussing how the personal informs the professional. This finding is consistent with Bernard & Goodyear's (1998) model of supervision which emphasizes personal development as an essential part of supervision. Models for personal development in counselor education programs have been proposed by many professionals in the field of counseling (Myers, 1991; Myers & Williard, 2003; Witmer & Granello, 2005).

Counselors-in-training in this study reported an appreciation for supervision experiences in which their supervisors provided direct feedback and positive reinforcement. Counselors-in-training often experience performance anxiety and self-doubt (Aten et al., 2008). In an effort to diminish counselor-in-training anxiety, supervisors may provide additional structure and feedback in the early stages of supervision. Once the counselor-in-training becomes more secure, the supervisor may facilitate a supervisory relationship that promotes supervisee autonomy and higher-level thinking.

The majority of participants interviewed reported a desire for supervisors to place a greater emphasis on life-work

balance and learning to cope with stress. These findings suggest the importance of counselor supervisors examining their level of expressed empathy and emphasis on preventive, as well as remedial, measures to ameliorate symptoms and stressors that lead to counselor burnout. Participants expressed a need to be more informed about additional stressors in graduate school such as administrative tasks in internship, preparing for comprehensive exams, and how to search for employment. These findings suggest the need for counselor educators and supervisors to examine how they indoctrinate counselors-in-training into training programs in order to help provide realistic expectations of work and personal sacrifice during graduate school and in the counseling field. Moreover, counselor educators and supervisors should strive to provide ongoing discussions on self-care throughout the program, specifically when students in internship are experiencing expanding roles between school, site placement, and searching for future employment. As mental health professionals, counselor educators and supervisors may also struggle with their own issues of burnout; thus, attentiveness to self-care also is recommended for those who teach and supervise counselors in training.

Limitations

Findings from this study will benefit counselor educators, supervisors, and counselors-in-training; however, some limitations exist. One limitation is the lack of diversity in the sample of participants. The majority of the participants identified as Caucasian females, which is representative of the high number of enrolled females in the counseling programs approached for this study. The purpose for this study, however, was not to generalize to all counselor trainees' experiences, but rather to shed light on how counselor perceptions of burnout and self-care are being addressed, or not, in counselor supervision.

Participant bias and recall is a second limitation of this study. Recall is affected by a participant's ability to describe events and may be influenced by emotions or misinterpretations. This limitation was addressed by triangulating sources, including a follow-up questionnaire, reinforcing internal stability with researcher consensus on domains, core ideas, and categories, and by using an auditor to evaluate analysis and prevent researcher biases.

Conclusion

Counselors should be holders of hope for their clients, but one cannot give away what one does not possess (Corey, 2000). Counselors who lack enthusiasm for their work and compassion for their clients are not only missing a critical element of their therapeutic work, but also may cause harm to their clients. Counseling is challenging and can tax even the most "well" counselors. A lack of life-work balance and boundaries can add to the already stressful nature of being a counselor. Discussions in supervision about the potential for emotional exhaustion, the counselor-in-training's degree of emotional investment in client outcomes, elusive measures of success in counseling, coping skills for managing stress, meaning-making and sources of inspiration, and personalized self-care activities are several ways supervisors can promote counselor resilience and sustainability. Supervisors should discuss the definitions of burnout, how burnout is different from stress, how to identify early signs of burnout, and how to address burnout symptoms in order to promote wellness and prevent burnout in counselors-in-training. Counselor educators and supervisors have the privilege and responsibility of teaching counselors-in-training how to take care of themselves in addition to their clients.

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Appendix A

Interview Protocol

1. What do you know about counselor burnout or how would you define counselor burnout?
2. What do you think are possible causes of counselor burnout?
3. As counselors we often are overloaded with administrative duties which may include treatment planning, session notes, and working on treatment teams. What has this experience been like for you?
4. Counseling requires a tremendous amount of empathy which can be emotionally exhausting. What are your experiences with empathy and emotional exhaustion? Can you give a specific example?
5. How do you distinguish between feeling tired and the early signs of burnout?

6. As counselors, we sometimes become overcommitted to clients who are not as ready, motivated, or willing to engage in the counseling process. Not all of our clients will succeed in the way that we want them to. How do you feel when your clients don't grow in the way you want them to? How has this issue been addressed in supervision?
7. What is your perception of how your supervisors have dealt with stress?
8. How has counselor burnout been addressed in supervision?
   prompt: asked about, evaluated, provided reading materials, and how often
9. How have specific issues related to burnout been addressed in supervision such as: (a) over-commitment to clients who seem less motivated to change, (b) emotional exhaustion, and (c) elusive measures of success?
10. How could supervision be improved in addressing counselor burnout?
    prompt: asked about, evaluated, provided reading materials, modeled by supervisor
11. What do you know about self-care or how would you define self-care for counselors?
12. What are examples of self-care, specifically ones that you use as counselors-in-training?
13. How has counselor self-care been addressed in supervision?
14. Sometimes we have to say "no." How would you characterize your ability to say "no?" What have you learned in supervision about setting personal and professional boundaries?
15. What, if any, discussions have you had in supervision about your social, emotional, spiritual, and/or physical wellbeing? What is a specific example?
16. How could supervision be improved in addressing counselor self-care?
    prompt: asked about, provided reading materials, modeled by supervisor
17. How could your overall counselor training be improved in addressing counselor burnout and counselor self-care?

Appendix B

Follow-Up Questionnaire

1. How would you describe counselor burnout?
2. How has counselor burnout been addressed in supervision?
3. How could supervision be improved in addressing counselor burnout?
4. How would you describe self-care for counselors?
5. How has counselor self-care been addressed in supervision?
6. How could supervision be improved in addressing counselor self-care?
7. How could your overall counselor training be improved in addressing counselor burnout and counselor self-care?

The Impact of Internalized Homophobia on Outness for Lesbian, Gay, and Bisexual Individuals

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Internalized homophobia, or the acceptance of society's homophobic and antigay attitudes, has been shown to impact the coming out process for LGB individuals. The current study examined the relationship between levels of outness to family, friends and colleagues and internalized homophobia for 291 lesbian, gay, and bisexual individuals. Results suggest internalized homophobia is a predictor of outness to friends, colleagues, and extended family, but not nuclear family. A discussion of these findings as well as implications for counselors are provided.

Keywords: internalized homophobia, "coming out," lesbian, gay, bisexual

Lesbian, gay and bisexual individuals (LGB) have been shown to be one of the most stressed population groups in society (Iwasaki & Ristock, 2007). Beyond dealing with daily stressors common with their heterosexual counterparts, LGB individuals experience unique stressors such as homophobia, societal discrimination and limited social and institutional supports due to their same-gender sexual orientations. *Homophobia* is defined as the anxiety, aversion, and discomfort that some individuals experience in response to being around, or thinking about LGB behavior or people (Davies, 1996; Spencer, & Patrick, 2009).

Homophobia is endorsed through the perpetuation of negative stereotypes about LGB behavior and people on both societal and individual levels, and the discrimination and prejudice of LGB people across the lifespan (Bobbe, 2002; Davies, 1996; Spencer & Patrick, 2009). Subtle forms of homophobia and discrimination such as the exclusion of LGB couples in the media and blatant acts of alienation experienced when individuals refuse to rent to LGB people are far too common in the lives of LGB individuals (Neisen, 1990; Smiley, 1997). Other examples of homophobia include unfair treatment by family, friends, and peers; loss of employment or lack of promotions; and observing/hearing people making anti-gay jokes (King, Reilly, & Hebl, 2008; Rankin, Weber, Blumenfeld, & Frazer, 2010). These homophobic events greatly affect the lives of LGB individuals such that many LGB individuals hide their sexual orientation from others and feel shame and other negative feelings towards themselves (Center for Substance Abuse Treatment [CSAT], 2001).

Higher levels of stress are common among LGB individuals who feel they have to hide their sexual orientation from others (Iwasaki & Ristock, 2007) or have negative feelings towards themselves based on their same-gender sexual attractions (Weber, 2008). The acceptance of society's homophobic and anti-gay attitudes about LGB sexual orientations is known as *internalized homophobia*. Low self-esteem and low self-acceptance; shame; guilt; depression and anxiety; feelings of inadequacy and rejection; verbal and physical abuse by family, partners, and/or peers; homelessness; prostitution; substance use and abuse; and suicide are some of the common feelings or behaviors that are associated with internalized homophobia (CSAT, 2001; Diamond & Wilsnack, 1978; Grossman, 1996; Lewis, Saghir, & Robins, 1982; Ross & Rosser, 1996; Saghir & Robins, 1973; Spencer, & Patrick, 2009; Stall & Wiley, 1988; Stein & Cabaj, 1996). According to Bobbe (2002), the negative feelings and behaviors associated with internalized homophobia can have a more painful and disruptive influence on the health of LGB individuals than external, overt forms of oppression such as prejudice and discrimination.

Homophobia and internalized homophobia have been shown to impact the *coming out process* for LGB individuals. "Coming out" is a shortened term for "coming out of the closet" (Hunter, 2007, p. 41). As LGB individuals begin to disclose their sexual orientation to others, or "come out," they often experience a series of stages that include but are not limited to an initial awareness of being different, grieving, feelings of inner conflict, and an established sexual minority identity with long-term relationships. This is a developmental process that involves a person's awareness and

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acknowledgement of same-gender oriented thoughts and feelings while accepting being LGB as a positive stage of being (Browning, Reynolds, & Dworkin, 1991; Kus, 1990; McGregor et al., 2001; Ridge, Plummer, & Peasley, 2006). The process of forming an LGB identity or "coming out" is a challenging process as it involves adopting a non-traditional sexual identity, restructuring one's self-concept, and changing one's relationship with society (Reynolds & Hanjorgiris, 2000; Ridge, Plummer, & Peasley, 2006).

Coming out for bisexual individuals is a "more ambiguous status" (Hunter, 2007, p. 53) as it is complicated by marginalization from both the straight and gay communities. This marginalization usually includes same-gender oriented friends urging bisexual individuals to adopt a gay lifestyle and heterosexually-oriented friends pressuring them to conform to heterosexual standards (Smiley, 1997). Although it is common for research on bisexual individuals to be lumped with lesbians and gay men (Hoang, Holloway, & Mendoza, 2011), Knous (2005) proposed a series of steps that individuals who identify as bisexual might take in disclosing and ultimately embracing their sexual identity. The first step is to be attracted or to participate in sexual activity with someone of either gender. The second step is to become labeled as bisexual either by themselves or by society. The third step is to be participatory in the bisexual community through personal or group pride. Bisexual individuals still experience stigma similar to their lesbian, gay, or heterosexual counterparts (Knous, 2005), and respond in similar ways: they might "pass" as either gay or straight, an act intended to hide one's same-gender attractions (Herek, 1996); disclose their bisexual identity; or join support groups to fight the stigma (Knous, 2005).

Multiple researchers have described average chronological ages at which experiences related to coming out occur, which were summarized by Hunter (2007). Lesbians and bisexual women first experience awareness of same-gender attraction between the ages of ten and eleven years; gay and bisexual males between the ages of nine and thirteen years. Gay male youths on average experience their first sexual experiences a few years later between the ages of thirteen and sixteen years, while lesbian youths experiment around twenty years of age. First disclosures of sexual orientation happen between the ages of sixteen and nineteen for lesbian youths, and sixteen and twenty for gay male youths. Regardless of the age of disclosure, negative responses to being lesbian, gay, or bisexual still occur, and this "tempers the motivation of persons…in terms of making disclosures" (Hunter, 2007, p. 84). This may explain the three main patterns of sexual identity in individuals who are moving towards identifying as gay, lesbian, or bisexual (Rosario, Schrimshaw, Hunter, & Braun, 2006). These patterns include consistently identifying as gay or lesbian, transitioning from bisexual to gay or lesbian, and consistently identifying as bisexual. Youths who were engaged in transitional identities continued to change their behavior and orientation to match their new identity. The process of acceptance of one's sexual identity, committing to that identity, and integrating that identity into one's life is something that does not end after adolescence, but continues into adulthood (Rosario, Schrimshaw, Hunter, & Braun, 2006).

The process of coming out could be a major source of stress for LGB individuals (Iwasaki & Ristock, 2007). Some disclosures could cause harm in the lives of LGB individuals such as family crisis, dismissal from the household, loss of custody of children, loss of friends, or mistreatment in the workplace (Hunter, 2007; Rotheram-Borus & Langabeer, 2001; Savin-Williams & Ream, 2003). Yet, not coming out to others means LGB individuals must maintain personal, emotional, and social distance from those to whom they remain closeted in order to "protect the secrecy" of their "core identity" (Brown, 1988, p. 67).

A number of studies have explored the unique challenges associated with the coming out process for LGB individuals. A study by Flowers and Buston (2001) investigated "passing" as heterosexual, or assuming the identity of a heterosexual individual while hiding behaviors associated with an LGBT identity. In their study, Flowers and Buston examined the retrospective accounts of gay identity development for 20 gay men. *Living a lie* was identified as a common theme in their interviews such that many men continued to assume a heterosexual identity as a response to a non-accepting homophobic society. This lie was not something that was simply stated; rather, it had to be created and maintained "all the time" (p. 58, Flowers & Buston), and only temporarily eased the participants' feelings of isolation and identity confusion (Flowers & Buston). Shapiro, Rios, & Stewart (2010) support the findings of Flowers and Buston. In this study that explored narrative accounts of sexual minority identity development among lesbians, cultural norms that failed to acknowledge the existence of non-normative sexual identities were identified and discussed. Such neglect of LGB identities required personal silence on the part of the respondents, which helped them avoid the negative consequences of coming out such as feelings of danger and discomfort as well as punishment.

Paul and Frieden (2008) examined the process of integration of gay identity and self-acceptance among gay men. Participants described societal homophobia and heterosexism as "powerful barriers" to self-acceptance, and validation and acceptance from others as helpful supports in the acceptance of themselves. Respondents indicated that they felt emotional pain or crisis when they began to develop a same-gender sexual identity and received negative messages about that identity. They feared that loved ones would not be accepting, and often denied that they were gay, both to themselves and to others.

A study by Rowen and Malcolm (2002) examined internalized homophobia and its relationship to sexual minority identity formation, self-esteem, and self-concept among 86 gay men. Results indicated that higher levels of internalized homophobia were associated in less developed gay male identities. In addition, gay men who felt more uncomfortable with their sexual orientations were more likely to experience guilt over their same-gender sexual behavior. Internalized homophobia also was found to be related to lower levels of self-esteem and self-concept in terms of physical appearance and emotional stability.

There are a diverse range of personal variables such as "personality characteristics, overall psychological health, religious beliefs, and negative or traumatic experiences regarding one's sexual orientation" (Hunter, 2007, p. 94) that impact to whom LGB individuals disclose their same-gender sexual orientation. Some same-gender oriented individuals are closeted entirely and hide their sexual orientations from others for fear of their reactions (Iwasaki & Ristock, 2007). Others will only come out to selected people (e.g., friends, family, colleagues, teachers, medical providers) rather than everyone at once. Several will come out completely and become very involved in the LGB community by attending LGB events and venues.

In general, disclosures are most often first made to friends of LGB people who are considered to be somewhat affirming of one's same-gender sexual orientation (Hunter, 2007). According to Cain (1991), coming out to friends can bring two friends closer together, confirm an already close relationship, or cause a strain between previously close friends. Results from a study by D'Augelli and Hershberger (2002) revealed that 73% of lesbian and gay youths first told a friend about their same-gender sexual attractions. Other research suggested that bisexual men and women are also more likely to disclose to their friends than to family members and work colleagues (Hunter, 2007). These friends are usually across sexual identities and often with individuals who are heterosexual, and less with other bisexuals (Galupo, 2006).

Regardless of the outcome, the notion that disclosure to friends differs from disclosure to family members allows for LGB individuals to "select friends who are supportive or drop those unlikely to accept the revelation, something they cannot do in their parental or sibling relationships" (Cain, 1991, p. 349). LGB individuals do not always disclose their LGB sexual orientations to family members for fear of consequences such as "…anything from a dismissal of their feelings to an actual dismissal from the household" (Rotheram-Borus & Langabeer, 2001, p. 104). Disclosures to parents elicit much anxiety for LGB individuals as there are limited ways to predict how parents will respond (Hunter, 2007). Many LGB individuals fear losing familial support after disclosing to family members (Carpineto et. al, 2008; D'Augelli, Grossman, & Starks, 2005). According to Shapiro, Rios, & Stewart (2010), when LGB individuals have identified the family as a source of conflict, these individuals considered their parental figures to be unsupportive of their sexual identity. This conflict leads to an increase in tension within the family. According to Savin-Williams and Ream (2003), 90% of college men reported that coming out to their parents was a "somewhat" to "extremely" challenging event for them (p. 429).

Siblings have been described as more accepting of their LGB sibling's disclosure, and if there is rejection it is usually less stressful than rejection by the parents (Cain, 1991). Lesbian wives do not often disclose to their husbands for fear of consequences (i.e., violence, custody battles), but men who come out as bisexual following their marriage to a woman tell her soon after he accepts his bisexual identity (Hunter, 2007). No data on gay men and their disclosure to their wives could be located. It also is not uncommon for LGB parents to keep their same-gender sexual orientations from their children for fear of losing custody or inflicting harm on their children (Hunter, 2007).

There are positives and negatives to coming out at work and to work colleagues (Hunter, 2007), and therefore there are varying levels of disclosure among LGB individuals. Research suggests that LGB individuals who are more open at work experience higher levels of job satisfaction and commitment to the workplace (Day & Shoenrade, 1997; Griffith & Hebl, 2002; King, Reilly, & Hebl, 2008). Some LGB individuals may feel "honest, empowered and connected" after

disclosure at work, and able to speak more freely about their personal lives and romantic relationships (Hunter, 2007, p. 127). Organizations that have written non-discrimination policies, are actively affirmative, and offer trainings that incorporate LGB issues usually impact whether lesbian and gay individuals come out in the workplace (Griffith & Hebl, 2002). It is unfortunate, however, that there is little legal protection for LGB individuals based on sexual orientation in most workplaces (Hunter, 2007). The possible harm (i.e., ridicule, ostracism, job loss) of disclosing at work without legal protection, and in some cases even with legal protection, causes many LGB individuals to stay closeted at work. Although keeping one's LGB sexual orientation a secret might create fewer problems with regard to stigma, discrimination, and discreditability, living "a double life" can be personally and professionally "costly" (Hunter, 2007, p. 126). Hunter further summarized the limited professional literature on outness in the workplace and reported that more than two-thirds of lesbian and gay individuals think coming out in the workplace would create problems and challenges for them, while one-third believed disclosure would hurt their career progression (i.e., not being hired, not being promoted, not receiving personal or professional support). Fears of and personal experiences with harassment and heterosexism in the workplace also could negatively impact one's psychological and physical well-being and thus one's decision to disclose to work colleagues.

A major study based on the utilization of The National Lesbian Health Care Survey (NLHCS; Bradford, Ryan, & Rothblum, 1993) examined the degrees of outness and to whom disclosures were made for a national sample of 1,925 lesbians. The results of this study support the aforementioned identification of whom LGB individuals come out to more often as they move through the process of forming a sexual minority identity. Researchers found that although the majority of lesbians (88%) were out to all gay and lesbian individuals who they knew, much smaller numbers were out to all family members (27%), heterosexual friends (28%), and co-workers (17%). Furthermore, many participants reported not coming out to any family members (19%) or co-workers (29%). Correlations between degree of outness and fears as a lesbian were also analyzed and results showed a negative relationship such that lesbians who were less out to family, heterosexual friends, and co-workers had more fear of exposure as a lesbian. Correlations were strongest among outness to heterosexual friends and co-workers. No other studies that specifically examined the relationship between level of outness and internalized homophobia could be located. Therefore, this important relationship remains underexplored.

In summary, LGB individuals have been described as an at-risk group based on the high level of homophobia on both societal and individual levels. Such experiences with homophobia impact the way LGB individuals view themselves, particularly how they define their sexual minority identities which have been historically marginalized and stigmatized. Consequently, negative views of self result from the internalization of society's negative attitudes towards LGB individuals. Internalized homophobia has been documented as a potential disruption to the coming out process as it impacts an LGB individual's decision to be closeted completely, come out to selected individuals, or come out to all (Cabaj, 1997). Disclosure or non-disclosure to family, friends, and colleagues and how it is impacted by internalized homophobia warrants attention from researchers as it has significant implications in the lives of LGB individuals.

Purpose of the Study

The purpose of the present study was to gain a better understanding of the relationship between levels of outness to family, friends and colleagues and internalized homophobia. Conducting research on risk factors that negatively impact the coming out process, such as internalized homophobia, will generate knowledge that will help reduce the stress unique to LGB individuals. Such research also will increase the provision of quality and effective support to cope with stress for this historically underserved population group (Iwasaki & Ristock, 2007).

We hypothesized that internalized homophobia would predict whether one comes out to all family (nuclear and extended family), friends, and colleagues. Internalized homophobia and concerns about coming out contributes to an LGB individual's reluctance to enter the 'scene' or culture which is related to their sexual identity (Ridge, Plummer, & Peasley, 2006). In fact, internalized homophobia has prevented some LGB individuals from never finding their true selves, creating a further disconnection from their true identities. Based on this finding as well as others, we propose that LGB individuals with high levels of internalized homophobia would be less likely to come out as LGB to all family (nuclear and extended family), friends and colleagues. If issues related to internalized homophobia, a well-documented risk factor for stress among LGB individuals, are addressed, improvement in the mental health and overall quality of life for LGB individuals can occur (Wagner et al., 1996).

Method

Participants

Two hundred ninety individuals between the ages of 18 and 71 responded to our study. Forty-seven percent (n = 131) of respondents identified as lesbian, 42% (n = 117) as gay, and 4% (n = 12) as bisexual. More than half of the respondents identified their gender identity as woman (51%, n = 154), 45% (n=127) as man, 2% (n = 5) as transgender, and 2% (n = 5) as "other." Seventy-three percent (n = 204) had an associate's degree or higher, and 69% (n=192) identified as White (see Table 1 for complete demographics). Due to the small number of transgender respondents, we did not examine their experiences by gender identity. We do recognize, however, the unique interaction between gender identity and sexual identity, and encourage future research in this area.

Table 1

Demographics of Participants

Age	18–71 years (M =38)		
		Total	%
Gender			
	Man	127	45
	Woman	154	51
	Transgender	5	2
	Other	5	2
Sexual Orientation			
	Lesbian	131	47
	Gay Male	117	42
	Bisexual	12	4
	Other	12	4
Ethnicity			
	African American	8	3
	Asian American	17	6
	White	192	69
	Hispanic/Latino	22	8
	American Indian	7	3
	Bi-Racial/Multi-Racial	17	6
	Other	17	6
Education Level			
	Some High School	1	<1
	High School Diploma	7	3
	Some College, Tech.	70	25
	Associate's Degree	15	5
	Bachelor's Degree	92	33
	Master's Degree	75	27
	Doctoral Degree	22	8
	Other	13	5

Materials

Levels of Outness. The questions used in this study that assessed level of outness of participants were adapted with permission from a survey developed by Rankin (2003). These questions are part of a larger campus climate survey that is used nationally to assess campus climate for community members. This set of questions showed high internal consistency ($\alpha = .80$). Using a varimax rotation, items load as one factor and account for 65% of the variance.

Internalized Homophobia Scale (IHP; Martin & Dean, 1987). The Internalized Homophobia Scale is a 9-item measure adapted for self-report. Previous research has indicated that the self-administered version of the IHP scale has acceptable internal consistency and correlated as expected with relevant measures (Herek & Glunt, 1995). Items are administered with a 5-point response scale, ranging from *disagree strongly* to *agree strongly*. Reliability coefficients for this scale are typically higher for men ($\alpha = .83$) then women ($\alpha = .71$).

Procedure

An online survey was created through PsychData, a Web-based company that conducts Internet-based research in the social sciences. Participants were invited through email advertisements to general and multicultural LGBT list-servs. Personal networks also were utilized. Participants were made aware of the intentions of the survey and the topics they would encounter. Participation was anonymous and all respondents reviewed and gave informed consent before initiating the study. (Appropriate IRB approval was obtained).

Results

A set of regression procedures were conducted to examine how "coming out" to friends, family, and colleagues predicted scores on the Internalized Homophobia Scale (IHP). Table 2 shows the complete regression summaries. Model 1 regressed demographic variables: age, self-identified gender, ethnicity, education level and reported income. This model accounted for 4% of the overall variance with education level contributing most to the prediction of IHP scores ($\beta = -.15$, $p < .05$). This model was used in each of the following hierarchical models as a first step to control for demographics to examine the prediction value of each "coming out" variable.

Model 2 emerged as a significant model. Coming "out to friends" was added as a second step to the model and accounted for an additional 11% of the variance after controlling for demographics. According to the standardized regression coefficients, this variable provided a significant contribution to the prediction of IHP scores (see Table 2). Model 3 did not emerge as a significant model. By including coming "out to nuclear family" only an addition 1% of the total variance was accounted for. Within the third model, coming "out to friends" remained the largest contributor to the prediction of internalized homophobia ($\beta = -.28$, $p < .05$).

Model 4 and Model 5 emerged as significant models. In Model 4, the second step added coming "out to extended family" and contributed 2% to the total variance. Standardized regression coefficients indicated coming "out to friends" and "out to extended family members" were the strongest contributors to the model. By adding "out to colleagues" to the second step of the fifth model, an additional 2% of the variance was accounted for beyond demographics. "Out to colleagues" contributed the most to the predication of internalized homophobia beyond demographic differences, coming out to friends, coming out to nuclear family, and coming out to extended family ($\beta = -.18$, $p < .05$). Model 5 accounted for almost 19% of the total variance.

Table 2

Summary of Hierarchical Regression Analysis for Internalized Homophobia Scale Scores on Demographics and Levels of Coming Out to Friends, Families, and Colleagues

Variable	*B*	*SEB*	β		ΔR²
Model 1					
Step 1					
Age	-.003	.004	-.054		
Gender ID	.129	.067	.120		
Ethnicity	-.039	.032	-.075		
Education	-.074	.032	-. 148	*	
Income	-.002	.025	-.005		
					.04
Model 2					
Step 1	See	Model 1	Above		
Step 2					
Age	-.003	.004	-.049		
Gender ID	.073	.064	.068		
Ethnicity	-.026	.031	-.050		
Education	-.068	.031	-.137	*	
Income	-.003	.024	-.009		
Out to Friends	-.371	.067	-.329	**	
					.11
Model 3					
Step 1	See	Model 1	Above		
Step 2					
Age	-.002	.004	-.040		
Gender ID	.059	.065	.055		
Ethnicity	-.025	.031	-.048		
Education	-.065	.031	-.130	*	
Income	.000	.024	-.001		
Out to Friends	-.311	.082	-.276	**	
Out to Nuclear Family	-.078	.061	-.096		
					.01
Model 4					
Step 1	See	Model 1	Above		
Step 2					
Age	.000	.004	.004		
Gender ID	.057	.065	.054		
Ethnicity	-.019	.031	-.037		
Education	-.074	.031	-.148	*	
Income	-.001	.024	-.003		
Out to Friends	-.284	.082	-.252	**	
Out to Nuclear Family	.005	.072	.007		
Out to Extended Family	-.114	.053	-.180	*	
					.02
Model 5					
Step 1	See	Model 1	Above		
Step 2					
Age	.002	.004	.027		
Gender ID	.066	.064	.061		
Ethnicity	-.016	.030	-.031		
Education	-.075	.030	-.150	*	
Income	-.001	.024	-.004		
Out to Friends	-.172	.095	-.152		

Out to Nuclear Family	.003	.071	.004		
Out to Extended Family	-.098	.053	-.154		
Out to Colleagues	-.126	.055	-.176	*	
					.02

Model 1: $R^2 = .044$, $F(5, 247) = 2.27$, $p = .048$
Model 2: $R^2 = .149$, $F(6, 246) = 7.17$, $p = .000$
Model 3: $R^2 = .155$, $F(7, 245) = 6.40$, $p = .199$
Model 4: $R^2 = .170$, $F(8, 244) = 6.26$, $p = .033$
Model 5: $R^2 = .188$, $F(9, 243) = 6.24$, $p = .023$
Note: * = $p < .05$; ** = $p < .01$

Discussion

The findings from our study suggest internalized homophobia impacts whether one is out to friends, colleagues, and extended family, but *not* to nuclear family. These findings are surprising as we hypothesized internalized homophobia would impact whether one is out to *all* family members (nuclear and extended), friends, and colleagues. Specifically, we hypothesized that higher internalized homophobia would lessen the likelihood that LGB individuals disclose as lesbian, gay, or bisexual to all family (nuclear and extended), friends, and colleagues. This assumption was based on the professional literature that underscored the fact that experiences in an anti-gay society can lead LGB individuals to internalize prejudicial messages and have negative views of self, and the potential consequences of coming out to family (family crisis), friends (disconnection and loss of friends), and work colleagues (dismissal and mistreatment; Hunter, 2007; Rotheram-Borus & Langabeer, 2001; Savin-Williams & Ream, 2003).

Education level also was a strong predictor of internalized homophobia for the sample in this study. Education level may be influential because individuals who are more "in the know" may accept that internalized homophobia is a barrier to self-acceptance and therefore an issue worth addressing and resolving. Further, coming out to friends and colleagues contributed strongly to internalized homophobia which may be a result of the experiences of LGB individuals in an anti-gay society and the possibility that friends and colleagues represent non-affirming members of our society. Therefore, the greater the discomfort with one's same gender sexual identity, the less likely a LGB individual will come out to friends or co-workers for fear of negative consequences.

Although Hunter (2007) posited that LGB people most often come out to friends first, our study underscores a unique relationship between internalized homophobia and coming out to friends in that respondents with higher internalized homophobia were less out to friends. Findings from the National Lesbian Health Care Survey (NLHCS; Bradford, Ryan, & Rothblum, 1993) support this finding from our study. Correlations from the NLHCS suggest lesbians with higher internalized homophobia feared exposure as a lesbian to heterosexual friends. Furthermore, 88% of lesbians from the NLHCS were out to other LGB individuals, but only 28% were out to heterosexual friends. Perhaps respondents in our study who had higher internalized homophobia had similar fears regarding disclosure to heterosexual friends, particularly those who were non-affirming of LGB sexual identities. Furthermore, based on the results of our study and the professional literature, it is possible to assert that respondents from our study who had lower internalized homophobia were more comfortable coming out to friends who were affirming of LGB sexual identities.

Research suggests that LGB individuals who are more open at work experience higher levels of job satisfaction, commitment to the workplace, the fostering of a healthy identity, and the encouragement of employers to promote a diverse workplace (Day & Shoenrade, 1997; Griffith & Hebl, 2002; King, Reilly, & Hebl, 2008). While there are positive aspects of research surrounding coming out at work, research also suggests that more than two-thirds of LGB people think coming out to the workplace would create problems (i.e., not being hired, not being promoted, not receiving support and mentorship necessary for professional development, or loss of job; Hunter, 2007). The context in which an individual comes out at work is much more important than the situational factors which lead them to come out (King, Reilly, & Hebl, 2008). Consequently, many LGB individuals stay closeted at work in anticipation of rejection, which is often based on a lack of legal protection or personal experiences with an anti-gay organizational climate.

Our study uncovered a strong relationship between internalized homophobia and level of outness at work. In fact,

outness to colleagues was the largest predictor of internalized homophobia above and beyond all other variables analyzed in this study. Based on this finding, we defend previously cited research that LGB individuals are more likely to be out and experience less internalized homophobia when they have had positive experiences with coming out in the past, or when their organizations are gay-friendly, include written non-discrimination policies and advocate on behalf of LGB people (i.e., offer trainings and workshops that incorporate LGB issues; Griffith & Hebl, 2002). Friskopp and Silverstein (1995) concur with our findings by suggesting those who disclosed at work were not only more comfortable with their sexual identity, but also had many previous disclosures with heterosexual friends and relatives. In the same respect, LGB individuals who enter and remain in a workplace where heterosexism and homophobia are pervasive may never come out to co-workers or may be very selective about to whom they come out (Hunter, 2007). They might decide to *pass* to divide their work life and personal life, and avoid discrimination at all costs (DeJordy, 2008). Passing, while helpful in the organizational environment, can be harmful to the individual because it reduces an individual's authenticity of one's behavior, lowers one's self-esteem, and denies or suppresses an individual's LGB identity.

Results from the NLHCS (Bradford, Ryan, & Rothblum, 1993) support Hunter (2007) and our research: lesbians who were less out to co-workers had more fear of exposure as lesbian. For some LGB individuals, "just the thought of disclosure at work typically creates considerable anxiety" (Hunter, 2007, p. 124). This might be true for the participants in our study.

Finally, our hypothesis that internalized homophobia will predict outness to *all* family members, including nuclear and extended, was partially supported by our results. In particular, internalized homophobia was *not* a predictor of outness to nuclear family, but was a predictor of outness to extended family.

The fact that internalized homophobia did not predict outness to nuclear family was surprising considering the high degree of difficulty and anxiety associated with coming out to parents, the anticipated rejection by the nuclear family, and the fact that many LGB individuals remain closeted to family members indefinitely or until later in life (Hunter, 2007). Paul and Frieden (2008) contend that negative social messages about LGB sexual identities, particularly those made by family, friends, and religious organizations, increases the challenge of self-acceptance as LGB. With a lack of self-acceptance coupled with "fears related to a potential loss of relationship with specific family members," LGB individuals might refrain from disclosing their sexual minority identities (Paul & Frieden, 2008, p. 43). It could be assumed that internalized homophobia *would* affect the act of coming out to family, particularly nuclear family, since "there is no predicting" how parents will react, and disclosure could cause "great turmoil in the home" (Hunter, 2007, p. 95.). Based on the aforementioned assumption, our initial hypothesis would stand. This conception, however, was not supported by the results of our study as internalized homophobia predicted outness to extended family and *not* nuclear family. It appears that the disclosures or lack of disclosures to nuclear family by participants in our study were not influenced by internalized homophobia. Future research that explores factors that impact disclosure to nuclear family is warranted in order to more fully understand this relationship.

Implications for Counseling

This study presents many implications for counselors. First, experiences with internalized homophobia can impact the lives of LGB individuals, particularly the coming out process.

> "If one has a high level of internalized homophobia, the [coming out] process can be fraught with turmoil; however, if the individual is able to connect with supportive people who can help him or her dispel the negative attitudes of society, that state is temporary. This is an area in which counselors can aid in the process" (Matthews, 2005, p. 212).

An affirmative counselor can model a positive reaction to an LGB client's disclosure, provide a corrective emotional experience for that client, and instill hope that positive consequences can result from coming out. This can help the client externalize his or her experiences with homophobia, and move towards self-acceptance (Matthews, 2007). Ridge, Plummer, and Peasley (2006) found that positive self-talk, writing about problems, and making more positive choices were helpful when an individual is looking to defeat feelings of internalized homophobia. On the other hand, a counselor who perpetuates messages of homophobia or heterosexism can reinforce the negative experiences of the LGB client, and thus cause more distress and heartache.

It is essential that affirmative counselors avoid heterosexism in clinical practice (i.e., review clinical paperwork for heterosexist language; decorate office to be inclusive of diverse sexual identities; advocate for a non-discrimination policy that is inclusive of sexual and gender identity). A counselor also must overcome heterosexism through self-examination and self-education where biases and prejudices are identified and dispelled (Matthews, 2007). Additionally, it is necessary for affirmative counselors to develop the knowledge and skills necessary for working with LGB clients. Continuing education opportunities such as conference workshops and graduate classes that focus on LGB issues are excellent ways to enhance a counselor's multicultural competency to work with LGB clients. Familiarizing oneself with the LGB community (local and national) by attending LGB venues (i.e., parades, community centers, LGB bookstores), and learning key LGB figures who contributed to LGB rights through movies and literature are all important steps in becoming an affirmative counselor.

"Personal contact is the most consistently influential factor in reducing prejudice" (Hunter, 2007, p. 168). Therefore, it is invaluable for affirmative counselors, particularly heterosexual counselors, to spend time with LGB people. This will help challenge misconceptions and messages that have been learned as members of a society that perpetuates anti-gay attitudes and beliefs in many domains. Counselors must help clients explore and discover how they wish to self-identify, whether it is lesbian, gay, bisexual, queer, or questioning another identity. It is important to use caution in assigning the client an identity before he or she is ready to self-identity. It is beneficial for counselors to utilize sexual minority identity development models (see, for example, Cass, 1979; D'Augelli, 1994; McCarn & Fassinger, 1996; Troiden, 1979). Although these models present stages or phases that are often experienced during the coming out process, it is important to use them as guides as each LGB client is unique and may experience coming out differently.

Coming out can be a risky process, but also an empowering experience for LGB individuals (Matthews, 2007). Consequently, as a counselor, it is important to consider the potential dangers and benefits of disclosing to various individuals in the LGB client's life. A LGB client might decide not to disclose to a particular individual because the negative consequences outweigh the positives. Counselors should support the decisions made by clients, and always ensure their personal safety (Hunter, 2007). Although there might be consequences as a result of disclosure, there will likely be long-term gains in self-acceptance and overall psychological health for LGB individuals.

It also is very important for an LGB individual to establish a connection to the LGBT community (Matthews, 2007). As a counselor, it is vital to be able to promote exposure to and interaction with positive elements of the LGB community. There are a number of online options such as support groups, chat rooms, and list-servs. Community options include LGBT community centers, support groups at counseling centers, and LGBT-sponsored events. Counselors should be familiar with these resources and prepared ahead of the counseling session to share them with a LGB client. Caution should be used in identifying resources to ensure they are safe and healthy avenues for support.

Limitations and Areas for Future Research

A possible limitation of this research is that it represents a one-time measurement of self-reported data. Such complex perceptions of being closeted and the corresponding feelings of internalized homophobia may be viewed as a dynamic process subject to change over time and experiences. Moradi, Mohr, Worthington, and Fassinger (2009) suggest using experimental, repeated measures designs, and longitudinal designs to best determine causal and or developmental hypotheses regarding sexual minority research areas and would benefit research such as this one. Future research will look toward long-term methods of measuring levels of outness and corresponding feelings of internalized homophobia over time. Additional future research should focus on homophobia and heterosexism in the workplace which, according to a report by the Human Rights Campaign (2001) "occurred in every area of the country, happened in a range of workplaces, and affected employees at all levels" (Smith & Ingram, 2004, p. 59). Although anti-LGB discrimination in the workplace is pervasive in our society, this topic remains under-explored. Finally, best practices to reduce the negative effects of internalized homophobia should be examined. Although internalized homophobia is a strong influential factor to coming out, the exploration of additional risk factors is essential in gaining a stronger understanding of sexual minority identity development.

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Counselor Preparation in England and Ireland: A Look at Six Programs

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Academic preparation is essential to the continued fidelity and growth of the counseling profession and clinical practice. The accreditation of academic programs is essential to ensuring the apposite education and preparation of future counselors. Although the process is well documented for counselors-in-training in the United States, there is a dearth of literature describing the academic preparation of counselors in the United Kingdom and Ireland. This article describes interview findings from six counseling programs at institutions in England and Ireland: Cork Institute of Technology; the University of East Anglia; the University of Cambridge; the University of Limerick; The University of Manchester; and West Suffolk College. It also discusses common and differentiating themes with counselor training in the U.S.

Keywords: accreditation, international, counselors-in-training, England, Ireland

Academic preparation lies at the heart of the counseling profession and is a vital ingredient to professional practice. Most people identifying themselves as professional counselors possess a minimum of a master's degree in counseling, and as a result of the varied roles and settings in which they work, the academic training for such professionals is broad-based in common domains. Most counseling graduate programs typically offer coursework reflective of a core curriculum, field placement, and a specialty area (Neukrug, 2007).

Program accreditation also influences preparation. The Council for the Accreditation of Counseling and Related Educational Programs (CACREP) and the Council on Rehabilitation Education (CORE) represent two accrediting bodies in the counseling profession. The most recent *CACREP Standards* were developed "to ensure that students develop a professional counselor identity and master the knowledge and skills to practice effectively" (CACREP, 2009, p. 2). Eight core areas of curriculum are required of all CACREP-accredited programs: Professional Orientation and Ethical Practice; Social and Cultural Diversity; Human Growth and Development; Career Development; Helping Relationships; Group Work; Assessment; and Research and Program Evaluation. Furthermore, as Neukrug (2007) pointed out, many master's-level counseling programs include a specialty area recognized by CACREP.

At the same time, international issues in counseling have drawn considerable interest in the past two decades. Pedersen and Leong (1997) outlined the global need for counseling as a result of urbanization and modernization throughout the world. The twelfth edition of *Counselor Preparation* was the first in the series to offer a chapter about counselor training outside of the U.S. (Schweiger, Henderson, & Clawson, 2008). More recent articles have examined counseling issues in such nations as Turkey (Stockton & Güneri, 2011), Mexico (Portal, Suck, & Hinkle, 2010), and Italy (Remley, Bacchini, & Krieg, 2010). The pace of the counseling profession internationally is rapid, prompting a need "to expand the knowledge basis of counseling as a profession internationally" (Stockton, Garbelman, Kaladow, & Terry, 2008, p. 78).

Despite the interest in international issues, the literature specific to the United Kingdom and Ireland—particularly related to counselor preparation—is somewhat limited. According to Syme (1994), counseling in Britain dates back to the 1940s. Initially such training was limited to priests, youth workers, and volunteers of the National Marriage Guidance Council. University counseling courses started in the 1950s. Growth among counselors working independently (i.e., counseling privately) was observed in the 1960s, and this trend in part resulted in the creation of the Standing Conference for the Advancement of Counselling in 1970.

In regard to the development of school counseling in England, Shertzer and Jackson (1969) noted that four counselor training facilities existed in the country at that time, producing about 100 counselors per year. In discussing various differential factors between the two countries, they pointed out that school counseling in the U.S. had benefited from federal government support, while in England the national government had taken a more neutral stance. Not long thereafter, Hague (1976) indicated that British professionals viewed the development of the profession as lagging behind

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that of the U.S. It also was during this decade that counselors from the U.S. had a "profound influence" on developments in the UK (Syme, 1994, p. 10). Awareness of counseling grew during the 1980s, a period in which counselors worked in the voluntary and private sectors as well as most universities and even larger companies (Syme).

Citing the 1993 edition of the *Counselling and Psychotherapy Resources Directory* that was published by the British Association of Counselling, Syme (1994) reported that approximately 600 counselors were listed in the London area, while far fewer were found in other areas of the UK. Around this period of time, counseling in independent practice had become "an attractive career," though "an ever-present danger of standards being eroded in some areas of Britain where demand exceeds supply" existed (p. 15).

Dryden, Mearns, and Thorne (2000) also offered an extensive perspective of counseling in the UK dating to the World War II era. The British Association of Counselling (BAC), which emerged in 1976 and included members from the Association for Student Counselling and the Association for Pastoral Care and Counselling, played a pivotal role in the early development of the counseling profession. (The BAC has subsequently become the British Association of Counselling and Psychotherapy). Important contributions came from the educational system and voluntary sector. Dryden et al. summarized the historical foundations: "It is not perhaps altogether fanciful to see the history of counseling in Britain as the story of a collaborative response by widely differing people from different sectors of the community to human suffering engendered by social change and shifting value systems" (p. 471). In the early stages of development, counseling was not viewed as a profession, but rather as something that individuals performed with little or no training that was subsumed by another profession (Dryden et al.).

Dryden et al. (2000) noted that the BAC had begun to accredit counseling programs in 1988. Furthermore, it also had developed an expanded and detailed code of ethics that included supervision and training and had created guidelines for programs seeking accreditation. Altogether the profession had become "significant" in that it now was making noteworthy "demands on the budgets of the social and health services" (p. 476). They further speculated that the greatest inroads in counseling were made in the workplace, particularly regarding job-related stress. As counseling entered the 21st century in Britain, it had reached a "critical but dynamic point" in its development, as it was aiming to "maintain its humanity in its attitudes to both clients and practitioners" (p. 477).

Accreditation

Various accreditation bodies exist in this region. Among the UK programs, two foremost organizations are the British Association for Counselling and Psychotherapy (BACP), and the United Kingdom and European Association for Psychotherapeutic Counselling (UKEAPC).

The British Association of Counselling and Psychotherapy (BACP), formerly named the British Association for Counselling, was formed in 1977 and arose from the Standing Conference for the Advancement of Counselling (BACP, 2011). Its name was modified in September 2000 in acknowledgement of counselors' and psychotherapists' desire to belong to a unified profession that met the common interests of both groups (University of Cambridge Faculty of Education, 2010). BACP's mission is to "enable access to ethical and effective psychological therapy by setting and monitoring of standards" (*Welcome from BACP*, 2011). BACP accredits individual practitioners, counseling services, and training courses. Nearly 9000 counselors and psychotherapists are accredited by BACP (Counsellor/Psychotherapist accreditation scheme, 2010).

To become accredited, individuals must meet eight criteria, which include the completion of a BACP-accredited training course and a minimum of three years of practice prior to the application. Candidates must have had 450 supervised hours within the past 3–6 years, 150 of which came after their academic training, along with a minimum of 1.5 hours of supervision/month during this period. (An alternative route is provided and included in the BACP *Standard for Accreditation.*) Other criteria address continuing professional development; self-awareness; and knowledge and understanding of theories along with practice and supervision (BACP, 2009).

BACP began the recognition of training course standards in 1988, and over 120 courses have been recognized or accredited. Courses must include a mix of elements that include knowledge-based learning; competencies in therapy; self-awareness; professional development; skills work; and placements regarding practice (BACP, 2009).

BACP's most recent framework in ethics, the *Ethical Framework for Good Practice in Counselling & Psychotherapy* (BACP, 2010), replaced earlier ethical codes. Aimed at guiding practice in counseling and psychotherapy for BACP members, the Framework also was produced to "inform the practice of closely related roles that are delivered in association with counselling and psychotherapy or as part of the infrastructure to deliver these services" (p. 02). The Framework features sections on values and ethical principles in counseling and psychotherapy. It also is highlighted by a section related to the personal moral qualities of counselors, who are encouraged to possess such characteristics as resilience, humility, wisdom, empathy, and courage.

The United Kingdom and European Association for Psychotherapeutic Counselling (UKEAPC) is an organization that "regulates and monitors the standards of training and quality of delivery of its Member Training Organizations" (UKEAPC Home page, 2011). It was founded in 1996 and underwent a modification in its name in 2010 to include member organizations in Europe (UKEAPC Name Change, 2010). Member organizations can include universities and training programs in the private sector and it is designed for programs at the post-graduate level or the equivalent thereof (Home Page, 2011).

UKEAPC defines psychotherapeutic counseling as a "form of counselling in depth which adopts a relational-developmental focus with the goal of fostering the client's personal growth and development, in the context of their life and current circumstances" (UKEAPC What is Therapeutic Counselling?, 2011). It also involves the counselor's use of self; competence in interventions, assessment, and diagnosis; an understanding of efficacy within the psychotherapeutic relationship; competence in abilities to guide clients toward their existential potential; ability to work with other healthcare professionals; and a commitment to ongoing professional development (UKEAPC).

Trainees in psychotherapeutic counseling programs must meet certain criteria to be considered for acceptance into UKEAPC. In addition to possessing a personality that can maintain stability in a psychotherapeutic relationship, candidates also should be living a life consistent with personal ethics; possess experience in responsible roles in working with people; and have an educational background to enable her/him to cope with academic demands at the postgraduate/graduate level (UKEAPC Training Standards, 2011).

Graduate training programs meeting UKEAPC standards are a minimum of three years in duration along with 450 hours devoted to skills and theory and 300 hours dedicated to supervised work with clients. Four components are deemed to be necessary: personal therapy; clinical practice; supervised practice; and a comprehension of theories. A trainee must have at least 40 hours/year of personal therapy, equating to 120 hours by the conclusion of the program. A final evaluation that assesses theoretical comprehension and clinical competence must also be given. Training programs are responsible for publishing the code of ethics/professional practice to which it adheres; this code must be consistent with the corresponding codes of UKEAPC (UKEAPC Training Standards, 2011).

Programs also must include the following curricular items: theory, practice, and range of approaches of psychotherapeutic counseling; relevant studies in human development, sexuality, ethics, research, and human sciences; social and cultural influences in psychotherapeutic counseling; the provision of a placement in mental health; supervised psychotherapeutic counseling practice; identification/management of the trainee's involvement in personal psychotherapeutic counseling; the ability to refer to other professionals when deemed necessary; legal issues; research skills; and a written product that displays a trainee's ability to communicate professionally. Full member organizations also must have a professional development policy consistent with UKEAPC (UKEAPC Training Standards, 2011).

In regard to Ireland, guidance was made "a universal entitlement in post primary schools" in Ireland through the adoption of the Education Act (1998). Additional professionals are given to each school by the Department of Education and Skills for the purpose of guidance. They range from eight hours in smaller schools with an enrollment of less than 200 students to approximately two full-time posts in larger schools with an enrollment of 1,000 students or more (National Centre for Guidance in Education, 2011).

The National Centre for Guidance and Education (NCGE), an agency of the Irish Department of Education and Science, aims to "support and develop guidance practice in all areas of education and to inform the policy of the Department in the field of guidance" (National Centre for Guidance in Education, 2011). The Centre provides support

for guidance professionals in the school setting, such as guidance counselors and practitioners in second and third level schools and in adult education. It fosters such support through an array of activities, including though not limited to the development of guidance resources, the dissemination of information on good guidance practice, and offering support for innovative projects in guidance (National Centre for Guidance in Education, 2011). Training in Whole School Guidance Planning also is administered through professional development workshops (NCGE, Whole School Guidance, 2011).

Established in 1968, the Institute of Guidance Counsellors (IGC) in Ireland represents over 1200 professionals in second-level schools as well as third level colleges, guidance services in adult settings, and private practice. IGC serves as a liaison and an advocate in its work with government, institutions of higher education, and other organizations (*Welcome to the ICG*, 2011). It also offers a Code of Ethics (*Coras Eitice–Code of Ethics*, 2011).

The purpose of this study was to examine counselor preparation at selected institutions of higher education in England and Ireland from a comparative standpoint to that in the United States. In my search of the literature, no recent journal article has addressed this topic. The rationale behind this study is not only to enlighten U.S. counselor educators in learning more about another system of preparation, but also to aid them in their own programmatic considerations regarding such areas as philosophy, training emphases, and student involvement. One of the critical fundamental questions in the interviews echoed Stockton et al.'s (2008) discussion of international counselor training: "What are the critical variables that shape these programs?" (p. 84).

Data Collection

This research project was approved by the University's Institutional Review Board prior to the collection of data, which took place during the author's sabbatical in the spring semester of 2011. Institutions offering graduate training in counseling were asked to participate based on, for the most part, a convenience factor. Three of them were in proximity to the base of my sabbatical, the University of Cambridge. The two programs in Ireland were also sought due to their propinquity. This sample was clearly not exhaustive and was not intended to be meant as comprehensive in any way. However, it is interesting to note that the institutions included in this study do vary in both size and type of institution.

Possible participation was initially sought in one of two ways: After identifying a faculty member or course director from a website search, I emailed the respective counselor educator, outlined my proposed study, and asked for participation. In other instances, I spoke to the course director directly. The informed consent was shared or sent for their review, and a copy of the completed consent was given to participants at the actual interview. All interviews were done in person and were informal in structure. Drafts of each course summary in the data section were sent to one of the interviewees at each institution for feedback on the clarity and accuracy of the content as well as overall approval.

Interviewees in the study were Dr. Judy Moore, Director of the Centre for Counselling Studies, University of East Anglia (England); Dr. Steve Shaw, Course Director (Access Course) (Counselling), West Suffolk College (England); Dr. Lucy Hearne, Programme Director, University of Limerick (Ireland); Mr. Tom Geary, Lecturer, Programme Director, University of Limerick (Ireland); Dr. Terry Hanley, Director of MA (January intake), University of Manchester (England); Dr. Colleen McLaughlin, Course Director (MEd), University of Cambridge (England); and Mr. Gus Murray, Lecturer in Counselling, Cork Institute of Technology (Ireland).

Terminology

In understanding the approach to counselor training in this region, I found some differing language that is reflected in parts of this article. First, for the most part, a "course" would not mean an individual class, as it might be used in the U.S., but rather a course of study or program. Second, instead of "faculty/faculty members" or "department," I tended to hear "course team" or "members of staff" to describe the equivalent. Third, "course members" was often used in place of "students." Fourth, instead of being headed by a "department chair," a faculty member with the title of "course director" oversaw each individual program. Finally, "accreditation" was used to mean both course of study approval by an outside body as well as approval of an individual's educational work (i.e., certification). In other words, a trainee in England could seek accreditation by, for instance, the BACP.

Data

This section offers an overview of the respective courses included in the study and represents data taken from the interviews as well as from course/university materials and/or websites. Each course summary is designed to reflect pertinent facets of the courses, including the curriculum and any unique elements. A background of the institution also is featured.

University of Limerick (UL)

Located five kilometers from Limerick City, the University of Limerick has an enrollment of approximately 11,600 students (University of Limerick, 2010). Designed around IGC guidelines, its Graduate Diploma in Guidance Counselling program is part-time in enrollment and two full years in duration. Its primary objective is to train practicing teachers and other related professionals to become Guidance Counsellors, and the program's qualification is recognized by the Department of Education and Skills in Ireland for the aim of gaining an appointment as a Guidance Counsellor at a second-level school (i.e., high school). It is also recognized by the Institute of Guidance Counsellors, Ireland. To be considered for admission, an individual must have an undergraduate degree and/or an approved teaching qualification or an acceptable level of experience and interest in the area. Applicants also are interviewed prior to the admission decision (University of Limerick, n.d.-b).

Interviews and course materials. Started 12 years ago, the Graduate Diploma in Guidance Counselling at the University of Limerick is housed in the Department of Education and Professional Studies. Faculty members include other UL faculty who primarily teach in other academic areas as well as 6–8 part-time lecturers. The diploma program is offered in 2–3 "outreach centres" throughout Ireland, each of which has a link-in coordinator who liaises with the programme directors and students. Other key personnel include process educators, who aid in teaching theories and skills development; placement tutors, who are retired guidance counselors who serve as supervisors during students' placements; and mentors, who share their expertise with students on a voluntary basis during the students' placements. Approximately 18–20 trainees are accepted in a cohort in each of the centres. The diploma program has 325 graduates to date with another 80 trainees to be graduating in January, 2012 (T. Geary & L. Hearne, personal communication, April 4, 2011).

The program is comprised of 10 taught modules, a research project, and a placement in an educational setting. On average, students' classroom time for the initial three semesters is six hours/week. A portion of the program is offered on two intensive residential weekend sessions. This portion is done in the first and third semesters and emphasizes experiential group work as a way to enhance trainees' skills. In the third semester, the classtime is decreased to about three hours/week to enable students to complete their research projects (University of Limerick, n.d.-b; T. Geary & L. Hearne, personal communication, April 4, 2011).

Courses in "Counselling Theory and Practice" are taken in both the first and second years. Additional courses in the initial year include those in the areas of human development, career development, group processes, research methods, and assessment. The second year features placements in both educational and industrial settings, the latter of which is brief (five days) and intended to give exposure to alternative guidance counseling settings. Placements are marked on a pass/fail basis. The final year also includes a research project and coursework in guidance in adult/continuing education, educational issues, professional practice, and the psychology of work (University of Limerick, n.d.-b; T. Geary & L. Hearne, personal communication, April 4, 2011).

The University of Limerick program has been described as "a course with psychological emphasis….focusing on the psychological aspects of guidance counseling" and where "the standard and focus on the personal counselling dimension is emphasized" (Geary & Liston, 2009, p. 7). Consistent with this approach, students are required to pursue their own personal therapy. This experience occurs in each first academic year and must be at least 10 sessions in length. Trainees pay for their own therapy and have to submit a letter from the professional confirming the trainee's attendance (T. Geary & L. Hearne, personal communication, April 4, 2011).

Trainees at UL pursue competency in the various modules through coursework, including a two-week summer school session at the end of the first academic year. Successful completion of a module, each of which has two units, is reflected in evaluative rubrics. They also have two tutorials per semester in which a programme director meets with a

group of students to offer a brief presentation on a topic such as writing skills or to discuss trainees' concerns in relation to their course work. The minor dissertation in the second year requires students to investigate a topic as a practitioner–researcher. Trainees develop the research proposal through the course on research methods taken in the summer school session in the first year. The topic must be related to guidance counseling, and the completed project is submitted at the end of September in their second year for a graduation the subsequent January (T. Geary & L. Hearne, personal communication, April 4, 2011). Finally, elements of the program have been presented at three recent conferences in Finland (Geary & Liston, 2009), the UK (Liston & Geary, 2009), and Canada (Liston & Geary, 2010), and a qualitative/quantitative assessment of UL graduates' career paths, professional roles, and professional development needs has been planned (Geary & Liston, 2009).

Finally, a Master of Arts in Guidance Counselling was started Fall 2011 (L. Hearne, personal communication, 27 May 2011; University of Limerick, n.d.-c). Focusing on personal, social, educational, and vocational issues through contemporary perspectives, the post-graduate degree program is designed to "advance graduates of initial guidance counselling programmes" and to "build on their knowledge, skills and competencies in the field" (University of Limerick, n.d.-a). The 12-month, part-time programme will be offered only at the main campus for the time being. Five modules and a dissertation will be required and work-related experiences and supervision also will be integral parts of the course of study. Coursework will cover advanced research methods; advanced counseling theory and practice; two practica (the first of which is on critical perspectives in the field and the second of which is on a case study); and guidance planning.

Cork Institute of Technology (CIT)

CIT has approximately 12,000 students, about half of whom are enrolled full-time, across four separate campuses. The main campus is located in Bishopstown, west of Cork City (Facts and Figures, n.d.). It features a part-time Counselling and Psychotherapy program that leads to a BA (Honours) degree (Cork Institute of Technology, 2011). A part of this degree can include two certifications: Students completing the first year earn a Counselling Skills Certificate in Counselling Skills, herein referred to as the "initial Certificate." Similarly, individuals earn a Higher Certificate in Arts in Counselling Skills upon finishing the second year. Both years involve part-time enrollment. The BA (Honours) degree is four years in length and is accomplished through successful completion of the third and fourth years (CIT, Counselling Skills Certificate, 2011).

Interview and course materials. The initial Certificate program is described as "an introductory training in Counselling for use in their existing work or life situations" (CIT, Counselling Skills Certificate, 2011). Individuals must be at least 25 years old and submit two written references and also are assessed through an interview. In addition, the importance of dual relationships is outlined on the website for the Certificate:

> …Due to the personal and experiential nature of the course, it is generally not possible to have staff or students with significant existing personal or professional relationships in the same course group. Where possible, every effort is made to overcome this difficulty by placing them in separate groups. Oftentimes this solution is not possible and in these instances, the dual relationship may prevent the applicant from being offered a place on the course at that time (CIT, Counselling Skills Certificate, 2011).

Five courses are offered each semester. Students enroll in coursework on family systems theory and application, counseling skills, mindfulness, and experiential group process in their initial semester. Trainees in the final half of the certification program take courses on person-centered counseling theory and application; developmental theory; and a second course in both counseling skills and experiential group process. Successful completion is based on an evaluation of written, practical, and experiential assignments (CIT Program outcomes, 2011). By earning this Certificate, graduates should be enabled to practice counseling skills within their "existing roles." Furthermore, the website clearly states that the Certificate is not a professional qualification within Counselling and "does not qualify the holder to practice as a professional counsellor" (CIT, Counselling Skills, 2011).

The Higher Certificate is predicated upon completion of the initial Certificate and has similar admissions requirements (CIT, Counselling Skills, 2011). The goal is to build upon the foundation in the initial Certificate so that individuals can use the skills in existing employment or volunteer work. It also serves as an entry into the BA Honours degree in the subsequent third and fourth years (CIT, Counselling Skills, 2011). Eight modules are outlined and described in detail in a rubric format and are based on various knowledge, skills and competencies (CIT, Higher Certificate, 2011). Content in

the Higher Certificate is highlighted by continued work in group process and counseling skills. However, another feature that differentiates the Higher Certificate from the Certificate is an emphasis on theory and application of ego states and life scripts (CIT, Higher Certificate, 2011). Though completion does not permit individuals to practice as a professional counselor, it does enable them to practice a full range of counselling skills within an existing role (CIT, Counselling Skills, 2011).

The Certificate program was developed in 1991. At any given time, about 140 students are enrolled in the various segments of the CIT training: approximately 60 in the first year, 36 in the second year, and 24 in the third and fourth years. Trainees are not guaranteed admission among the various levels. In other words, completion of the initial Certificate does not translate into an automatic admission into the Higher Certificate (year 2). Though the minimum age of 25 is set as admissions criterion for both Certificate programs, the average age of admitted students is generally closer to 35, as life experience and maturity are valued in terms of the development of therapeutic relationships by the trainees. A written self-appraisal and two interviews (group and individual) are also a part of the admissions process. In addition, it was noted that many students enter the CIT program having first been in other professions (G. Murray, personal communication, April 5, 2011).

Years 3 and 4 of the BA (Honours) degree support the practice of counseling with the final year stressing the integration of modalities. Staff members coordinate and often identify the trainees' placements, which often take place at universities, high schools, primary schools, community projects, and alternative centers. Students are supervised individually and accumulate a minimum of 100 placement hours over the four years (G. Murray, personal communication, April 5, 2011). By their graduation, students must have completed a minimum of 100 hours of personal counseling (G. Murray, personal communication, October 10, 2011). The CIT program also has about 15 instructors, most of whom are part-time, that assist with the training (G. Murray, personal communication, April 5, 2011). A Master's degree was also instituted in Fall 2011 (G. Murray, personal communication, October 10, 2011).

Most graduates of the BA (Honours) degree progress in their work area as a result of their advanced training, as they may get a promotion or secure a more counseling-related position in their workplace. Private practice is another possible route for graduates. Additional hours are needed after graduation for individuals to meet accreditation standards (G. Murray, personal communication, April 5, 2011).

University of Cambridge

During the 2009–2010 academic year, the University of Cambridge had a full-time equivalent student load of approximately 17,600, of whom about 5,800 students are classified as full-time post-graduate status (*Facts and Figures January 2011*, 2011). The University's Faculty of Education offers a full-time Master's of Philosophy (MPhil) and a part-time Master's in Education (MEd) in Child and Adolescent Psychotherapeutic Counselling. It is not possible for individuals to gain accreditation through the MPhil program (University of Cambridge Faculty of Education, n.d.). Counselor training at Cambridge started in 1985 in the Institute of Education now one of three organizations that make up the Faculty. The MEd program currently has 56 students and a team of five counselor educators. With its focus on working with youth, the MEd program stresses therapy through play and the arts, such as storytelling, drawing, and sand play (McLaughlin & Holliday, 2010).

Interview and course materials. The training route consists of three parts: a) a 60-hour introductory course; b) a 180-hour advanced diploma program; and c) a three-year master's degree program. The introductory course requires one 4000-word assignment and can be taken through its Faculty of Education or another equivalent program. The advanced diploma program is one year in duration and requires three assignments, two of which are 4000 words in length and the last of which is 8000 words in length. Both the introductory course and advanced diploma are requirements for admission into the master's degree program. Trainees in the advanced diploma attend classes one day/week for three terms, each of which is 10 weeks in length for the diploma and eight weeks for the master's degree. The BACP accreditation route begins with the advanced diploma program and concludes with the completion of the MEd degree (University of Cambridge Faculty of Education, 2010).

Frequent interviews are integral to the courses. Admissions to both the diploma and MEd courses require, in part, a personal interview with members of the course team. It serves as an assessment of such qualities as their commitment to personal development, their commitment to the course, personal motivation and robustness, demonstration of self-reflection, and how their prior experiences relate to the course. Course members also undergo feedback interviews with

tutors. These events occur three times during the diploma course and six times during the MEd course (C. McLaughlin, personal communication, April 20, 2011).

The MEd course of study is grounded in four themes: the therapeutic relationship and therapeutic processes; professional issues in therapy with children; understanding child and adolescent development; and the development of the social and emotional well-being of children (Child and Adolescent Psychotherapeutic Counselling, n.d.). The first two years of the MEd degree course are 238 hours in length, and three required assignments are due each year, two of which are 6000 words in length. Trainees attend classes for five hours on one day/week for three terms for the first two years. Two mornings of classes are also required each term where the focus is solely on practical work. All trainees are mandated to complete a thesis of 18,000–20,000 words in length, and this project takes place in their final year of study (University of Cambridge Faculty of Education, 2010).

Supervised counseling practice can begin after January of the MEd degree course. Supervision sessions must occur at least once every two weeks and should take place when no more than six counseling sessions have been completed by the student. Approved supervisors must be used, and they submit a report about the trainee's counseling abilities each July. Trainees must keep logs of their work and have them signed by their supervisors. Altogether 450 hours of supervised practice are required (University of Cambridge Faculty of Education, 2010).

In addition, trainees must undergo their own personal therapy during the course of study. Students are expected to find their own counselor, who must be accredited by a professional association such as BACP or UKEAPC, and be approved by the course director. They also must pay for the therapy themselves. It is mandatory for the duration of the training, including periods when classes are not in session. A minimum of 35 sessions is anticipated. Trainees are expected to be in long-term counseling involving "in-depth work concerning childhood" and "where the practitioner uses the transference, or actively works with the psychotherapeutic relationship dialogically" (University of Cambridge Faculty of Education, 2010, p. 5).

Students must submit a report from their counselor, indicating that they have attended and participated in the therapeutic process and whether any serious concerns about their well-being as a future therapist are apparent. Termination in the personal therapy must be documented along with the starting and ending dates and the number of sessions attended. Course members also are required to participate in weekly personal development groups, which are facilitated by someone external to the University. These groups are 24 sessions in total length, which comprises three eight-week terms. In a similar vein, course directors also seek the input of a training supervisor, an external consultant per se who is not associated with the University, regarding course issues (University of Cambridge Faculty of Education, 2010; C. McLaughlin, personal communication, April 20, 2011).

Graduates of the course of study have found employment in schools, the NHS, and in the voluntary sector (McLaughlin & Holliday, 2010). Alumni must conduct an annual audit of their professional development to maintain their registration with UKEAPC. The Faculty also operates the Cambridge Forum for Children's Emotional Well-Being, a continuing professional development program and professional network for graduates and other area psychotherapeutic professionals (University of Cambridge Faculty of Education, 2010; C. McLaughlin, personal communication, April 20, 2011).

University of East Anglia

The University of East Anglia (UEA) was started in 1963, admitting 87 students (History, 2011). It has an enrollment of over 14,000 students (Our Campus, 2011) and is located in Norwich, a city located about 115 miles northeast of London (Getting to UEA, 2011). It offers a one-year, full-time Postgraduate Diploma in counseling that is accredited by BACP and "is designed to equip successful students to practise professionally as counsellors" (PG Diploma Counselling, 2011, para. 1). Intensive five-day trainings are conducted during the first and final week of the program, and counseling placements and supervision are involved in the program. Students who complete the Postgraduate Diploma may continue to the master's program (MA) in Counseling (UEA Post Graduate Prospectus, n.d.). Both the Postgraduate Diploma and MA courses of study are housed in the School of Education and Lifelong Learning. Students can complete the Master's degree in six months, if attending full-time, and in one year, if enrolled part-time. UEA also offers a Post-Graduate Certificate in Focusing-Oriented Psychotherapy, the only such program in the UK (University of East Anglia School of Education and Lifelong Learning).

Interview and course handbook. The UEA course of study is person-centered in its orientation and the topics of spirituality and focusing are important elements of the training. Primary admission criteria for the Postgraduate Diploma are previous significant counseling experience or the possession of a counseling certificate, which is a 60-credit course emphasizing basic helping skills. Most applicants from the UK possess the latter item. If meeting initial criteria, applicants are interviewed by tutors of the program. Nineteen students were admitted into this program for the 2011–2012 academic year (J. Moore, personal communication, 25 March 2011).

A University policy prohibits graduate student employment for more than 12 hours per week, and tutors strongly recommend that trainees do not engage in work outside of the program. Given the intensive nature of the diploma program, personal therapy is no longer required, though an estimated half of the students do pursue counseling on their own (J. Moore, personal communication, 25 March 2011).

Extensive group participation is integrated into the UEA diploma course. First, self-selected study groups are formed at the outset of the academic year; these groups meet weekly (University of East Anglia, 2010). Second, trainees must participate in "community meetings" twice per week where, along with two tutors who serve solely as facilitators, they are allowed to freely explore their lives or themselves in a supportive environment. Meetings range from 75–120 minutes in length (J. Moore, personal communication, 25 March 2011).

Third, trainees also are required to attend personal development groups composed of 9–10 trainees and held at the end of the teaching week (J. Moore, personal communication, 25 March 2011). The goal of this group is to aid trainees in becoming aware of their vulnerabilities as well as their strengths. The co-facilitator, a person-centered counselor, has no other relationship with the course of study. Fourth, a supervision group is offered in addition to individual supervision. This group is described as "often a very creative place to explore and develop counselling practice" that gives trainees an opportunity to link theory with practice (University of East Anglia, 2010, p. 31). Fifth, they also are obligated to participate in a focusing group and a focusing partnership. This segment of the course enables trainees to work on their core conditions related to their own personal experiences. The partnerships allow trainees to practice focusing and listening skills with other cohort members in a structured approach. The listener in the partnership allows the trainee "a space in the week simply to be and express yourself, and to experience the value of being deeply listened to, without interruption" (p. 32). Participation in these groups meets the BACP requirements for personal development (University of East Anglia).

Six written assignments are a core part of the postgraduate Diploma program (University of East Anglia, 2010), which is often referred to as "Unit I." They are composed of in-depth analyses of videotapes with peers, essays on and comparison of person-centered therapy with another approach, and a case study (University of East Anglia). Two significant assignments involve in-depth analyses of trainees' audiotaped work with clients as an assessment of their own self-reflection on their practice and their approach and competence in person-centered counseling. These assignments do not include the 100 placement hours accompanied by weekly supervision and are graded on a pass/fail basis (J. Moore, personal communication, March 25, 2011 and April 21, 2011).

The process of self-assessment is described as "one of the most testing aspects" of the course where, from a person-centered approach, "it is a time when tensions between congruence and acceptance can be felt" (University of East Anglia, 2010, p. 20). This process is the foundation of the culminating project, the trainee's 8000-word, self-assessment project that comes at the conclusion of the diploma course. Evaluation of this capstone project and the earlier assignments is done via a "mixed assessment process" that combines the person-centered approach and an atmosphere of "constant exploration and examination" along with University and BACP requirements (University of East Anglia, p. 4). The University's Exam Board also does a thorough review of trainees' assignments in determining whether a passing grade is issued at the trainee's completion of course requirements, and this finally determines the pass/fail grade (J. Moore, personal communication, 25 March 2011).

All trainees in the diploma course are offered a core placement in the University Counselling Service and may also have one at a site outside of the University. At the conclusion of the MA trainees must also complete a 20,000-word dissertation (University of East Anglia, 2010). Guided by an academic supervisor, trainees may choose the type of project to be pursued. Many of them select a qualitative exploration related to their interests. Upon graduation, many people may do volunteer counseling work before securing employment, which is often part-time and subsequently found in a drug/

alcohol agency, a youth counseling agency, voluntary or statutory agencies, in an educational context or private practice (J. Moore, personal communication, 25 March 2011).

West Suffolk College

West Suffolk College (WSC) is a rural further education college with a main campus in Out Risbygate, adjacent to Bury St. Edmunds in Suffolk. In 2009–2010, WSC boasted an enrollment of approximately 17,900 students, about 2,500 of whom were enrolled full-time. Courses are offered at over 100 sites throughout the county at its Local Learning Centres (West Suffolk College, 2010).

The two degree (Foundation and BA Honors) courses of study offer coursework reflective of mostly Humanistic, Psychodynamic, and Cognitive-Behavioral orientations and allow students to work toward BACP accreditation. As pointed out in the course website, "Students are encouraged to respect the frame and ethos of their core integrative training approach, but also to develop their own individual style and philosophy of counselling" (University Campus Suffolk, 2010).Coursework covers both works with children and young adults (University Campus Suffolk, 2010).

Interview and course handbook. The "team" (instructors) consists of course directors for both the Access course and the Foundation and BA Honors courses along with four tutors that are not full-time WSC employees. Students progress toward completion of the BA Honors degree by first completing the Access course and the Foundation (FdA Counselling) degree course. As described in the *Course Handbook*, the Foundation Degrees are "vocational in nature" and "differ from the traditional BA (Honours) degree by placing a much greater emphasis on work-based learning and the acquisition of transferable, vocational and intellectual skills" (p. 3).

Open to everyone, an Access course is generally designed for those individuals who have not been enrolled in an educational program and enables them to raise their academic skills and abilities. The full-time Access course in Counselling requires 450 hours of student contact time with tutors and is done over 45 weeks with class time averaging 1.5 days per week. Students also attend one weekend of residential work. The application process consists of a writing sample, a screen test assessing literacy and numeracy skills, and a group interview. In the admissions workshop, commitment to the course is heavily emphasized, a point reinforced by past students offering a presentation to applicants. Approximately 20 students are accepted annually (S. Shaw, personal communication, 30 March 2011). Course time is consumed mostly by theoretical work presented by tutors in the morning segments. Afternoon sessions include skills practice and required participation in an experiential, here-and-now group facilitated by two tutors. During one weekend in the year, the one-hour group meets for an extended weekend session from a Friday night through a Sunday morning (S. Shaw, personal communication, 30 March 2011).

Ten modules highlight the Access course: Study Skills; Basic Counseling Skills; Emotional Intelligence 1 and 2; Emotional Development; Metaphor, Images, and Dreams; The Professional Relationship; Theories and Concepts; Supervision; and Advanced Counseling Skills. Each module has a corresponding rubric and assignments to assess trainees' competencies (University Campus Suffolk, 2008/09a). A grade is given for each module as well as for the overall course of study (S. Shaw, personal communication, 30 March 2011).

Completion of the Access course does not qualify a trainee for BACP accreditation, as the course hours do not meet BACP standards in terms of course hours. However, completion does allow for admission to the Foundation degree, the next step in the progression which began two years ago. About 75% of those finishing the Access course choose to continue to the Foundation degree, which involves an examination of theory in greater depth and includes work by Jung, Klein, and Freud. Trainees are responsible for finding their placements and organizing the corresponding supervision. Given the difficulty encountered by students, the team is considering the creation of a counseling agency at the College (S. Shaw, personal communication, 30 March 2011).

Both the Foundation (FdA) and BA Honors degrees are administered through the School of Healthcare & Early Years (University Campus Suffolk, 2008/09b) and are of two semesters in duration with each semester being 12 weeks in length (S. Shaw, personal communication, 30 March 2011). The FdA program is designed to be vocational and includes work experience (placements). It differs from the BA Honors degree in that the FdA program places its emphasis on "work-based learning and the acquisition of transferable, vocational, and intellectual skills" (University Campus Suffolk, p. 5). Upon completion, trainees can apply for BACP accreditation.

In the Foundation program, personal tutors are assigned to each student at the outset of the program. Whenever possible, the student has the same tutor throughout the duration of enrollment. The tutor is designed to be a source of support and a person to offer "advice where needed" (University Campus Suffolk, 2008/09b, p. 3). Students are expected to meet with their tutors once or twice per semester. In addition, the delivery of the modules is done by the Course Committee, which meets four times per academic year. The Committee also views students' comments as vital feedback in their deliberations.

In the BA Honors program, trainees study five new modules, including the philosophy of counselling; mental health (study of personality disorders); group counseling; counseling children; and a dissertation on their integrative approach to counseling. Upon graduation, people tend to enter private practice; find a position at such places as a drug/alcohol or women's center, or a community counseling service; or a general practitioner's office. Some students completing the BA Honors degree have also gained subsequent employment in a school setting (S. Shaw, personal communication, 30 March 2011).

University of Manchester

The University of Manchester has an enrollment of nearly 39,500 students, of which approximately 11,000 are graduate students (Facts and Figures, 2011). It offers a 180-credit MA degree in Counselling, a course of study housed in the University's School of Education in Educational Support & Inclusion (The University of Manchester, 2010). The degree can be earned through part-time enrollment over a period of 36 months (The University of Manchester, 2011). Individuals of many different career backgrounds often enroll in the course:

> The course is intended for people for whom counselling is a legitimate and generally recognized part of their work role, either paid or voluntary [sic]. Normally course members come from a range of professional backgrounds, e.g. teaching; social work; the medical professions, the pastoral ministry and from community voluntary organizations. (Counselling MA Selection criteria, n.d.)

Interview and other course materials. Evaluated on their personal and intellectual fit for counseling training, applicants are required to have a first (i.e., undergraduate) degree or a certificate in counseling, often gained through 90–120 hours of study done at a further education college over a year. However, in some instances professional counseling experience, relevant life experience, and/or suitable training may be considered in place of the degree requirement (The University of Manchester, 2011). In addition to the application forms, individuals must submit references and be interviewed in both a group and individual format as part of the admissions process (Counselling MA Entry requirements, n.d.; T. Hanley, personal communication, April 11, 2011). About 30 individuals are admitted annually. They begin the course of study in September of each year with placement hours commonly beginning in their second semester (T. Hanley, professional communication, April 11, 2011).

The initial two years of the course of study have been BACP-accredited since 1993 and require attendance at 60 weekly sessions, a summer school component, and four weekend segments. In the first two years of study, students attend classes from 12pm–8pm one day per week. In the third year, class time decreases to 4–8pm, also one day per week. An introductory weekend is featured at the outset of the course of study to help students in the formation of relationships and to provide a further orientation to the course. All classes are offered in an in-person format. The course is comprised of six teaching modules, which include counseling theories, reflective practice, lifespan/social context, and a supervised project in research. Students also must have 150 practice sessions in their placements as well as monthly supervision and personal therapy. The program is integrative in nature and utilizes Egan's three-stage model as a foundation for integrating theory and practice (T. Hanley, personal communication, April 11, 2011; The University of Manchester, School of Education, 2009–2012; The University of Manchester, School of Education, 2011).

Personal therapy is not required of students during the MA course of study, though it is deemed to be potentially highly beneficial prior to beginning their studies and often recommended throughout. Personal reflection also is encouraged throughout the course of study. To this end, students are required to attend a personal development group once a week over the initial two years in the program. These groups are assigned for the first two years. In the final year, students self-select their groups. They are facilitated by a professional external to the course of study or by one of the core staff on the counseling team not involved in leading input for that year group (T. Hanley, personal communication, April 11, 2011).

Most students in the cohort continue to the third year and earn the MA degree, thereby heightening their professional credibility. This final year of studies enables students to complete the research project in an area related to students' interests. It is not designed to provide additional training in counseling, though students are permitted to attain their placement hours in a period of three years (T. Hanley, personal communication, April 11, 2011).

Rather this component of the course seeks to aid students in their academic development in four ways: by providing an introduction to research methods; by helping them to realize the connection between research and practice; by aiding them in the creation of a base of knowledge in current developments in the profession; and by assisting them in building links among theory, research, and practice. Students also are encouraged to attend the annual research conference held each July. The capstone project of the third year is a 15,000-word project in which students implement practitioner-based research on a topic reflective of their professional interest. The proposal for the project is required as part of the third-year coursework. Students then have about nine months to collect data and write the thesis. If successful, they graduate in the following December (The University of Manchester, 2010; T. Hanley, personal communication, April 11, 2011).

Graduates of the MA course often take various directions. They may earn a promotion in their present position as a result of their graduate training, as most students in the MA course are employed during their part-time studies. Some individuals find employment as a result of their practice placement. Still others may volunteer at a counseling setting post-graduation and eventually be hired by that same agency (T. Hanley, personal communication, April 11, 2011).

The University also features a professional doctorate degree and a Ph.D. degree in Counselling Studies. Very few graduates of the MA degree immediately pursue either doctoral program, as it is not viewed as a linear progression in their education. The Ph.D. program emphasizes such areas as training evaluation; supervision; counseling and culture; and professional, legal, and ethical issues. The professional doctorate is geared toward qualified (accredited), experienced practitioners who desire to study issues in additional depth (The University of Manchester, 2010; T. Hanley, personal communication, April 11, 2011).

Discussion

Four points emerged from the interviews and examinations of the courses of counseling study. Each point is set in comparison to the structure and academic delivery of counseling programs in the U.S. They are not intended to be framed as comparison points of superiority or inferiority in any way. Rather they are meant to be communicated as merely contrasts in approach and in design.

1) *The master's degree wasn't the focal point.* To become a professional counselor in the U.S., one must initially obtain both a baccalaureate degree and a graduate degree, the latter of which is in counseling (Schweiger, Henderson, & Clawson, 2008). However, the degree system is different in these programs in that the master's degree was generally not a critical prerequisite for entry into the profession. Rather the course of study had a different name and came prior to the master's degree. As seen in both programs in Ireland, the creation of the master's degree studies in regard to counseling is a more recent development.

2) *Research is required.* A significant research project was a capstone requirement in some of the courses studied in this project, as course members were required to design and implement a lengthy research project in the final year of their studies. Students themselves often decided the topic of the study within certain parameters. Given the depth of the project, it appeared to be the equivalent of a master's degree thesis.

   A similar, though perhaps not as extensive, learning experience is expected of trainees of CACREP-accredited programs in the U.S. In the CACREP framework, accredited programs must offer a component on "Research and Program Evaluation." In this core curriculum area, trainees are to be offered "studies that provide an understanding of research methods, statistical analysis, needs assessment, and program evaluation" (CACREP, 2009, p. 15). Elements of this curricular area include the importance of research in the counseling profession; various research methods; statistical methods; principles of needs assessment and program evaluation; using research in regard to practice; and strategies regarding cultures and ethics in interpretation and reports of research and program evaluation (CACREP, 2009).

3) *Personal therapy is strongly encouraged and sometimes required.* In his discussion of factors of an effective helper, Neukrug (2007) cited seven studies, summarizing that a majority of therapists have sought their own personal therapy. They added, "It is heartening to see that therapists seem to want to work on their own issues" (p. 20).

   Several textbooks by U.S. authors espouse the same message to trainees: Personal counseling aids the training process and the development, personal and professional, of the student. Kottler and Shepard (2008) addressed one possible benefit of the process: working though conflicts and problems that can impede one's ability to be therapeutic. They maintained, "In the process of challenging yourself, there is no vehicle more appropriate than experiencing counseling as a client" (p. 473).

   The degree to which personal counseling is encouraged for trainees varies in graduate counseling programs in the U.S. However, among some of the six courses of studies, it was clear that personal counseling was viewed as paramount in the training process. In requiring personal counseling, the respective courses of study were making a strong statement in the importance of knowing oneself and of self-reflection. Furthermore, trainees were sometimes expected to participate in what would be considered to be longer-term therapy at their own expense. The two critical factors—the duration of the counseling and the cost involved—are noteworthy, as they reflect the deep level of commitment and benefits seen in the mandate. A possible future study on this realm could investigate the perceived impact of the counseling on the trainees' development.

4) *A previous career prior to the pursuit of a counseling degree is often the norm.* In other words, the possession of professional experience was valued with the inference that entering students possessed more maturity. A theme that appeared throughout the courses of study was the notion of counseling representing a second career for many course members, a topic receiving relatively little attention in the U.S. literature. The BACP echoes the notion of second careers:

   > Counselling is often taken up as a second career. As a result people are frequently working and training at the same time. For this reason, most courses are part-time, usually in the evening or day release.
   > The desire to become a counsellor develops frequently from some aspect of a person's original career. These careers have the welfare of others at heart; for example, nursing, teaching, social and support work. This work naturally benefits from training in counselling skills but may lead to a change to a career as a counsellor. (*Careers in Counseling*, 2010, para. 1–2)

The notion of entering the counseling profession as a second career is not a foreign concept in the U.S., though literature on this specific topic is extremely limited. Anecdotally, Randy McPhearson, the School Counselor of the Year as chosen by the American School Counselor Association in 2011, entered the field after being a higher education administrator and an executive recruiter (O'Grady, 2011).

Conclusion

The identified themes are not meant to be conclusive, particularly given the relatively small number of courses of study involved in this article. If more courses of study were included, it is conceivable that different observations would have emerged. Nonetheless, the observations are noteworthy and present both similarities and contrasts to the general approaches of counselor education programs in the U.S. In some respects, the themes are not surprising, given the strong foundation of the counseling profession in Ireland and England. Stockton et al. (2008) offered a consistent point: "In nations where counseling is perceived as an independent profession, it is not surprising to see a strong emphasis on graduate-level training that often emphasizes skills, theory, and the identity of the profession" (p. 85).

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Through a Glass Darkly – Envisioning the Future of the Counseling Profession: A Commentary

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The counseling profession has experienced significant growth and diversification to become a viable member of the global mental health profession. Originally founded in the U.S. as the American Personnel and Guidance Association (APGA), the profession has expanded to the flagship American Counseling Association, 19 divisional affiliates, and licensure in all 50 states, Washington D.C., and Puerto Rico, the National Board for Certified Counselors, the International Association of Counselling (IAC) and numerous other global professional organizations. This manuscript will outline the counseling profession's genesis, growth, enumerate current challenges, speculate on the profession's future and offer concrete suggestions to ensure the profession's continued viability in a rapidly evolving global age.

Keywords: counseling profession, professional organizations, global age, professional identity, future development

During its nearly six decades, the counseling profession has experienced significant growth, struggle, and division to emerge as a viable mental health profession. The world's largest counseling organization, the American Counseling Association (ACA), began as the American Personnel and Guidance Association (APGA). Conceived in 1952 by a loose confederation of organizations, APGA was primarily "concerned with vocational guidance and other personnel activities" (Harold, 1985, p. 4). ACA has evolved from its "guidance" infancy into a multifaceted profession of over 45,000 members (D. Kaplan, personal communication, April 8, 2011) and 19 divisional affiliates (American Counseling Association, [ACA] 2010). In 1976 the State of Virginia passed the first counselor licensure law and 49 other states, the District of Columbia and the territory of Puerto Rico have since followed, making the counseling profession credentialed in all states and major territories. Most states have passed legislation establishing a counselor's right to bill private health insurance (Remley & Herlihy, 2007) and recently the Veteran's Administration has approved licensed counselors to work in VA hospitals. Currently, some 635,000 counselors work in schools, addictions, corrections, and public and private agency settings (Bureau of Labor Statistics, 2010–2011). The U.S. Bureau of Labor Statistics (2010) projects "employment for counselors is expected to grow much faster than the average for all occupations through 2016" (p. 209). Relative to its mental health colleagues, the counseling profession has achieved a stakeholder position in a shorter timeframe than the psychology and social work professions (Remley & Herlihy, 2007). The counseling profession also has expanded to Europe, Asia, Africa, Australia and South America. Achievements notwithstanding, the global counseling profession faces numerous pressing challenges. This manuscript will address key issues confronting the counseling profession and offer concrete suggestions to twenty-first century realities. Since the past, present, and future are interconnected, speculation on the counseling profession's future requires a brief review of its past.

The Past: From Genesis to the Present

Frank Parsons created the guidance movement by opening an office for vocational counseling in 1909. By creating an approach where the counselor actively attended to what adolescents said about themselves, he countered the prevailing distant, Freudian orthodoxy. Parson's approach was soon adopted by schools in 35 U.S. cities and collegiate training in counseling began at Harvard University in 1911. University counseling emerged as a specialty in the 1930s when E.G. Williamson published *How to Counsel Students: A Manual of Techniques for Clinical Counselors* (1939). Williamson's method was diagnostic in orientation and soon became the prevailing approach in colleges, schools and agencies (Nugent & Jones, 2009).

Carl Rogers (1942) moved the mental health field in a radically different direction with the publication of *Counseling and Psychotherapy*. Rogers advocated a more process oriented nondirective approach referred to as *client-centered therapy* (Rogers, 1951). Though schooled in Freudian analysis, Rogers developed an approach focused on a present,

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humanistic encounter between counselor and client. Additional theoretical approaches emerged in the post-Holocaust era, as many prominent European Neo-Freudian analysts and existentialists such as Alfred Adler, Karen Horney, Eric Fromm, Erik Erikson and Victor Frankl immigrated to the United States, challenging leading humanistic theorists such as Maslow and Rogers (Nugent & Jones, 2009).

The proliferation of diverse philosophical approaches and disparate organizations splintered the field resulting in various organizations representing the "guidance" movement. Finally, in 1952 four independent associations, The National Vocational Guidance Association (NVGA), the National Association of Guidance and Counselor Trainers (NAGCT), the Student Personnel Association for Teacher Education (SPATE), and the American College Personnel Association (ACPA) convened in Los Angeles for the purpose of building a stronger, unified coalition (Sheeley & Stickle, 2008). This meeting gave birth to the American Personnel and Guidance Association (APGA). APGA's founding is usually referenced as the birth of the counseling profession, though as evidenced by the fact that "counseling" was absent from the title, it was an inauspicious start. APGA was primarily focused on high school academic and vocational counseling and training college student personnel (Aubrey, 1977). The fledging profession faced numerous obstacles: qualifications to become a "guidance" professional were ambiguous; there was no uniform program of study; no written code of ethics; no accreditation standards; and no credential such as licensure. Judging by contemporary standards, the early guidance movement was arguably a semi-profession (Etzoni, 1969).

Despite challenges, the counseling movement demonstrated remarkable resilience during the period from the 1950s through the 1960s. Humanistic approaches spearheaded by Rogers and Fritz Perls became readily accessible to the general public through the group encounter movement (Corey, 2009). The phrase "third force" in psychology was coined to differentiate existential-humanistic approaches from psychoanalytic and behavioral ones (Nugent & Jones, 2009). In the late 1950s notables like Murray Bowen and Virginia Satir, members of related mental health professions, popularized family counseling (Gladding, 2009). The school counseling movement, buoyed by the Soviet's launch of Sputnik, escalated from around 7,000 counselors to nearly 30,000 (Aubrey, 1977). All these various forces within and outside the counseling profession resulted in popularizing counseling with the general public. By the mid-1970s the counseling profession and counselor education programs had grown exponentially (Nugent & Jones, 2009). Despite counseling's proliferation however, ethical standards, accreditation, and credentialing still lagged behind related mental health professions (Remley & Herlihy, 2007).

The 1980s to 2000: The Post-Modern Era

In the early 1980s counselor education leaders created the Council for the Accreditation of Counseling and Related Programs (CACREP) to provide standardization and accreditation (Hollis & Dodson, 2001). CACREP, which began as part of the Association of Counselor Educators and Supervisors (ACES), is now an independent agency recognized by the U.S. Council for Higher Education Accreditation (CHEA) to accredit masters' degrees in six counseling specialties and doctoral programs in counselor education and supervision (CACREP, 2009). Although counselor education programs are not required to be accredited, CACREP's curricular guidelines form the basis for most states' licensure laws (Remley & Herlihy, 2007).

During the same time frame as CACREP's inception, the National Board for Certified Counselors (NBCC) was created. NBCC established a national credential for professional counselors that preceded states seeking licensure. As of November 2009, all 50 states, Washington D.C., Puerto Rico, and Guam have passed counselor licensure laws. Counselor certification, a credential offered by the National Board for Certified Counselors, has consequently transitioned from "licensure substitution" to identifying counseling specialty areas. The advantage of national certification over licensure, however, is that certification is a credential with uniform standards, unlike licensure where requirements vary from state to state. NBCC offers certifications in three professional counseling specialty areas (National Board for Certified Counselors, 2011). Though NBCC's utility has been debated in the post-licensure era (Emner & Cottone, 1989; Weinrach & Thomas, 1993), Remley (1995) has argued that a license should be for general practice while national certification should identify specialty areas. NBCC also advocates for the counseling profession on a national level (J. S. Hinkle, personal communication, May 12, 2011). The field has moved towards Remley's specialization model and NBCC credentials have become popular with professional counselors.

Previous to the post-modern era, the counseling profession was based on Eurocentric models and was almost exclusively a U.S. profession (Corey, 2009; D'Andrea & Arrendondo, 2002). Since the late-1980s, however, multicultural considerations have become mainstream, and counseling is becoming an international profession. Often called the fourth force in counseling (D'Andrea & Arredondo, 2002) multiculturalism has had a profound impact on the profession, especially regarding culturally and linguistically diverse populations (Arthur & Pedersen, 2008). Since the late 1980s multicultural task forces have been set up and special editions of various counseling journals have addressed issues such as culture, ethnicity, gay, lesbian and transgender issues. *Counseling Today*, a monthly magazine published by ACA, also features a regular column on diversity. Multicultural competencies developed by Sue, Arrendondo and McDavis (1992) were adopted in the early 1990s by the Association for Multicultural Counseling and Development (AMCD) and adopted by all 19 ACA division affiliates. CACREP identifies diversity as one of the eight core counseling areas (CACREP, 2009) and coursework in multicultural counseling is a staple in counselor education curricula. Although debate regarding its parameters continues (Dunn, Smith, & Montoya, 2006; Weinrach, 2003), multiculturalism will continue to play a pivotal role in shaping the counseling profession, particularly given the globalization of the field (Arthur & Pedersen, 2008).

The Current Situation: Success and Strife

The counseling profession has achieved numerous goals (e.g., name recognition, licensure, third party billing, emerging international presence, etc.) in nearly 60 years of existence. Nevertheless, concerns loom large over the counseling horizon. One of the most pressing issues is the counseling profession's attempts to achieve marketplace parity with their mental health colleagues (Gladding, 2009; Remley & Herlihy, 2007). In the U.S., the first significant steps on this long journey towards parity were the profession's successes in achieving state licensure. Historically, achieving rights coincides with long-term struggle against established forces who seldom abdicate power and privilege willingly (Marx & Engels, 1985). The counseling profession's experience has been no exception to this maxim, as psychiatrists, psychologists, and social workers have vigorously opposed the counseling profession with regard to licensure, third-party billing, Medicare reimbursement, use of psychological tests and many other areas. Undaunted, the American Counseling Association, American Mental Health Counselors Association (AMHCA), American School Counselors Association (ASCA), and the National Board for Certified Counselors (NBCC) have pressed forward in the aforementioned areas. Such efforts have yielded considerable success (e.g., licensure and third-party billing) while leaving some major privileges unachieved (e.g., Medicare billing rights). Although ACA and its affiliates' lobbying efforts have witnessed a Medicare reimbursement bill for counselors passing both houses of Congress at separate times, Medicare reimbursement remains unachieved, though well within reach. TRICARE, the U.S. military's version of Medicare, recognizes licensed counselors as reimbursable providers, and recently has agreed to waive requiring physician referral for soldiers and their dependents desiring to access services of a licensed counselor (Barstow & Holt, 2010). The Veteran's Administration also has approved licensed counselors to work in VA hospitals, although the VA has been very slow to hire counselors.

Challenges from Within the Counseling Profession: A Commentary

As indicated above, the counseling profession has struggled with many "turf" battles, namely with psychology and social work. But perhaps the counseling profession's most serious challenge is the splintering of membership and resources among the various counseling organizations. For most of its existence, ACA required members to join one affiliate divisions. For example, applicants desiring membership in, say, the American School Counselor Association (ASCA), also were required to join ACA. For years the requirement to join the flagship organization was the source of controversy, bickering and threats of disaffiliation (B. Collison, personal communication, June 4, 2008). ACA's membership numbers had already been reduced in the early 1990s when the American College Personnel Association (ACPA) disaffiliated, taking more than 10,000 members from ACA (B. Collison, personal communication, June 4, 2008).

The case of ASCA illustrates an important question for counselors: does the identity and loyalty of a school counselor lie with the flagship organization (i.e., ACA), or with the division/professional organization for school counselors (i.e., ASCA)? This splintering among the professional organizations operating under the counseling umbrella creates the possibility of further reduction, division, and disaffiliation. While ASCA and AMHCA remain divisional affiliates, each collects separate membership dues, holds separate national conventions, retains their own lobbyists and publicizes themselves as primary organizations representing their respective counseling specialties. From an outside perspective, ASCA and AMHCA's relationship with ACA appears tenuous and one can only speculate whether they will remain

divisional affiliates. Since ACPA's disaffiliation, ACA membership has plunged from a high near 60,000 to the current number of just over 45,000 (D. Kaplan, personal communication, April 8, 2011). It's also likely that most of the members who left ACA retained their membership in a divisional affiliate. Splintering may partly explain why such a small percentage of the 655,000 U.S. counselors (Bureau of Labor Statistics, 2010–2011) join neither ACA nor their respective divisional affiliate. The high degree of counselor non-affiliation with the profession's established organizations is alarming and illustrates a disconnect between counseling professionals and the organizations that ostensibly represent them.

Fortunately, there has been recent good news regarding ACA's membership, which has grown 8% over the past 18 months (D. Kaplan, personal communication, April 8, 2011). Most of this growth in membership has been graduate student members who now receive liability insurance as student members. While any growth in membership is a positive sign, whether graduate students will continue their membership in ACA after graduation is uncertain. The fact also remains that ACA's membership is composed of a small percentage of counseling professionals cited by the Bureau of Labor Statistics (2010–2011). A more robust sign of growth would be an increase in the numbers of professional counselors currently unaffiliated with ACA.

ACA's composition has been compared to a "ball of multi-colored yarn with an emphasis on the specialties of counseling as opposed to the overall profession" (Bradley & Cox, 2001, p. 39). This phenomenon of separatism seems likely to continue for the foreseeable future. For example, I regularly receive mailings from national, regional, state, and local counseling organizations, all of whom actively and separately solicit membership. Which of these various organizations to join can be confusing and expensive, and further illuminates the question of where professional loyalty should lie: with the national organization, specialty division, state affiliate, state specialty affiliate or local organization. In many states, separate organizations representing school counselors, mental health counselors, rehabilitation counselors and the state affiliates of ACA compete for membership, hold separate conventions, publish separate state journals and engage in separate lobbying efforts. Such duplication and splintering cannot be healthy for the profession.

Duplication concerns are not confined to the U.S. In Australia, where this author taught in a counseling program, three different organizations claimed to represent the counseling profession. It is likely such scenarios are common worldwide. While there is no easy resolution to this complex identity dilemma, it would seem prudent for leaders of all counseling organizations to recognize antagonism, division and duplication of resources that are working against the overall goal of establishing counseling as a strong, unified, and influential profession. Ironically, counseling's most insidious adversary may not be psychiatrists, psychologists, or social workers, but the counseling profession itself. Unification is arguably the counseling profession's most pressing challenge and if left unresolved, potentially leads to the counseling profession's own "Tower of Babel" with confusion over what's being said, who's speaking, and which organization actually represents the profession. Perhaps former ACA president Samuel Gladding (2009) said it best:

> "Since 1952 most counselors in the United States and a number of other countries have held membership in ACA…with an emphasis on the specialties of counseling as opposed to the overall profession…other professions, such as medicine, have overcome the divisiveness that comes within a profession where there is more than one professional track practitioners can follow. ACA has not been as fortunate (pp. 26–27)."

The motto "e pluribus unum" (one out of many) has much relevance for the counseling profession as a large, vibrant flagship likely is in a stronger advocacy position than numerous smaller ones. The American Psychological Association (APA) is one professional model to emulate as APA, despite representing scores of branches, remains a vibrant flagship organization. For any hope of achieving parity with its mental health colleagues, the various counseling "professions" must set aside differences and unite around core national organizations. Fortunately, there has been recent movement in this direction. The 20/20 counseling initiative, composed of 29 different counseling-related organizations, has recently reached consensus on how counseling is defined and ACA as the flagship organization (Cashwell, 2010). Unfortunately, ASCA, the largest divisional affiliate, has yet to sign onto the 20/20 initiative. The 20/20 initiative likely represents the counseling profession's best chance at unity. One can only hope the initiative will be an opportunity seized and not one missed.

Besides splintering, the profession faces additional "in-house" challenges. During the 1960s and 1970s a significant debate involved humanistic versus behavioral approaches. Different views of mental health counseling have evolved, including those that are developmental (Ivey, 1989); relationship focused (Ginter, 1989); and slanted towards treatment,

advocacy, or personal and environmental coping (Gladding, 2009; Hershenson, Power, & Seligman, 1989). The argument has now shifted to one of maintaining counseling's traditional developmental, wellness approach moving towards an outcomes-oriented, pathology-based medical model (McAuliffe & Eriksen, 1999), or yet to be defined approach (J. S. Hinkle, personal communication, May 12, 2011). In the U.S., the influence of insurance corporations (e.g., HMOs) has moved the field towards cheaper, time-limited therapy, requiring particular *Diagnostic & Statistical Manual-Fourth Edition-Text Revised* (*DSM-IV-TR*; 2000) Axis I diagnoses to bill for counseling services (Remley & Herlihy, 2007). Faculty educated in a traditional wellness model are likely dismayed when counselor education programs adopt a pathology-based approach (Hansen, 2005; Remley & Herlihy, 2007). CACREP accreditation standards for mental health counselors appear to be aligned to a psychiatric rather than a developmental philosophy (CACREP, 2009) and credentialing boards (e.g., for licensure and certification) and influential organizations such as the World Health Organization (WHO) and related mental health professionals (e.g., psychiatrists, psychologists) create pressure on counselor education programs to educate their students in the *DSM-IV-TR* nomenclature. Accreditation standards and the marketplace demand adherence to a psychiatric model making it critical for counselors to become facile in understanding and applying the *DSM-IV-TR*. Although the psychiatric model has many critics (Gladding, 2009; Glasser, 2003) it remains the standard within the mental health field (Maddux & Winstead, 2010; Gladding, 2009; 2008; Remley & Herlihy, 2007).

University counselor education departments also have expanded and diversified. School counseling programs frequently are offered alongside mental health counseling programs; two counseling disciplines moving in radically different directions. Given that the emphasis in counseling divisions varies from a developmental model (e.g., school counseling) to a *DSM*-driven model (e.g., mental health counseling), can traditionally-minded, developmentally-oriented counselor education faculty ethically support a pathological, *DSM*-based approach? Conversely, can mental health counseling faculty support a non-pathology driven approach? What about the potential confusion among graduate counseling students enrolled in programs offering these disparate philosophies? Do the philosophical differences dividing the various counseling specialties mean such divisions will be perpetuated in the classroom and among the faculty? Furthermore, what should be the driving force in shaping counselor education programs: philosophical orientation or marketplace demands (e.g., the need to be facile with and use the *DSM-IV-TR*)? According to Hansen (2003), "It is not unreasonable to assume that the juxtaposition of these completely opposite models in counselor training has an impact on the development of counselor trainees and the profession as a whole" (p. 98).These foundational fault lines within counselor education have yet to be adequately resolved, as developmental approaches are taught alongside medical-pathological approaches, likely resulting in confusion for students and disharmony among faculty. Perhaps the most realistic statement to make is that counseling is a broad profession encompassing both developmental approaches (e.g., school counseling) and clinical, diagnostic approaches (e.g., mental health counseling) for the purposes of insurance reimbursement.

Gazing into the Future: Challenges and Opportunity

Besides fractionalization, differences in training and concerns regarding marketplace parity, additional challenges have recently emerged. The highly technical nature of the twenty-first century has created challenges and opportunities unforeseen in previous eras. In his seminal opus *The World is Flat*, Friedman (2005) argues the Internet age has transformed the media, financial markets, the military, education and virtually everything else. For the counseling profession, the Internet represents more tidal wave than ripple effect, impacting types of institutions offering programs (e.g., traditional vs. virtual), where and how they are offered (e.g., residential vs. web delivery) and who will teach them (e.g., full-time faculty or adjunct faculty). In June 2010, a national conference titled "Who Needs a College Campus" was held (EduComm, 2011).The past decade has seen a spike in the numbers of college students enrolled in virtual institutions. The University of Phoenix, primarily a virtual, for-profit institution, sports a CACREP-accredited counseling program and though they hold counseling classes in-person, one wonders if this will soon change. The University of Phoenix now boasts the largest collegiate enrollment in the U.S. with over 400,000 students (Lederman, 2010). Many elite brick-and-mortar institutions including Harvard University now offer virtual degrees. Small liberal arts institutions have begun offering web degrees and using satellite campuses. For example, Tiffin University, a small institution in the U.S. Midwest, has doubled the number of its graduate students and seen its total enrollment rise more than 50% in five years (Blumenstyk, 2008). The increasing options and delivery methods for course offerings and degrees are likely to change the number and types of counselor education programs as well.

Internet delivery means institutions and programs are no longer thwarted by geography, nationality, enrollment restrictions, number of faculty, distance, language, culture, etc. Instead of strolling through ivy-covered campuses, students can simply walk across their living room to access a college or graduate education through numerous virtual options. Besides the University of Phoenix, several online universities such as Capella University (2011) and Walden University (2011) also offer CACREP-accredited counseling programs. Web-based education poses several challenges for the counseling profession: advising and mentoring are virtual, not in person; web programs are staffed primarily by part-time faculty; when courses are delivered across state and international borders, which state or nation's rules apply? Technology occasionally fails, leaving students and faculty "virtually" stranded. Finally, given huge enrollments and reliance on adjuncts as opposed to full-time faculty, questions regarding for-profit institutions' principal concern (e.g., profit over academic quality) are likely to be raised.

There also is pressure for U.S. institutions to establish international partnerships to educate students on diverse cultures and plan for a global, interconnected world (American Council on Education, 2008). The Under Secretary of Commerce recently was quoted saying, "Education is one of our most valuable exports" (Sanchez, 2011). Numerous U.S. institutions have built satellite campuses in Europe, the Middle-East, Asia and Australia. Madeline Green, Vice President for the American Council on Education's International Initiatives, along with her colleagues, opined current international initiatives are insufficient and pressed further: "Every institution needs to pay attention to internationalization if it is to prepare students for the multicultural and global society of today and tomorrow" (American Council on Education, 2008, p. 2). Even non-elite institutions have heeded Green's message. A job advertisement in a recent edition of *The Chronicle of Higher Education* (Chronicle Careers, 2010) revealed that Troy University in rural Alabama has locations in 15 states and 14 countries.

The counseling profession also has begun to heed the call for globalization. Edith Cowen University in Perth, Western Australia, offers an off-shore counseling program in Singapore (Edith Cowen University, 2011) and California State University-Fullerton offers a joint counseling doctoral program with the University of New England in Australia (J. Kottler, personal communication, July 23, 2010). International partnerships offer numerous advantages. For example, perhaps a program in New York doesn't offer a specialty course in trauma counseling, but a cooperating institution in New Zealand does. In this scenario, students could access the missing course via the Internet. Furthermore, students could travel to, say, Bhutan for an internship, profoundly enhancing a student's multicultural experience. International partnerships also pose challenges for accrediting organizations such as CACREP (e.g., creating global, unifying standards), sponsoring institutions (e.g., differing guidelines), credentialing boards (e.g., licensure and certification bodies), faculty (e.g., full vs. part-time), ethical codes (e.g., cultural variations), and the future direction of the counseling profession (from Euro-American to an international focus). CACREP's response was to create the International Registry of Counsellor Education Programs (IRCEP) in 2008 (IRCEP, 2011). IRCEP is not a credentialing body like CACREP, but a branch of CACREP designed to empower international counselor education programs appropriate to their country (IRCEP, 2011). IRCEP represents CACREP's recognition that a uniform accreditation credential may not be realistic given the wide variation in global social and cultural norms.

Widely varying social and cultural norms inherent in the emerging global counseling movement also pose numerous challenges for the profession. Western counseling organizations have taken a social justice stance in promoting multiculturalism, gender equality, freedom of and from religion, and pluralism for sexual minorities in their various codes of ethics. ACA's support in a high-profile court case involving the Eastern Michigan University counseling program and a conservative Christian dismissed from the program for refusing to counsel a gay client is a notable example of advocacy (Shallcross, 2011. "The EMU ruling upheld the ideals of the profession," (Kaplan, 2011, p. 33). Such advocacy is commendable, especially as culturally relevant counseling practice is imperative in a global age (Arthur & Pedersen, 2008; Sue & Sundberg, 1996). Nevertheless, even within segments of Western civilization, issues of ethnicity, gender, religion and sexual orientation often form contentious points of debate. Though tensions can run high, Western academia offers a forum for discussing controversial issues. But what happens when constructivist, post-modern, pluralistic-oriented counselor education programs are offered in countries where discrimination plays a pivotal role? Saudi Arabia, for example, is an absolute monarchy that prohibits men and women from sharing the same classroom, restricts women's movement outside the home, prohibits women from divorcing their husbands and provides no legal protection against domestic abuse. Furthermore, homosexuality and a Saudi's practice of a religion other than Islam are potentially punishable by death (Saudi Arabia Guide, 2011). How will a Western social justice-oriented counseling profession address such restrictions on gender roles, religious identity, and sexual orientation in restrictive societies? Equally problematic, how will the counseling profession advocate equality without, ironically, appearing culturally insensitive in societies with

rigid social caste systems? Moreover, is it even realistic to expect unilateral agreement on social and cultural issues in an increasingly internationalized counseling profession spread across diverse cultures? A larger question remains, however: are there some universal social justice principles the counseling profession should promote regardless of culture (e.g., gender and sexual equity, religious freedom, freedom to have no religion, etc.)? In this writer's opinion, ACA, AMHCA, NBCC, etc. should encourage an ongoing dialogue about the realities and parameters of Western, social justice-oriented counseling expectations, particularly with regard to nonwestern societies.

Ironically, the counseling profession's advocacy of pluralism, although noble and well-intentioned, is a concept framed largely through a Western mindset. This gulf between a pluralistic counseling profession and rigid, non-democratic societies creates great potential for conflict. Consequently, debate regarding cultural competence will likely become more complex and contentious with the counseling profession's continued global expansion. The point is not that the profession should abandon its support for equality, nor should it force our social justice model on other societies, but rather it must be strategic in where and how it advocates pluralism.

Counselor education also must make programmatic adaptations in this new era. In the 1970s, Psy.D. programs emerged as an alternative to the traditional research-oriented doctorate for psychologists seeking careers outside higher education. Psy.D. programs have become quite popular and psychologists with such degrees now hold academic appointments. As the counseling profession evolves, it may be worthwhile to develop a Psy.D.-like degree. Some counseling programs already offer practitioner-oriented doctorates. In 2007, I taught as a visiting counselor education scholar at the University of Notre Dame–Australia (UNDA). UNDA's counselor education program offers a Doctorate of Counselling (D.Coun.) modeled roughly on the Psy.D. (M. Philpott, personal communication, February, 18, 2008). Traditionally, the Ph.D. in counselor education has been a research degree specifically developed and marketed for counseling professionals planning academic careers. A D.Coun. doctorate with an emphasis on professional practice, clinical supervision, and developing management expertise, and less on research might seem more compelling to masters' level counselors in community clinics or schools who desire a doctorate, but are not contemplating research careers. Moreover, doctoral students in counselor education are largely supervised in clinical internships by non-counselors due to a dearth of clinical counselors at the doctoral level (J. S. Hinkle, personal communication, May 12, 2011).

Along similar educational lines, the front end of the higher educational spectrum also presents opportunity for the counseling profession. For decades, bachelor's-level addictions counselors have worked at the margins of the profession. In many countries, BA/BS degree professionals are the norm, not the exception (Arthur & Pedersen, 2008; Selles et al., 2007). The University of Notre Dame–Australia offers a baccalaureate counseling degree, with a job placement rate for graduates approaching 100% (M. Philpott, personal communication, February, 18, 2008). Although the profession maintains the masters' degree is the entry-level degree, large numbers of bachelor's degree counselors continue to work in addictions. Perhaps it's time to recognize baccalaureate counselors as legitimate professionals. Counselor education programs could create baccalaureate programs, market them for entry-level positions, educate undergraduates regarding the counseling profession, and steer them into graduate counselor education programs. While counselor educators may be aghast at such a proposal, it's worth remembering that our social work colleagues have long maintained bachelor's degree programs with no noticeable detriment to their profession. In addition, bachelor's degrees in human services are dramatically on the rise (J.S. Hinkle, personal communication, May 12, 2011).Undergraduate psychology departments also are among the most vibrant on any college campus even though the American Psychological Association maintains that psychology is a doctorate-level profession (APA, 2002). Moreover, undergraduate social work and psychology programs provide a forum to guide and mentor future social workers and psychologists. Counselor education's undergraduate mentoring role has been abdicated to social work and psychology faculty, neither of whom have a stake in supporting a separate, competing profession. Undergraduate counseling programs would create a stronger professional identity at the baccalaureate level, provide early mentoring for future counselors, and preferably increase membership in national as well as affiliate counseling organizations.

Rapid changes brought about by our technologically advanced era require an increasing need for the counseling profession to develop flexible, visionary leadership and set planning priorities (Gladding, 2009; Glasser, 2005). While on one hand graduate counseling programs do a good job providing leadership and clinical skills training, on the other hand, performance reviews, political networking, and entrepreneurship are seldom covered in the curriculum (Curtis & Sherlock, 2006). Curtis and Sherlock (2006) use the term *managerial leadership* (p. 121) as a means of becoming more strategic with regard to future development. ACA certainly is engaged in leadership development regionally and

nationally, and strategic planning has recently become a major focus of the ACA's 20/20 initiative (Gladding, 2009). Given its importance, strategic planning and management training should become an integrated part of counselor education curricula as counselors essentially are managers in schools, community clinics, university and community college counseling centers, and in professional organizations such as ACA.

Summary

APGA's original narrow, guidance-oriented, Eurocentric profession now consists of multiple identities, numerous theoretical approaches, a comprehensive research base, Internet-based institutions, and a global, multicultural presence (Arthur & Pedersen, 2008; Herr, 2004). Multiculturalism and a social justice approach to counseling have become ubiquitous in counseling, permeating professional organizations, ethical codes, and mission statements, and they are prominently featured in journal articles and textbooks. Though disagreement on multicultural parameters continues (Dunn, Smith, & Montoya, 2006; Weinrach, 2003) with the profession's internationalization, cultural issues will become even more significant and complex given the broad social, geographic, ethnic, religious, and political variations among global societies.

Because of the dynamic, interconnected, global nature of the 21st-century marketplace (Friedman, 2004), the counseling field is likely to undergo dramatic change. Some 150 years ago Charles Darwin (1859) theorized it wasn't necessarily the smartest or strongest organisms that survive, but those most willing to adapt to external demands. Demands challenging the counseling field include unifying a fractious profession, achieving market place parity, maintaining relevant counselor education programs, addressing global cultural conflicts, and proactively responding to the vast challenges and opportunities of a dynamic era. To flourish, the counseling profession must chart a bold, progressive, global, strategic course of action to address post-modern challenges. An effective course of action is likely to result in numerous changes both for counselor education training and in the delivery of counseling services to an increasingly diverse, global clientele. How effectively the counseling profession adapts to meet 21st-century demands will largely determine its future success and viability.

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An Exploration of Knowledge and Power in Narrative, Collaborative-Based, Postmodern Therapies: A Commentary

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Given the increasing popularity of narrative and collaborative therapies, this article undertakes an examination of the postmodern theory underlying these therapies. This consideration gives particular attention to issues of power and knowledge in therapeutic practice, examined both within clients' narratives and within the therapeutic alliance. Implications on the role of counselors in recognizing and addressing power within clinical practice is likewise detailed.

Keywords: collaborative therapies, postmodern theory, narrative, knowledge, power, stories

Knowledge and power, terms used frequently in everyday vernacular, carry particular nuanced meaning and significant weight in discussions of postmodern therapies. Narrative therapies, in particular, bear the marks of significant shaping by notions of knowledge and power that are given particular form through a process of postmodern critique. While narrative therapy[1] and other collaborative-based postmodern therapies have much to offer in the way of *method* for counseling practice, one would miss the significance of methodological structure without first understanding the philosophical underpinnings. While postmodern thought is often referred to in a unified manner, it is important to note that postmodern influences on therapy do not stem from a unified system or philosophy called "postmodernism." Instead, postmodern influences may be most clearly articulated as a critique of the assumptions of modernism. Modernist thought can be traced throughout the foundations of the psychotherapeutic theories and modalities that have dominated the field from Freud to the present. While narrative therapy certainly runs counter to many modernist assumptions in counseling, it is sometimes difficult to see the significance of postmodern influences without first illustrating how they provide a critique to modernist assumptions. As McNamee (1996) states, "We often do not recognize the mark of modernism because it has inscribed itself on our way of living" (p. 121). Thus, it is necessary at the outset of this exploration to provide a contrast between modern and postmodern thought as it relates to the field of counseling in order to more fully articulate the importance of the concepts of knowledge and power in the theory and practice of narrative therapy.

Modern and Postmodern Thought in Counseling

"The pursuit of truth over meaning as humankind's highest achievement," as Parry and Doan (1994) characterize the modern turn in history, "probably began with Plato" (p. 2). In this pursuit of truth, modernist thought conceives of knowledge as pointing to or representing an objective world that exists independently of the mind and feelings of the individual. In this framework in which knowledge is attained through the process of observation and verification, "the knower is autonomous and separate from that which he or she observes, describes, and explains" (Anderson, 1997, p. 30). From this perspective, Anderson (1997) pictures modern knowledge as a pyramidal structure with a hierarchy of truth. Barbara Held (1995), a critic of postmodernist influences in counseling, characterizes modernism and postmodernism in terms of realist/antirealist divide. "The realist doctrine," she holds, "states that the knower can attain knowledge of an independent reality—that is, reality that is objective in the sense that it does not originate in the knower, or knowing subject" (Held, 1995, p. 4).

[1] While there are many variations and forms of therapy that are signified by the title's plural "therapies," at this point the paper will begin to refer to narrative "therapy" (singular) for convenience. The reader should note that this designation does not refer to one theorist's conceptualization of a narrative approach, but refers to the myriad ways in which narrative and collaborative-based therapies are practiced. All approaches implied are influenced by postmodern thought and critique.

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Michael White and David Epston (1990), proponents of the turn to postmodern thought in counseling, argue that social scientists turned very early on to the positivist physical sciences for examples upon which to base their own work in the interpretation of the social systems. This, they believed, would provide necessary legitimacy for their own work as a science. This positivist commitment leads counselors into the process of observing, describing and explaining human behavior in ways that are deemed objective and places them in the position of master observer describing and assessing the client's story as it "*really* is and *ought* to be" (Anderson, 1997, p. 31). According to Anderson (1997), this places both counselor and client on the hierarchy of knowledge and truth, marking the client as the subject of inquiry and observation and the counselor as the superior expert observer. In this modern construction of the therapeutic alliance, counselor and client are "separate static entities…and not interactive participants in a joint endeavor" (Anderson, 1997, p. 32). Furthermore, the language often used to describe the client's reality is a deficiency-based language assumed to be an accurate representation of behavioral and mental reality.

It is a turn away from this pursuit of a hierarchy of knowledge and the positivist search for objective reality that is at the heart of narrative therapy's conceptualization of knowledge and power. What narrative, collaborative-based and nearly all postmodern models of therapy hold in common is the belief that an objective reality that stands apart from the knowing subject can never be fully arrived upon. Simon (1994) postulates, "The first, and perhaps defining attitude of postmodernism is the belief that knowledge is power and hidden concepts may exist in a theory or text that justifies the use of power" (p. 2). Narrative theorists are indebted to Michel Foucault, notes Catrina Brown (2007), when it comes to Foucault's "insistence on the inseparability of power and knowledge and his efforts to study the way humans govern and regulate themselves and others through the production of truth" (p. 3). By way of Foucault and a myriad of other philosophers who influenced the postmodern critique of modernism, narrative theorists see through "a postmodern lens" in which knowledge is not hierarchical, objective or observable by an expert; rather it is "multiple and only ever partial" and "understood to be socially and historically specific and inseparable from social relations of power" (Brown, 2007, p. 5).

Foucault (1977/1994) attempts to trace how hierarchies of power are constructed in modernist thought and to uncover their effects on individuals. He sees the process of power relations taking place when modes of inquiry try to give themselves the status of sciences through objectivizing ways of approaching subjects under study. Secondly, Foucault (1982/1994) points to "dividing practices" within society and scientific disciplines that seek to divide the subject inside him- or herself or from others. Finally, he points to the ways in which individual human beings are made into subjects through these practices. In examining the power relations at work in this process, he states:

> This form of power that applies itself to immediate everyday life categorizes the individual, marks him by his own individuality, attaches him to his own identity, imposes a law of truth on him that he must recognize and others have to recognize in him. It is a form of power that makes individuals subjects. There are two meanings of the word "subject": subject to someone else by control and dependency, and tied to his own identity by a conscience or self-knowledge. Both meanings suggest a form of power that subjugates and makes subject to. (Foucault, 1982/1994, p. 331)

This understanding of power and knowledge put forth by Foucault is not the repressive power of force so commonly spoken of in everyday uses of the term "power." Rather, as White and Epston (1990) point out, "Foucault argues that we predominantly experience the positive or constitutive effects of power, that we are subject to power through normalizing 'truths' that shape our lives and relationships" (p. 19). This power makes us into subjects by delimiting the ways in which we are able to conceive of our identities; it provides the language with which we determine the content of our self-knowledge and self-concepts. Foucault (1977/1997) argues that we must cease describing power in negative, repressive terms and instead see that "it 'excludes,' it 'represses,' it 'censors,' it 'abstracts,' it 'masks,' it 'conceals.' In fact," says Foucault, "power produces; it produces reality; it produces domains of objects and rituals of truth" (p. 194).

White and Epston (1990) explain that Foucault is postulating ideas about human beings that claim the status of objective truth are, in fact, constructed ideas that are given the status of truth. These "truths" are then used as the norms around which persons shape or constitute their lives, thus making them subjects. White and Epston (1990) further state that this subjugating knowledge "forges persons as 'docile bodies' and conscripts them into activities that support the proliferation of 'global' and 'unitary' knowledges, as well as the techniques of power" (p. 20). Thus, power as Foucault describes it is inseparable from knowledge and is sometimes represented in Foucault's writing as "power/knowledge" or "knowledge/power." This construction of power/knowledge in the work of Foucault and in postmodern thought in

general prompts Neimeyer (1995) to claim that the modern notion of an existential self—"an individual ego who is the locus of choice, action, and rational self-appraisal" (p. 13)—no longer carries any weight in a landscape influenced by postmodernism.

Holzman, Newman, and Strong (2004) argue that some counselors and theorists have attempted to avoid the topic of power altogether, believing it to be the fundamental flaw of modernism. Postmodern theories such as narrative therapy, however, cannot simply eliminate power by denying its presence. Anderson (1997) views narrative, collaborative-based, postmodern therapies taking account of power by recognizing within the therapeutic relationship how power evolves from interaction between the client and others (including the counselor) and through communication between persons. She states, "Knowledge, including self-knowledge or self-narrative, is a communal construction, a product of social exchange…From this perspective ideas, truths, or self-identities, for instance, are the products of human relationships. That is, everything is authored, or more precisely, multi-authored, in a community of persons and relationships" (Anderson, 1997, p. 41). The intended focus of the remainder of this exploration is to locate issues of power and knowledge within clients' narratives and to examine how narrative therapy approaches these relations of power, as well as to examine the dynamics of power and knowledge that exist within the therapeutic alliance and the ways in which narrative counselors conceive of and deal with these relations of power.

Power and Knowledge in Clients' Narratives

The telling of stories by clients is a key component of nearly every theory of counseling and psychotherapy. Whether one attends to the unconscious psychodynamics, the rationality of thought processes, the behavioral outcomes, or the affective dimensions of a client's story largely depends upon one's theoretical orientation. From a narrative perspective, Brown (2007) suggests that hearing clients' narratives must move beyond a simple telling of clients' stories "to an active deconstruction of oppressive and unhelpful discourses" (p. 3). As postmodern critique has demonstrated, the relationship between knowledge and power is inextricable and takes shape in the form of discursive systems in which individuals are divided, classified and come to author their lives through narrative components that are available within dominant discourse. Discourses, Brown (2007) reminds us, are both constituting—giving us language and concepts by which we come to know ourselves as subjects—and constraining—allowing some stories to be told and affirmed and others to be hidden and overlooked.

The process of deconstruction in therapy involves the analysis of these discourses and the "hidden element of power in all organized systems of knowledge" (Simon, 1994, p. 2), making relations of power clear and bringing them into the awareness of those involved with a system of knowledge. Bringing to awareness the hidden elements of power and the effects of discourse on the lives of clients does not have as its aim *escape* from relations of power. Indeed, escape from power relations is impossible. Awareness of these relations of power within systems of knowledge, however, allows for a fuller range of actions to be taken by the client and uncovers diverse narratives that are often subjugated or hidden by the normalizing effect of discourse. In this way, Winslade, Crocket, and Monk (1997) point to the significance of listening closely to a client's story—so closely, one would presume, as to hear the hidden elements of power and the effects of discourse. They indicate that the act of listening calls for the power of the counselor to be concentrated toward the legitimization of the client's voice where it has been previously excluded and denied. Foucault was closely attentive to the *knowledges* within society that are silenced due to the fact that the voices of some (inmates in prisons, patients in mental hospitals, etc.) are never given a hearing. He called these "subjugated knowledges" (Jardine, 2005, p. 21).

Indeed, power and knowledge in the practice of narrative therapy can be largely located within the narrative the client brings into the consultation room. Brown (2007) argues that the work of the narrative counselor is to unpack and reconstruct these stories, rather than leaving them intact, as these narratives so often reflect dominant discourses and relations of power. She further states that power can never be left out of the work of narrative therapy and that this particular approach is a highly politicized work that seeks to challenge oppression. Rather than inherent truths of early modernist therapies, narrative therapy is interested in the construction of stories. As a part of this interest in construction, narrative therapists are interested in the ways larger discourses—often presumed to be truth—are taken up by clients as formative in their own narratives. Culturally available discourses that shape and form clients' narratives in various ways are often the sites of the deconstructive work of narrative counselors.

White and Epston (1990) describe the therapeutic methodology of narrative therapy with attention to how many of the techniques accomplish this deconstructive and reconstructive work around issues of power and knowledge. They describe mapping the influence of the problem as a way to expose unitary knowledge through an exploration of beliefs a client holds about him or herself, others and their relationships. Through the process of externalization, the client gains a new perspective of the problem and his or her own life and, accordingly, new options become available to challenge the "truths" that have previously impinged upon the narrative constructs. Exploring the effects of the problem allows the client to identify what might be necessary in order to survive the "problem story." Finally, unique outcomes that are located by attending to times when the client was not subjected to the techniques of the problem narrative provide a further point of reflection upon the meaning of these times and how that meaning might emerge from subjugation to the dominant problem narrative.

While narrative therapy has well-articulated ways of addressing the dynamics and relations of power and knowledge in the client's narrative, there remains the reality that the client and counselor are themselves caught up in relations of power. While narrative counselors attempt to deconstruct the power relations between counselor and client by conceiving of the client as expert, this leads to what Brown (2007) sees as the dangerous treatment of "experience" as uncontestable truth. Brown (2007) further explains that postmodern feminists caution against such a privileging of individual experience resulting in experience being separated from social construction. They further argue that clients' stories should always be considered both social and political. The difficulty arises in determining how the counselor can serve in challenging the discursive realities within clients' narratives without claiming expert knowledge for him or herself. Many counselors, including Anderson (1997), adopt a "not-knowing position" (p. 4) that consists of a distancing from strategies of power found in many traditional therapeutic theories. Brown (2007) is critical of this stance, however, stating that with a not-knowing position of the counselor, clients' stories "escape the social processes that make knowledge and power inseparable. Seen somehow to be outside of the influence of power, these stories can be taken up as is, as self-legitimizing" (2007, p. 9). This not-knowing position can result in a focus on the individual and his or her story to the exclusion of the social context. If the social construction of clients' narratives is left unexplored, Brown (2007) warns, "therapy participates in its reification of dominant and often unhelpful stories" (p. 9–10). While an all-knowing stance is certainly to be repudiated, the "'not-knowing' stance is not effective for challenging oppressive social discourses or, subsequently, for deconstructing negative identity conclusions or rewriting alternative identities" (Brown, 2007, p. 4). Brown (2007) resolves this difficulty by holding to modern ideas regarding the possibility of an emancipatory social vision, as well as the postmodern idea that knowledge is always partial, located and never neutral. Together, Brown (2007) sees this blend as helpful in taking a position regarding clients' narratives without suggesting the position to be one of objectivity—at once being positioned while recognizing one's partiality.

Power and Knowledge in the Therapeutic Alliance

While Brown's (2007) position in relation to dynamics of power and knowledge in the client's narrative is helpful, there are further questions that deserve exploration with regard to the relations of power and knowledge within the therapeutic alliance—the relationship between client and counselor. Simon (1994) notes that modernist ideas of rationality and objectivity allowed scientists to feign a transcendent, supracultural view of truth and reality. Consequently, a hierarchy was created in which the scientist—and counselor—was placed above those in society and in the consultation room as rational objective observer. The scientific viewpoint was privileged and as a result the scientist and counselor fell prey to the political, economic and social views of both the scientist and dominant discursive narratives. However, narrative counselors working from a postmodern viewpoint identify the problematic nature of scientific *objectivity* and recognize, as Mahoney (1995) states: "There is not, never was, and never can be a truly 'nondirective' or value-free form of human dialogue. All human perception, learning, knowing, and interaction is necessarily motivated by and permeated with biases, preferences, and valuations (which are usually implicit)" (p. 392).

Even while narrative counselors attempt to divest themselves of positions of power over the client seen in modernist psychotherapies, the issue of power and knowledge in the therapeutic alliance is still very present. Holzman, Newman, and Strong (2004) note that, if for no other reason, there is a dynamic of power and knowledge present in the fact that the client looks to the counselor for advice, solutions, interpretations, explanations or, in postmodern approaches, a collaborative process that may generate new understanding. This is no doubt still an appeal to the authority of the counselor and is an appeal that narrative counselors must creatively approach in order to attend to the implicit relations of

power. While some would seek to divest the relationship of power altogether, this is a naïve and potentially harmful way of viewing power in the therapeutic alliance. As White and Epston (1990) warn:

> If we accept that power and knowledge are inseparable…and if we accept that we are simultaneously undergoing the effects of power and exercising power over others, then we are unable to take a benign view of our own practices. Nor are we able simply to assume that our practices are primarily determined by our motives, or that we can avoid all participation in the field of power/knowledge through and examination of such personal motives. (p. 29)

Instead of an avoidance of the power and knowledge relations implicit in the therapeutic alliance, these authors suggest that narrative counselors must assume that we are always participating in such relations. Rather than avoiding this reality or trying to cover it over with a completely "not-knowing" position, White and Epston (1990) suggest that we critique our own practices and identify the contexts of ideas from which our practices come. This, they argue, enables the narrative counselor to identify effects, dangers and limitations in their ideas and practices and turns their attention toward the keen awareness that social control—though avoided—is always a strong possibility within the therapeutic alliance.

White and Epston (1990) further argue that if we are to "accept Foucault's proposal that the techniques of power that 'incite' persons to constitute their lives through 'truth'…, then, in joining with persons to challenge these practices, we also accept that we are inevitably engaged in a political activity" (p. 29). Foucault (1994b) explains the nature of *truth* that must be challenged through the political activity of the counselor in this way:

> Truth is a thing of this world: it is produced only by virtue of multiple forms of constraint. And it induces regular effects of power. Each society has its regime of truth, its 'general politics' of truth—that is, the types of discourse it accepts and makes function as true; the mechanisms and instances that enable one to distinguish true and false statements; the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth; the status of those who are charged with saying what counts as true. (p. 131)

While White and Epston (1990) admit that the political activity of the narrative counselor does not involve proposing an alternative ideology to that implicit in the regime of truth, they do propose that the counselor challenges the techniques that subjugate clients to a dominant ideology. This involves what Brown (2007) argues is an acceptance of one's position by which counselors acknowledge, rather than deny, their own knowledge and power and become more accountable for them.

What alternative exists, then, to the "not-knowing" position advocated for by many narrative and postmodern therapies? Brown (2007) notes that while a not-knowing position seeks to maximize clients' power by positioning them as "expert," "they often implicitly require practitioners to abdicate their own knowledge and power" in the process (p. 8). She further explains the problematic nature of the not-knowing position as one that (1) risks passivity and (2) involves little active problem solving or analysis on the counselor's part. "In the first instance," Brown (2007) argues, "expert knowledge and power, while practiced, are denied; and, in the second, the therapist is rendered virtually ineffective for fear of being too knowledgeable or too powerful" (p. 13). In a far more critical tone, Barbara Held (1995) posits that the antirealism within postmodern therapies "affords therapists…a legitimate way to diminish the discipline's complexity, by diminishing if not eliminating what therapists need to know in advance of each case" (p. 14).

Brown (2007) argues that in order to practice effectively, the narrative counselor *must* have knowledge and power. The issue, then, is how knowledge and power are recognized and deployed in the therapeutic alliance. Winslade, Crocket, and Monk (1997) offer the image of coauthoring narratives within a collaborative relationship as a possibility for abandoning the all-knowing, but remaining free from the ineffective not-knowing position. Coauthoring, they postulate, "implies a shared responsibility for the shaping of the counseling conversation…[and] challenges the portrayal of counselors as followers, who must be very cautious about treading on the toes of clients" (Winslade, Crocket, & Monk, 1997, p. 55). At the same time, it challenges a modernist view of the counselor as a wise, all-knowing expert. In the collaborative relationship described by these authors, narrative counselors develop an awareness of aspects of professional discourse that set up harmful relations of power and authority and leave the client with little sense of agency. Instead, client and counselor take a position against the problems and deficit-inducing discourses and in this way create a relationship in which power is used in a positive manner in which the client has a voice that is offered legitimacy by the counselor's hearing. Anderson (1997) further describes this collaborative therapeutic alliance as a partnership between people with different perspectives and expertise.

Even within a collaborative partnership, however, Mahoney (1995) argues that while clients show a degree of autonomy, this "does not negate the fact that clients' values in some domains may be significantly influenced by the values expressed, affirmed and challenged by the professional practitioner" (p. 393). Taking note of this reality, Anderson (1997) posits that the focus in a collaborative approach to therapy is on the relationship system between client and counselor in which both the expertise of the client and that of the counselor combine and merge. While Anderson (1997) conceives of the respective domains of expertise as easily discernible—client as expert in his or her life experiences and counselor as expert in the area of the dialogical process—even this seems a false dichotomy. Whether or not the counselor is willing to recognize it, he or she cannot relinquish power over the domain of the client's narrative. Even in the questions the counselor poses and those parts of the narrative that he or she chooses to attend to in detail, there exist relations of power that may serve to either reify or challenge the dominant discursive regimes of truth therein. Holding to a close Foucauldian understanding of power and knowledge, Brown (2007) notes that a narrative therapeutic stances must move away from the binary notion that one may either have power and knowledge or not. Instead, the counselor must be clear in recognizing that both the counselor and client are "active embodied subjects in the therapeutic process of coauthoring identities" (Brown, 2007, p. 3). Far from the objective neutrality of the modernist stance and the oversimplified not-knowing abdication of power in some postmodern approaches, Brown (2007) sees the necessity of being positioned and taking a stance as a vital in narrative therapy. "In my view," she states, "it is far more dangerous to deny the presence of our own knowledge and power through efforts at sidestepping it" (Brown, 2007, p. 12). Above all, and despite the politics and goals of any particular therapeutic alliance, Brown (2007) states the unequivocal positioning of the counselor as one of ethical responsibility for the well-being of the client.

Conclusion

It is clear from this examination that questions of power and knowledge in clients' narratives, as well as within the therapeutic alliance, are subjects of lively debate and clarity is not easily gained. Partially, this difficulty seems to stem from the reality that knowledge and power often operate in implicit ways within the regimes of truth that are so often taken for granted as normative ways of understanding. What seems clear, however, is that narrative counselors hoping to be true to postmodern conceptualizations of power and knowledge—at least Foucauldian understandings—must continue to recognize the relations of power and knowledge at play in the therapeutic alliance. Rather than attempting to divest oneself of power, one must instead recognize that relations of power are unavoidable and that the counselor is always positioned in relations of power with the client. What might be stated with some degree of certainty is that relations of power and knowledge are unavoidable and inescapable, even for those practicing narrative, collaborative-based, postmodern therapies. The determining factor for how power and knowledge will be experienced as constraining, constitutive, oppressive, liberative, limiting or emancipatory is the degree to which the counselor is willing to recognize her or his own involvement in relations of power and position herself or himself within those dynamics of power and knowledge, recognizing all the while that the act of therapy is, indeed, a political act.

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The Development of a Sexual Orientation Scale for Males

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One of the major flaws in current psychological tests is the belief that a prediction/diagnosis can be made that would tell an individual whether he is heterosexual, homosexual or bisexual. What is needed within the profession, however, is an assessment that has the sensitivity to help clients explore their sexual orientation. A pilot 100-item Sexual Orientation Scale was developed after interviewing 30 self-identified gay men who considered themselves happy/satisfied. The items summarized the thoughts and feelings of these 30 men during the discovery process and ultimate acceptance of their sexual orientation. The scale was then completed by 208 male participants. The Cronbach's Alpha Coefficient was calculated for the initial 100-item version of the Sexual Orientation Scale along with item analysis and factor analysis. These statistical manipulations were computed to help eliminate items that did not discriminate well. The final version of the Sexual Orientation contains 43 items. Implications for the use of this scale and future directions in research are further explored.

Keywords: sexual orientation, scale development, males, assessment, exploration

As children grow up in our society, they are introduced to a wide range of knowledge about sexual behavior by their parents, siblings, and peers. Part of their education addresses the ideas of sexual orientation and/or preference. The inherent messages in this education are that a person is either heterosexual (sexually attracted to members of the opposite sex), homosexual (sexually attracted to members of the same sex), or bisexual (sexually attracted to members of both sexes).

Historical Overview of Sexual Orientation

A number of theories on the origin of homosexuality have attempted to define homosexuality. A number of these theories (c.f. Drescher, 2008; Ellis, 1936; Freud, 1922/2010; Krafft-Ebing, 1887/1965; Nuttbrock et al., 2009) place sexual orientation within the context of an individual's overall sex role identity. These individuals link sexual attraction for men toward women with a masculine sex role orientation and sexual orientation toward men with a feminine sex role orientation (Axam & Zalesne, 1999; Mata, Ghavami & Wittig, 2010; Storms, 1980). Sexual orientation refers to a particular lifestyle (behavior) that an individual displays. Storms (1980) and Moradi, Mohr, Worthington, & Fassinger (2009) found most theories about the nature of sexual orientation emphasize either the person's sex role orientation or erotic orientation. Although these assumptions have had a major impact on the development of theories, research, clinical practice, and even popular stereotypes, neither assumption has been adequately tested in past research. A homosexual person is one defined as having preferential erotic attraction to members of the same sex and usually (but not necessarily) engaging in overt sexual relations with them (Crooks & Baur, 2008; Marmor, 1980).

Cass (1984) and Harper & Harris (2010) identified four steps in the discovery process that people experience as they begin to identify their sexual orientation:

1. Individuals come to perceive themselves as a homosexual by adopting a self-image of what it means to be homosexual.
2. Individuals take this self-image a step further and allow it, through interaction with others, to become a homosexual identity.
3. Individuals assume the necessary affective, cognitive, and behavioral strategies in order to effectively manage this identity in everyday life.
4. Individuals find a way with which to incorporate the new identity into an overall sense of self.

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Assessment of Sexual Orientation

Fergusson & Horwood (2005) wrote a review of the multitude of methods that have been used to assess sexual orientation. Conceptualization of sexual orientation as dichotomous (i.e., heterosexual and homosexual) was overturned over 60 years ago by Kinsey, Pomeroy, and Martin (1948) and by Kinsey, Pomeroy, Martin, and Gebhard (1953). These studies resulted in the development of a 7-point scale in which 0 represented exclusive heterosexuality and 6 represented exclusive homosexuality. Three on the scale indicated equal homosexual and heterosexual responsiveness. Individuals were rated on this continuum based upon their sexual behavior and physical reactions (i.e., physical attraction to desired partners) (Coleman, 1987; Fergusson & Horwood, 2005).

Although this notion that people fall in a continuum better represented the realities of the world (Bagley & Tremblay, 1997; Silenzio, Pena, Duberstein, Cerel, & Knox, 2007), the Kinsey Scale has many limitations for accurately describing an individual's sexual orientation. The scale assumes that sexual behavior and erotic responsiveness are the same within individuals. In response to this criticism, Bell and Weinberg (1978) used two scales in their extensive study of homosexuality. They examined two scales: one for sexual behavior, and one for erotic fantasies. Bell & Weinberg (1978) found discrepancies between the two ratings. Paul (1984) and Garnets & Kimmel (2003) also reported discrepancies in approximately one-third of their homosexual samples. It was reported that most men saw their behavior as more exclusively homosexual than their erotic feelings (Coleman, 1987; Fergusson & Horwood, 2005; Schwartz, Kim, Kolundzija, Rieger & Sanders, 2008).

Coleman (1987) and Fergusson & Horwood (2005) suggested that while this dichotomous and continuous view of sexual orientation represented an improvement in assessment of sexual orientation, several clinicians and researchers have recommended additional dimensions (Fox, 2003). These dimensions are those based upon both the biological sex of the partner and the biological dichotomous sex of the individual.

As the literature on psychological testing and homosexuality unfolded, it became clear that tests were not very effective in creating special scales, signs or scoring patterns that could differentiate homosexuals from heterosexuals (Garnets & Kimmel, 2003; Paul, Weinrich, Gonsiorek, & Hotvedt, 1982). Homosexuality was no longer being studied as an illness. Contrastingly, literature has brought forth strong data that dismiss the notion that homosexuality is a disorder (Cass, 1984; Coleman, 1982; Harper & Harris, 2010; Henchen & O'Dowd, 1977; Morin & Miller, 1974; Tripp, 1975; Troiden, 1977; Weinberg, 1978).

One of the major flaws in current psychological tests is that there is a belief that a prediction/diagnosis can be made that would tell an individual whether he is heterosexual, homosexual, or bisexual. It is the authors' belief that it is inappropriate to predict what kind of lifestyle an individual will/should follow. What is more feasible is to assist an individual as he or she explores the experience of uncertainty. Therefore, an instrument is needed that has the sensitivity to help clients explore their sexual orientation, not one that identifies levels of disturbance.

Purpose of the Study

The purpose of the study was to construct an instrument that would help counselors in assisting clients who wish to explore sexual orientation. The instrument was to:

- Identify issues that need to be addressed by the client during the discovery of sexual orientation.
- Focus on issues such as self-definition, self-acceptance, fears, sexual fantasies, and understanding of lifestyle.
- Provide an information base for counselors as they help their clients unfold significant characteristics of their personality.
- Provide counselors a tool for helping clients meet the challenges they face now and will face in the future.

Method

Participants

The volunteer population of this study consisted of males who were either a) receiving personal counseling at a university counseling service, community mental health agency, and/or private practice; b) enrolled in introductory

psychology classes at universities or community colleges; or c) participating in local men's groups (i.e., Jaycees, Lions Clubs, support groups, etc.).

Two universities in California, eight universities in Texas, and one university in Wisconsin assisted in the collection of data. Three mental health agencies and four private counseling centers also were recruited for assistance in data collection. The private counseling centers served primarily gay and lesbian clients from the Dallas/Ft. Worth area.

Directors and/or counselors at the mental health sites mentioned above were visited. The purpose of the study was explained and they were asked if they would approach their clients (straight and gay) to determine their willingness to participate in the study. If the counselors were willing to speak to their clients, they were given instructions to share with clients who agreed to participate. They were instructed to give the client the research packet and return the completed information in the enclosed addressed/stamped envelope. Seventy-five agreed and completed packets from this group of mental health agencies were obtained.

Permission from psychology professors at the universities and/or colleges to address their introductory psychology classes was obtained for recruiting more subjects. The purpose of the study was shared with the class, willing participants were moved to another classroom, and they completed the research packet. One hundred and six packets were completed through this procedure.

Men's groups were approached to obtain additional participants. Groups such as Jaycees, Lions Clubs, and Gay Men's Support Groups were contacted and visited. A presentation was made that addressed the purpose of the study. Willing participants were provided with information packets, which they returned in enclosed envelopes. Thirty-three completed packets from representatives of the men's groups were received. Twenty-eight of the 33 came from gay men's support groups.

Demographic information from the personal data form was summarized and examined across the variable of sexual orientation on the following factors: educational level, socio-economic status, age, ethnicity, self-rating on the Kinsey Sexuality Scale and whether or not the participant was currently in counseling or psychotherapy. The males in the sample identified themselves as being either homosexual (gay) or heterosexual (straight). The males self-identified as gay or straight by rating themselves on the seven-point Kinsey Sexuality Scale (0=exclusively heterosexual to 6=exclusively homosexual). Straight responses were identified as those of which the men rated themselves as zero (0) or one (1) and gay responses were identified as those in which the men rated themselves as five (5) or six (6) on the Kinsey scale. Only six subjects rated themselves as 2, 3 and 4. The scales completed by these 6 subjects were not used in this study.

The sample consisted of a total of 208 men from cities in Texas, Wisconsin, and California: 132 were between the ages of 18–25 (63.5%); 52 were between the ages of 26–33 (25.0%); and 24 were between the ages of 34–40 (11.5%). According to the Kinsey Scale Rating, 104 were straight (50%) and 104 were gay (50%). Of the men who participated in the sample, 85 (40.9%) had received counseling and 123 (59.1%) had not.

Procedure

The first procedure consisted of the development of the items for the Sexual Orientation Scale. In order to achieve this task, thirty gay men who described themselves as being happy/satisfied with the gay lifestyle were interviewed. The men were identified via personal contacts and gay organizations. Their input was used to develop items for the Sexual Orientation Scale.

Three small group meetings of approximately two hours each with about ten men were scheduled. Each meeting began with a statement of the purpose of the groups and the study. It was explained that data was being collected to formulate a scale that would help people clarify questions about their sexual orientation. It was explained that the scale was not designed to label whether someone was gay or straight, but simply to identify issues surrounding sexual orientation. Time was allotted for questions and answers.

Participants were asked for permission to record the group session. When permission was obtained, participants

were asked about their experience of the discovery process of their sexual orientation (e.g., "What struggles did you experience?" "What questions did you ask yourself during this discovery process?" "What were you feeling?" "Did you get in touch with any fears?" "What kind of sexual fantasies did you experience?"). These questions were asked in order to help the participant recall their discovery process. Participants were allowed to ask each other questions and/or identify with what was being shared in a casual and informal atmosphere. Recordings of the three small group meetings provided the source for the 100 items that represented thoughts and feelings the men experienced during their discovery process. These 100 items consisted of Phase 1 of the Sexual Orientation Scale development.

After the pilot scale was developed, packets were sent out to university counseling services, psychotherapists in private practice, and community mental health agencies. The packet consisted of: (a) a personal data form, (b) the 100-item Sexual Orientation Scale, (c) an informed consent form, and (d) an addressed and stamped envelope. Data on the 100-item Sexual Orientation Scale also was collected from different men's groups and from the introductory psychology classes both at universities and community colleges.

Two hundred and eight packets were completed. Coincidently, 104 responses were from gay individuals, and 104 were straight responses. The responses were then transferred onto *Scantrons* and submitted for analysis.

Instrument Development

Item construction. Tests are composed of a number of items that are used to measure a particular subject. According to Wesman (1971), an item may be defined as a scoring unit. Creating an item should be taken seriously because each item in a test produces a unit of information regarding the person who takes the test.

Writing a test item is an involved process. Test items need to be subjected to constant evaluation in order to ensure, as much as possible, that they are measuring what they are intended to measure. The items developed for the Sexual Orientation Scale represent two variables: *self-image* and *eroticism*. These variables have been continuously identified in sexual-orientation literature (Cass, 1984; Coleman, 1982; Eliason & Schope, 2007; Grace, 1979) as variables that must be examined when attempting to answer questions regarding sexual orientation. Self-image is defined as involving self-definition, self-acceptance, fears and an understanding of lifestyle. Eroticism is defined as sexual fantasies.

Item analysis. According to Anastasi (1988), items on an instrument may be analyzed quantitatively, in regards to their statistical properties. When examining items qualitatively, content validity is considered as well as the evaluation of items in terms of effective item-writing procedures. Quantitative analysis primarily includes the measure of item difficulty and item discrimination (Anastasi, 1988).

Item difficulty answers the question: How hard or easy was a particular item for the group of participants? Item discrimination refers to the degree to which an item differentiates correctly among test takers in that behavior that the test is designed to measure (Anastasi, 1988, p. 210). Item discrimination was calculated as a correlation coefficient between the item score and the total score. Correlation coefficient indicates the strength and direction of a linear relationship between two random variables.

Results and Discussion

Item Design for the Sexual Orientation Scale

In designing the Sexual Orientation Scale, two areas of interests were salient. They were self-images and eroticism. The literature on sexual identity formation strongly supported the examination of these two interest areas during the discovery process of one's sexual orientation. The importance of examining self-images and eroticism was further supported in the early stages of this study that resulted in the identification of the initial 100 items of the Sexual Orientation Scale.

Thirty self-identified gay men were interviewed regarding their discovery process. While reviewing interviews, items were generated that represented their thoughts and feelings. Examination of items clearly indicated that issues such as self-acceptance, understanding fears, and eroticism were being confronted during the discovery process.

Next, these 100 items were then subjected to an item analysis that resulted in identifying 45 items with item discrimination indices of 0.50 or higher. These 45 items were then further subjected to a factor analysis and an alpha coefficient.

An arbitrary decision was then made to use a 0.5 or higher factor loading in examining items. A strict convention of 0.5 or higher was used in order to identify the most discriminating items. The factor analysis identified the same items the item analysis identified. The alpha coefficients were as follows: overall= 0.924; straights= 0.723, gays= 0.653.

The factor analysis also identified four factors that were consistent with issues identified by both the literature and the initial 100 items. After reviewing the items in these factors, they were labeled as:

1) attraction to same sex
2) attraction to opposite sex
3) self-acceptance of gay behavior/attitudes
4) fears

Item Analysis

Anastasi (1988) pointed out that items on an instrument may be analyzed qualitatively, in terms of their content and form, and quantitatively, in terms of their statistical properties. The item analysis performed on the initial 100 items of the Sexual Orientation Scale focused on a quantitative analysis and more specifically on the measures of item difficulty and item discrimination.

Item difficulty refers to the percentage of subjects that endorse certain items on the scale. The closer the difficulty level approaches 0.50, the more differentiations the items can make (Anastasi, 1988).

Item discrimination refers to how effective the item discriminates between the two groups. Therefore, the higher the item discrimination score, the more effectively the item will differentiate between the two groups (gays/straights). Table 1 shows how the sample was grouped in order to establish an item-to-total score correlation, which is identified as a useful exercise to select items.

Table 1

Statistics for Grouping the Sample

Quintile	Sample Size	Proportion	Score Range
1st	42	0.20	87–95
2nd	42	0.20	72–86
3rd	43	0.21	51–71
4th	39	0.19	48–50
5th	42	0.20	36–47

Based on the total score, the respondents were divided into quintiles (groups of approximately 40 subjects). A total score was established by assigning a value of 1 to *true* responses and a value of 2 to *false* responses. A *true* response indicated the way a gay man would respond. An item difficulty, identified in the item analysis as proportion of subjects that responded correctly to the item (PROP) and item discrimination, identified in the item analysis as a point biserial correlation coefficient (RPBI), were calculated for each item.

Table 2 outlines the item difficulty and item discrimination score and the scoring key of the initial 100 items. The asterisks identify the scores for the 43 items on the final version of the Sexual Orientation Scale. Of the final 43 items, approximately 76.7% of the items have a difficulty score that range from 0.40 to 0.60. Since Anastasi (1988) stated that the closer the difficulty level approaches 0.50, the more differentiations the item can make, it is safe to infer that the

majority of the items on the Sexual Orientation Scale possessed good potential for differentiating between responses of the two groups. The remaining 23.3% of the items were not far behind. None of the item difficulty scores were less than 0.32 or higher than 0.76. This shows that the result of these items do not differentiate as well, but well enough to contribute to the overall reliability and validity of the Sexual Orientation Scale.

Table 2

Scoring Key of Items with Item Difficulty and Item Discrimination

No.	Item Description	Item Difficulty	Item Discrimination	Scoring Key
6	Pictures of nude females are exciting.	0.50	0.80	F
12	I have erotic thoughts about men.	0.51	0.89	T
14	I get aroused thinking about women in their underwear.	0.62	0.68	F
16	I have a strong desire to touch a female body.	0.64	0.72	F
17	When I masturbate, my fantasies include only men.	0.47	0.84	T
22	As an adolescent, I remember being attracted to other young boys.	0.49	0.85	T
25	The expression of affection between two males is acceptable.	0.70	0.62	T
29	I sometimes want to be around other men because it excites me.	0.49	0.89	T
31	I am jealous of other male friendships.	0.35	0.57	T
32	I sometimes want sex with another male but am afraid to do so or to ask.	0.42	0.79	F
33	I sometimes want to wear seductive clothing (i.e. shorts, tight jeans, etc.).	0.53	0.56	T
36	I sometimes do not know what to say when I am introduced to another male.	0.41	0.71	F
39	I notice that I develop crushes on other males.	0.49	0.90	T
41	The female anatomy intrigues me.	0.45	0.77	F
42	I enjoy reading material concerning the gay lifestyle.	0.46	0.83	T
44	I have erotic fantasies about women.	0.50	0.85	F
45	I like the sound of other men's voice.	0.46	0.78	T
46	I feel that I am attractive to other men.	0.48	0.87	T
48	I am easily aroused by good looking women.	0.51	0.79	F
49	Pictures of nude males attract me.	0.49	0.90	T
50	I have gay friends.	0.55	0.80	T
56	Expressing affection for a member of the same sex is not acceptable.	0.76	0.52	F
59	I like to fantasize about being sexual with other men.	0.51	0.87	F
60	Specific parts of the female anatomy are attractive to me.	0.48	0.73	F

63	I have female friends to whom I am sexually attracted.	0.52	0.72	F
64	I sometimes wonder what men look like undressed.	0.52	0.84	T
65	Realizing that I was different (sexually), growing up was sometimes very difficult.	0.50	0.86	T
66	I sometimes find myself wanting to touch another male.	0.51	0.89	T
67	I sometimes wonder if other people are gay.	0.54	0.79	T
70	I realize I am attracted to differences in female bodies.	0.52	-0.77	F
72	The male anatomy intrigues me.	0.50	0.89	T
73	I talk openly with my gay friends about their lifestyle.	0.49	0.84	T
80	I get aroused when I am around naked men.	0.49	0.89	T
81	I sometimes fear my reactions to other men will betray me.	0.44	0.75	T
82	I have erotic fantasies that include women.	0.51	0.72	F
83	I notice that I am sexually attracted to the physical appearance of some men.	0.50	0.87	T
88	I understand what it means to be gay and can handle the responsibilities/lifestyle.	0.49	0.85	T
89	I like to be different but I do not like to be treated differently.	0.62	0.61	T
90	I am afraid I might be gay.	0.32	0.71	T
91	It is normal to be attracted to other males.	0.59	0.75	T
97	I always thought it would feel good to be involved in a long term relationship with another male.	0.49	0.89	T
98	I can be open about my being gay.	0.41	0.81	T
99	I can survive being gay in our society.	0.50	0.85	T

According to Anastasi (1988), the items that have low correlations with total score should be deleted and the items with the highest average inter-correlations will be retained. These items were retained because they are the ones that discriminate well and increase the validity of the test.

Analysis showed that 43 items on the initial 100-item Sexual Orientation Scale scored 0.50 or higher on the item discrimination index. Since the item discrimination refers to the degree to which an item differentiates correctly among test takers in the behavior that the test is designed to measure, one could assume the majority of the items on the Sexual Orientation Scale effectively differentiates between the two groups (gay/straight) that were tested.

Results of Item Analysis

The 45-item version of the Sexual Orientation Scale was a result of an item analysis done on the initial 100-item scale. The original data analysis identified 17 factors. An item discrimination index of 0.50 or higher was used to identify the items for the final version of the scale. Items that exhibited a higher level of commonality were selected. The 55 items that were deleted did not discriminate as well.

The 45 items were then submitted to the following statistical procedures: (a) Cronbach's alpha coefficients were calculated for the overall sample, for the straight sample, and for the gay sample; and (b) a factor analysis was conducted via the running of five, four, three and two factor solutions on the overall sample (N=208). The factor analysis was done for the purpose of further validating the Sexual Orientation Scale.

Naming of the Factors

After creating and reviewing a SCREE Plot with the Eigen values of the 45 items, the researchers identified a bend that began to occur around the three, four and five factors. All factor solutions were investigated, and a decision was made to use the four-factors solution because (a) the items fit the four factors very well, and (b) the addition of a fifth factor accounted for negligent increase in the total variance. Every item in each factor carried a common theme.

The items in the four-factor solution were reviewed. Finally, two of the 45 items did not have a factor loading of 0.5 or higher. In keeping with the arbitrary decision of only using those items with a 0.5 factor loading or higher (for the purpose of implementing a stricter convention), items 36 and 15 were deleted. The final version of Sexual Orientation Scale resulted in having 43 items.

Table 3 summarizes the four factors solution by identifying the sorted rotated factor loadings of each item in each factor. Items 12, 22, 29, 39, 42, 45, 46, 49, 50, 59, 64, 65, 66, 67, 68, 72, 73, 80, 83, 88, 97, 98, and 99 loaded on Factor One with factor loadings ranging from 0.58 to 0.73. The common theme was sexual attraction to members of the same sex. The items in Factor One identified issues such as being attracted to nude males, erotic thoughts about men, masturbatory fantasies involving men only, relationships with males, etc. Therefore, Factor One was named "Attraction to Same Sex."

Items 6, 14, 17, 41, 44, 48, 60, 63, 70, and 82 of Factor Two in Table 3 also had sexuality as their common theme. However, the sexual attraction addressed in the above items was towards members of the opposite sex. Their factor loadings ranged from 0.55 to 0.78. The items in Factor Two brought to surface issues dealing with erotic fantasies about women only, thoughts about women that led to sexual arousal, etc. Due to a common theme in these items, Factor Two was named "Attraction to Opposite Sex."

Factor Three in Table 3 was comprised of items 16, 25, 33, 56, 89, and 91. These items had factor loadings ranging from 0.53 to 0.78. In examining these items, it was evident that the common theme surrounding the items was that of self-image and self-concept. The items in Factor Three addressed issues such as self-expression, expression of affection to another male, the acknowledgement of individual differences and the normalcy of being attracted to other men. Factor Three was named "Self-Acceptance of Gay Behaviors/Attitudes."

Items 31, 32, 81, and 90 in Table 3 loaded onto Factor Four with loadings that ranged from 0.52 to 0.60. The common theme among these items was fear, which pertained to issues faced more often than not by gay men. The items addressed concerns in areas such as wanting to be sexually active with other men, jealousy, noticeable reactions to other men and fear of being gay. Because of the obvious common theme, Factor Four was named "Fears."

Table 3

Sorted Rotated Factor Loading (Pattern) Four Factor Solution

Item (highest to lowest loading)	Factor 1	Factor 2	Factor 3	Factor 4
49. Pictures of nude males attract me.	.730	-.436	.351	.296
83. I notice that I am sexually attracted to the physical appearance of some men.	.729	-.452	.332	.283
12. I have erotic thoughts about men.	.725	-.423	.362	.334
66. I sometimes find myself wanting to touch another male.	.723	-.466	.333	.312
59. I like to fantasize about being sexual with other men.	.722	-.487	.309	.257
97. I always thought it would feel good to be involved in a long term relationship with another male.	.712	-.444	.368	.325
80. I get aroused when I am around naked men.	.709	-.433	.333	.356
73. I talk openly with my friends about their lifestyles.	.706	-.366	.357	.000
65. Realizing that I was different (sexually), growing up was sometimes very difficult.	.698	-.436	.312	.342
72. The male anatomy intrigues me.	.697	-.419	.376	.338
29. I sometimes want to be around other men because it excites me.	.693	-.443	.373	.331
39. I notice I develop crushes on other males.	.689	-.471	.359	.368
88. I understand what it means to be gay and I can handle the responsibilities/lifestyle.	.687	-.422	.367	.000
46. I feel that I am attractive to other men.	.671	-.438	.341	.278
45. I like the sound if other men's voices.	.670	-.368	.341	.266
64. I sometimes wonder what men look like undressed.	.670	-.452	.371	.265
99. I can survive being gay in our society.	.667	-.409	.424	.000
22. As an adolescent I can remember being attracted to other young boys.	.666	-.440	.320	.373
67. I sometimes wonder if other people are gay.	.649	-.339	.352	.345
50. I have gay friends.	.648	-.340	.438	.000

68. I have fallen in love with another male.	.644	-.421	.350	.000
42. I enjoy reading material concerning the gay lifestyle.	.617	-.368	.357	.347
98. I enjoy reading material concerning the gay lifestyle.	.576	-.313	.399	.000
82. I have erotic fantasies that include women.	-.333	.772	.000	.000
70. I realize I am attracted to differences in female bodies.	-.394	.766	.000	.000
44. I have erotic fantasies about women.	-.485	.726	-.269	.000
60. Specific parts of the female anatomy are attractive to me.	-.279	.723	-.251	.000
41. The female anatomy intrigues me.	-.328	.721	.000	-.341
63. I have female friends to whom I am sexually attracted.	-.303	.685	.000	.000
48. I am easily aroused by good looking women.	-.483	.671	-.275	.000
6. Pictures of nude female are exciting.	-.450	.658	-.295	.000
17. When I masturbate, my fantasies include only men.	.490	-.556	.291	.376
14. I get aroused thinking about women in their underwear.	-.353	.551	.000	-.267
25. The expression of affection between two males is acceptable.	.336	.000	.772	.000
89. I like to be different but I do not like to be treated differently.	.311	.000	.692	.000
91. It is normal to be attracted to other males.	.461	-.284	.686	.000
56. Expressing affection for a member of the same sex is not acceptable.	.000	.000	-.659	.000
16. I have a strong desire to touch a female body.	-.286	.476	-.574	.000
33. I sometimes want to wear seductive clothing (i.e., shorts, tight jeans, etc.).	.000	.000	.526	.354

32. I sometimes want sex with another male but am afraid to do so or to ask.	.509	-.374	.284	.599
90. I am afraid I might be gay.	.348	-.352	.257	.539
31. I am jealous of other male friendships.	.307	-.296	.000	.537
81. I sometimes fear my reactions to other men will betray me.	.454	-.403	.286	.520
Variance Explained	13.975	9.890	6.649	4.421

It is vital to note that the four factors identified via the factor analysis represented those themes continually found in sexual orientation literature. Cass (1979 & 1984), Grace (1979) and Coleman (1982) consistently addressed the importance of examining the variables of self-images and eroticism during the discovery process of one's sexual orientation. All these factors are clearly identified in the 43 items in the four-factor solution done on the final version of the Sexual Orientation Scale.

Reliability

A Cronbach's alpha coefficient was performed in order to establish the reliability of the final 43-item version of the Sexual Orientation Scale. An alpha coefficient was done on the overall sample (N=205), the straight sample (N=103), and the gay sample (N=102). The overall sample has an N of 208. Three completed scales (1 straight respondent and 2 gay respondents) were eliminated because they did not complete the initial 100 items. The alphas for the 43-item version were 0.93 for the overall sample, 0.72 for the straight sample and 0.65 for the gay sample.

Construct-Related Validity

Internal consistency is a procedure used to establish construct validity. A statistical procedure used in this study to establish internal consistency was Cronbach's Alpha Coefficient; this statistic also was used to establish instrument reliability (Miller, 1987). Table 4 shows the alphas which clearly exhibit the homogeneity for the items on the Sexual Orientation Scale.

A factor analysis was performed on the 45 items to identify the prevalent factors. After the factor analysis was done, four factors were identified as the most important factors that need to be examined when struggling with the uncovering discovery process of an individual's sexual orientation. They are Attraction to Same Sex, Attraction to Opposite Sex, Self-Acceptance of Gay Behavior/Attitudes, and Fears. The items and other data on each factor are summarized in the following table. Normative data also was generated on the overall sample, the gay sample, and the straight sample. This was done for interpretation purposes. Table 4 summarizes the established normative data.

Table 4

Normative Data on 208 Subjects of the Sexual Orientation Study

Subjects	*M*	*Mdn*	*SD*	Obtained Low Scores	Obtained High Scores	KR-20
Gay	47.28	47.90	4.61	36	62	.519
Straights	81.35	83.30	10.61	51	95	.894
Overall Sample	64.31	56.30	18.92	36	95	.954

Limitations

This study contained methodological features which resulted in limitations. The major areas of limitations were (a) the sampling procedures and (b) generalizability.

Sampling Procedures

The initial 100-item Sexual Orientation Scale resulted from interviews with self-identified gay men who stated they were happy/satisfied as gay men. Only 30 men were interviewed. Although this number was an acceptable number, a larger number of men interviewed may have provided additional insights.

Of this group of 30 men (participating in the development of the items for the Sexual Orientation Scale) from cities in the Rio Grande Valley (RGV) in South Texas, 90% were Hispanic college graduates. Being a Hispanic gay man in the RGV in South Texas is difficult. The machismo attitude is somewhat prevalent in this area. This, coupled with a strong Catholic belief about homosexuality makes life as a gay man very secretive in this area. Thus, it is important to note that the initial 30 subjects were men who are openly gay, educated, motivated, and obvious risk takers. The sample group, therefore, may not have represented the "typical" gay man in the United States. Moreover, a different or more thorough perspective about what is involved in the discovery process with respect to sexual orientation might have risen if there had been a more diverse group of gay men in terms of ethnicity and geographical area.

The sample size ($N = 208$) utilized for the statistical item analysis was small. Although acceptable for this study, a much larger sample would likely improve the scale's reliability and validity. The sample in this study did not include women. Women were excluded because it was suspected that gay men and lesbian women experience a different discovery process and that a parallel, yet different study is necessary for females.

Lastly, the two samples (gay/straight) are not actually directly comparable because, in essence, they were not selected in the same way. For example, a large percentage (65.4%) of the gay sample compared to 16.3% of the straight sample was enrolled in counseling. One can ascertain that most of the gay samples were selected from university counseling centers, mental health agencies, and the private sector. Contrastingly, the straight sample was selected from introductory psychology classes and from the membership of men's groups (civic and/or support).

Generalizability

The generalizability of the results of this study is limited to men who are between the ages of 18 and 40 and who are either receiving counseling services from university counseling centers, mental health agencies, or the private sector, or who are in introductory psychology classes or members of men's groups. The generalizability of this study is further limited to Hispanic and Caucasian men who met the research criteria.

Recommendations

The following are recommendations to either improve the present study's design or identify areas for future research:

- Obtain a more culturally diverse sample by including representatives of other ethnic groups along with representatives from the Hispanic and Caucasian groups. This would increase the potential of gathering different perspectives and insights as well as increase the generalizability of the results.
- Utilize a larger more diverse sample in order to compare the reliability and validity data obtained in this study with other studies. A test re-test might be considered so as to verify the reliability of the Sexual Orientation Scale.
- In order to minimize a client's tendency to answer the way they think their therapist or counselor wants them to, a lie/consistency scale may need to be established for the Sexual Orientation Scale. This may be done by including items that emphasize the same information, but written in a different manner.

Once the Sexual Orientation Scale has undergone further empirical investigation and eventual modifications, the use of the scale in counselor training programs should be considered. This would be done in hopes of (a) educating future counselors in how to assist clients who are confused about their sexual orientation, (b) increasing one's sensitivity to and knowledge about gay/lesbian issues, and (c) requiring to some extent that future counselors accept and understand their own biases in regards to individual differences and more specifically to gays and lesbian.

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A Phenomenological Investigation of Adolescent Dating Relationships and Dating Violence Counseling Interventions

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Despite the prevalence of dating violence, incidences often go unreported due to a lack of awareness among students as to appropriate dating behaviors. This phenomenology investigated how adolescents conceptualize and experience dating relationships. We explored adolescent females' definitions of healthy and abusive relationships, experiences with unhealthy relationships, and responses to dating violence in order to develop effective strategies to intervene with this population. Implications for school counseling and mental health counseling practice, training, interventions and future research are discussed.

Keywords: dating violence, adolescent, female, school counseling, mental health counseling, interventions

Dating violence, which involves actual or threatened emotional, physical, and/or sexual abuse within a dating relationship, has become an increasing concern among counselors working with adolescent populations (Craigen, Sikes, Healey, & Hays, 2009; Hays, Green, Orr, & Flowers, 2007). There are significant mental, physical and behavioral consequences of adolescent dating violence, including depression, anxiety, PTSD, suicidal ideation, poor self-concept, disordered eating, substance use/abuse, risky sexual behavior, and school disengagement (Ackard & Neumark-Sztainer, 2002; Banyard & Cross, 2008; Howard, Beck, Kerr, & Shattuck, 2005; Howard, Wang, & Yan, 2007; Masho & Ahmed, 2007; O'Keefe, 2005; Silverman, Raj, Mucci, & Hathaway, 2001). Due to the severity of negative health outcomes, it is imperative for counselors to understand the experiences of adolescents to facilitate early intervention with this at risk population (Hays et al., 2007). Few studies have given voice to the individuals themselves.

Dating serves as an important developmental milestone as individuals come to understand social and relational goals. For many, dating begins in adolescence, with an estimated 72% of 11- to 14-year-olds dating before age 14 (Teen Research Unlimited, 2008). Unfortunately, young adolescents may be unaware how to behave in a dating relationship, so they are vulnerable to inaccurate messages from their family of origin, peers and the media (Connolly, Friedlander, Pepler, Craig, & Laporte, 2010). With respect to family influences, many individuals are socialized that violence is a normal and appropriate response to conflict in intimate family relationships (Hays et al., 2007). Adolescents living in urban communities or experiencing socioeconomic disadvantages may be exposed to increased levels of family and community violence (Banyard, Cross, & Modecki, 2006; Vézina & Hébert 2007). Compared with their peers, female and male adolescents with a history of family violence are at a greater risk of dating violence victimization and perpetration, respectively (Laporte, Jiang, Pepler, & Chamberland, 2011).

Peers and media also influence behaviors and attitudes. Research suggests between 50 to 80% of adolescents report knowing friends who were involved in dating violence (Ashley & Foshee, 2005; Halpern, Oslak, Young, Martin & Kupper, 2001; Teen Research Unlimited, 2008). Adolescents with friends who experience dating violence are more likely to perpetrate violence against their dating partner (Foshee, McNaughton, Reyes, & Ennett, 2010). Further, media exposure may impact adolescent attitudes surrounding dating violence, specifically the belief that violence is a way to resolve relationship problems (Manganello, 2008; Rivadeneyra & Lebo, 2008). Adolescents who prefer aggressive media such as physical or verbal violence in television, movies, music and video games are likely to exhibit violent relationship

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patterns (Connolly et al., 2010). When faced with fictional dating situations, the majority of young adolescents resorted to aggressive conflict resolution techniques, such as fighting (Prospero, 2006).

Adolescent perceptions of social dating norms (Sears & Byers, 2010) as well as mental health issues may also impact students' exposure to dating violence. There is a direct relationship between tolerant attitudes toward violence and becoming a physically violent dating partner (Josephson & Proulx, 2008). Female aggression against peers and depression have also significantly predicted dating violence perpetration (Foshee et al., 2010). Clearly, there are many environmental and personal factors that contribute to relationship violence.

Dating violence is often under reported because students lack awareness about appropriate dating behaviors (Hays et al., 2007; Lewis & Fremouw, 2001). Adolescents may be reluctant to disclose dating violence to adults for fear of a possible confidentiality breach, personal denial of the situation, labeling harmful behaviors as "love" and fear of repercussion from the violent partner (Close, 2005). Others may believe disclosure would impact their academic performance or lead to disciplinary issues (Moyer & Sullivan, 2008). Survey data indicate that dating violence prevalence rates range from 21 to 80%, depending on type of violence (Cyr, McDuff, & Wright, 2006; Harned, 2002; Holt & Espelage, 2005; Sears & Byers, 2010; Wolitzky-Taylor, Ruggiero, Danielson, Resnick, Hanson, & Smith, 2008).

A majority of research indicates that female and male adolescents are equally likely to experience dating violence (Ackard & Neumark-Sztainer, 2002; Sears, Byers, & Price, 2007; Schnurr & Lohman, 2008). While both males and females experience dating violence, research suggests violence has a greater impact on females than on males (Cleveland, Herrera, & Stuewig, 2003). Sears and Byers (2010) found adolescent females report a stronger emotional reaction to dating violence than their male peers. Thus, it is important to assess female adolescent reactions to dating violence.

There is limited research that explores dating violence perceptions and experiences of young adolescents. Previous qualitative studies have either been retrospective or involved adolescents 14 and older. One retrospective study (Draucker, et al., 2010) sought to classify typical violent events within adolescent relationships by interviewing young adults about dating violence experienced between 13 and 18. Draucker and colleagues (2010) also found that jealousy and relationship threats often led to threatening and controlling events in the future. Communication problems, such as an inability to express feelings, often led to additional disagreements among dating partners. Livingston, Hequembourg, Testa, and VanZile-Tamsen (2007) found women who had been sexually victimized as adolescents reported the following areas of vulnerability may have contributed to their victimization: lack of guardianship, inexperience with dating, substance use, social and relationship concerns and powerlessness.

In addition to retrospective studies, other researchers have explored older adolescents' experiences with dating violence. Lavoie, Robitaille, and Heberts (2000) interviewed individuals between ages 14 and 19 about their dating relationships. Participants provided examples and reasons for teen intimate partner violence. The young adults explained that physical abuse was usually aimed at provoking fear in the victim. Psychological abuse often included gossip and was meant to be damaging to adolescents' reputations. While participants generally viewed perpetrators negatively, some viewed their own violent behavior as acceptable. For example, females believed using violence in self-defense was preferred over being hurt without reciprocation. Aside from self-defense, other reasons given for abuse included: jealousy, need for power, substance use, previous violent relationships, communication problems, and need for affiliation.

Other researchers explored perceptions of dating violence among females ages 15 to 17 living in Thailand (Thongpriwan & McElmurry, 2009). Major themes that emerged included (a) descriptions of adolescent relationships, (b) influences on relationships, (c) perceptions of dating violence, (d) cycle of dating-violence experiences, and (e) influences on adolescent perceptions of dating violence. The majority of participants were 17, and the authors indicated that younger students may have different views and experiences (Thongpriwan & McElmurry, 2009).

Information gathered from qualitative studies provides researchers with information about perceived risk factors and perceptions of violence, which can aid in the development of age and culturally appropriate interventions to reduce dating violence. Adolescence is an optimal time to intervene with education and skills to promote healthy dating relationships (Collins & Sroufe, 1999) and school and community counselors are well-positioned to help adolescents navigate these relationships (Davis & Benshoff, 1999; Hays, Craigen, Knight, Healey, & Sikes, 2009). To develop effective

interventions, researchers must further understand the context of adolescent dating violence. In addition, counselors must be knowledgeable about dating violence indicators, peer influence, and adolescent opinions about healthy and abusive dating relationships in order to appropriately intervene in potentially harmful dating situations (Craigen et al., 2009).

While many adolescents begin dating before age 14, no previous studies to date have explored how adolescents perceive and experience dating relationships. The purpose of this phenomenological study was to capture the essence of young adolescent female conceptualizations and experiences of intimate partner relationships and potentially identify counseling interventions. The following research questions were explored: (a) How do young adolescent females conceptualize healthy and abusive dating relationships? (b) What experiences do young adolescent females identify related to unhealthy relationships? and (c) What methods do young adolescent females identify as helpful in preventing and intervening in dating violence?

Method

Participants

Seven adolescent females ages 11 to 14 who had witnessed intimate violence participated in the study. Participants were recruited from a community group, and the primary researcher (first author) had a rapport with the group facilitator. The primary researcher secured parental consent and child assent for each participant. The females lived in the Mid-Atlantic region of the United States and had been acquainted with each other at least 1 year prior to the research study. Participants were from varying racial backgrounds: four identified as White/European American, two as Asian/Pacific Islanders, and one as Native American. Participant living arrangements were mixed: two lived with a mother and father, two with divorced mothers, one with a divorced father, one with a single-never-married mother, and one with a guardian after being removed from the home due to severe child neglect. Regarding current dating relationships, two participants reported dating and all identified as "liking boys."

Measures and Procedures

IRB approval, parental consent and child assent were obtained prior to data collection. Data were collected through four independent focus group interviews averaging 45–60 minutes. The researchers utilized semi-structured open-ended questions to focus the interviews. Sample interview questions across the focus group interviews included the following: What do you think makes a good dating relationship? What do you think makes a bad dating relationship? How do you define abuse? How would you respond to abuse in a relationship? Subsequent focus group interviews were used to elaborate or clarify on responses from previous focus groups. All participants attended all focus groups. Research team members transcribed each audio-recorded focus group interview data verbatim. Focus group interviewers developed memos for each session. Participants also completed a demographic sheet that consisted of questions regarding age, race/ethnicity, gender, grade level, sexual orientation, dating behaviors and family status.

Data Analysis

Researchers bracketed their assumptions prior to beginning the study to ensure credibility of the results (Hays & Singh, 2011). Researchers assumed participants would: (a) report minimal knowledge of dating violence prevalence and characteristics; (b) describe instances when female peers were victims of dating violence; and (c) state uncertainty for intervening in dating violence. Each research team member independently analyzed the sentence transcript data using horizontalization. The research team then consensus coded to describe textures (meaning and depths) related to their experiences (textural descriptions) (Hays & Singh, 2012). A final codebook outlining four primary themes and several subthemes was developed from the recursive coding process.

The research team used several practices to establish trustworthiness throughout the study. The research team members maintained prolonged engagement with participants over the course of one year. During meetings, field notes were kept to capture data and self-reflective thoughts and feelings. Simultaneous data collection and analysis occurred in order to further explore themes in each subsequent interview. Each interview was transcribed verbatim and checked by another member for accuracy. During this time, memos were created to organize thoughts and connections emerging from each

interview. Researchers provided thick description by incorporating verbatim quotes throughout the data analysis and results, providing interpretive depth and detail.

Results

The following four themes were identified: conceptualization of healthy dating relationships; conceptualization of unhealthy dating relationships; exposure to relationship violence; and dating violence interventions.

Conceptualization of Healthy Dating Relationships

Participants identified several components of healthy relationships, including honesty, trustworthiness, openness, compassion toward animals, fun, holding opposite views and attractiveness. The first component, honesty, was best described by one participant: "If you don't know everything about that person … you are not going to be happy because you wanted to find it out from them and not someone else." Trustworthiness was important to participants, as one stated, "you cannot really trust them if [they] are lying behind your back… I am going through that right now." A third identified component was openness: "he has to be able to be open to what is said… like when you're talking they're not judging." Compassion toward animals and nature was described by a participant: "I am a fan of people who like the earth and animals… people that abuse animals. I hate those kind." Several participants indicated they enjoyed having fun: "I like people who can make me laugh… can take a joke." Overall, they valued holding opposite views from their partner: "if you have a person that is different from you, then you can experience different things." Finally, participants agreed that they looked for attractiveness in relationships: "I want someone that's good to look at [laughs]."

Participants also identified several components of healthy relationships that related to interpersonal dynamics, including independence, security, and lack of abuse, sexual pressure and conflict. When describing healthy relationships, adolescents mentioned the importance of independence. For example, participants explained, "I need my personal time." "[Not] always around you, always calling you, always trying to get a hold of you." Security was also noted as a component of healthy relationships: "Don't we date for security? Isn't that kind of why you date? You date because you want to feel safe with someone." Participants believed physical abuse and sexual pressure should be absent from healthy relationships. A participant explained, "I have learned that the more you get beat in the head, the more brain cells you lose and you can't get brain cells back." Another participant noted, "If I didn't want to have sex then the other person wouldn't pressure me."

Participants supported varying views on the role of conflict in healthy relationships. Some participants believed less conflict was indicative of healthier dating relationships. One participant stated: "If you agree with someone there is less confrontation of any kind and it makes things a little bit easier." However, approximately half of participants viewed conflict as a normal and fun aspect of relationships: "disagreeing is kind of fun because you get to debate… no one agrees on everything, so you have arguments."

Overall, participants described characteristics of healthy dating relationships similarly to those of healthy peer and family relationships. One participant noted, "I want someone who would be nice and kind, like in any kind of relationship." Additionally, participants noted healthy dating relationships can be fragile. For example, one participant stated, "if you don't start it off with truthfulness, then if you are not honest the entire time then you may never actually see that person again if they find out who you really are." Another participant noted, "like in the movies they are in a marriage and then they get divorced." While many participants provided examples and descriptions of healthy relationships, initially 2 of the 7 participants could not clearly articulate their opinion: "I don't know the exact definition. I can see pictures in my head but I can't put it into words." As the groups progressed, participants provided additional descriptions and components of healthy relationships.

Conceptualization of Unhealthy Dating Relationships

The second major theme refers to components of unhealthy romantic relationships, conceptualization of dating violence, and dating violence consequences. Participants believed certain components perpetuated unhealthy relationships, including addictions and abuse. Participants reported a connection between unhealthy relationships and addictions.

For instance, one participant suggested "you shouldn't sell her wedding ring for drugs, and don't get addicted to drugs or cigarettes or anything." Another participant stated "one time he told her that if he had to choose he said he would choose drugs over his own children." In addition to addiction, participants indicated abuse served to facilitate unhealthy relationships. One participant discussed how one of her friends was recently a victim of dating violence and as a result ended the relationship. She indicated, "Unhealthy would definitely be abuse, one of them cheating on the other, and unfortunately one of our girls actually had to experience that recently and she broke up with him."

The young adolescents spent significant time conceptualizing dating violence, notably emotional, physical and sexual abuse. Emotional abuse was described as "when you're being told that you're worth nothing." Another participant conceptualized physical dating violence as a male beating a female just because he can. She stated, "They can just like hurt you, they can beat you up just because…like dating, if the girl doesn't agree with the guy if he wants to he can just, like, beat her up." Participants also displayed knowledge of types, signs, and prevalence of dating violence. One participant suggested, "If you are going to be a victim of sexual abuse then look for signs like trying to get you to do things that you don't want to do or touching you in a certain manner." Another adolescent reported, "I think it is like 50 or 60% of people like experience or have couples around them that experience dating violence."

The girls identified numerous perpetrator factors which perpetuated dating violence. Techniques to gain control over a victim included manipulation, peer pressure, and jealousy. Participants indicated perpetrators might make threats or use manipulation to force them to stay in a relationship. One participant suggested a perpetrator might say, "'I will hurt you if you break up with me…and she says she will be forced to stay because she doesn't want to get hurt." Another girl stated, "he said nobody's going to love you like I do," displaying the incidence of manipulation and control. Participants also discussed how perpetrators might use peer pressure or isolation to stay in control. One participant said, "Sometimes they try to push you into doing things that [you don't want to]." When asked by the facilitator why perpetrators may want to keep victims in isolation one participant suggested, "So they can get closer to you…and do more damage." Further, participants discussed how perpetrators might try to use jealousy to control victims. One participant discussed how she experienced jealousy in a previous relationship. She shared, "He was trying to make me jealous by going out with [name] but it didn't work."

The young females brainstormed various consequences of dating violence. Specifically, they described what could happen to them physically, emotionally and behaviorally as a dating violence victim. One participant discussed physical consequences victims may face. She stated, "[one] could, um, get diseases, AIDS, you could get hurt." Another participant explained, "you could, you could, die" demonstrating the perceived severity of victim consequences. Another participant reported the danger of abuse, "those that are exposed to emotional abuse, they could possibly have, like if they are being told they're too fat, they could possibly become anorexic."

When referring to the types of emotions victims may experience, one participant stated, "mixed emotions that you have like sometimes you'll be sad, and sometimes you'll be mad, sometimes you're actually hurt." Participants indicated victims may turn to substance use to relieve their pain. One participant stated: "they drink because they have a lot of stress. Sometimes people smoke and do drugs because they have too much stress on them and they do it to relieve the stress." Participants also recognized the consequence of victim self-blame. One participant stated, "I think I know why they would blame themselves because they let themselves be attacked and they could have gone and tried to get help any chance they got." Another participant stated, "They could have prevented it." These statements suggest participants perceive dating violence to be the victim's fault. Participant conceptualizations of perpetrator factors included jealousy, threats and manipulation, isolation, peer pressure, and exposure to violence within the family of origin. Victim consequences associated with dating violence were identified as physical consequence (e.g., disease, AIDS), emotional consequences (e.g., depression, suicide), body image issues, substance use, self-blame, and fear of others.

Exposure to Relationship Violence

Exposure to relationship violence refers to the experiences one has with violence, including witnessing physical, sexual, or emotional violence within the family of origin, media, within the community, and in one's peer groups. Participants reported violent acts between parents, siblings, and/or relatives. One participant indicated,

> Something that happened recently between my brother and my dad, um, my dad actually threatened to hurt my brother, and, and, so my brother kind of took a hammer

> just in case, just in case, cause he wouldn't hit my dad unless he really needed to and then he left for 2 days but we knew where he was so, or I knew where he was.

Many participants noted exposure to violence in the media, including the witnessing of violence via the television, magazines, the internet, and pop culture. One participant provided an example within pop culture, "what about [two pop stars], she was mad about what he did but…..I think it's her fault." Another example of media exposure to violence came from television, "the thing where someone is growing up in an abusive house dating someone from a less hostile home, like it's um, kind of sounds like [two characters] from Secret Life [television show]."

In addition to pop culture and media exposure to violence, participants reported exposure within the larger community. This includes violence that takes place within neighborhoods and the larger community. For example, one participant shared:

> I've actually witnessed, like on the corner [near my house] … [The] guy in the relationship keeps grabbing her and taking her back into the car… and I got close enough to be able to see and hear… she looked at me and said help me… I felt good that I helped with the situation but I felt really bad for her.

Participants also noted exposure to violence within their own peer groups, which includes the witnessing or sharing of violence that takes place among friends and peers. Participants made a number of statements, including:

> And I'm not going to say names but one of our current girls actually experienced being with one of our girls' brother. Or almost. But, I don't know…I guess he had her pinned up against the wall or something.

In addition to peer exposure to dating violence, participants reported direct personal experience with physical, emotional, and sexual relationship violence. Participants discussed violence in dating, familial, and casual relationships. Personal experience within dating relationships includes violence perpetrated or experienced during a dating relationship. One participant shared, "One of my ex-boyfriends one time pulled a knife on me because I wouldn't do some sexual things with him… he said nobody's going to love you like I do." Personal experience of violence in family of origin occurs within families where the adolescent is directly involved in the violent act. For example, one participant reported, "In my family there is a lot of yelling. It was hard because if I did one thing, he would yell at me and I was on restriction like every single day for just doing the littlest thing." Other areas of personal experience of violence include friends and peer groups. One participant explained, "I am very fun…. I'm pretty kind but I do hit my friends. It is a joke. I don't hurt them."

Dating Violence Responses

The research team identified three primary themes regarding how participants recommended responding to dating violence: prevention strategies, factors influencing responses, and dating violence interventions. Participants proposed several methods to prevent dating violence. They suggested to "check your partner's background" by doing "criminal background" checks or asking friends about their ex-partner's behavior. It was assumed an individual's past relationship history is indicative of future behavior. One girl suggested avoiding, "a guy who has had many ex-girlfriends." They also discussed trusting their instincts about people and stated, "I know he's just not the right guy. I know that something's wrong with him, something's going to happen."

The participants discussed influences on responding to dating violence. Participants made statements suggesting they view reporting as dangerous. One female explained, "I know people who wouldn't want to tell because if you go back to that person…they can hurt you even more." Another girl stated, "What if you're like scared to see somebody about it? Like you're just like scared you're going to get into trouble about it or the person who did what was wrong will come back." Participants noted gender differences in reporting choices. For example, one participant explained, "[Girls] give in to telling people because they actually want to be safe. But boys … they probably think they're tough." Participants also imagined scenarios where someone may choose to not report the violence due to what their friends might think. "People might actually try to cover it up because they don't want them to see that they are in a bad relationship." Another participant suggested someone's own ambivalence about the relationship could cause them to hide the violence, and stated, "They don't want their friends to know because they might like their partner at certain times."

While participants noted the challenge others may face when reporting relationship violence, the participants suggested

they would actually tell an adult or friend about violence they experience. Several participants identified a particular adult such as a parent, aunt, uncle, teacher or police as someone they would report to. One participant indicated, "I live with someone who talks to me about it all the time. My mom…she is always talking about it." One participant would tell a friend in order to be able to talk through the problem and stated, "She's a good listener and that's sometimes really all you need."

The girls had a sense if they were not treated well the best option was to end the relationship. One adolescent stated, "If he is going to tease you, he is not right for you because your partner is supposed to be nice and loving." Several girls suggested there would be warning signs they could respond to. One remarked, "If you sense it coming you can say I want to end it." Participants also noted that staying may be an option, but suggested different reasons for choosing that alternative. Some participants saw hope in resolving the conflict and suggested to "talk it out" and "ask why he is mad or sad." Another participant stated she would "try to make them happier." Other participants suggested they would stay because they would see no other options, "So you don't know what you're going to do and they think you're crazy, so you don't know what you're going to do, so you might just stay a little bit longer."

The most prevalent response to intervening in dating violence included using violence themselves. They reported imagined behaviors in a violent relationship. Participants made statements including, "I always say you abuse me, I abuse you back," and "If someone tries to, I'm just going to have to cut them." They also discussed incidents in which they or their friends have used violence in the past to resolve conflict. One girl stated, "My friend…says she kicks guys in the ankles." Two other participants recollected, "[I] remember almost having to kick this guy's butt one time."

Discussion

Findings related to participant conceptualizations of healthy and unhealthy relationships, experienced relationship violence, and potential responses to dating violence. Components of a healthy relationship included openness, trustworthiness, honesty, lack of pressure to become intimate, and humor. Participants cited attractiveness, lack of physical abuse, independence, and kindness to the environment and to animals as being important. Interestingly, participants also identified conflict as a normal component of a healthy relationship. However, participants did specify healthy relationships would have less conflict than unhealthy relationships.

Participants distinguished between healthy and unhealthy dating relationships. Adolescents believed addiction and abuse perpetuated unhealthy relationships, which is similar to previous research findings (Foshee et al., 2010; Livingston et al., 2007). As with other qualitative research, adolescents exhibited awareness of verbal abuse, emotional abuse, physical abuse and sexual abuse (Lavoie et al., 2000; Thongpriwan & McElmurry, 2009). Furthermore, participants displayed knowledge regarding the consequences of various forms of abuse, which have been well documented in the literature (Ackard & Neumark-Sztainer, 2002; Banyard & Cross, 2008). Participants noted physical, mental and behavioral consequences, such as the contraction of AIDS or death, depression, anger, body image issues potentially leading to anorexia, substance abuse and addiction, and self-blame in regards to not being able to prevent or stop an attack.

The young adolescents clearly noted the dynamics of power and control in unhealthy relationships. Participants discussed how a perpetrator could manipulate victims to stay in unhealthy relationships. Others cited that a perpetrator could threaten violence if the victim attempted to disengage. Also noted was how a perpetrator may isolate the victim, therefore reducing the chances of the victim leaving the relationship. Participant conceptualizations of unhealthy relationships mainly focused upon male to female violence and were consistent with forms of abuse and consequences cited in previous literature (Craigen et al., 2009; Cyr et al., 2006; Hays et al., 2007; Holt & Espelage, 2005; Wolitzky-Taylor et al., 2008).

Exposure to relationship violence was also a salient theme throughout the focus group interviews. Participants discussed the following personal exposures to violence: displays of violence in the media, witnessing violence in their communities, peer groups and family of origin, and personal experience with violence. Such exposure has been previously noted in the literature (Ashley & Foshee, 2005; Banyard et al., 2006; Laporte et al., 2011; Manganello, 2008). All participants in the study report exposure to violence in some situation. It is critical to note many of the participants,

although aware of the consequences of violent behavior, had themselves resorted to violence. This was especially evident with the perpetration of violence against the opposite sex, which supports findings by Lavoie and colleagues (2000). Female adolescents cited examples of hitting their peers and digging their fingernails into another's skin to gain attention or to solve a conflict. This type of violent behavior by adolescent girls is alarming, as female aggression against peers has significantly predicted dating violence perpetration (Foshee et al., 2010).

In addition to violence, participants suggested a number of strategies to intervene with dating violence, including prevention strategies, factors influencing reporting, and dating violence interventions. Prevention strategies included knowing your partner's background, being aware of one's own safety, and trusting one's instincts. Consistent with previous research, participants indicated fear and reluctance to report dating violence due to either the potential for incarceration or further harm from the perpetrator (Close, 2005). The participants' conceptualized personal interventions ranged from hitting or abusing the perpetrator back, leaving the relationship, telling someone, or hiding the violence.

Counseling Implications

This study fills a gap in the research on young adolescent conceptualizations of dating relationships. Adolescents exposed to dating violence are more likely to experience future relationship violence (Close, 2005). Thus, adolescence is an optimal time for school and community counselors to intervene to promote healthy dating relationships (Collins & Sroufe, 1999; Davis & Benshoff, 1999; Hays et al., 2009). Many adolescents are striving to form their identities within relationships. Without intervention, females experiencing dating violence might conceptualize themselves victims and seek future relationships to support this role (Klem, Owens, Ross, Edwards, & Cobia, 2009). However, supportive therapeutic interventions could assist adolescent females to learn healthy ways of relating to others (Klem et al., 2009). Counselors are in a position to recognize and respond to adolescent dating violence (Hays et al., 2009). Carlson (2003) asserted counselors working with youth must not only recognize violent actions, but also seek to understand the underlying issues causing such behavior. As counselors gain access to adolescent conceptualizations of dating violence, they can more appropriately and effectively intervene in harmful situations.

In order to screen, intervene and measure dating violence interventions, counselors must partner with school and community leaders. Standardized dating violence screening could be administered at school, in the community or with a health care provider (Close, 2005). Counselors could modify their language to encourage student disclosure of violence by asking if students have experienced specific events (e.g., disparaging events, violating events, controlling events), rather than broadly asking about abuse (Draucker et al., 2010). Counselors can monitor middle school student behaviors for warning signs of possible dating violence, including physical or emotional complaints without explanation of the problem, depression, and academic decline (Close, 2005). Students experiencing dating violence often have difficulty concentrating and learning in school, as dating violence is most prevalent among adolescents earning low grades (Eaton, Davis, Barrios, Brener, & Noonan, 2007; Howard, Wang & Yan, 2007). When behavioral and emotional changes are witnessed, individuals can be assessed to determine if they are experiencing relationship violence and counselors can intervene accordingly (Draucker et al., 2010).

There is no widely accepted intervention strategy to combat young adolescent dating violence in the schools. However, school counselors can rely on empirically tested prevention and intervention programs to target populations based on dating violence risk. School counselors could develop a three-tier model of support which includes (a) universal prevention programming offered to all students, (b) peer education and classroom guidance for individuals at moderate risk, and (c) support groups, individual response services and referrals for adolescents at the highest risk for dating violence (O'Leary, Woodin, & Fritz, 2006). Since adolescent dating violence is a problem with significant mental and physical health consequences, many prevention programs have been developed to target this vulnerable population (Draucker et al., 2010). Most dating violence prevention programs universally target middle or high school students in a brief, school-based venue (Whitaker et al., 2006). Empirically tested programs strive to increase participant knowledge about dating violence, levels of abuse, warning signs, and community resources using didactic and process-based learning (O'Leary, Woodin, & Fritz, 2006). Such programs alert participants to the deleterious impact dating violence has on both perpetrators and survivors, such as increased mental health issues, substance use and school disengagement (Ackard & Neumark-Sztainer, 2002; Banyard & Cross, 2008; Howard et al., 2007; O'Keefe, 2005). Several programs also incorporate communication and conflict management strategies. Student perceptions of dating violence can be discussed

through such school-wide initiatives. Adolescents place a high value on peer and dating relationships; thus, they may be more motivated to develop skills to improve their relationships (Davis & Benshoff, 1999). While many prevention programs demonstrate increases in participant knowledge about dating violence, most do not measure or report significant behavioral change or target at-risk populations (O'Leary, Woodin, & Fritz, 2006). Thus, at-risk students would benefit from additional school counseling interventions.

At the next level of support, counselors could offer peer-support programs and classroom guidance lessons to teach students healthy strategies to interact with peers and partners without resorting to relationship violence (Weisz & Black, 2010). Peer education programs might include didactic presentations, skits, art, creative writing, and public service announcements. Benefits to this modality include peer role-modeling and personal knowledge of effective ways to target peers. However, coordinating peer education programs may be time consuming and require close monitoring in order to be effective (Weisz & Black, 2010).

Classroom guidance interventions for middle school students should be age-appropriate and culturally sensitive, utilizing multiple learning modalities including role-plays, art projects, and interactive games (Close, 2005). The young females in this study affirmed that media outlets impact adolescent attitudes around violence, and research has shown a relationship between tolerant attitudes and perpetrating violence (Connolly et al., 2010; Josephson & Proulx, 2008; Manganello, 2008). Thus, counselors could initiate a dialogue to assess adolescent attitudes about violence by listening to clips from movies, television shows and popular music. Students could brainstorm dating violence prevention and intervention strategies through participation in interactive games. The young females in this study suggested knowing your partner's background, being aware of one's own safety, and trusting one's instincts. The school counselor could discuss the pros and cons of each strategy in order to correct less effective strategies offered, such as resorting to violence or hiding the abuse.

As the interviews suggested, adolescents lack effective communication skills and are likely to resort to aggressive or avoidant strategies to handle conflict (Draucker et al., 2010; Prospero, 2006). These young females could benefit from communication and conflict resolution skill training. Additionally, many young adolescents have friends experiencing dating violence and report relying on peers for support rather than disclosing dating violence to adults (Ashley & Foshee, 2005; Close, 2005). Thus, young adolescents must be prepared with how to appropriately respond when a friend is in trouble. Adolescents may not know how to support their friends, as individuals in this study discussed self-blame as an acceptable response to dating violence. Females often report a stronger emotional reaction to dating violence than males, so it would be important to assess their reactions to possible abuse (Sears & Byers, 2010). Counselors could encourage students to participate in interactive skits with fictional dating scenarios to explore healthy conflict resolution, strategies to intervene when friends are experiencing abuse, benefits of adult disclosure and reactions to abuse.

At the most intensive level of support, school counselors would target individuals at serious risk for relationship violence. These might include individuals experiencing multiple forms of aggression, demonstrating aggression toward their peers, experiencing depression, using substances, or those with a family history of violence (Foshee et al., 2010; Laporte et al., 2011; Sears & Byers, 2010). Group and individual interventions targeted at females can address depression, self-esteem, substance use, aggression against peers, and anxiety, since these concerns are both risk factors and consequences of dating violence (Foshee et al., 2010). Counselors may offer support groups to adolescents experiencing dating violence. Rosen and Bezold (1996) implemented a school-based didactic support group to help young women (a) identify type and levels of abuse, (b) believe they are entitled to relationships without abuse, (c) discuss the personal consequences of dating violence, (d) enhance interpersonal skills, and (e) conceptualize themselves as able to make effective choices.

Individual responsive services may include motivational interviewing, social skills development, anger management and relationship therapy (O'Leary et al., 2006). Counselors could educate students about dating violence risk factors, including peer aggression and family violence. Female adolescents view peer violence as an acceptable self-defense technique (Lavoie et al., 2000). Counselors could teach adolescents about the cycle of violence and healthier techniques to resolve relationship conflict. Counselors working with those witnessing relationship violence might identify areas of strength, enhance self-esteem, and explore problem-solving strategies (Fontes, 2000). Counselors should assess students for known consequences of dating violence, including depression, anxiety, poor self-concept, suicidal ideation, PTSD, disordered eating, and substance use (Ackard & Neumark-Sztainer, 2002; Banyard & Cross, 2008; Mashow & Ahmed,

2007).

One approach counselors might utilize is existential counseling. Using this framework, adolescents could explore meaning, family of origin issues, resistance to change and other existential issues in order to ultimately create new meaning outside of the violent relationship (Klem et al., 2009). However, there are limitations to this approach, notably that adolescents must be cognitively able to discuss existential concerns and must also be committed to accept responsibility for personal choices (Klem et al., 2009). Regardless of the approach, when counselors are welcoming and willing to discuss relationship issues, they can have a lasting impact on students' current and future relationships (Davis & Benshoff, 1999).

Limitations and Future Directions

While this research provides important information about young adolescent female perceptions of dating violence, the results must be taken into context within the limitations. An expansion of this study to explore adolescent conceptualizations of healthy relationships is warranted. This study focused on views of adolescent females and did not include the voice of males. Future studies could explore the dating perceptions and experiences of young adolescent males. Also, the sample only included seven individuals representing three ethnic groups from the same geographic region. Future research could include a more diverse sample. Study findings may not readily apply to other adolescent females, and thus additional research with various sample types and sizes is needed. Clinicians and researchers are encouraged to examine how young adolescent males and females of various demographics—as victims and perpetrators—describe and experience healthy and abusive relationships in order to effectively intervene and reduce adolescent victimization in our schools and communities.

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