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## About *The Professional Counselor*

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The intended audiences for *TPC* include National Certified Counselors, counselor educators, mental health practitioners, graduate students, researchers, supervisors, and the general public.

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# The Roles of Negative Career Thinking and Career Problem-Solving Self-Efficacy in Career Exploratory Behavior



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**The respective roles of social cognitive career theory and cognitive information processing in career exploratory behavior were analyzed. A verified path model shows cognitive information processing theory's negative career thoughts inversely predict social cognitive career theory's career problem-solving self-efficacy, which predicts career exploratory behavior. The model suggests an intervention sequence to facilitate college student career development and exploration. A hypothetical case is provided as well as a depiction of the cycle of information processing in career decision making.**

*Keywords:* career exploratory behavior, self-efficacy, negative career thoughts, college student career development, career problem-solving

## Case of Sue

Sue, a young woman about to graduate from college with a degree in finance came to the university career center seeking career assistance in finding employment. Given some uncertainty about her interests and goals, she completed an interest inventory that produced a summary code (Holland, 1997) of IAS indicating interests in the investigative, artistic, and social areas. However, when occupational alternatives were identified for exploration following the assessment, she slumped in her chair and indicated that she was unable to concentrate on careers or the future and was unsure about the benefits of career counseling. At this point, the counselor invited her to complete the Career Thoughts Inventory (Sampson, Peterson, Lenz, Reardon, & Saunders, 1996) and the results revealed considerable negative career thinking across several domains. Further exploration in counseling revealed that a music teacher in high school had advised her to abandon her dreams of a music career because of a poor audition performance. She immediately decided to major in business finance without resolving the apparent loss of her future in music, or undertaking careful contemplation regarding viable career options.

This hypothetical case (although not an uncommon one) suggests that Sue was not ready to engage in a job campaign because she was mired in an emotional state that precluded her focusing on herself (goals, interests) or potential career options. In terms of cognitive information processing theory (CIP; Sampson, Reardon, Peterson, & Lenz, 2004), she lacked *readiness* (Sampson, Peterson, Reardon, & Lenz, 2000) to engage in career decision-making. She was unable to pursue the process of analyzing alternatives related to self and option knowledge because of longstanding emotional aftereffects associated with grieving the loss of an anticipated career in music performance. In effect, she was not emotionally available to engage effectively in the career problem-solving and decision-making process. This study examines how a negative emotional state, coupled with a lack of career decision self-efficacy, interferes with environmental and self-exploration precursors to the formulation of viable career options.

The CIP approach differentiates between career-related problem-solving and decision-making. Sampson, Reardon, Peterson, and Lenz (2004) defined problem-solving as “a series of thought processes in which information about a problem is used to arrive at a plan of action necessary to remove the gap between an existing and a desired state of affairs”

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(p. 5). Sampson et al. state that decision-making “includes problems solving, along with the cognitive and affective processes needed to develop a plan for implementing the solution and taking the risks involved in following through to the complete the plan” (p. 5). Difficulties in career decision making (as in Sue’s case) may stem from a variety of factors, including emotional distress, a lack of confidence in ability to perform certain tasks, lack of experience in varied life roles, lack of self-insight, negative expectations associated with a particular pursuit, fear of failure and conflicts with important people. Some career decision-making theories emphasize the use of self-knowledge (e.g., values, interests, and skills) and options knowledge (e.g., what jobs or majors of study are available), but they have less to offer regarding how beliefs, stress and affect associated with these two areas can impede progress in career decision-making. CIP (Sampson et al., 2004) and SCCT (Lent, 2005; Lent, Brown, & Hackett, 1994) address these issues.

## Cognitive Career Theories

CIP (Peterson, Sampson, & Reardon, 1991; Sampson et al., 2004) and SCCT (Lent et al., 1994) have focused on the role of thinking in career decision-making. Independent of each other, these theories have defined types of dysfunctional cognitions, speculated about the role of these cognitions on academic and career decidedness, and developed self-report measures pertaining to these cognitions.

Within the career field, some career theorists have expressed the value of incorporating multiple career theories to provide the field with a more integrative framework for understanding career decision-making (Borgen, 1991; Hackett & Lent, 1992; Osipow, 1990). Specifically, such theorists have suggested that theories should integrate conceptually related constructs, further examine the relationship between dissimilar constructs and clarify commonly theorized outcome objectives within career decision-making. There are multiple cognitive constructs presented in CIP and SCCT career theories, but few studies have explored the interrelationships between them (Bullock-Yowell, Andrews, & Buzzetta, 2011).

### Cognitive Information Processing Theory

CIP theory can be applied to understand the link between deficits in psychological functioning and career indecision (Peterson et al., 1991; Peterson, Sampson, Lenz, & Reardon, 2002). CIP theory utilizes the information-processing pyramid to explain the components involved in a career decision (Peterson et al., 1991). Four domains comprise the pyramid (Figure 1).

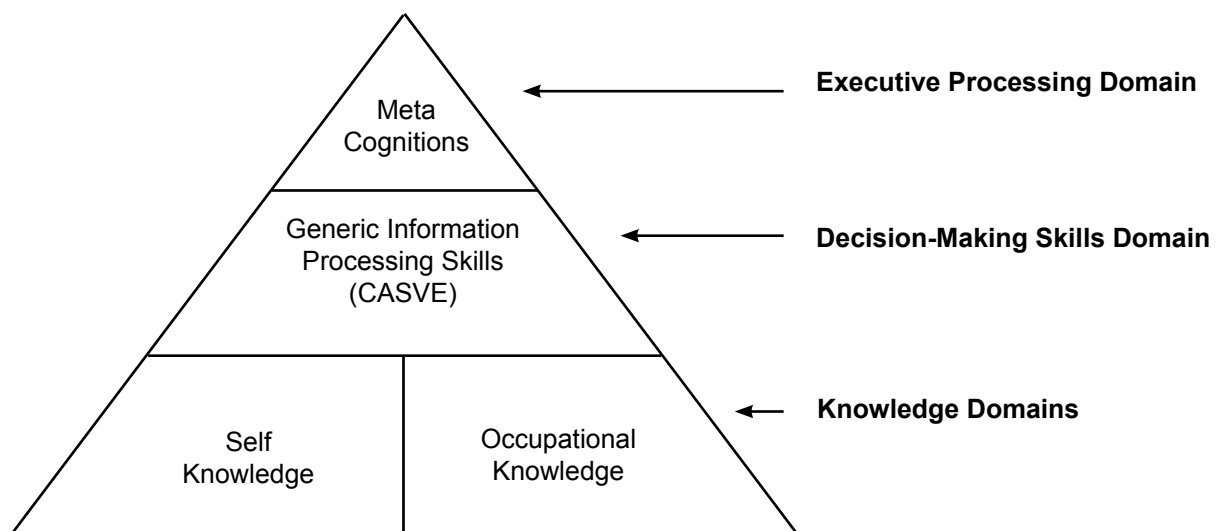


Figure 1. Information processing pyramid. Reprinted from *Career development and services: A cognitive approach* by G. W. Peterson, J. P. Sampson, and R. C. Reardon. Copyright ©1991 Brooks/Cole Publishing Company, Pacific Grove, CA 93950, a division of International Thomson Publishing, Inc.

At the base of the pyramid are two knowledge domains, self-knowledge and occupational knowledge. Self-knowledge is knowledge about one's values, interests and abilities, while occupational knowledge is knowledge about the world of work and specific occupations (e.g., work setting, income and occupational tasks). These two areas provide the basic information that needs to be acquired in order to formulate appropriate occupational alternatives.

The decision-making skills domain is at the second level of the pyramid and involves individuals moving through the five phases of the cycle to process information for career decisions. The five-cycle phases include communication, analysis, synthesis, valuing and execution (Figure 2). These phases are referred to as the CASVE cycle. During the communication phase, individuals realize that they need to make a decision based on internal (e.g., anxiety) and external (e.g., notice from the university a major must be declared) cues they receive from themselves and their environment.

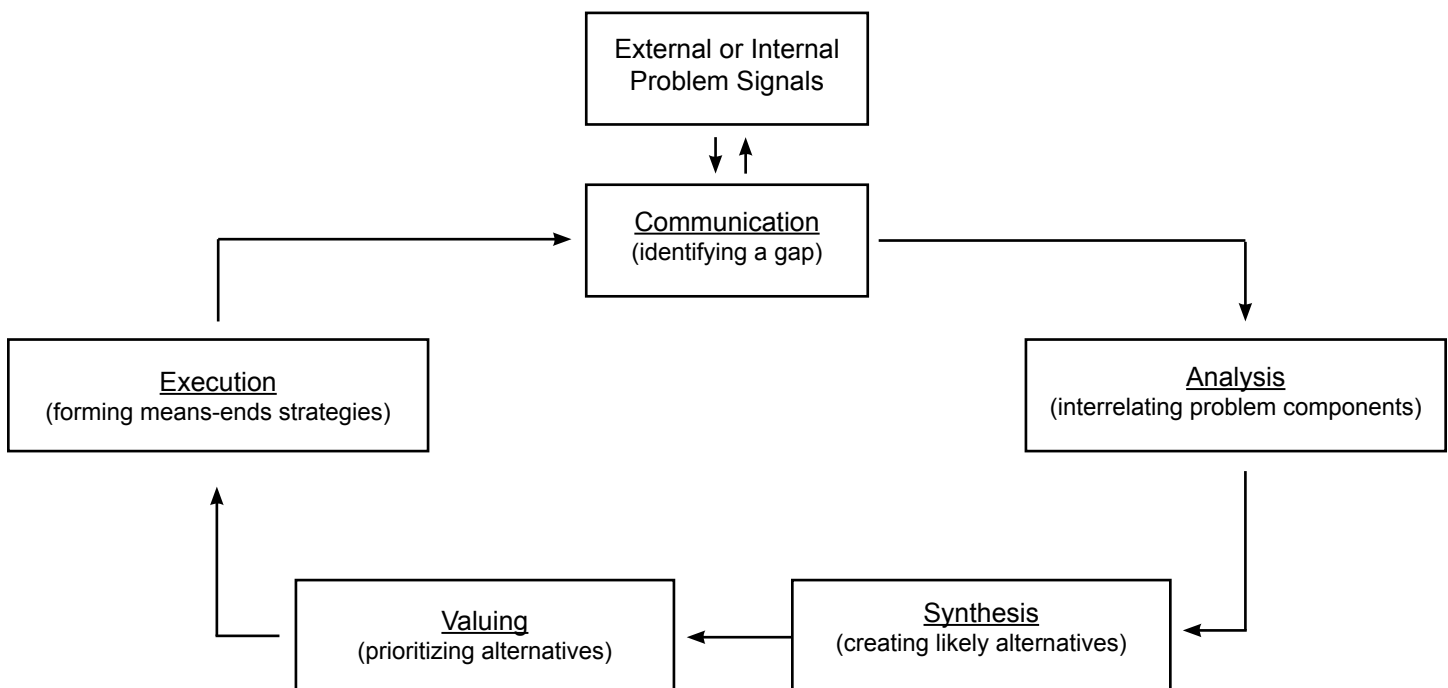


Figure 2. Cycle of information processing skills used in career decision-making. Reprinted from *Career development and services: A cognitive approach* by G. W. Peterson, J. P. Sampson, and R. C. Reardon. Copyright ©1991 Brooks/Cole Publishing Company, Pacific Grove, CA 93950, a division of International Thomson Publishing, Inc.

In the analysis phase, individuals seek to fully assess their career problem or the gap between their existing state of indecision and a desired state of decidedness. This phase involves determining the cause of the career problem and understanding the problem's relationships themselves, their options and the factors that influence both themselves and their options (Sampson et al., 2004). This phase typically entails understanding assessments of interests, skills, values and engaging in occupational exploration. (Sue was unable to move from the communication phase to the analysis phase in the case example.)

In the third phase of the CASVE cycle, synthesis, individuals seek to determine a possible course of action which may involve developing alternatives for making a decision, including brainstorming an exhaustive list of options (synthesis elaboration) and narrowing this list to obtainable options (synthesis crystallization). (Sue was unable to successfully engage this phase of the CASVE cycle.) Throughout the fourth phase, valuing, individuals make judgments about these



options based on their personal beliefs and preferences and arrive at a first choice. Finally, individuals put their thoughts into action in the execution phase of the CASVE cycle (e.g., completing a major field of study, applying for a job; Sampson et al., 2004).

The apex of the information processing pyramid consists of the executive processing domain. In this domain, people examine cognitions regarding the career decision process itself. There are three skills that need to be developed in order to engage in executive processing: self-talk, self-awareness, and control and monitoring. Self-talk is the internal conversation that individuals have about their decision-making abilities, e.g., “I can make good decisions for myself.” Self-awareness is the perception of one’s self as the performer of a task (Peterson et al., 1991), e.g., “I am nervous about meeting the timeline of my plans.” Control and monitoring is using self-awareness and understanding of the problem to guide and evaluate decision-making. For example, individuals are aware of anxious feelings about meeting a deadline and they decide they need more time. The executive function failed to operate in Sue’s case by allowing her to go prematurely from communication to synthesis without thoroughly becoming aware of her thoughts and feelings in the communication phase, and by not clarifying and acquiring adequate self and occupational knowledge in the analysis phase.

The strength of the CIP theory of career development is that it offers a framework of the cognitive and behavioral factors that guide career decidedness. Specifically, it provides a structure and sequence for gathering, transforming and utilizing information, while acknowledging the importance of thoughts and feelings.

## **Social Cognitive Career Theory**

The framework for SCCT was derived primarily from general social cognitive theory (Bandura, 1986), and focuses on three variables: self-efficacy beliefs, outcome expectations, and personal goals. Self-efficacy is defined as beliefs about one’s ability to successfully perform given tasks or behaviors required to produce specific goal attainments (Bandura, 1977). It is hypothesized to be composed of beliefs linked to specific tasks or performance domains that vary across situations. Self-efficacy can be attained through four primary sources: (a) personal performance accomplishments, (b) vicarious learning (e.g., modeling), (c) social persuasion, and (d) the individual’s physiological and affective states (Bandura, 1977; Lent, 2005). According to SCCT, self-efficacy is a mediating factor for proactive behavior and behavioral change, regardless of ability level (Bandura, 1986).

Outcome expectations are defined as “beliefs about consequences or outcomes of performing particular behaviors” (Lent & Brown, 2006, p. 17). More specifically, outcome expectations influence behavior—when individuals expect that a behavior will lead to positive results, they are more likely to engage in the behavior. For example, if students expect that career options exploration will be helpful in their career decision-making, then they are more likely to engage in seeking and acquiring information (e.g., theory of reasoned behavior).

Personal goals refer to the individual’s intention to engage in a particular activity or produce an outcome (Bandura, 1986). The two types of goals identified by SCCT are choice-content goals and performance goals. Choice-content goals are goals related to activities or interest areas the individual wishes to pursue (e.g., choosing an academic major). Performance goals are goals regarding the individual’s level of performance needed to obtain the choice-content goal (e.g., maintaining a certain GPA to get into a particular field of study).

Choice and performance goals are theorized to be related to one’s self-efficacy and outcome expectation (Lent, 2005). Figure 3 provides a graphic depiction of the interrelationship among these constructs and an SCCT explanation of how interests develop over time. Additionally, SCCT outlines three related, yet distinct choice models related to the development of career-related interests, formation of career-related choices, and career/work-related performance. Strengths of SCCT theory include the acknowledgment of one’s confidence or self-efficacy associated with the development of interests and willingness to pursue and maintain work-related tasks. SCCT also acknowledges the many barriers to career development that exist in the environment, while promoting a sense of self-agency in clients.

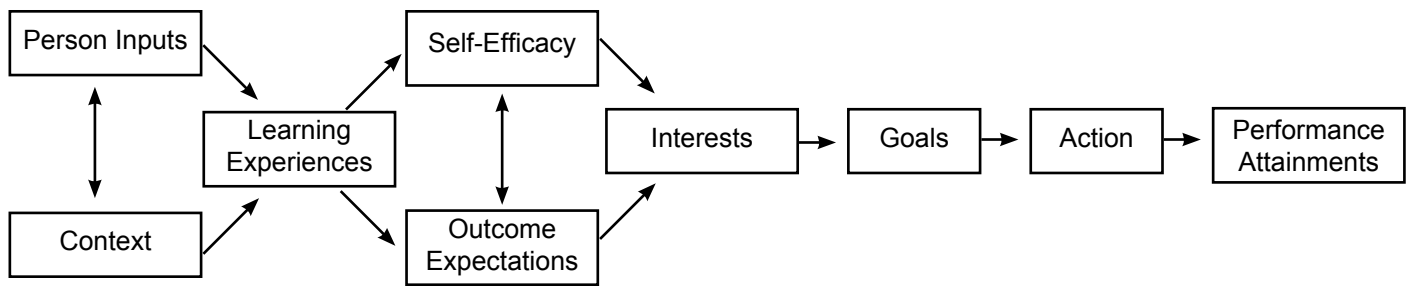


Figure 3. Social Cognitive Career Theory (SCCT). Reprinted from Lent, R. W., Brown, S. D., & Hackett, G. (1994). Toward a unifying social cognitive theory of career and academic interest, choice, and performance. *Journal of Vocational Behavior, 45*, 79–122.

## Exploratory Behavior in Career Decision-Making

In the case of Sue, she was unable to engage in exploratory behavior associated with career problem-solving and decision-making, specifically identifying an appropriate job opening. In this section, career exploratory behavior is examined from the standpoint of CIP and SCCT theories. Only one study was found examining exploratory behavior in relation to CTI scores (McHugh, Lenz, Reardon, & Peterson, 2012) which indicated that viewing a 10-minute model-reinforced video led to increased information-seeking behavior.

SCCT (Lent et al., 1994) suggests that self-efficacy beliefs influence behavioral intentions (e.g., planned career exploration) because it affects an individual's perceived outcome expectation. Blustein (1989) found that self-efficacy and goal-directedness were related to environmental and self-exploration, but domain-specific self-efficacy proved to be a stronger predictor of exploratory behavior than goal stability. This finding provided evidence that self-efficacy does influence behavioral intentions and performance of an action so that a desired outcome is achieved (i.e., exploratory behavior).

Several studies provided empirical support for the application of SCCT in the examination of exploratory behavior (Bartley & Robitscheck, 2000; Betz & Voyten, 1997; Blustein, 1989; Fouad & Sprea, 1996; Ochs & Roessler, 2001, 2004). These studies examined how career decision-making self-efficacy and related variables (e.g., behavioral intention and outcome expectation) can contribute to the completion of career decision-making activities (e.g., career exploration). In one study, self-efficacy was found to aid students in developing and maintaining a commitment to career goals (i.e., behavioral intention; Blustein, 1989). As previously noted, behavioral intention is theorized to be the best predictor of actual behavior (Ajzen, 1988; Ajzen & Fishbein, 1980). Career exploratory behavior in undergraduate students was examined by Betz and Voyten (1997), and the results indicated that career outcome expectation was the best predictor for behavioral intentions ( $r = .50$ ) in both males and females with academic outcome expectation and career decision-making self-efficacy accounting for some of the variance. The overall model for behavioral intention accounted for 25–29% of the variance. Taken together, research indicates that self-exploration and options exploration are related to career decision-making self-efficacy and other related SCCT constructs (Bartley & Robitscheck, 2000; Betz & Voyten, 1997; Blustein, 1989).

## The Present Study

Both CIP and SCCT theories hypothesize that career beliefs influence goal development and ultimately behavioral outcomes. In CIP theory, the influences of meta-cognitions that regulate the career decision-making process are components of the executive processing domain of the information-processing pyramid (Peterson et al., 1991). As noted earlier, CIP theory suggests there are three key skills that need to be developed in order to examine and alter one's thoughts: self-talk, self-awareness, and control and monitoring. CIP theory identifies three aspects of dysfunctional career thinking using the Career Thoughts Inventory (CTI): (a) decision-making confusion, (b) commitment anxiety, and (c) external conflict (Sampson et al., 1996), which can function to improve self-awareness. These thoughts can

lead to avoidance in career problem-solving, insufficient processing of information during the phases of the CASVE cycle, and failure to complete the career problem-solving process. These difficulties can affect individuals' abilities to progress through the CASVE cycle, thus increasing career indecision. The current study utilizes the CTI subscale scores to determine the extent to which the cognitive constructs presented in CIP theory predict for successful engagement of exploratory behavior in the analysis phase of the CASVE Cycle.

SCCT identifies three types of beliefs including self-efficacy, outcome expectations, and behavioral intention. One instrument, the Career Decision Self-efficacy Scale (CDSE; Betz & Luzzo, 1996) further defines these beliefs related to career decision-making self-efficacy into the subtypes of self-appraisal, occupational exploration, goal selection, planning, and problem-solving. These beliefs reciprocally interact to influence behavior. For example, past experience influences individuals' current thoughts about themselves and their environment (e.g., self-efficacy beliefs and outcome expectations). These beliefs then influence goal setting (e.g., behavioral intention) and ultimately behavioral outcomes (e.g., self-exploration, environmental exploration and career decidedness).

Although the basic definitions of these cognitive variables are different across the two theories, the item content on the respective measurement scales appears to be very similar. CTI items to which test-takers are asked to rate their level of agreement (e.g., "My interests are always changing." "Even though I've taken career tests, I still don't know what field of study or occupations I like") are similar to items on the self-appraisal subscale of the CDSE in which test-takers are asked to rate their confidence that they could accomplish the task (e.g., "Determine what your ideal job would be." "Accurately assess your abilities"). In addition, items from the CDSE problem-solving subscale (e.g., "Persistently work at your major or career goal even when you get frustrated." "Change occupations if you are not satisfied with the one you enter.") are similar to "If I change my field of study or occupation, I will feel like a failure" and "I'll never find a field of study or occupation I really like" on the CTI.

In the only study found to explore relationships among CIP and SCCT constructs, Bullock-Yowell, Andrews, and Buzzetta's (2011) research demonstrated that negative career thoughts as measured by the CTI, along with three of the big five personality factors, explained 45.8% of the variance in career decision-making self-efficacy. This study provides a basis for better understanding the overlap and distinctness of these theories' constructs. The five self-efficacy dimensions have some similarity to the CIP executive processing domain as they bear on the higher order regulation of the lower order decision-making process. In the case of Sue, she failed to engage in sufficient problem-solving and self-appraisal. As stated earlier, the CIP approach differentiates the career problem-solving process from the more comprehensive career decision-making process (Sampson et al., 2004). As Sue's issues seem to be more directly related to the problem-solving process and her self-concept, the current study also examined the relationship between self-efficacy and the problem-solving process.

Within the context of CIP theory, the relationships between career indecision, exploratory behavior and negative career thoughts have theoretical support, but still need further empirical support. Research has consistently found moderate to strong correlations between career indecision and negative career thoughts (Saunders, Peterson, Sampson, & Reardon, 2000). Correlations between career decidedness and exploratory behavior are significant, but weak (Barak, Carney, & Archibald, 1975). In addition, no published articles have focused on the relationship between negative career thoughts and career exploration. Many career theorists have suggested that information processing is influenced by attitudes, values and cognitions (Kinnier & Krumboltz, 1986; Osipow, 1973; Sampson et al., 2004), and that the relationship between exploratory behavior and career decidedness may be mediated by career thoughts. Further research is needed to examine the theorized relationship between these variables. Thus, this study sought to address this gap by exploring the relationship between negative career thoughts and career exploration.

In order to better inform practitioners about effective ways to assist their clients using cognitive career theories, the following research question was posed: When are clients ready to move from the communication phase to the analysis phase of the CASVE cycle? More specifically, do negative career thoughts and career problem-solving self-efficacy predict successful engagement of self-exploration and environmental exploration in pursuit of self-knowledge and occupational knowledge? Three constructs of negative career thoughts from CIP theory (i.e., decision-making confusion (DMC), commitment anxiety (CA), and external conflict (EC) and two domains of career decision-making self-efficacy from SCCT (i.e., self-appraisal and problem-solving) were selected as predictors of career exploratory behavior (i.e., self-

exploration and environmental exploration). These were framed in terms of a causal model amenable to analysis through structural equation modeling (SEM). Therefore, a model was proposed (See Figure 4) with a bi-directional relationship between the career thinking and career problem-solving self-efficacy latent variables, as well as career thinking and career problem-solving self-efficacy predicting career exploratory behavior.

This theorized model can be illustrated by returning to the case of Sue. Her level of negative thought together with the lack of perceived competency in self-appraisal and problem-solving severely impeded her ability to engage in self-exploration and environmental exploration. The model graphically portrays Sue's circumstance and the hypothetical relationships among these theoretical constructs.

## Method

### Participants

Participants were 145 undergraduate students (51% female and 49% male, age range 18–36, mean age 21.8) enrolled in multiple sections of an introductory career development course at a research university. The common reason for enrolling in this elective course was to receive assistance in making a career decision or to solve a problem related to career issues. Ethnicity and classification demographics of the sample include: European American 71%, African American 21.4%, Hispanic American 5.5%, American Indian 0.7%, Other 1.4%, seniors 62.1%, sophomores 16.6%, juniors 15.9%, freshmen 4.8% and graduate students 0.7%.

### Procedures

College students enrolled in an introductory level career development course were recruited to participate in this study. During a regularly scheduled class period, students in the course were read consent information by a research assistant. It was explained that the purpose of the study was to learn more about college students' experiences. Participants were then administered a demographics questionnaire, the Career Thoughts Inventory, the Career Decision-Making Self-Efficacy Scale, and the Career Exploratory Survey: Environmental Exploration and Self-Exploration. The order in which the instruments were administered was randomly alternated to control for possible order effects. Students who agreed to participate received extra credit in the course. All measures were simultaneously collected on the first or second day of class to help control for missing data and environmental factors.

### Instruments

**Demographic Questionnaire.** The demographic questionnaire included information such as age, gender, year in school, major, previous work experience, extracurricular activities and ethnicity. This measure was used to describe the study sample.

**Career Thoughts Inventory (CTI; Sampson, Peterson, Lenz, Reardon, & Saunders, 1998).** The CTI is a 48-item self-report inventory designed to measure career thoughts. The CTI measures negative thoughts that impede career decision-making using a four-point Likert scale. The CTI yields three subscale scores: Decision-Making Confusion (DMC), Commitment Anxiety (CA), and External Conflict (EC). Higher scores indicate negative career thinking. In the present study, the CTI subscales were the observed variables' measures that defined the latent variable, Career Thinking. The CTI's content validity is based on its consistency with the cognitive information processing (CIP) approach of career decision-making. The internal consistency for this measure is high with a coefficient alpha of  $r = .96$  (Sampson et al., 1998) and .95 for the current sample. Subscale internal consistency for the current sample was Decision-Making Confusion (.92), Commitment Anxiety (.84) and External Conflict (.75). Test-retest reliability was measured in college and high students across 4 weeks and ranged from .74–.82 (Sampson et al., 1998). CTI total score converged with Indecision Scale of the Career Decision Scale at .70.

**Career Decision Self-Efficacy Scale-Short Form (CDSES-SF; Betz & Luzzo, 1996).** The CDSES-SF is a 25-item self-report inventory designed to measure career decision-making self-efficacy. Using a five-point Likert scale, the CDSES-SF measures confidence to perform decision-making tasks in five competency areas: performing accurate self-appraisals, gathering occupational information, selecting goals, making plans to implement career decisions and problem-solving. These five competency areas that make up the factor structure of the CDSES-SF are based on Crites' (1969) theory of career maturity. The latent variable, career problem-solving self-efficacy, was comprised of two observed

variables measured by the self-appraisal and problem-solving subscales of the CDSES-SF. Coefficient alphas for the self-appraisal and problem-solving subscales have been reported as .73 and .75, respectively (Betz & Luzzo, 1996). The coefficient alphas for the current sample were .79 for self-appraisal and .77 for problem-solving. The test-retest reliability for the total scale across a 6-month period was reported to be .83 (Betz & Luzzo, 1996). Concurrent validity has been established with the Career Decision Scale indecision and certainty scales (Osipow, 1980) and the My Vocational Situation: Identity scale (Holland, Daiger, & Power, 1980). Convergent validity has been established with a generalized measure of self-efficacy (Betz & Klein, 1996).

**Career Exploratory Survey: Environmental Exploration and Self-Exploration** (CES-EE & CES-SE; Blustein & Phillips, 1988; Stumpf, Colarelli, & Hartman, 1983). In the present study, the 6-item Environmental Exploration and the 9-item Self-Exploration scales from the Career Exploration Survey (CES) were used to measure the observed variables that defined the present study's latent variable, Career Exploratory Behavior. The CES-SE measures "the extent of career exploration involving self-assessment and retrospection within the last 3 months" and the CES-EE measures "the extent of career exploration regarding occupations, jobs, and organizations within the last 3 months" (Stumpf et al., 1983, p.196). Internal consistency for the two scales has been adequately demonstrated in the literature (CES-SE alpha = .82 to .88 and CES-EE alpha = .88 to .89) (Blustein & Phillips, 1988; Stumpf et al., 1983) and in the current sample (CES-SE alpha = .85 and CES-EE alpha .87). In addition, Blustein and Phillips (1988) reported two-week test-retest reliabilities of .85 and .83 for the CES-SE and CES-EE, respectively. Content validity for the scales has been confirmed with a theoretically consistent factor structure (Stumpf et al.). Convergent validity for both scales has been established with a variety of constructs (Blustein, 1989; Blustein & Phillips, 1988; Hamer & Bruch, 1997; Luzzo, James, & I.una, 1996; Stumpf et al., 1983).

## Results

The relationships among career exploratory behavior, career thinking and career problem-solving self-efficacy were analyzed. All analyses were conducted using AMOS 7.0 (Arbuckle, 2006) and SPSS 16.0. Structural equation modeling (SEM) served as the framework for the analysis. The majority of the correlations among the present study's observed variables were statistically significant (See Table 1) with a few exceptions. Self-exploration, a defining variable for the career exploratory behavior latent variable, was not significantly correlated with any of the career thinking observed variables. Environmental exploration, another defining variable for the career exploratory behavior latent variable, was not significantly correlated with external conflict, one of the defining variables of the career thinking latent variable.

**Table 1**

*Correlations, Means, and Standard Deviation of Study's Observed Variables (N=145)*

|                              | 1     | 2     | 3      | 4      | 5     | 6      | 7      |
|------------------------------|-------|-------|--------|--------|-------|--------|--------|
| 1. Environ. Exploration      | —     | .34** | -.37** | -.25** | -.15  | .32**  | .36**  |
| 2. Self Exploration          |       | —     | -.15   | .01    | .01   | .23**  | .44**  |
| 3. Decision-Making Confusion |       |       | —      | .71**  | .56** | -.45** | -.51** |
| 4. Commitment Anxiety        |       |       |        | —      | .53** | -.34** | -.36** |
| 5. External Conflict         |       |       |        |        | —     | -.28** | -.23** |
| 6. Problem Solving           |       |       |        |        |       | —      | .71**  |
| 7. Self-Appraisal            |       |       |        |        |       |        | —      |
| Mean                         | 15.16 | 28.74 | 25.13  | 23.56  | 9.63  | 17.26  | 18.83  |
| Standard Deviation           | 5.73  | 7.29  | 7.06   | 5.26   | 2.90  | 3.75   | 3.3    |

$p < .001^{**}$

**Measurement Model**

The measurement model was evaluated to determine how well the observed variables combined to represent the underlying latent constructs of the model (Anderson & Gerbing, 1988). The initial measurement model was constructed with three latent constructs: career exploratory behavior, career thinking and career problem-solving self-efficacy (See figure 4). For this step, all latent variables were allowed to co-vary, and observed indicators were restricted to load only on their respective factor. Career problem-solving self-efficacy’s observed variables, problem-solving and self-appraisal, were significantly correlated ( $r = .71; p < .01$ ). Career thinking’s observed variables—decision-making confusion (DMC), commitment anxiety (CA) and external conflict—were significantly intercorrelated ( $r = .53-.71; p < .01$ ). Exploratory behavior’s observed variables, self-exploration and environmental exploration, were significantly correlated ( $r = .34; p < .01$ ). The loadings of the measured variables on the latent variables were all statistically significant ( $p < .001$ ) and ranged from .55 to .95, providing evidence that each of the latent variables was adequately measured by their respective observed variables.

**Structural Models**

The initial model tested (See Figure 4) proposed a bi-directional relationship between the career thinking and career problem-solving self-efficacy latent variables, along with variables explaining direct variance in career exploratory behavior. During the analysis process in AMOS 16.0, the model was deemed inadmissible. Therefore, a second path

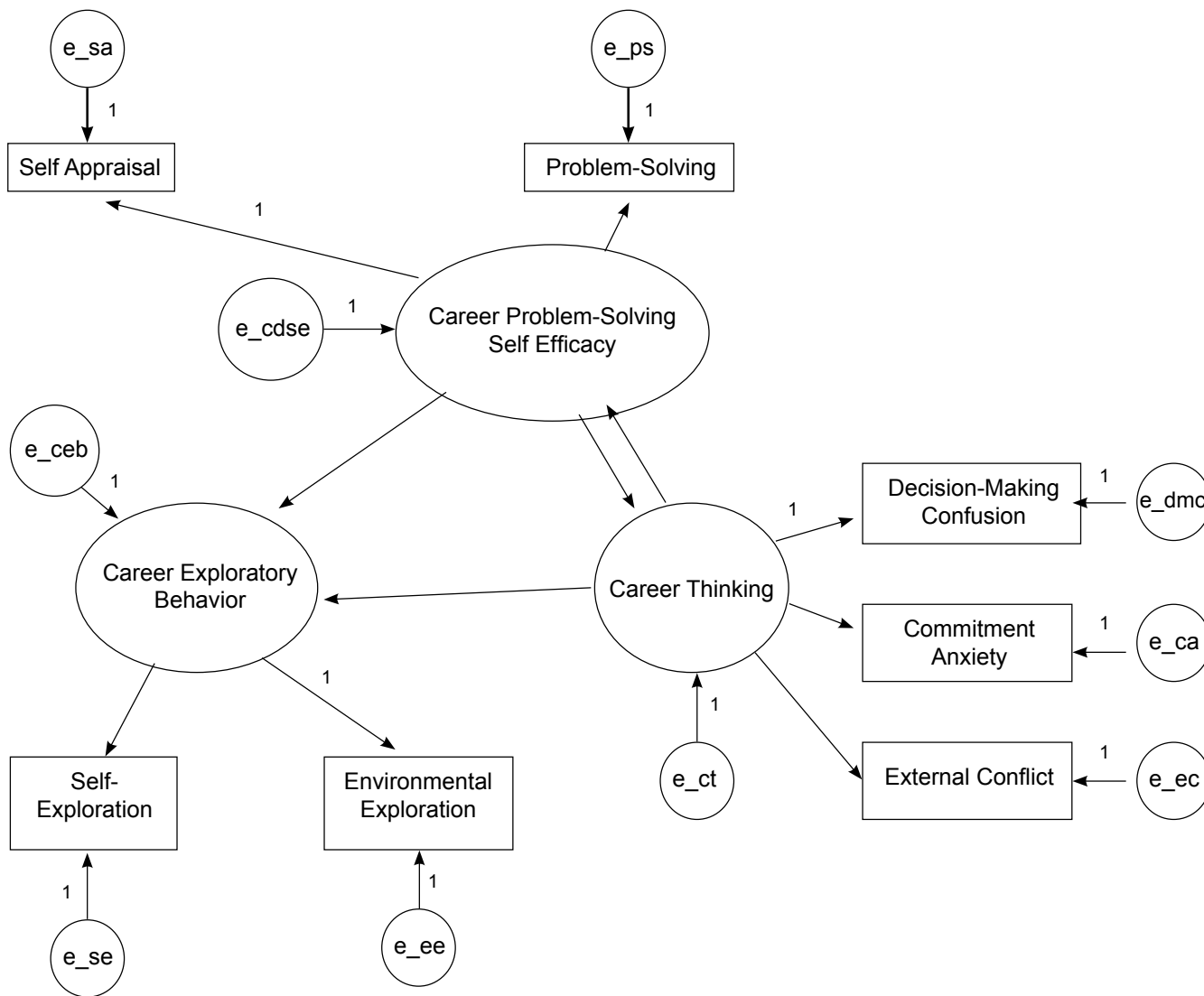


Figure 4. Initially proposed model.

model (see Figure 5) was proposed in which the relationship between the career thinking and career problem-solving self-efficacy latent variables was modified to indicate that career thinking captured direct variance in career problem-solving self-efficacy, which in turn had a direct effect on career exploratory behavior. This path model had an adequate to low fit with the data,  $\chi^2(11, N = 145) = 31.14, p < .001, \chi^2/df = 2.831, CFI = .946, TLI = .897, RMSEA = .113$  (90% CI: .67, .160). Models with CFI and TLI between .90 and .94, and RMSEA values between .06 and .10, indicate an adequate fit to the data when models are not complex and samples sizes are smaller than 500 (Hu & Bentler, 1999; Weston & Gore, 2006). This path model met most of these specifications of adequate fit. The TLI and RMSEA coefficients fell slightly outside the recommended parameters.

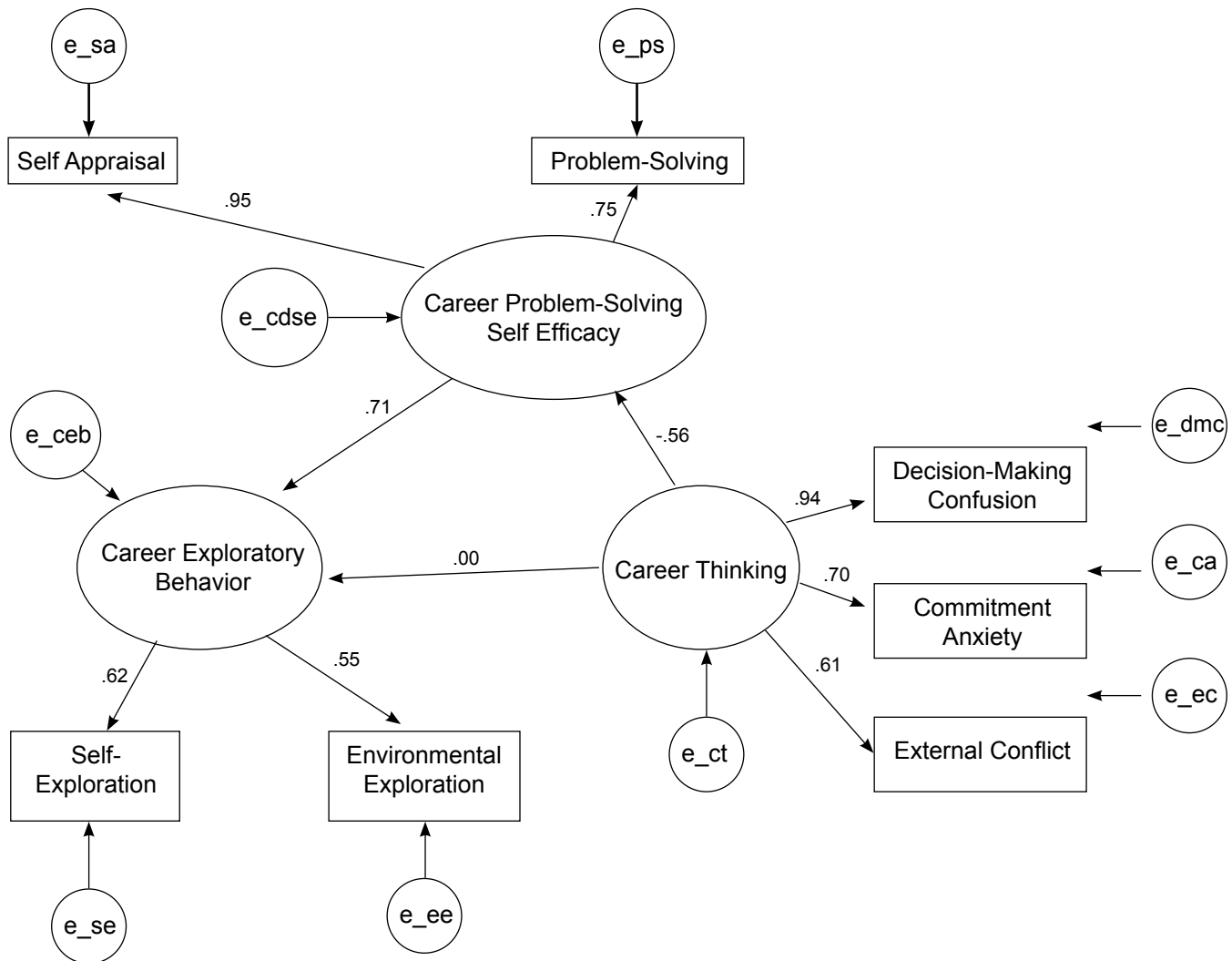


Figure 5. Final model.

## Discussion

The model initially hypothesized and proposed (Figure 4) was not admissible. According to most indicators the final path model (Figure 5) was moderately verified. The model suggests that there is an important sequence of interventions when working to facilitate environmental and self-exploratory behavior in career counseling clients. The model indicates that negative career thinking explains some portion of career problem-solving self-efficacy. Also, career problem-solving self-efficacy in turn directly explains a portion of exploratory behavior, while negative career thinking does not. Self-efficacy appears to affect the relationship between negative thoughts and exploratory behavior. Thus, the presence of negative thinking appears to support a person’s level of self-efficacy. Perhaps the key for practitioners is to intervene on negative career thoughts initially to free clients for more successful building later upon problem-solving self-efficacy.

Problem-solving self-efficacy can then be addressed once negative thinking is resolved through attending to the sources of self-efficacy (Bandura, 1977; Lent, 2005).

How do this model and these indicated interventions address the research question and hypotheses? It appears to be important to address negative career thinking prior to working with clients on building self-confidence in career decision-making. In terms of the CIP pyramid (Peterson et al., 1991) that would mean addressing issues in the decision-skills domain before engaging the apex or executive processing domain. Thus, the successful progression from the communication to analysis phase of the CIP CASVE cycle would first involve resolution of negative career thoughts followed by building career problem-solving self-efficacy. Upon increasing self-efficacy, the probably of engaging in career exploratory behavior to clarify self-knowledge and to acquire occupational knowledge at the base of the pyramid is enhanced.

This potentially generalizable model has direct implications for the specific case of Sue described at the beginning of this article, which will be used to demonstrate how the findings from this study could be utilized in specific counseling situations. Sue presented with low readiness (Sampson et al., 2004) to engage the career development process. She seemed frustrated and unwilling to explore her interest inventory results. This may be linked back to the disappointment, regret and perhaps even grief associated with the “loss” of her music aspirations. It is very likely she developed some negative career thoughts in that process.

The verified path model indicates the importance of identifying, challenging and altering these negative thoughts to allow Sue to act upon a new, more accurate version of these thoughts. The use of the Career Thoughts Inventory (CTI) assessment and workbook (Sampson et al., 1996) could aid Sue’s counselor in this process by identifying and challenging negative career thoughts.

When Sue’s negative thinking is transformed and becomes more realistic and positive, career-related self-efficacy should be ready for enhancement. In fact, Lent (2005) mentions that self-efficacy building attempts may be enhanced from some preliminary cognitive restructuring procedures. Bandura (1977) and Lent (2005) suggest targeting the four sources of self-efficacy to accomplish this positive change. One possible career counseling goal could target the personal performance accomplishments source of self-efficacy. Sue’s counselor could work with Sue to break down her present goal of finding employment into more discrete, attainable steps and milestones to build Sue’s confidence (or self-efficacy) in such tasks. For instance, during the next week Sue could look at the career center’s job listings and indicate three she likes and three for which she would never apply. This would allow for discussion of jobs of interest and areas to avoid in the next session as well as supporting Sue’s efforts to engage in the tasks necessary to explore career information and make an eventual choice. Sue and the counselor could work at Sue’s pace to accomplish a list of associated, small goals to build self-efficacy while simultaneously working toward Sue’s initial goal of finding employment.

This case and model indicate that even when a client presents with a need to explore career information it may not be the most prudent move for a counselor to initially engage in career exploration with the client. There may be steps that are necessary, or at least allow for the attainment of readiness in order to successfully engage in career exploration. These steps seem to include addressing negative career thinking followed by adequately addressing career problem-solving self-efficacy, indicating that both CIP and SCCT theories function in complementary ways.

## **Limitations and Implications**

Given all of this discussion of counseling with Sue, it is important to note limitations of this research. Most SEM indicators verify the adequacy of the final model provided in this study. However, because it is not fully verified by all relevant indicators and not all possible related variables are taken into account, there may be a better fitting model that explains career exploratory behavior. Future research could focus on finding a better fitting model with a larger sample size to explain career exploratory behavior. Additionally, the sample was made up of college students, the majority of which were European American, and this may limit the generalizability of these findings to dissimilar groups. Additionally, research outside of the career realm may benefit from the consideration of such a model as it relates to other important life choices and exploration in which career counseling clients typically engage (e.g., choice of spouse, major



purchases). Perhaps negative thinking resulting from regrets, disappointments, and grief have similar effects on client's life-choice self-efficacy and exploratory behavior. There are many areas of life where clients prematurely make choices and there are ways for counselors to better prepare them for this decision-making process.

The suggested counselor interventions also are limited in several ways. The verified path model does not inform us as to whether intervention on career thinking followed by self-efficacy is necessary or if intervention on career thinking alone would be adequate. Additionally, the effects of the four sources of self-efficacy are not fully empirically supported (e.g., Alliman-Brissett, Turner, & Skovholt, 2004) and should be implemented with that in mind.

The case of Sue demonstrated some of the specific practice implications suggested by the model. It is important to consider whether a measure of negative career thinking, such as the Career Thoughts Inventory (Sampson et al., 1996), and of career-related self-efficacy, such as the Career Decision Self-Efficacy scale (Betz & Luzzo, 1996), should be integrated into the career counseling assessments as a standard procedure to help monitor and inform treatment.

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# Globalization and Counseling: Professional Issues for Counselors



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**Scholars have examined globalization for many years in terms of its impact on individuals, but it remains a concept not often discussed in the counseling literature. As counseling transforms from a Western-based practice to a global phenomenon, it is important to understand professional counseling within an international and multicultural context. In this article, the ways in which the process of globalization are currently impacting the field of counseling, implications and future research directions are examined. Global mental health and wellness, culture, and access and structural limitations are also presented.**

*Keywords:* globalization, international, multicultural, counselor education, professional counseling

As our world becomes increasingly connected economically, politically, technologically, and culturally, counseling is transforming from a Western-based practice to a global phenomenon. The globalization of counseling has placed the field on the cusp of growth and innovation. Such changes involve not only a willingness to adapt and perhaps redefine current counseling theories, but to hold our most basic assumptions regarding the nature of human change so loosely that we are willing to let counseling develop and evolve indigenously in international communities. Accordingly, this article highlights the impact of globalization on the field of counseling, with particular attention given to the spread of Western-based counseling practices to the international community. In order to do so, we begin by defining globalization and considering the progression of multicultural counseling toward a more global vision. We then examine the ways in which the process of globalization is currently impacting the field of counseling. Lastly, the implications for counseling as an increasingly global phenomenon and future research directions are considered.

## Globalization

Globalization can be referred to the “McDonaldization” or “Westernization” of the world. These terms imply that globalism entails an invasion of Western capitalism into undeveloped nations and suggests the idea that the world is becoming homogeneous. Modern scholars of globalization (Featherstone, 1996; Tomlinson, 1999), however, point out that such oversimplifications only describe one aspect of globalism, and note that globalization is better defined by a series of interactions between nations than by a unidirectional Western conquest. Accordingly, we define globalization in this article as a continual process of interaction and integration among national economies, societies and cultures (Rothenberg, 2003).

There is a dynamic interplay between both global and local economies, politics, technologies and cultures in which local communities do not passively give way to outside influences, but rather actively react to the process by absorbing, assimilating, and/or resisting the worldviews, products and politics introduced by the West (Featherstone, 1996). This global-local relationship transforms the local lived experiences of the individuals and has increasing global consequences (Tomlinson, 1999).

Scholars in the counseling field have already increased their understanding of the process by which individuals in minority groups adapt to dominate cultural norms. Traditionally, it was assumed that acculturation was a one-dimensional process in which individuals demonstrated increasing adherence to the dominant culture and a lessening of adherence to the minority orientation. More recently, scholars understand this process to be multidimensional, involving both

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acculturation and enculturation (Kim & Abreu, 2001).

Similar to modern theories of globalization, counselors are increasingly aware of the dynamic interplay that exists between dominant and individual culture. In this manner, as the counseling profession is introduced and developed in international communities, not only will local communities and individuals living in those communities be transformed, but the practice of traditional, Western counseling may be fundamentally redefined as locals actively react and adapt to the practice. Individual views and experiences of globalization are contingent upon social location and personal experiences (Featherstone 1996; Tomlinson, 1999). In considering the globalization of counseling, the application of this assumption implies that each local community and individual assigns personal meaning and reacts differently to the experience of counseling. As a result, counseling and the implementation of counseling services in non-U.S. cultures differs significantly from country to country and community to community, with each model being a valid and effective method of helping individuals within a given social context.

## Cultural Diversity and Counseling Beyond U.S. Borders

For nearly half a century, the field of counseling has gained improved awareness and understanding of the cultural differences that exist within the U.S. Counselors have specifically focused on understanding the cultural dynamics that occur on a micro level, between the counselor and an individual client or small group of clients, in order to improve the provision of services in the U.S. As counselors became increasingly alert to and accepting of the cultural similarities and differences between racial/ethnic groups, Pedersen (1991) heralded multiculturalism as counseling's "fourth force" (p. 93), as it became a "hot" topic in the profession.

In recent years the field has begun to expand counseling beyond U.S. borders to a world that is increasingly interconnected and interdependent. This "fifth force" in counseling has been gaining speed over the past decade as many countries throughout the world express an interest in promoting the mental health of their citizens (Hohenshil, 2010). Efforts to assist the development of counseling internationally have been facilitated through the work and leadership of the U.S. counseling profession. One such effort includes the creation of NBCC International (NBCC-I), a division of the National Board for Certified Counselors (NBCC). NBCC-I was created in 2003 to promote the counseling profession on a global scale (NBCC-I, 2012). According to the NBCC website, the organization looks to "spread the availability of competent, reliable professional services to any part of the world that indicates an interest in acquiring them, . . .with utmost care and respect for the social, cultural, political, and economic realities of the various areas where [they] are invited" (Clawson, 2011, para. 2).

The winter 2010 issue of *The Journal of Counseling and Development* (JCD) highlighted the globalization of counseling in a special section devoted to describing development and future of counseling in eight countries (China, Botswana, Lebanon, Malaysia, Romania, Italy, Mexico, and Denmark). For the majority of countries detailed in the special section, counseling began through the need for career guidance in public school systems. Some countries had witnessed the expansion of counseling services into local communities (See & Ng, 2010; Stockton, Nitza, & Bhusumane, 2010), while others indicated the need to extend affordable counseling services beyond educational settings (Ayyash-Abdo, Alamuddin, & Mukallid, 2010). Most countries experienced a shortage of quality counselor training programs as the need for practicing counselors grew more quickly than the development of training programs. Regarding the future of counseling in these countries, most expressed that the need for counseling services would continue to grow, but expressed the need for systematic, quality counselor training programs as well as the development of national counseling associations, counselor training standards, and a credentialing mechanism (Ayyash-Abdo, Alamuddin, Mukallid, Remley, Bacchini, & Krieg, 2010; See & Ng, 2010; Stockton, Nitza, & Bhusumane, 2010).

The efforts of the counseling profession regarding multicultural competence provides the field with a solid foundation for the implementation of counseling on a global scale; however, counselors must remain alert to the broader implications that stem from promoting counseling to diverse individuals on a macro level. While the current literature acknowledges what countries need in order to incorporate counseling, it remains important to consider the impact of globalization and how the counseling profession may need to adapt to meet the needs of the local communities. The application of U.S. counseling theories and techniques, multicultural counseling included, is doubtfully sufficient to ensure the efficacy of international counseling. Instead, counselors will have to move beyond a national multicultural perspective toward a global vision for the field.

## Impact of Globalization on Counseling

Heppner (1997) suggested that counseling “can play an important role in building a global village that helps people improve their well-being, alleviate distress and maladjustment, resolve crises, modify maladaptive environments, and increase their ability to live more highly functioning lives” (p.7). While we recognized the importance of considering cross-cultural understanding as counselors take on an international role, we must continuously ask who will define *more highly functioning*. Leung (2003) acknowledged the ethnocentric bias of Euro-American assumptions inherent in traditional counseling theories. For example, regarding attachment theory, You and Malley-Morrison (2000) confirmed the traditional definition of healthy attachment did not transfer to Asian cultures. The researchers found Korean students to score higher on the preoccupied attachment compared to American students. With an ethnocentric view, counselors might mistakenly believe they should promote the “higher functioning” secure attachment style; however, in Asian collectivistic cultures where there is greater value placed on others than the self, attachment styles present differently due to different interpretations and meanings associated with parent-child interactions (Rothbaum, Rosen, Ujie, & Uchida, 2002; You & Malley-Morrison, 2000).

It also is important to understand how globalization can impact the counseling field at the macro level as well as at the micro level where individuals are affected in ways that are relevant to counselors. In the following section, we examine three ways in which globalization may have an impact on the counseling field and on the people living in international communities. First, we will explore how globalization impacts the transfer of Western values transnationally; which in turn influences the local cultures’ ideas and experiences of mental health and wellness. Second, we will consider the commoditization of the helping relationship and how it translates internationally. Finally, through the globalization lens, we consider the issues with access and the structural limitations of international counseling.

## Global Mental Health and Wellness

Early studies suggested that mental health services which were rooted in White middle-class value systems led to the misdiagnosis of racial/ethnic minorities (Adebimpe, 1981; Mukherjee, Shukla, & Woodle, 1983), decreased quality of care for racial/ethnic minorities (Ridley, 1989; Sattler, 1977; Sue 1977), and higher rates of premature termination among racial/ethnic minority clients (Ridley, 1989; Romero, 1985; Sue 1977; Yamamoto, James, Bloombaum, & Hattem, 1976). Given these documented dangers of ethnocentrism within U.S. borders, and because the local is transformed by the global in the process of globalization (Tomlinson, 1999), it is important to examine how the Western ideas of mental health and illness impact local-international communities.

There are several ways in which the local is transformed by the global regarding the mental health and wellness of individuals in international communities. First, the spread of Western notions of mental health can change how symptoms are conceptualized and manifested in local-international communities. Watters (2010) examined how the U.S.’s influence over the rest of the world does not simply impact the economic realms of individuals’ lives, but he also explored how the mental illness landscape of the world is changing as well to reflect Western ideas. For example, he interviewed Dr. Sing Lee, a Chinese eating disorder researcher, who explained that prior to the early 1990’s the local version of anorexia nervosa in Hong Kong presented differently in clients than those from the Western version. He called the local version nonfat phobic anorexia because the girls who exhibited the symptom of restricted eating did not also express the symptom of fear of being overweight, like the Western version of the disorder required. However, between 1998 and 2007 there was a significant increase in the number of cases that conformed to the traditionally Western fat phobic version of the disorder compared to the previous decade (Lee, Ng, Kwok, & Fung, 2010). The authors stated that their findings indicated “that the clinical presentation of eating disorders in Hong Kong has gradually conformed to the frequency of occurrence of eating disorders as found in Western communities” (p. 313).

Scholars have attributed this trend to the influence of the West. Watters (2010) suggested media coverage of Western mental health clinicians’ perspectives of the diagnostic symptoms of anorexia, which included the fear of gaining weight may have contributed to the shift in the presentation of symptoms. Watters suggested interviews with experts could have introduced an idea of a mental illness that was not present before, providing a new culturally acceptable symptom for psychological disturbances to be expressed by young women and girls in China. Pike and Borovoy (2004) similarly

noted the correlation between the rise in eating disorders in Japan with the growing social changes brought on by industrialization in post-World War II times. While the authors questioned the impact of the Western ideals of beauty on women in Japan, they also considered the explanation to be more complex than Japanese women wholly internalizing Western ideals. The authors assumed Japanese women have their own internal conflicts and tensions, which are only complicated by the West's influence.

Laungani (2004) noted that through globalization, the West's value systems spread to diverse cultures, creating a more homogenized world. Not only do these Western ideas of diagnosis have the potential to create altered expression of symptoms in a local community, the very presence of the Western values in the economic and social spheres can create new tensions for individuals to resolve. For example, several scholars have noted how the value of individualism has been introduced into some aspects of the Japanese and Chinese, creating dual roles of individuality and community for people in those cultures and internal conflict in how to resolve the dual roles (Duan & Wang, 2000; Iwasaki, 2005). Iwasaki stated: "Today's Japanese mental health problems reflect the confusion among Japanese individuals who live in an unstable period between enduring interdependent cultural values and emerging Western values of independence" (p. 129). Chen (2009) developed a counseling theory to address these interpersonal and psychological disturbances that occur in individuals in Taiwan. As individuals struggle to resolve the traditional versus the modern, Chen suggested that counselors could help clients to adjust how they resolve the conflict based on the type of situation they are in at the moment. He also suggested that incorporating the culture's value on family can be helpful to resolve marital conflict by asking the most authoritative member in the family to serve the role of mediator to resolve the discord.

Finally, there are certain aspects involved in the globalization process itself, such as increased mobility, which also can affect the types of problems individuals in the local community may present in counseling. As economic forces shift the demand of labor to different global environments, the rate of adult migration continues to grow in countries with limited local employment options (Pottinger, Stair, & Brown, 2008). This migration of one or both parents can affect both those members who migrate and those family members who are left behind, creating special needs. Pottinger et al. (2008) noted that this migratory separation is common in the Caribbean, and children often need attention from counselors to help adjust to the loss of their parents. They also recommended counselors take a psycho-educational role when helping Caribbean families affected by this situation.

The global transmission of Western ideas of mental health can change the way international communities conceptualize and experience their own mental health, and the transmission of Western values into a culture can create internal psychological conflict. The economic forces of globalization can require families to be separated across continents, creating shifts in roles and adjustment issues for children. Understanding how the specific ways in which globalization impacts mental health conceptualizations and those individuals and families receiving these services is vitally important in order to better create international models of mental health counseling services.

## **Commoditization of a Relationship**

The value of individualism is not the only Western concept spreading throughout the globe that will have an impact on the counseling field. Capitalism also is the driving economic force of globalization, which creates an inherent dichotomy of public and private spheres (Acker, 2004). Feminist scholars have criticized how the global economy devalues this private and informal sector and overvalues production and profit (Acker, 2004; Mies, 1994). It is important to consider how this factor influences the counseling field and individuals receiving counseling internationally.

Counseling at its very nature is an intimate exchange—sharing "secrets" behind closed doors, helping with problems of life's most private topics of love, sex, loss and death. It is a core philosophical counseling value that the "relationship" is the vital aspect of the process. Through this relationship counselors hope to help clients grow, heal, fulfill potential, learn to cope or make other positive changes. For many cultures the idea of discussing these topics outside of the family is counterintuitive since these intimate exchanges are traditionally addressed in the relationships of the family and the private sphere of their lives. However, counselors do not only suggest people should bring these problems out of the bedroom and other private spaces, they also ask that clients pay to do so. In the U.S. this inherently private connection has been transformed into a public commodity. Sue and Sue (2003) noted that "mental health practice has been described

as a White middle-class activity that often fails to recognize the economic implications in the delivery of mental health services” (p. 97).

While the counseling relationship can be very powerful and a catalyst for change, the authors are aware of and respect the counterintuitive aspects of the commoditization of this relationship. In line with the Western capitalistic framework it makes sense to charge for the services and time provided, and seems natural to translate these intimate exchanges into intimate economies. However, as the authors re-examine this phenomenon under the lens of globalization, they believe counselors should be wary of this aspect as the counseling profession develops in communities where capitalism is not the dominant world view and where the private sector of the home and family are more valued. Not only could these economic exchanges affect how the counseling relationship is viewed and experienced, but also how counseling is accessed. In the following section we will further address the access and structural limitations of counseling.

## **Access and Structural Limitations**

Scholars have reported the fact that individuals from culturally diverse backgrounds are not as likely to seek counseling and that when counseling is used, these clients tend to terminate more rapidly (Atkinson, 2004; Sue & Sue, 2003). Atkinson outlined many reasons for the under-utilization of services and discussed cultural mistrust, social stigma associated with mental illness or counseling seeking behavior, the counseling process all together, and limited access (Atkinson, 2004). Counselors are increasingly aware of how inequity, discrimination and oppression adversely affect the lives of clients, and how these injustices can be systemically perpetuated by well-meaning individuals in privileged groups (Arredondo & Perez, 2003; Crethar, Torres-Rivera, & Nash, 2008). Many social justice and advocacy efforts continue to fight on the local, state, and federal level for services to be more accessible for all. Atkinson (2004) reported that many low-income ethnic minorities must rely on public and nonprofit mental health services since they often do not have insurance that covers these types of services.

Structural barriers such as transportation, hours of operation, and child care, as well as emotional barriers such as fears about being judged, also can create limitations for people with fewer resources to access counseling (Anderson et al., 2006). Toporek (2009) noted that there is a history of inadequate service for marginalized populations and “oppression, discrimination, inequitable policies, and lack of access and resources create environmental barriers that permeate mental health and well-being” (p.12). By ignoring these structural barriers and avoiding advocating for change in these greater systemic arenas, counselors end up colluding with the oppressive system (Toporek).

Given that these limitations are present in the U.S., the concepts of access and affordability are extremely important when discussing counseling in international spaces as well. We caution that services offered without issues of access taken into account may leave those people with the greatest need without services. If counseling is structurally established internationally with a similar economic model, and if there is limited structural support for public sponsored programs, then we risk providing services only to those with the most means. As advocacy efforts are attended to in the U.S., counselors will need to attend to similar systemic barriers internationally as well, by addressing social and socio-economic factors that may create limitations.

While considering these structural limitations for clients, it also will be important to consider how counselors are paid for their services if counseling is to grow as a profession in international communities. While the U.S. relies on private pay, insurance, governmental and private nonprofit agencies, and sliding scales, for countries that do not have a managed care system, counselors may need to advocate for their role to be added as an official job position in their vocational system.

## **Implications for the Counseling Field**

Given the potential impact globalization can have on the counseling field and the international communities counselors will serve, an expansion of the multicultural competencies that include an international or more global perspective of counseling is needed (Chung, 2005). Sue and Sue (2003) encouraged counselors to broaden their understanding of multicultural counseling methods of treatment to include informal or natural systems of support, alternative healing

methods, and culturally specific systems of helping. Sue and Sue suggested “we should actively try to find out why they may work better than Western forms of counseling and psychotherapy” (p. 44). In order for counselors to understand natural forms of helping in countries where formal “counseling” may not be available, speaking to and gathering information from individuals from other countries is imperative.

Chung (2005) addressed a more global perspective of counseling and stated that being multiculturally competent is an essential starting point for being an effective counselor on a global or international scale. Chung (2005) discussed that counselors need to keep current of cultural issues that are not Western-based and acknowledged that counselors need to be more aware of the impacts of globalization.

## **Training Counselors**

Paredes et al. (2008) suggested that counselor education programs admit more international students in order to train them as counselors who will in turn take their information back to their countries of origin and provide services to individuals, start programs and service initiatives and educate others. However, the way in which we train counselors, whether international or not, should include global perspectives and the ways in which globalization impacts individuals and communities. Courses that examine the role of privilege and oppression should not only examine how these issues impact people within U.S. borders, but the interconnection of global systems as well. The social justice lens should be widened to include perspectives on global advocacy, including awareness of how choices people make in the U.S. impacts other individuals across the world.

International counselor education programs also need to be addressed. The need for adequate graduate training programs in counseling is great. The number of schools around the world that formally teach counseling is quickly growing (Low, 2009). One potential way to meet the need for trained service providers would be to create a tiered system of training. Hinkle and Henderson (2007) have developed a curriculum through NBCC-I for a Mental Health Facilitator program that sends trainers to international communities where there are little to no mental health services to train local people on the basic helping skills and how to recognize mental health issues (McGrath, 2009; NBCC, n.d.).

For formal counseling programs throughout the world, regulation is important to implement to ensure adequate training. Stair (2010), who presented at the American Counselor Association’s (ACA) national conference on the topic of counseling in Jamaica, discussed how there were no regulations or accreditation requirements for counselor training programs in her home country. She outlined that this void of a regulating body left clients unprotected from pseudo-professionals claiming to be counselors without holding credentials. The leaders of the Jamaica Association for Guidance Counsellors and Education (JAGCE) asked NBCC-I to partner with the counseling organization in order to work toward developing such credentials and ethical standards (W. Schweiger, personal communication, May 4, 2012). Their collaboration is especially geared toward the school counselors in Jamaica. Stair indicated that as counselor education programs develop internationally, it is vital to meet the mental health needs of a more globally connected population while considering the culture and space in which they will be educating and serving. For example, she specifically addressed how the issue of boundaries and dual relationships should be considered differently in Jamaica considering the collectivistic culture and the small spaces of the country. Schweiger stated that in order to be sensitive to cultural differences, U.S. counselors who collaborate with JAGCE leaders should ask questions about what they need so that decisions can be made as to what the standards will be specifically for Jamaica, rather than Western counselors telling Jamaica what they should be.

## **Future Research Directions**

A meta-analysis of a top counseling journal revealed a dearth of article submissions on international or global topics (Crockett, Byrd, Erford, & Hays, 2010). Given how the process of globalization can impact the incorporation of counseling into a new cultural community, the need to add international voices in the field is clear. Paredes et al. (2008) suggested that international students may be a valuable resource to gain these perspectives for counselor education programs. Research is needed that assesses current helping methods of the country and structural barriers, as well as specific models or theories that may be best adapted to the values of the culture. International perspectives also could



reveal potential stigmas, misunderstandings, or reservations that individuals in any culture may have about counseling. It would be important to highlight any discrepancies between the counseling philosophy and the culture that may prevent individuals from utilizing the services.

## Conclusion

As the process of globalization has impacted the world economically, politically, culturally, and socially, it is important to maintain the global perspective when examining the counseling field as well. Ng and Noonan (2012) suggested several areas to which counselors should attend when considering the internationalization of counseling. They noted that international collaborations across fields, agencies, and countries regarding training and services should be equal partnerships. Given this guideline, when countries seek consultation from outside counselors, these foreign counselors should learn what systems are currently in place in that country as far as national counseling organizations or other non-governmental organizations (NGOs) that are currently providing services for the country's citizens. These organizations can provide insight into the mental health issues of most concern in their country as well as be potential places for counseling service delivery. Another example of this type of collaboration would be international internships or training opportunities. As a specific example, one of the authors participated in an institute for which 12 counselors were invited to Bhutan through NBCC-I in order to collaborate with schools, a psychiatric hospital, a women's center, university counseling centers, and substance abuse service providers. During this collaboration, the U.S. counselors shared information on mental health issues such as substance abuse and domestic violence, counseling skills, and counseling programs, yet the decisions on how specifically to implement programs in their culture remains in the hands of the Bhutanese counseling leaders. The counselors also spent time learning the government's mental health provider system and other NGO's that were interested in collaborating on how to provide counseling services. Starting Fall 2012, counselors from the U.S. will return for a semester at a time to continue this partnership.

Ng and Noonan (2012) also recommended the theoretical foundation of counseling should have a global framework that accounts for culture and is broadened to avoid implementing "culture-specific mental health intervention models" (p. 11). As scholars have become more mindful of our Western-based practices and how they have a potential global impact, the authors believe counselors have the responsibility to not only be flexible enough to challenge personal assumptions, but maintain a willingness to learn and adapt from their international neighbors. As counselors also become more aware of the structural impact of marginalized populations and call out for a social justice and advocacy perspective, they have the obligation to widen their lens to include not only the systems of our community, but the connected world as a whole.

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# Addiction Counseling Accreditation: CACREP's Role in Solidifying the Counseling Profession



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**In this article, the authors discuss the Council for Accreditation of Counseling and Related Educational Programs' (CACREP) role in furthering the specialty of addiction counseling. After sharing a brief history and the role of counselor certification and licensure, the authors share the process whereby CACREP developed the first set of accreditation and educational standards specific to addiction counseling. The impact of CACREP on the practice of addiction counseling, quality control, and implications for the future are provided.**

*Keywords:* addiction counseling, educational standards, CACREP accreditation, certification

Whereas counseling as a profession is relatively new (compared with the other helping professions of psychology, psychiatry, and social work), it has made great strides in a relatively short time. With the adoption of the 2009 Council for Accreditation of Counseling and Related Educational Programs (CACREP) Standards, changes in professional identity, specialty areas of practice, core curricular standards, clinical field experiences and measures of student learning outcomes likely will have long-reaching impacts on promoting the development of the counseling profession. One significant change in the 2009 CACREP Standards was the creation and inclusion of a set of specialty standards related to addiction counseling. Whereas individual standards related to the *practice* of addiction counseling have been around for many years (e.g., those of the National Board for Certified Counselors' [NBCC] Master Addictions Counselor [MAC] certification), this is the first time that an accrediting body of the helping professions has both legitimized and standardized the preparation of counselors to work with clients struggling with addictive disorders. In this article, we explore the history of addiction counseling, as well as the development of the credentialing and certification processes related to addiction counseling. Next, we examine the need for educational standards related to addiction counseling and CACREP's role in the development of these standards. Finally, we will conclude with potential implications and directions for future research.

## A Brief History of Addiction Counseling

The prevalence and impacts of addictive disorders are well documented and provide a context for the rationale for the creation of an addiction counseling specialty. In terms of those affected by addiction, 22.6 million individuals struggle with chemical abuse or dependency (Substance Abuse and Mental Health Services Administration [SAMHSA], 2007), 14 to 26 million individuals suffer from an eating disorder (also known as food addiction) (APA, 2000; Hudson, Hiripi, & Pope, 2007), 6 to 9 million struggle with compulsive gambling (also known as gambling addiction) (APA, 2000), 17 to 37 million Americans meet criteria for sexual addiction (Carnes, 2001; Cooper, Delmonico, & Burg, 2000), and 17 to 41 million people are addicted to the Internet (Kaltiala-Heino, Lintonen, & Rimpelä, 2004). In considering the lower end of each range of these disorders, it becomes apparent that approximately one in four Americans struggle with some kind of addictive disorder; this number fails to account for those impacted vicariously (i.e., through the addiction of a family member or close friend). Given the noted prevalence figures, it should come as no surprise that research has shown that addictive disorders, and complications related to these disorders, have devastating impacts on individuals, families, and society (French, Roebuck, McLellan, & Sindelar, 2000; Goodman, 2001; National Institute on Drug Abuse [NIDA], 2004;

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National Opinion Research Council [NORC], 1999; Young, 1999). In fact, when one tallies the estimated costs and losses attributed to addictive disorders in the form of health care costs, job productivity losses, crime and punishment, mental health care, impacts on the children and partners of addicts, and monies spent on the pursuit of drugs, alcohol, and other behaviors, one conservative estimate puts the annual total at \$1.1 trillion dollars (Juhnke & Hagedorn, 2006). Without a group of specially trained counselors, untreated addictive disorders will continue to perpetuate costs that many are unable to pay.

Those individuals who emerged to address the aforementioned concerns did not initially matriculate from graduate programs in the helping professions. In fact, no other counseling specialty has been more closely associated with its “recovering” clients than has the addiction field. The origins of addiction treatment come straight from what is referred to as the “lay therapy” movement of the early 1900s (White, 1999). Courtenay Baylor is considered by many to be the first lay therapist to be hired at the treatment clinic in which he was originally a client. His approach to developing a cadre of addiction treatment providers from individuals who had participated in the treatment process became the norm well into the 20<sup>th</sup> century and laid the groundwork for the concept of *wounded healers* (Jung, 1993; White 2000b). The wounded healer approach became a much stronger influence with the development of Alcoholics Anonymous in the 1930s. Many members of AA began developing clubhouses, “retreats” (known as halfway houses today), and treatment centers (White & Kurtz, 2008). Much of the motivation of AA members providing such services for alcoholics resulted from a general negligence toward these individuals by the medical and mental health communities (AA, 1976).

By 1950, paraprofessional helpers/lay therapists were firmly entrenched in the community of addiction treatment, with the pre-eminent model of treatment, the Minnesota Model, drawing heavily on professionals with no formal training in the helping professions (Fisher & Harrison, 2009; Libretto, Weil, Nemes, Copland-Linger, & Johansson, 2004). Following the adoption of the American Medical Association’s disease concept of addiction in 1967 (Merta, 2001), the latter half of the 20<sup>th</sup> century produced several additional steps in the treatment process for addicted clients. Formalized training programs were created by both the National Institute for Alcoholism and Alcohol Abuse (NIAAA) and the National Institute for Drug Abuse (NIDA) in the 1970s to create a group of professionals to work with addicted clients using the disease concept, in conjunction with the Minnesota Model, as the primary treatment approach (White, 2000a). Then, during the 1980s, a shift occurred where formally educated and trained professionals began entering the treatment realm, especially from the field of counseling. These individuals stood by their education and training, rather than their recovery status, as the basis for legitimately providing treatment (Hosie, West, & Mackey, 1988). What emerged was a blending of three distinct groups: minimally-educated paraprofessional helpers (with recovery as their entry point into the treatment community), master’s level counselors (without recovery status as their entry point), and a hybrid of the two: master’s level recovering counselors (Culbreth, 2000). The intersection of helpers entering the treatment arena from these three different perspectives, each with varying levels of experiences related to addiction, led to debates regarding what type of helper was best suited to work effectively with addicted clients—lay or professional helpers.

More recently, important developments in addiction treatment have evolved. For example, new treatment paradigms such as *harm reduction* and *relapse prevention* examine addiction from perspectives different from those perpetuated by earlier models (e.g., reducing negative impacts rather than solely focusing on abstinence) (Fisher & Harrison, 2009). Similarly, considering the challenges involved with the change process, Prochaska, DiClemente, and Norcross (1992) developed a stage model (the transtheoretical model of change) to examine the processes that occur in clients’ behaviors as they enter recovery while offering suggested strategies aimed at counseling them within and through each stage. Then, *motivational interviewing* was developed to help explore and resolve the ambivalence and resistance experienced by those entering recovery (Miller & Rollnick, 2002). Another major development, that of viewing addiction through the lens of dual diagnosis (or co-occurring disorders) has been a significant step in addressing clients with multiple mental health issues and needs. More recently, the recognition of a variety of process addictions (addictions to such things as sex, gambling, the Internet and gaming) has taken the concept of addiction to a different level, beyond the traditional scope of chemicals. Finally, there have been significant advances in psychopharmacological approaches to addiction, along with manualized treatment approaches from specific theoretical perspectives, such as Project MATCH (Merta, 2001).

All of the aforementioned developments have led to the need for a much higher level of training and education for professionals intent on working with addicted individuals. Relying solely on one’s recovery status can no longer adequately prepare a counselor to address the myriad of complex issues brought forward by today’s clients. More

sophisticated and in-depth education and clinical training is needed to insure that addicted clients receive the most efficacious treatment possible—hence the purpose for the creation of addiction counseling accreditation standards. On the road toward the creation of such educational standards, the helping professions began seeking standardization through the establishment of formal credentials and licensing.

## History of Addictions Credentialing

As noted earlier, addiction counselors traditionally entered the field from a great diversity of backgrounds. As a result, debates ensued as to what best qualified one to be an addiction counselor. White (1999) stated: “Because so many of the grass roots treatment models utilized people in recovery who often had more prior contact with penal institutions than educational institutions, the challenge was how to prepare and professionalize this indigenous workforce while blending it with a growing array of other professionals entering the field...” (p. 25). At that point in time, many addiction counselors had only their own sobriety as a qualification to provide treatment. Unfortunately, the term “counselor” often was used to refer to these paraprofessionals to distinguish them from trained and licensed mental health professionals (i.e., psychiatrists, psychologists, and social workers).

It was in this historical context that a small group founded the National Association of Alcoholism Counselors and Trainers (NAACT) in 1972. This group later evolved into the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) (White, 2005). NAADAC enhanced the professionalism of addiction counselors by establishing ethical standards for addiction counselors, disseminating information via professional publications, and providing ongoing training and credentialing activities (White, 1999). At about the same time that NAADAC was moving forward, two events were unfolding that would further shape credentialing and training efforts. First, the Association for Counselor Education and Supervision introduced the first set of counselor preparation standards (Association for Counselor Education and Supervision, 1973). Ultimately, this led to the establishment of CACREP in 1981 to promote quality counselor preparation at the graduate level. Second, privatized certification boards began emerging at the state level (Mustaine, West, & Wyrick, 2003). A dynamic tension manifested within these state certification boards in regards to reluctance among some within the field to require formal graduate training. Into this mix, the National Board for Certified Counselors (NBCC), NAADAC, and the Commission for Rehabilitation Counselor Certification (CRCC) worked together to establish the Master Addictions Counselor (MAC) credential, a credential that provided addiction counselors with a uniform credential regardless of their original discipline (Juhnke, 2000).

Several rationales exist for the continued shift toward credentialing graduate-level clinicians. First, and most pointedly, researchers have found that effective counseling with addicted clients requires specialized training and that professional counselors trained in academic graduate programs are more effective than their less educated counterparts (Carroll, 2000). Whereas many clinicians have sought to fulfill state certification requirements through workshops or seminars, the certification requirements offered therein are typically based on the number of attendance hours and have little to no assessment of content knowledge or mastery (Mustaine, West, & Myrick, 2003). Another reason for credentialing master’s-level clinicians is that they are better prepared than their lay counterparts to meet the multiple needs of addicted clients (Sias, 2002). Lay practitioners are often solely trained to address issues of chemical abuse and dependence (Banken & McGovern, 1992; Taleff & Martin, 1996), and thus lack the fundamental knowledge and skills required of professional counselors to address concomitant needs beyond chemical abuse. With the growing recognition of the prevalence of co-occurring disorders among clients with addictive disorders, as well as the familial impacts of addiction, the need for trained mental health professionals to treat these concerns has become increasingly important (Merta, 2001; Schulte, Meier, Sterling, & Berry, 2010).

Third-party reimbursement requirements add a third reason for the lean toward graduate-level addiction counselors. Whereas state-based addiction counseling certification boards do not require a graduate degree, insurance companies *have* moved to such a requirement in order to receive reimbursement (Mustaine et al., 2003). A final reason for graduate-level counselors is provided by Mustaine et al., who noted that state-based addiction counseling certification boards have traditionally required no direct observation of addiction counselors by their supervisors (e.g., through audiotape, videotape, transcript, or live observation). Accordingly, it is possible that all supervision can, in theory, be based upon supervisee self-report, a process known to be particularly problematic with novice supervisees (Campbell, 1994;

Holloway, 1988; Muslin, Thurnblad, & Meschel, 1981). Given the potential for problems evolving from inadequately trained and supervised addiction paraprofessionals, the rationale for graduate training is clear.

Given the call by national certifying bodies (e.g., NBCC, NAADAC, CRCC) for more adequately prepared clinicians, individuals were faced with the choice between seeking such training through educational institutions or continuing to rely upon the seminar or self-education model. Unfortunately, many who sought such initial training through a graduate program in the helping professions found that the majority of such programs were woefully unprepared to deliver the necessary addiction-related content they required (Whittinghill, Carroll, & Morgan, 2004).

## Establishing a Need for Educational Standards Related to Addiction Counseling

The need for a set of standardized educational requirements for addiction counseling is evident in light of the societal impacts of addictive disorders, the treatment complications engendered by co-occurring disorders, and the lack of standardized preparation standards for addiction counselors. There has been ongoing recognition within the counseling field of just such a need. For example, Morgan and Toloczko (1997) noted more than 14 years ago that trained and educated addiction professionals were needed to help combat the problems created by untreated addictions. Other studies have investigated the perceived need for training standards in addiction counseling among counselor educators (Whittinghill, Carroll, & Morgan, 2004), have identified curriculum components for graduate-level training of addiction counselors (Whittinghill, 2006), have examined the relationship between addiction training in counselor education programs and state licensure requirements (Mustaine, West, & Wyrick, 2003; Salyers, Ritchie, Cochrane, & Roseman, 2006), and have directly called for the inclusion of addiction counseling standards to meet the multiple needs of addicted clients (Hagedorn, 2006; 2007). Many authors have followed suit (Hagedorn & Young, 2011; Hagedorn, 2007; Horvatic & Wergin, 1998; Merta, 2001; Miller, Scarborough, Clark, Leonard, & Keziah, 2010; Robertson, 2006; Whittinghill, Carroll, & Morgan, 2004), noting the need for specialized educational standards not only for those who counsel addicted clients, but for all counselors regardless of their area of specialization.

Given the aforementioned needs, it is somewhat surprising how the helping professions have answered the call. In reviewing the professional preparation standards of the various accrediting bodies, it becomes apparent that standards specific to training students to work with addictive disorders have not been a focus. For example, the Council for Social Work Education (CSWE) does not have any specific accreditation standards for training social workers to address problems related to addiction (CSWE, 2010). Similarly, the standards of the American Psychological Association's Commission on Accreditation (CoA) for professional psychology specifically states that program objectives for professional psychology should be "broad and general" (CoA, 2007, p. 2) in nature. To wit, practice areas described for professional psychologists include clinical psychology, counseling psychology, school psychology, and other areas of professional psychology, with no mention of an addiction practice area, nor any standards specified to psychological work with addicted clients (CoA, 2007). Whereas the Accreditation Council for Graduate Medical Education (ACGME) *does* have specific training standards for psychiatrists working with addicted patients, (a) *all* of those standards are specific to those programs that train addiction *specialists* (i.e., they are not for the general training of psychiatrists who see addicted clients in a variety of treatment settings) and (b) no standards include any reference to process addictions (ACGME, 2003).

Given the lack of other professions' preparation standards specific to working with addicted clients, how has counseling fared? CACREP has made efforts at establishing minimal educational standards related to addiction counseling (such as those found in the 2001 CACREP Standards), yet these were traditionally relegated to those graduate programs with a more clinical focus (e.g., mental health counselors). Thus, students matriculating from other specialties (e.g., school counseling, marriage and family counseling, etc.) have continued to be unprepared. Even when research and clinical practice have indicated the treatment complications produced by the co-morbidity and coincidence of addiction with just about every other presenting concern (e.g., relational difficulties, depression and anxiety, unemployment, school truancy and behavioral problems, impacts of abuse/neglect, domestic violence, low self-esteem, career indecision, legal concerns) (Burrow-Sanchez, Lopez, & Slagle, 2008; Davis, Flett, & Besser, 2002; Fergusson & Boden, 2008; Florida Council on Compulsive Gambling, 2004; Hussong, Galloway, & Feagans, 2005; Ohlmeier, et al., 2008), there has continued to be a lack of training *across* the helping disciplines (e.g., social work and psychology) and *across* specialty

areas within counseling itself (e.g., school counseling, marriage and family counseling, student affairs and college counseling, career counseling).

There may be several reasons why those entities that set the educational standards for their professions have been reluctant to create a set of specialty standards and/or to mandate the inclusion of core curricular experiences related to addictions. Whereas a full discussion of these reasons is beyond the scope of this article (for a detailed description, see Hagedorn, 2009c), some reasons may include (a) the lack of established diagnostic criteria for disorders related to behaviors or processes (e.g., sex, the Internet, gaming); (b) the lack of consensus as to the interconnectedness of addiction and other presenting concerns; and/or (c) the belief that addictions, and the problems they cause, are the treatment responsibility of those who have traditionally been prepared to address them. In response to these areas of potential “push back” from some in the field, there is evidence in the professional literature that (a) diagnostic criteria for process addictions are on their way into the treatment community, (b) the research shows a clear connection between addiction and other concerns, and (c) addiction, and its associated problems, will impact all clinicians regardless of their scope of practice (Hagedorn, 2009c; Kafka, 2010; Robertson, 2006).

Potentially, an additional reason why accrediting bodies may have steered clear of establishing addiction-related standards across the curriculum may be the belief that those who work with addicted clients (and/or those affected by addicted individuals) will obtain the necessary competencies through on-the-job training or through training seminars, workshops, and professional conferences. As noted earlier, the problem with such expectations is that (a) this necessitates that counselors be proactive and motivated to seek out such opportunities, (b) credit for such endeavors is granted by simple *attendance* at such events (rather than as a result of a formal evaluation of knowledge and/or skills as would be found in an educational institution), (c) there is no way to determine the accuracy, timeliness, or quality of the content presented by such delivery methods, and (d) not all counselors will attend the same seminar, resulting in a variety of competency levels (Hagedorn, 2009b; Mustaine, West, & Wyrick, 2003). Clearly, a more standardized delivery method will result in more comparably trained counselors to work with those people impacted by addictive disorders.

Having set the stage for the historical need for educational standards related to counseling those impacted by addictive disorders, we now turn to the direct impact that CACREP has had on the emergence of such standards. Beginning with an introduction to the atmosphere that precipitated the creation of these standards, we will follow with a description of the procedures undertaken by CACREP to ensure the integrity and quality of the creation and revision processes. We then conclude with a brief review of the implications of these standards for the counseling profession and a call for empirical research to substantiate the impacts of a trained and prepared cadre of professional counselors on the lives of addicted clients and their families.

## **The Impact of CACREP on the Practice of Addiction Counseling**

In moving forward with the development of the 2009 CACREP Standards, the CACREP Board (“the Board”) and the CACREP Standards Revision Committee (SRC; a committee external to the Board, charged with overseeing the revision process and presenting standards for consideration and adoption by the Board) were very intentional about maintaining those procedures dedicated to the highest quality of output while remaining open to its constituents. Preserving a transparent agenda, the SRC and the Board began the revision process with a scan of the counselor education horizon as it related specifically to the addiction counseling standards.

### **Watching the Horizon**

Four factors helped trigger the decision to proceed with the drafting of a specific set of addiction counseling standards. First, as noted earlier, there had been a consistent call from the counseling literature for CACREP to establish a set of standards related to addiction counseling (Diaz, 2008; Hagedorn, 2009c; Morgan & Toloczko, 1997; Salyers, Ritchie, Cochrane, & Roseman, 2006; Whittinghill, 2006; Whittinghill, Carroll, & Morgan, 2004). Second, on a national scope, two events were occurring: (a) states continued to move toward the mandate of a master’s degree for addiction counselors and (b) there were a number of non-accredited addiction counseling programs that existed alongside CACREP-accredited programs in community or mental health counseling (Hagedorn, 2006; Salyers, et al., 2006). Third, the International



Association of Addiction and Offender Counselors (IAAOC) had commissioned an Addiction Standards Committee (ASC) with the task of drafting a set of addiction counseling standards. Members of the ARC included David Whittinghill, Gerald Juhnke, and Kenneth Coll, the three of whom drafted the initial set of addiction counseling standards. These were later reviewed and modified by ARC members Rick Gressard and W. Bryce Hagedorn. Finally, the CACREP standards themselves were poised for their regular seven-year revision process. Given the confluence of these events, the time seemed ripe to determine if the Standards accurately reflected the current type of work done by counselors in all realms of practice, as well as for the inclusion of content specifically related to addiction counseling.

## Quality Control

Since an exploration of all aspects related to the development of the 2009 CACREP Standards is beyond the scope of this article, our focus will be on a quick review of the processes that occurred related to the *addiction* counseling standards. Activities to solicit feedback, including solicitations via the Internet (cacrep.org, acesonline.net), in print (e.g., the *CACREP Connection, Counseling Today*), and in person (e.g., the American Counseling Association [ACA] National Conference, the Association for Counselor Education and Supervision [ACES] National Conference, and the regional ACES conferences, among others) occurred following the national distribution of each of the three drafts of the proposed 2009 Standards. The initial call for input from the field, particularly as it related to the area of addiction counseling, was answered by the IAAOC Board in January of 2006, who presented the work of the Addiction Standards Committee to the CACREP Board and the SRC for consideration.

Formal work by the SRC began earlier the preceding year, with focus given to the writing of addiction counseling standards beginning in 2006 (after receiving the suggested IAAOC standards). Based upon the CACREP Board's review of the counseling literature and the initial input of constituents, the Board charged the SRC with two related responsibilities: create a set of addiction counseling specialty standards *and* infuse content related to addiction into the core curricular standards (thus introducing such content into the preparation of all counseling students). Pending feedback received from the various drafts disseminated to the public, the SRC adjusted this charge as it deemed necessary.

In the drafting of the CACREP standards related to addiction counseling, the SRC gathered the timeliest, most relevant, and most well-documented sources available. These sources included (a) the IAAOC Addiction Standards; (b) the 1998/2005 Technical Assistance Publication (TAP) Series #21 titled *Addiction counseling competencies: The knowledge, skills, and attitudes of professional practice* (Center for Substance Abuse Treatment, 2006); (c) standards related to NAADAC's National Certified Addictions Counselor credential; and, (d) standards related to NBCC's Master Addictions Counselor credential. In the first disseminated revision of the 2009 Standards, the SRC initially integrated addiction content into the CACREP standards for the new and soon-to-be designated *Clinical Mental Health Counseling* specialty. In receiving feedback from the counseling field, the SRC returned to work and redesigned a specialty area dedicated specifically to addiction counseling. During the gathering of feedback based upon the second and final drafts of the Standards, CACREP's constituents provided only favorable comments about the new specialty area. Then, as a response both to the literature (e.g., Armstrong, Phillips, & Saling, 2000; Hagedorn, 2009c; Goodman, 2001; Merta, 2001; Potenza, Fiellin, Heninger, Rounsaville, & Mazure, 2002; Young, 1999) and the field calling for more inclusive terminology to describe the complex nature of addiction counseling, language found in the Standards related to *substance use disorders* (SUDs) and/or *chemical abuse/dependence* was broadened and substituted with the term "addictive disorder," as this was determined to be the most encompassing designation.

The final set of events germane to the current discussion involved the infusion of content related to addiction counseling into the core curricular standards. The SRC (and the resulting feedback from constituents) agreed that the most obvious fit would be in the curricular standards related to human growth and development (Standard II.G.3.g.). This resulted in required curricular experiences related to the "theories and etiology of addictions and addictive behaviors, including strategies for prevention, intervention, and treatment" (CACREP, 2008, p. 11). Whereas this may seem like a minor adjustment to the core curriculum, the fact that all future CACREP-educated counselors would be exposed to information regarding the impacts of addictions and addictive behaviors, as well as the necessary prevention, intervention, and treatment methods, may well have long standing and positive impacts on the counseling profession. We explore additional potential implications below.

## Implications and Directions for Future Research

Whereas it may be too early to measure the direct implications of the aforementioned processes on the delivery of counselor education (and the resulting influence on those affected by addictive disorders), it is important to note here that three important and interrelated elements occurred in the adoption of the 2009 CACREP Standards. First, among the helping professions, CACREP became the first accrediting body to formally establish a set of national educational standards related to addiction counseling. Whereas psychiatry may have a specialty in addiction medicine, the fact that social work and psychology have no such specialty puts counseling at the forefront of providing direct care to the millions impacted by addictive disorders. Future research that investigates such things as the impact of the counseling profession itself (e.g., in comparison with other professions) on the provision of therapeutic services for addicted clients would thus be in order.

Second, in noting the interconnectedness of addictions with other client concerns, CACREP became the first accrediting organization that strongly advocated for the inclusion of addiction-related content knowledge for *all* students, regardless of their scope of practice. The importance of this change cannot be understated: the fact that all future counselors will be at least minimally prepared to recognize the origins of addictive disorders (i.e. etiology) as well as be able to implement prevention, intervention, and treatment strategies is significant. The counseling profession is poised to deliver the crucial front-line interventions to struggling clients in all arenas.

CACREP took a bold professional stance by recognizing that addictions occur outside the context of chemical dependency: this is the final paradigm shift ushered in by the 2009 standards. By (a) broadening the terminology used in the 2001 Standards (which was specific to *substance abuse*) and including language related to *addictive disorders*, *addictive behaviors*, and *process addictions*, as well as (b) providing glossary definitions for *process addictions* (those related to addictions like gambling, shopping, eating, and sex), the counseling profession is potentially the forerunner of a new form of treatment delivery. This truly represents a monumental step toward preparing competent clinicians to work with those impacted by disorders that other accrediting bodies and even the medical community have been slow (some may say “careful”) to officially recognize. As future clients make decisions about from whom they will seek treatment, they will choose the most qualified clinicians; changes such as those mentioned here only solidify their choice of a *counselor*.

In noting the aforementioned decisions induced by the adoption of the 2009 Standards, several implications for future research become evident. First, it will be important to investigate the various impacts of the creation of specialty standards related to addiction counseling on students, graduates, clients, client families, addiction counseling delivery systems, third party reimbursement strategies, and even policy development. Second, similar systems could be evaluated (e.g., students, clients, policy development) following the establishment of a counseling workforce that has been adequately prepared to prevent, intervene and treat addiction-related problems wherever they arise, be it in schools, hospitals, clinics, vocational settings, families or universities.

A final implication of the 2009 standards is best framed as a question: What might occur as a result of a profession officially recognizing and advocating for clients whose struggles and concerns have traditionally been left outside of the treatment realm (e.g., sexual addiction, gaming addiction, etc.)? The *potential* implications on a societal level could be quite remarkable. For example, studies could compare the effectiveness of those clinical mental health counselors trained to recognize the impacts of sexual addiction with those without such training; this may have the potential of lowering sex-related offenses if clients are identified and treated earlier in their addictive cycle before they offend. Marriage and family counselors also could be investigated related to how well they identify family dysfunction and debt-related concerns as a result of addressing a member’s spending addiction. Finally, studies might pursue the impact of school counselors prepared to identify and address gaming addiction on their students’ academic achievement and lowered behavioral referrals.

To conclude, the authors contend that the shared focus, determination and alliance among the CACREP Board, the SRC members, and the involved constituents will help strengthen the counseling profession and help it to forge ahead into the 21<sup>st</sup> century. More specifically, we believe that the work accomplished by the standard revision process related

specifically to addiction counseling will help place counseling at the pinnacle of the helping professions and look forward to witnessing its impacts on future students and the clients they serve.

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# Exploring School Counselors' Perceptions of Vicarious Trauma: A Qualitative Study



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**The purpose of this qualitative study was to examine school counselors' perceptions of vicarious trauma. Consensual qualitative research (CQR) methodology was used. Six school counselors were interviewed. Three primary domains emerged from the data: (a) ambiguous vicarious trauma, (b) support system significance, and (c) importance of level of experience. Supervision, discrepancies with burnout, and implications for counselor educations and school counselors are discussed.**

*Keywords:* vicarious trauma, consensual qualitative research (CQR), school counselors, support system, counseling experience

Trauma occurs after a person experiences an event that involves or threatens death or serious injury, or a threat to self or other's well-being (Trippany, White Kress, & Wilcoxin, 2004). Exposure to traumatic events and psychological stress has been found to be associated with significant physical and mental health concerns (Briggs-Gowan et al., 2010). Children and adolescents, particularly those growing up in poverty-stricken areas, are increasingly susceptible to traumatic events such as bullying (Lawrence & Adams, 2006; Newman, Holden, & Delville, 2005), community violence (Fowler, Tompsett, Braciszewski, Jacques-Tiura, & Baltes, 2009), and abuse (Reilly & D'Amico, 2011). For example, children ages 12–17 have been found to be more than twice as likely as adults to be victims of serious violent crimes (Snyder & Sickmund, 2006). Furthermore, every year millions of children and adolescents in the U.S. are exposed to violence in their homes, schools and communities (Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009). In addition, according to recent reports, homicide and suicide were found to be the second and third leading causes of death for persons ages 15–24 (U.S. Department of Health and Human Services, 2008–09).

Whether working in a school or mental health setting, there is a chance that a professional counselor will work with an individual who has experienced trauma (Trippany et al., 2004). School counselors, however, by virtue of working in schools, have even more direct contact with youth who may have been exposed to traumatic events. As a result, they are likely to be the first counseling professionals with whom traumatized students come into contact. Functioning as the first line of intervention for students in crisis makes the school counseling position one of vital importance to students' positive development (Chambers, Zyromski, Asner-Self, & Kimemia, 2010). Exposure to students who have experienced trauma puts school counselors at particular risk for internalizing students' emotions associated with traumatic events. This process of internalization is otherwise known as vicarious trauma (VT), which is associated with professionals developing harmful changes in their view of themselves, others and the world (Baird & Kracen, 2006).

If a counselor begins to over-identify with a client's issues they can experience the client's pain, sadness or distress (Skovholt, 2001). McCann and Pearlman (1990) found that some counselors experienced symptoms similar to those associated with Post-Traumatic Stress Disorder (PTSD) such as nightmares, anger and sadness related to their clients' traumatic experiences. Clinicians working with sexual abuse victims, for example, may experience feelings of stigmatization and isolation which may be closely aligned with clients, the actual victims of the abuse (Canfield, 2005). Little is known about counselors' ability to manage VT (Harrison & Westwood, 2009), but some extant literature can be reviewed.

For example, factors such as level of experience (Way, VanDeusen, Martin, Applegate, & Jandle, 2004) and educational training (Adams & Riggs, 2008) impact the prevalence of VT. Seminal articles examining VT concluded that counselors

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with more clinical experience have a buffer in preventing VT (Pearlman & Mac Ian, 1995). Adams and Riggs (2008) conducted a study with 129 therapist trainees. The purpose of their study was to explore the relationship between vicarious traumatization among trainees and variables recognized as potentially influential in this process among practicing therapists (i.e., history of trauma, clinical experience, trauma-specific training), and to explore the relationship between defense style and vicarious traumatization symptoms, as well as its possible interaction with the previous three factors in relation to reported symptoms. Consistent with previous research, the researchers found that novice therapists/counselors may be more vulnerable to experiencing VT (Adams & Riggs, 2008).

Level of peer support and supervision also play a role in buffering symptoms of VT (McCann & Pearlman, 1990). Supervision practices that address VT have been encouraged (Woodard, Meyers, & Cornille, 2002). Specifically, trauma-sensitive supervision is seen as helpful in minimizing the effects of vicarious exposure to trauma (Sommer & Cox, 2005). As Sommer and Cox (2005) conclude, multiple perspectives, collaboration, a calming presence and attention to self-care are most helpful when examining the supervisee's perspective of adequate supervision. Clinicians must work through painful experiences in a supportive environment. McCann and Pearlman (1990) have suggested that weekly case conferences can be helpful for clinicians that use two-hour weekly support groups aimed at conceptualizing difficult victim cases (with client consent) and exploring personal meaning for themselves related to how they respond to the painful experiences of their clients. Other studies have identified coherence and organizational support as being linked to positive responses to stress (Linley & Joseph, 2007).

There is some overlap between conceptualizations of VT and burnout (McCann & Pearlman, 1990). Burnout is described as the result of the stress that working with difficult clients can produce, and is seen as having three content domains: emotional exhaustion, depersonalization and reduced personal accomplishments (Jenkins & Baird, 2002). There lies a feeling of complete overload which in turn may affect the counselor's work performance. Burnout also can be described as a general reaction to feeling overwhelmed, where vicarious trauma is related to specific traumatic events. Moreover, Trippany et al. (2004) shared that many counselors who work with trauma patients may experience burnout and vicarious trauma simultaneously.

Most research related to VT focuses on mental health counselors and social workers. Little, if any, published research literature has examined this phenomenon among school counseling professionals. Exposure to a child's trauma is usually described as more challenging for professionals when compared to adult trauma (Figley, 1995). Therefore, school counselors, by virtue of their work setting, may be at great risk for experiencing VT.

The primary purpose of this study was to investigate counselors' knowledge and perceptions of VT. The information gathered in this project will increase the level of understanding and awareness of vicarious trauma on school counseling professionals, allowing school counselors to implement strategies to ameliorate the effects of vicarious trauma.

## **Method**

### **Participants**

Participants were individuals who met either one of two criteria: (a) persons licensed or certified as a school counselor, and/or (b) individuals endorsed as a school counselor and currently working in a school. Six school counselors ranging in age from 27 to 54 were recruited from schools located in a midwestern state (3 females and 3 males). Participants worked at least part-time with 3 to 14 years of counseling experience. Four of the six participants graduated from a master's degree program accredited by the Council for Accreditation of Counseling and Related Educational Programs. All participants were European-American. In addition to school counseling experiences, participants had a range of other work experiences including mental health and social work.

### **Procedures**

Due to the exploratory nature of the study, convenience sampling procedures were used to recruit participants (Marshall, 1996). A recruitment e-mail was sent to individuals on listservs serving school counselors in a midwestern

state. Those interested in participating in the study replied to the e-mail indicating their desire. Once the e-mail was received by the primary researcher, participants were e-mailed a consent form and asked to sign and return it to the primary researcher. A verbal consent was then given at the beginning of each interview.

One phone or Skype interview was conducted with each participant. Each participant was emailed a copy of their transcriptions verbatim (member checking) to ensure participants' voices were being heard and interpretations were accurate. Through member checking, participants were able to identify areas that may have been neglected or misconstrued (Lietz, Langer, & Furman, 2006); all participants verified the interviews were accurate. Asking for participant feedback helps build rapport between the researcher and participants and establishes trustworthiness (Williams & Morrow, 2009).

### **Researchers**

As Patton (2002) writes, qualitative researchers are the major instrument of data collection, and their credibility is critical. The research team consisted of two individuals: a counselor education doctoral student (primary researcher) and an assistant professor in counselor education. An advanced counselor education doctoral candidate served as an auditor, whose role was to verify findings developed by the research team (Patton, 2002). One researcher had prior experience performing CQR investigations.

Trustworthiness refers to the quality or validity in qualitative research (Morrow, 2005). Staying aware of biases related to being a human instrument (Patton, 2002), as well as avoiding getting enmeshed in the data are important for qualitative researchers. Biases may arise from demographic characteristics of the researchers or values and beliefs about the topic. One potential bias for the study was one team member being familiar with the research on VT and possibly having preconceived expectations before analyzing data. The use of a research team of two researchers helped foster multiple perspectives (Hill et al., 2005). An external auditor and member checking strategies also were employed to ensure trustworthiness of the data (Patton, 2002).

The purpose of the external auditor in CQR is to ensure that the research team did not overlook important facts in the data (Hill, Knox, Thompson, & Nutt-Williams, 1997). During the data analysis process, the researcher engaged in an audit trail that described the specific research steps. An audit trail is an important part of establishing rigor in qualitative work as it describes the research procedures (Johnson & Waterfield, 2004). This audit trail was given to the external auditor who verified domains and core ideas.

## **Interview Protocol**

Based on a review of current literature on vicarious trauma, a semi-structured interview guide was constructed. The interview guide included demographic questions as well as open-ended topics related to participants' perceptions and understanding of trauma in relation to its impact on school counselors. Some examples of interview questions used are as follows: How do you define Vicarious Trauma (VT) of counselors? To what degree is VT a problem in the counseling profession? And, who do you believe to be at greater risk for experiencing VT? Specifically, the study was concerned with gaining an understanding of how participants perceived the importance of VT as an issue in the school counseling profession. Interviews were conducted by either Skype or telephone as a cost-effective means of collecting data (Hill et al., 1997). Each interview lasted 30 to 60 minutes. All interviews were taped and transcribed verbatim.

## **Data Analysis**

The data were analyzed according to CQR methodology (Hill et al., 1997). In CQR, the goal is to arrive at a consensus along with other research team members regarding data classification and meaning. Grounded theory was the most influential theory in developing CQR. Although CQR combines aspects of various qualitative approaches, there are some factors that differ and provide its uniqueness. For example, unlike grounded theory, CQR emphasizes the use of research teams rather than one judge (Hill et al., 1997). CQR researchers also code data in domains (i.e., themes),



then abstract the core ideas of each participant. Coding of the data was completed individually by the research team. Each researcher read all transcribed interviews and wrote what he or she thought to be the core ideas that captured each interview. Categories were developed from core ideas across all participants within each domain (Hill et al., 2005). These core ideas were identified as pertinent in the lives of these school counselors and were verified by the external auditor. Categories mentioned by all participants (i.e., all six counselors) were thought to be “general.” Those categories with more than half, but not all of the respondents were considered “typical” (i.e., 4–5 out of 6 counselors); those with half or fewer respondents were considered “variant” (i.e., 2–3 out of 6 counselors). Next, a consensus was reached regarding the core ideas captured from the data, followed by the auditor examining the resulting consensus and assessing the accuracy of the coding and core ideas. Finally, the research team reviewed the auditor’s comments to verify all findings (Hill et al., 1997).

## Results

This section outlines three domains that emerged from the data: (a) ambiguous VT, (b) support system significance and, (c) importance of level of experience. These findings shed light on participants’ perceptions of the meaning of VT, as well as ways to avoid it and effectively respond to it should it occur.

### Vicarious Trauma Ambiguity

In general, participants had an idea of what VT entailed, but for the most part it was ambiguously defined. One participant referred to it as taking on the issues that students or clients have and “carrying those things home.” Also, the counselor explained it was about living the experiences clients are living. Another counselor reported that VT occurs without realization.

Participants’ past experience was indicative of their understanding of trauma and VT. Specifically, those individuals who had previous social work careers (two participants) or a mental health background (one participant) had a greater knowledge of VT and its effects. They reported having more trauma training in their previous graduate programs when compared to their school counseling programs.

Typically, participants stated that they did not know much about VT, with three counselors reporting it to be synonymous with *burnout*. One counselor shared that VT was learned after participating in a research study exploring the topic. Another counselor shared that he did not have a clear understanding of VT, but assumes it refers to how he reacts to students with serious issues. Burnout was mentioned sporadically, but for some the concept served as a key feature of their understanding of VT. For example, one participant stated not knowing a ton about the topic, but understanding it as burnout, as did another participant. One counselor shared that VT was viewed as transference and that transference was something often discussed in graduate school.

### Support System Significance

In general, school counselors reported that support systems are significant and needed to help alleviate vicarious trauma symptoms, or prevent it from occurring. Typical reports suggested they viewed peer supervision as quite useful for dealing effectively with VT. For example, one participant stated the importance of having others around who are willing to tell you when you are too close to a case. Another participant responded that counselors also have to be willing to accept an evaluation from staff members and others with similar career experience. Similarly, one participant discussed obtaining ongoing support from various avenues within the school environment to prevent her from experiencing VT. This counselor noted providing time for counselors to be with one other in a group setting or one-on-one consulting as a particularly good way to garner support for school counselors. This participant thought supervision would be helpful, but was not sure how to go about seeking it. Essentially, finding time to talk through issues was the most helpful thing to do according to this participant.

Someone or something to help unwind was viewed as a significant means of support. Participants explained that support also can come in the form of family or those not involved with the mental health profession at all. Furthermore, one participant noted that having an outlet such as an athletic or creative activity could be viewed as a form of support as well.

In addition, another participant shared the importance of a supportive work environment. According to this individual, without a healthy work environment VT can easily occur. Other participants also spoke of experiences with administrators and other staff at their workplace. For example, one participant addressed this support, sharing the fortune of having an administrative team to watch one another. They discussed keeping an eye out on issues and problems that colleagues may be experiencing, including VT.

Interestingly, participants also suggested that separation between work and home also has the potential to help alleviate these symptoms. According to one participant, “you must leave your hat at the door,” while another stated that once home, it was necessary to decompress and separate from work. Another school counselor felt as though technology created a hindrance in the separation of school and work. This participant felt that counselors should give themselves permission to separate themselves from work if they so desire. It was recommended that school counselors be given permission to separate themselves from work by not being forced to respond to e-mails and other forms of communication once arriving at home. As this school counselor noted, people have the ability to make contact at any time of day if they are allowed. This participant felt it is important not to give out phone numbers, or only give a personal number to those you trust will not abuse it.

### **Level of Experience**

Generally, participants agreed that level of experience determined counselors’ risks of experiencing VT. Experience was perceived in a number of different ways ranging from formal training to work/life experience, with all participants mentioning how either life or work experiences helped them avoid or overcome VT.

Relatedly, many participants also discussed how either a lack of training or the need for more training could be related to how school counselors experience VT. Five out of six participants discussed the importance of receiving more training, or having an open discussion about their negative reactions to other colleagues or supervisors. Three out of six counselors shared that they had no classes related to trauma from their school counseling training. As one participant stated, not much training was offered and they wished more classes could have been taken on VT. A lack of life experience also was said to place a novice counselor at great risk for VT. One participant voiced concern about a student going straight into a master’s program with little life experience. Concern was voiced about students that go straight from a baccalaureate to a master’s program without taking time to live and work. According to this participant, inexperienced school counselors are unaware of the challenges they will face upon entering the counseling profession and may be more susceptible to VT. Similarly, another participant talked about how her relationship to the profession changed after four years as a school counselor. This school counselor discussed going home really frustrated or angry, feeling like more should have been done for students when starting out as a school counselor. Eventually, this counselor noted that work as a school counselor started to come together and that patience was important when working with children. This school counselor discussed frustration and anger as being signs of VT. This individual also felt that after more experience in the counseling field, symptoms such as these begin to vanish.

One participant mentioned a desire to save the world after graduation, which is typical of most new school counselors, but did not always work in the counselor’s favor. This individual felt that it only made the job more difficult when he realized he could not save every child he encountered. Another participant shared that new school counselors are often shocked because they haven’t seen as many issues as more seasoned counselors. However, this participant also shared that working with the issues kids face became easier each year, and the shock associated with hearing students’ issues decreased.

## **Discussion**

The purpose of this study was to explore school counselors’ knowledge and perceptions of VT. Consistent with the literature regarding preventive and protective measures of VT (Adams & Riggs, 2008), these counselors named newer helping professionals as particularly susceptible to VT. They also discussed factors such as types of support systems and amount of experience with VT as playing a role in preventing VT. This finding is consistent with the research as

well, which concludes that as level of support and work experience increase, the counselor is less likely to suffer from VT (Chrestman, 1999; Skovholt & Ronnestad, 2003; Sommer & Cox, 2005). All participants mentioned collaboration with other counselors as a primary means of averting VT. This finding suggests that counselors look to one another for assistance. Forming peer groups and having consultations with other staff within the school environment appeared to be vital in the lives of these participants. McCann and Pearlman (1990) support this notion and have stated the importance of counselors seeking potential sources of support in their professional networks, and that activities such as case conferences can be beneficial to counselors.

Participants proposed that lack of training on the topic made them more susceptible to experiencing VT, which is supported by literature on VT (Pearlman & Saakvitne, 1995). Studies have indicated that as level of experience, education and post-graduate training increases, trauma symptoms in counselors decrease (Adams & Riggs, 2008; Sommers, 2008).

School counselors discussed the difficulty associated with being a beginner counselor and how, with experience, one learns to set boundaries as a method of protecting oneself from VT. They also shared the strong relationship between life experience and being an effective counselor, which is vital to warding off VT symptomology. This finding is consistent with the literature that concludes that newer, more novice therapists may be more vulnerable to experiencing VT (Adams & Riggs, 2008). Many participants discussed how their level of confidence in their work increased over time. Previous literature and findings from the current study suggest that newer professionals may need more support for VT when starting their careers. Scholars have referred to helpful practices such as conferences (McCann & Pearlman, 1990), support groups or supervision (Sommers & Cox, 2005) as useful.

Supervision, although discussed in the literature as an alleviating factor in preventing VT (Sommers & Cox, 2005), was not salient in the current study. Only one participant discussed supervision as playing a role in preventing VT. The other school counselors did discuss that support from peers and administrators were helpful, but not supervision practices. This is worth mentioning, as supervision is one of the key methods counselor educators use to train counselors. It is not known if these counselors viewed support as part of supervision or if they do not see this as being available to them. For example, one participant spoke about an interest in forming peer supervision groups, but did not feel knowledgeable enough to do so.

Some participants stated they did not know much about VT, while others assumed it was similar to burnout. Vicarious trauma and burnout, although sometimes used simultaneously throughout the literature, have some differences in how each is displayed. Burnout may progress gradually, whereas vicarious traumatization can sometimes seem abrupt in onset with little or no knowledge of early recognition (Jenkins & Baird, 2002). Participants who compared VT to burnout did not distinguish any differences in the two constructs. Although not the focus on this study, one participant mentioned personally experienced symptoms related to VT (which this participant described as *burnout*). This finding suggests that counselors are aware of both VT and burnout. *Burnout* is a term documented throughout the literature, making it more accessible to counselors' understanding of occupational stress and hazards.

The findings suggest that counselors feel unprepared to work with trauma cases due to lack of training in their master's programs. Although the counselors in this study were able to form a working definition of what VT entailed, they wished they possessed more knowledge on the topic. What is important is that these counselors reported that with adequate support from one another they can help prevent or alleviate symptoms of VT. These school counselors also felt that as they become more settled in their profession, they are more apt in dealing with difficult case loads. This suggests that novice counselors should receive more support from colleagues, administrators and others in their professional network. The changes that occur when a counselor experiences VT may have a direct impact on the students they serve, therefore making it salient to address in both the school counseling profession as well training programs.

## Implications for Counselor Educators and School Counselors

School counselors make an outstanding contribution to our society through serving our children. An awareness of VT may allow school counselors to implement strategies to ameliorate its effects. The information gathered in this project will increase the level of understanding and awareness of VT on school counseling professionals. VT is a phenomenon

that has gained increasing attention in the counseling literature (Hafkenscheid, 2005; Harrison & Westwood, 2009; Sommer, 2008; Way et al., 2004). The findings seem to suggest school counselors feel they lack adequate knowledge and training regarding VT.

Findings from this study also suggest that it would be useful for counselors, especially those working with trauma survivors, to gain more knowledge and awareness on the topic. Counselor educators should offer more training in their counseling programs to increase awareness of VT and other trauma-related topics. For instance, school counselors in the current study expressed a need for more specific training related to VT or trauma in general. Courses related to trauma may be useful for fostering counselor growth (Sommer, 2008). Supervision also can be a reliable source for providing awareness of VT (Sommer & Cox, 2005) since supervision is used to monitor supervisees' level of functioning and growth (McCann & Pearlman, 1990; Woodard Meyers, & Cornille, 2002).

The counselors in this study expressed the need for support in their work environments. School counselors should maintain collegial relationships as well as offer support to peers within their work environments. Peer groups, weekly case conferences and consultation may be useful for counselors to maintain their wellness and avoid experiencing VT (McCann & Pearlman, 1990). School counselors are in a good position to initiate support for students in their learning environments because they have direct access to children. Therefore, adequate training of school counselors is essential.

## Limitations and Future Research

As with all research, there were limitations associated with the current study. First, Skype interviews may have generated pertinent information; however, such interviews were not feasible or accessible to all participants. Subtleties in body language cannot be accounted for during phone interviews. Future studies could include all Skype or face-to-face interviews. Second, given the limited understanding most participants in this study had on the topic, it may have been difficult for them to understand the prevalence of VT in the counseling field. It is possible that what they described as being VT in other school counselors can actually be symptoms of burnout, which the research concludes is different (Jenkins & Baird, 2002).

## Conclusion

The current study provided an overview of the phenomenon and also some implications for both school counselors and counselor educators. There has not been much research supporting specific forms of treatment for VT and it should be examined further in the future. Research examining how individuals overcome symptoms of VT may be helpful for counseling professionals. Such research would provide others in the counseling field with a knowledge base that may be helpful in preventing the phenomenon. Since research on VT tended to focus on mental health professionals, social workers or trauma workers, future studies could specifically focus on preventative strategies for school counselors. Such information may elicit responses that capture how school counselors understand and experience VT, which could offer a clearer picture of what training programs can do to recognize and prepare for combating VT prior to entering the profession.

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# Online Learning and the Development of Counseling Self-Efficacy Beliefs



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**This study examined the relationship between enrollment in online counseling courses and students' counseling self-efficacy beliefs. Results indicate that students enrolled in online courses report statistically significant higher self-efficacy beliefs than students in traditional FTF courses. Online instructional method may increase counselor self-efficacy, self-confidence, and personal motivation. Implications for research and counselor education are discussed.**

*Keywords:* online, counselor education, self-efficacy, beliefs, instructional methods

In recent years, the increasing popularity of online instruction has dramatically changed the delivery of college curricula nationwide (Artino & McCoach, 2008). The growing popularity of this medium has led some (Keeton, 2004; Tallent-Runnels et al., 2006) to project that online education will soon become the largest source of higher education in America. According to a recent study conducted at over 2,500 colleges and universities nationwide, approximately 5.6 million students were enrolled in at least one online course during the 2009 fall semester (Allen & Seaman, 2010). This figure, as noted by Allen and Seaman, represents a 21% increase over the number reported the previous year, the largest ever year-to-year increase in the number of students studying online. The increased student interest in online course delivery has led more and more institutions to look into adopting online instruction as the next logical step in educational delivery systems (Bejerano, 2008; O'Malley & McCraw, 1999). Highlighting this trend, 66% of the 4,160 degree-granting postsecondary institutions in the nation offered college-level courses via online instruction during the 2006–2007 academic year (National Center for Education Statistics, 2008). Only recently has this trend carried over to the field of counseling and counselor training (Albrecht & Jones, 2001; Benshoff & Gibbons, 2011; Chester & Glass, 2006).

Despite the growing interest from students in online course delivery, counselor educators traditionally have been hesitant to incorporate online learning into the counselor education curriculum (Greenidge & Daire, 2005; Karper, Robinson, & Casado, 2005). Both best practice considerations and the questionable research supporting the effectiveness of online instruction have played a role in explaining the hesitancy to apply components of online learning in counseling education and practice (Granello, 2000; Krieger & Stockton, 2004). According to Murphy, MacFadden, and Mitchell (2008), several educators have questioned whether online education is appropriate for the clinical professions in which the development of basic relationship-building skills is a key curricular component. One of the common concerns often voiced has been whether or not “skills-based” or “techniques” courses could be offered sufficiently online (Wantz et al., 2003). The fundamental argument of these counselor educators is that the personal, *high touch* nature of counseling cannot adequately be simulated at a distance. However, this perspective appears to be changing slightly. While most counselor education programs have long espoused traditional, face-to-face (FTF) didactic instruction, Quinn, Hohenshil, and Fortune (2002) noted that a growing number have come to realize that the integration of technology and online instruction into their curriculum is essential in order to remain competitive.

As a result of this shift in thinking, there is now a growing interest in the use and practicality of online instructional approaches in graduate counselor training programs (Benshoff & Gibbons, 2011; Clark & Stone, 2002; Hayes & Robinson, 2000; Patrick, 2005). Several authors describing the effective implementation of online education have begun publishing their work in the counselor training literature. Translating theory into practice, complete online accredited programs have begun emerging nationwide. A review of the Council for the Accreditation of Counseling and Related Programs (CACREP) website indicates online accredited programs existing in a variety of programs including clinical

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mental health counseling (Adams State University, Capella University, Wake Forest University, Walden University); community counseling (Regent University); school counseling (Adams State University, Capella University, Regent University, Wake Forest University); marriage, couple, and family counseling (Capella University); and counselor education and supervision (Regent University). Furthermore, many other programs nationwide have begun experimenting with the inclusion of various forms of online education. According to the results of a recent study conducted among CACREP accredited counselor training programs, nearly 50% of the programs surveyed had already begun integrating online instruction, either totally or partially, into their existing curriculum (Wantz et al., 2003). In terms of quality of instruction, 38% of the faculty members surveyed reported an increase in program quality as a result of adding online courses to the existing curriculum. These numbers should continue to increase as counselor educators become more familiar with existing and emerging technologies, and their departments and universities provide them with the support needed to effectively offer these courses (Baltimore, 2000; Nelson, Nichter, & Henriksen, 2010; Tyler & Sabella, 2004).

In view of the fact that the use of online technology in the preparation and training of professional counselors is still a relatively new phenomenon, it is not surprising that there is currently a general lack of empirical research concerning the effectiveness of using technology as a training tool in counselor education programs (Karper et al., 2005; Myers & Gibson, 1999; Nelson et al., 2010; Wantz et al., 2003). Though limited in the counselor training literature, a growing number of studies in which the effectiveness of online education is compared to traditional FTF instruction have been published in a variety of other disciplines (Ellis, Ginns, & Piggot, 2009; Lim, Kim, Chen, & Ryder, 2008). In these studies, researchers have traditionally assessed the effectiveness of online education by examining a limited set of measurable student characteristics, abilities or strategies thought to be related to either the successful completion of a single course (Washull, 2005) or the final course grade earned (O'Hanlon, 2001). Although many academic programs evaluate student competence primarily using these outcomes, they may not represent the most salient outcomes for counseling students, who must not only acquire the requisite knowledge needed to be a counselor, but also transfer that knowledge to their work with actual clients.

In addition to academic proficiency, a longstanding goal of most counselor education programs has been the fostering of students' confidence in their abilities to effectively work with the clients they intend to serve (Bernard & Goodyear, 2008; Hensley, Smith, & Thompson, 2003). Generally speaking, those counselors who are more confident in their ability to use their clinical skills in real life settings often provide a higher quality of counseling services to the clients they serve (Barnes, 2004; Bradley & Fiorini, 1999). As a result, it might be advantageous for counselor educators to measure effectiveness of various course delivery methods (e.g., FTF, online, or hybrid) by examining the beliefs their students hold in regard to their ability to become effective counselors.

## **Self-Efficacy**

One of the major approaches often used when investigating the process of gaining competence and self-confidence in particular domains of behavior has been self-efficacy theory (Bandura, 1989). Also called perceived ability, self-efficacy refers to the confidence people have in their abilities to successfully perform a particular task (Bandura, 1986; 1997). In other words, an individual may regard him or herself to be quite capable in one area, but much less capable in another. Although self-efficacy is not equivalent to competence, researchers consistently have demonstrated that higher perceived self-efficacy is related to higher performance attainment (Bandura, 1986). Thus, individuals with a strong sense of efficacy are more likely to challenge themselves with difficult tasks and to have a higher level of intrinsic motivation. In addition, these individuals typically put forth a higher degree of effort in order to reach their goals and will attribute failure to things that are in their control rather than blaming external factors.

Although self-efficacy refers to individuals' confidence in their abilities to complete tasks or reach goals, it is not based entirely on actual experience with performing tasks in the past. In addition to personal performance, vicarious learning, verbal persuasion and affective states all help facilitate the development of self-efficacy beliefs (Bandura, 1986). Furthermore, research in this field has shown that the selection of a specific self-efficacy measure that closely matches the desired task performance criteria is often a better predictor of performance outcomes than a more general self-efficacy measure (DeTure, 2004). Consequently, the focus of self-efficacy researchers has broadened in scope in recent years



to include investigations of ability perceptions across several domains. Included in this body of research are studies of counseling self-efficacy among beginning counselors.

## Counseling Self-Efficacy

Counseling self-efficacy (CSE), according to Larson and Daniels (1998), is best described as the beliefs or judgments an individual has about his or her capability to effectively counsel a client in the near future. It is an important factor related to the level of anxiety novice counselors experience as well as the amount of effort they put forth to learn advanced counseling behaviors (Larson, 1998). As a result, some counselor educators and researchers have suggested that increasing counseling trainees' self-efficacy is a worthwhile training goal (Larson et al., 1992) and that examinations of this construct should be included in both the research and evaluation of counselor competency and training effectiveness (Yuen, Chan, Lau, Lam, & Shek, 2004).

In a review of the CSE literature, numerous training interventions such as academic coursework, assigned readings, classroom discussions, self-reflection, modeling, supervision and hands on experiences associated with practica and internships all have been found to help improve competency and perceptions of self-efficacy (Easton, Martin, & Wilson, 2008; Larson & Daniels, 1998). These activities provide learning experiences that facilitate task performance and vicarious learning which Bandura (1986) noted as critical to the development of self-efficacy. Although these activities have become commonplace in traditional FTF courses, their effectiveness in developing student competency when employed in online courses is unclear. Given that CSE has been demonstrated to play a central role in counselor trainee development (Stoltenberg, McNeill, & Delworth, 1998) it will be interesting to note how the implementation of new online instructional methods impacts the development of CSE beliefs among student trainees. With this in mind, the purpose of the current study was to compare the counseling self-efficacy beliefs of students enrolled in both traditional FTF and online counselor education programs. In particular, it was hypothesized that students who enrolled in traditional FTF courses would report greater perceptions of counseling self-efficacy than those enrolled in online courses.

## Method

### Participants

To recruit participants, a random sample of 1,000 graduate student members of the American Counseling Association (ACA) obtained from ACA Member Services received an invitation to participate in this research study. Overall, 429 individuals responded to the invite, resulting in a 42.9% response rate. A total of 56 surveys were discarded from further analysis due to significant missing data or the fact that the participant was no longer a graduate student. This resulted in a final sample size of 373 individuals being used in this study.

Of the 373 sample participants, 307 (82.3%) were women, 63 (16.9%) were males, and 3 participants (0.8%) did not indicate their gender. The average participant was 37.12 years of age ( $SD = 10.96$ ). When asked to report ethnicity, 45 (12.1%) participants identified as African American, 5 (1.3%) identified as Asian-Americans, 11 (2.9%) identified as Hispanic, 5 (1.3%) identified as Native American and 307 (82.3%) identified as Caucasian. Two hundred and ninety seven students reported working on their master's degree and 77 reported enrollment in an advanced degree (specialist or doctorate) program. To establish comparison groups, participants were asked to indicate whether or not they had taken their core skill development courses (e.g., helping skills, group counseling, assessment, practicum, internship) required for their graduate counseling program of study online. For this study, an online course was defined as one in which at least 80% of the course content was delivered via the Internet (Allen & Seaman, 2010). Using this criterion, 207 students reported no prior online enrollment and 166 reported previous online enrollment in core skill development courses.

### Instrumentation

To assess the counseling self-efficacy of counselor trainees, participants were asked to complete the *Counseling Self Estimate Inventory (COSE)*. The COSE (Larson et al., 1992) consists of 37 self-report items, most of which are worded as "I" statements, that require trainees to rate the degree to which they estimate how well they will perform as counselors in future counseling sessions. Each of the items are rated on a 6-point Likert scale with values ranging from 1 (strongly disagree) to 6 (strongly agree). To prevent the influence of response set bias, both positively and negatively worded items

are included, with the negatively worded items reverse scored so that higher scores would indicate a higher estimate of one's counseling self-efficacy.

Overall, the COSE provides scores for a single higher order factor and five second order factors which were identified through an initial exploratory factor analysis. However, in a review of the literature, Larson et al. (1992) recommended that researchers use the single higher order factor score rather than the second order factor scores when assessing overall counseling self-efficacy. Based on their suggestion, only the full scale COSE score was used in this study. An initial report by Larson et al. noted an internal consistency of .93 for the COSE and a three-week test-retest reliability of .87. A reliability analysis conducted to examine the internal consistency of the COSE instrument for the current study yielded an alpha coefficient of .94, suggesting that the COSE was a reliable instrument for the given sample.

### Procedures

Following institutional review board approval, electronic invitations to participate in this study were sent to a random sample of graduate students enrolled in counselor training programs nationwide using the contact information made available by ACA member services. Included in the study invitation were a brief overview of the study and a description of what individuals would be asked to do if they chose to participate. To make access to the survey more convenient, an embedded hyperlink was included in the electronic invitation. All individuals accessing the study site were asked initially to read an informed consent document and indicate their agreement to participate before proceeding. To protect participant anonymity, the survey did not ask for any personally identifying information. Participants were encouraged to answer as honestly as possible. The majority of participants were able to complete the survey in less than 20 minutes.

### Data Analysis

An analysis of covariance (ANCOVA) was computed using SPSS 16.0 to compare mean differences in CSE scores by instructional method (online vs. traditional FTF instruction) while controlling for students' previous counseling experience. Previous counseling experience was thought to be related to the dependent variable (DV) because researchers (see Larson et al., 1992) have noted a strong positive relationship between CSE and counseling experience in prior studies. Current student data also indicates that a significant number of students enrolled in online programs are working professionals (Ivey, 2011), thus the likelihood exists that many of the participants in this study may currently be working in the counseling field or have done so previously. Therefore, following Warner's (2008) recommendation that variables strongly correlated with the DV be included as covariates in any statistical model because they produce a smaller error term and a larger  $F$  ratio for assessing the main effect of the treatment variable, a measure of previous counseling experience (defined as any contact with clients in a professional mental health-related role) was added to the analysis. Finally, a multiple regression analysis was computed to determine the best linear combination of variables among gender, age and degree level (master's or advanced) for predicting COSE scores.

### Results

Before running the ANCOVA, a preliminary analysis was conducted to test the homogeneity of slopes assumption by examining the interaction between the treatment variable (instructional method) and the covariate (previous counseling experience). Results indicated that the interaction was not statistically significant,  $F(1, 369) = .498, p = .48$ , and the assumption had been met. Having satisfied the homogeneity of slopes assumption, an ANCOVA was performed to determine whether a difference in counseling self-efficacy existed between students who had completed FTF instruction and online instruction courses after controlling for the variance accounted for by previous counseling experience. The results indicate that there was a significant difference in COSE scores,  $F(1, 370) = 4.61, p = .03, \eta^2 = .02$ . A comparison of the adjusted group means, as displayed in Table 1, reveals that students who enroll in online counselor education courses self-report significantly stronger CSE beliefs. According to Cohen (1988),  $\eta^2$  effect sizes can be interpreted as being either small (.01), medium (.06), or large (.17). Using these benchmarks, the computed effect size of .02 would be categorized as small in terms of the variance accounted for in COSE scores by instructional method.

Table 1

*Mean Comparisons for COSE Scores Between the Face-to-Face and Online Courses*

|                      | N   | Unadjusted |       | Adjusted |      |
|----------------------|-----|------------|-------|----------|------|
|                      |     | M          | SD    | M        | SD   |
| Face-to-Face Courses | 207 | 169.13     | 20.30 | 169.00   | 1.34 |
| Online Courses       | 166 | 173.67     | 18.54 | 173.90   | 1.49 |

Results of the multiple regression analysis indicated that the combination of gender, age, and degree level significantly predicted counseling self-efficacy,  $F(3, 369) = 16.36, p < .001$ . The  $R^2$  for this model was .12 and the adjusted  $R^2$  was .11 (see Table 2). This indicates that 12% of the variance in COSE scores was explained by the model. According to Cohen, this would be considered a medium effect.

Table 2

*Multiple Regression Analysis Summary for Gender, Age, and Degree Level Predicting Counseling Self-Efficacy Scores*

|              | B     | SE B | $\beta$ | p   |
|--------------|-------|------|---------|-----|
| Gender       | -1.82 | 2.57 | -.04    | .48 |
| Age          | .23   | .09  | .12     | .01 |
| Degree level | 15.60 | 2.39 | .32     | .01 |

Note.  $N = 373$ . Adjusted  $R^2 = .11$ ;  $F(3, 369) = 16.36$ ;  $p < .01$ .

## Discussion

The purpose of this exploratory study was to examine whether differences in counseling self-efficacy exist between students enrolled in FTF and online core counseling skill courses after controlling for the effect of previous counseling experience. It was hypothesized that students enrolled in the online courses would self-report lower levels of counseling self-efficacy. To test this hypothesis, students enrolled in both types of courses were administered the *Counseling Self Estimate Inventory* (COSE) and their results compared. The results of an analysis of covariance suggest that students who enrolled in online core counseling skill courses as part of their training program reported stronger counseling self-efficacy beliefs than the students who were trained in traditional FTF courses when prior counseling experience was controlled, thus disproving our research hypothesis.

There are a number of explanations that can be posited for this unexpected result. For one, the results may be a function of the manner in which the data was collected. By design, the COSE is a self-report measure. As such, students are asked to give their perceptions of their abilities as a counselor. According to Kruger & Dunning (1999), there is a natural tendency for individuals to overrate their abilities in the absence of any specific skill demonstration on which to accurately judge their own level of competence. As Lepkowski, Packman, Smaby, and Maddux (2009) note, the unrealistic sense of confidence some individuals have may cause them to attempt counseling tasks for which they are not fully trained nor prepared. One of the biggest criticisms of online instruction in training counselors is that it does not afford students adequate opportunity to develop their basic counseling skills. Typically, online students have fewer structured opportunities

to gain practical experience applying the skills and concepts they are learning in their courses. As a result, they may feel confident in their abilities despite the fact they lack the actual hands-on training and experiences needed to appropriately validate their perceptions.

Another explanation could be that online instructional methods might require students to employ learning strategies that are more conducive to improving self-efficacy. Previous research suggests that both the structure and content of online courses often make them conducive to self-paced learning (Appleton & Orr, 2000; Vrasidas & McIsaac, 2000), allowing students to work at a pace that provides them with the opportunity to develop a deeper understanding of the course content (Biggs, 1999). In addition, the increased autonomy inherent in the online environment has been found to positively relate to a higher sense of intrinsic motivation in many students (Wadsworth, Husman, Duggan, & Pennington, 2007). In other words, those students who enroll in online courses may be more invested in the learning process and thus more likely to put forth the additional effort required to be successful. In so doing, they might experience a greater sense of confidence in their ability to effectively counsel clients in the future.

In terms of the multiple regression analysis performed, it was found that both age and degree level were significant predictors of students' counseling self-efficacy beliefs. Specifically, older students and those who were working on an advanced degree (specialist or doctorate level) appeared to be more confident in their counseling abilities. A possible explanation could be that these students have a greater pool of experiences, both personal and professional, to draw upon when working with clients. Melchert, Hays, Wiljanen, and Kolocek (1996) found that both level of training and clinical experience positively contributed to students reporting significantly higher self-efficacy beliefs for counseling skills. It could be that more advanced students feel increasingly comfortable dealing with a wider variety of issues and client populations than their less experienced colleagues. The fact that gender was not a significant predictor appears to support previous research on gender differences in self-efficacy. As noted by Lepkowski et al. (2009), initial gender differences found early in the training process appear to dissolve as additional experience is gained.

## **Limitations and Recommendations for Future Research**

Limitations and caveats need to be noted. First, although a significant effect for method of instruction was found, the small effect size computed could potentially mitigate the relative importance of this finding. Second, differences in teaching style of the various instructors of the students surveyed may serve as a confounding variable affecting the interpretation of these results. It could be that any differences noted in students' self-efficacy beliefs could be related more to the efforts of the instructor than the instructional platform used to deliver the course material. In this study, faculty status (full-time or part-time/adjunct) was not addressed. For many online programs adjunct faculty are employed. While many are practicing counselors and may possess more current clinical experience than their full-time educator peers, their investment in the total development of their students may be less than that of full-time faculty members who spend significantly more time training and developing students to become counseling professionals. Additionally, while some instructors may be implementing online components to their courses for the first time, others may be more experienced and thus using more advanced technologies that allow them to better simulate actual counseling experiences for students and create a more interactive and dynamic learning environment. Finally, sampling issues need to be addressed. In the current study participants were recruited from a mailing list of current graduate students provided by the American Counseling Association. When they sign up for membership, individuals have the opportunity to make their contact information available or not. Since the participants in this study were limited to students who chose to make their contact information available, complete random sampling was not possible, thus limiting the generalizability of the results.

## **Recommendations for Research and Practice**

The results of this study suggest that students enrolled in online core counseling skills courses report higher perceptions of counseling self-efficacy than those taking traditional FTF courses. While, depending on perspective, this result is encouraging for proponents of online education, it suggests that further research is warranted. In particular, future researchers seeking to expand on this initial exploration should consider examining the influence of specific course content as well. In this study, students were separated into groups based on whether or not they enrolled in online core graduate counseling skills courses. There was no control for the content of these courses or the types of learning experiences they

would be exposed to for either method. An additional suggestion would be that counselor educators and researchers develop a better understanding of the types of students who choose to enroll in online programs. As noted earlier, many students who enroll in online programs already have experience in their chosen profession and may feel more comfortable and confident with their abilities as a counselor. Although this logic appears rational, research supporting this belief does not exist and should be addressed in future studies. A final suggestion would be to include students who have completed entire programs online. In this study, the majority of students in the online course group also had completed traditional FTF courses as well. As more universities begin offering complete online programs and these programs gain accreditation status, it will be interesting to note how the counseling self-efficacy beliefs of students in these programs relate to those who are enrolled in more traditional programs.

Without a doubt, the benefits of using online instruction are numerous for both educators and students. When used appropriately, it has the potential to profoundly impact and enhance counselor training and ultimately the counseling services provided to clients (Chandras, 2000). However, those wishing to integrate online elements into their courses are urged to do so cautiously. Not all courses may be suited for total online presentation. Counselor educators are therefore encouraged to be mindful of the ways in which they attempt to integrate elements of online instruction into their courses. As Bentley (2007) notes, “because counselors play a crucial role in helping individuals deal with a vast array of mental health and developmental issues, it is critically important that they are well prepared upon entering the profession to work effectively with clients and provide quality services” (p. 1). As gatekeepers for the profession, counselor educators have an ethical mandate to ensure that the students they train are not entering the profession with a sense of ability that exceeds their skill level so that they do not harm the clients they will serve. Thus, the decision to incorporate online instruction should be based on its ability to provide students with the platform to further develop their clinical skills and not simply on the novelty of the approach. As for students, they are urged to consider their own personal learning style and evaluate whether or not it is in agreement with the structure of an online format. Despite the benefits an online learning environment may provide, the evaluation of its effectiveness still remains not only a personal decision, but one that requires the attention of counselor educators, and accreditation and state licensure boards.

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# Predicting Student Outcome Measures Using the ASCA National Model Program Audit



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**This study explored the prediction of student outcome variables from the ASCA national model level of program implementation. A total sampling of schools from two suburban school districts was conducted. Outcome variables were measures of math and reading achievement scores, attendance and graduation rates. Such measures play a central role in promoting school counselors as an integral part of the educational process.**

*Keywords:* ASCA national model, outcome variables, attendance, graduation rates, achievement scores

At a time when accountability within the school counseling profession is at the forefront, school counselors are required to present evidence which validates the effectiveness of daily practices. The American School Counselor Association (ASCA) created a framework for implementing comprehensive developmental school counseling programs through specification of standards and competencies. But does degree of implementation of the *ASCA National Model* (2005) affect the ability of school counselors to meet student needs? This assertion is supported by correlative or indirect research which indicates the positive effects of fully implemented school counseling programs (Brigman & Campbell, 2003; Carrell & Carrell, 2006; Lapan, Gysbers, & Kayson, 2007; Lapan, Gysbers, & Petroski, 2001; Lapan, Gysbers, & Sun, 1997; McGannon, Carey, & Dimmitt, 2005; Nelson, Gardner, & Fox, 1998; Sink, 2005; Sink & Stroh, 2003; Whiston & Wachter, 2008).

A focus on attaining the goals of a comprehensive program is essential to initiate systemic change and to establish the school counseling program as an integral part of the total educational process. School counselors develop and refine their roles in order to meet the diverse needs of students and the school community. Transitioning from the traditional guidance program, or no program at all, to a comprehensive, developmental school counseling program is a demanding task, but is attainable through collaboration among school counselors and stakeholders. A program audit is a fundamental step in this process as well as in evaluating where a counseling program currently is and establishing where the program aims to go in the future.

ASCA (2005) presented a standardized framework for creating a comprehensive school counseling program that supports the academic, career and personal/social development of students throughout their academic careers. According to ASCA, a school counseling program is comprehensive, preventative and developmental in nature. This framework provides school counselors with an all-inclusive approach to program foundation, delivery, management and accountability. Similar to the Education Trust (2009) and College Board (2009), ASCA promotes a new vision for the school counseling profession which reflects accountability, advocacy, leadership, collaboration, and systemic change within schools, positioning professional school counselors as essential contributors to student success.

The extant literature reveals much support for the positive benefits of school counseling programs for students. As a result of fully implemented school counseling programs, students enjoy higher grades (Lapan et al., 2001; Lapan et al., 1997), better school climate (Lapan et al., 1997), higher satisfaction with education (Lapan et al., 2001; Lapan et al., 1997), more relevant education (Lapan et al., 2001), higher ACT scores (Nelson et al., 1998), and greater access to more advanced math, science, technical and vocational courses (Nelson et al., 1998). Studies also have provided evidence

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of fewer classroom disruptions and improved peer behavior among students who participated in comprehensive school counseling programs (Brigman & Campbell, 2003; Lapan, 2001; Lapan et al., 2007; Lapan et al., 1997; Sink, 2005; Sink & Stroh, 2003).

The program audit is an evaluation tool used to determine the extent to which components of a comprehensive program are implemented and helps to make decisions concerning future directions that a school counseling program will take. A program audit, or process evaluation, assists school counselors in implementing the standards and components of a comprehensive school counseling program, in addition to identifying areas for improvement or enhancement (ASCA, 2005). ASCA has suggested that a program audit be completed annually to determine the strengths and weaknesses evident within a school counseling program with regard to the four main elements of the *ASCA National Model*: foundation, delivery system, management system and accountability. Specific criteria under each component are used as a way to evaluate implementation of the school counseling program.

This study examined the prediction of student outcomes, including achievement scores, attendance and graduation rate, using level of implementation of the *ASCA National Model* (2005) as a predictor variable. It was hypothesized that level of program implementation would be a significant predictor of student outcomes at each of the three school levels: elementary, middle and high school. The study also determined coefficients alpha for the ASCA Program Audit for the total sample and each academic level.

## Method

### Participants

A nonrandomized cluster sampling of two public school districts located in Maryland was conducted to select participants for the study. These two public school systems housed a total of 111 elementary schools, 30 middle schools, and 23 high schools for a total of 164 schools. Each participating school had at least one professional school counselor and a school counseling program in place. In the instances where multiple school counselors were assigned to schools, the data were provided by the guidance chair or lead counselor. School counselors from two alternative schools responded, but were eliminated from the sample due to dissimilarity with the traditional high schools and small sample size. Thus, a total of 78 (70%) elementary schools, 17 (57%) middle schools, and 18 (78%) high schools participated for a total sample of 113 schools (69%) within the two participating school districts.

### Instrument

The ASCA Program Audit (ASCA, 2005) served as an independent variable for this study. The audit takes approximately 30–45 minutes to complete the 115 prompts and uses a Likert-type scale to evaluate the components of a counseling program along the continuum of “None” (meaning not in place), “In progress” (perhaps begun, but not completed), “Completed” (but perhaps not as yet implemented), “Implemented” (fully implemented), or “Not applicable” (for situations where the component does not apply). For the purposes of this study, these response choices were coded 0, 1, 2, 3, and 0, respectively. Once a program audit is completed, the information can be used to determine implementation strengths of the program, areas of the program which need strengthening, and short-range and long-range goals for implementation improvement.

This is the first published study to use the complete ASCA Program Audit as a study independent variable. One other study, a dissertation (Wong, 2008), used facets of the ASCA Program Audit as an independent variable. Wong constructed a survey which was modified from the ASCA Program Audit in a study designed to describe the relationship between comprehensive school counseling programs and school performance. Wong’s use of regression analysis yielded a positive relationship and predictive model between these two variables, but no information regarding the psychometric characteristics of the scale. Internal consistency information from the current study’s sample is provided in the results section.

## Procedures

The method used to select participants was a nonrandomized cluster sampling of two districts from among 24 public school districts located in Maryland. Once IRB approval was received, letters were mailed out over the summer and early in the academic year to school counselors of elementary, middle and high schools within each of the two school districts selected for participation. Inclusion of school counselor supervisors assisted in the distribution and administration of this study and increased return rates of completed program audits. The school counselors of each participating school were provided with the program audit from the *ASCA National Model* (2005), a statement of rationale for the study and a consent form. The school counselors completed the program audit during the months of June through February with instructions to retrospectively evaluate implementation of the school counseling program components at the end of the previous (2009-2010) academic year. Demographic data, graduation rates, attendance and scores from the Maryland State Assessment (MSA) for grades 5, 8 and 10 were obtained from 2009-2010 Maryland Report Cards as retrieved from the Maryland State Department of Education website (<http://mdreportcard.org/>).

The dependent variable of achievement was measured using MSA math and reading scores and defined operationally as the percentage of those students of a given grade not meeting the criterion for passing (i.e., percentage of students receiving only basic scores), separately for the reading and math components. The MSA is administered to students in grades 3–5 at the elementary level, grades 6–8 at the middle school level and during the 10th grade in high school. Fifth grade scores, 8th grade scores and 10th grade scores (English and algebra) were used for these analyses, reasoning that these scores reflected the cumulative intervention of prolonged exposure to the school's curricular experience.

The dependent variable of attendance was defined as the percent of average daily attendance including ungraded students in special education programs (Maryland State Department of Education, 2010). The dependent variable of graduation rate was defined by MSDE as the percentage of students who received a Maryland high school diploma during the school year. More specifically, the graduation rate is calculated by “dividing the number of high school graduates by the sum of the dropouts for grades 9 through 12, respectively, in consecutive years, plus the number of number of high school graduates (MSDE, 2010, para 1).” Since graduation rate and dropout rate in this sample were highly correlated ( $r = -.752, p < .001, n = 18$ ), graduation rate was used in the analysis, while dropout rate was excluded as redundant.

## Analysis

The data from the demographic and program audit forms were coded into an SPSS database. The total audit score was used to determine the level of program implementation. Data marked as “N/A” or “none” were coded as 0 to reflect no attempt at implementation, even though the actual audit reported them separately. “In progress” was coded as a 1, “completed” was coded as a 2, and “implemented” was coded as a 3. The total audit score was the simple sum of scores for the 115 responses. Appropriate Pearson family correlation coefficients were applied to analyze relationships between the total audit score (program implementation), student-to-counselor ratio and school outcome measures. Simple linear regression analyses were conducted to determine whether degree of model program implementation was a significant predictor of student outcomes of achievement scores, attendance and graduation rate at each level: elementary, middle and high school.

## Results

Of the 164 schools in the two participating school districts, 115 (70%) returned completed consent, demographic and program audit forms for analysis. Two high schools were eliminated because they were designated alternative schools. Thus, a total participation rate of 113 schools (69%) was obtained. Type I error ( $\alpha$ ) was set at the .05 level of probability for all analyses. Trends were indicated by probability levels of  $p < .10$ . Effect sizes for  $r$  or  $R$  were interpreted as follows (Cohen, 1988): .10 indicated a small effect; .30 indicated a medium effect; and .50 indicated a large effect.

This study provides the first reported analysis of internal consistency of a program audit (ASCA, 2005). Internal consistency was measured using Cronbach's coefficient alpha. Alphas were calculated to determine the level of internal consistency of the total scale and each of the 17 sections of the program audit on the current total sample ( $n = 113$ ), and separately for the elementary ( $n = 78$ ), middle ( $n = 17$ ) and high school ( $n = 18$ ) samples. Table 1 provides a summary of

these coefficients alphas for the total sample and disaggregated by elementary, middle and high school samples. For the total scale of 115 items, the  $\alpha$  of .98 indicated an extraordinarily high degree of internal consistency. The program audit yielded an adequate degree of internal consistency for all 17 sections, ranging from  $\alpha = .69$ –.99 for the total sample, with a median  $\alpha$  of .89.

**Table 1**

*Cronbach's Alpha of ASCA National Model (2005) Program Audit*

| Section | # of Items | Audit Section Title                        | $\alpha$ Total<br>( $n = 113$ ) | $\alpha$ Elementary<br>( $n = 78$ ) | $\alpha$ Middle<br>( $n = 17$ ) | $\alpha$ High<br>( $n = 18$ ) |
|---------|------------|--|---------------------------------|-------------------------------------|---------------------------------|-------------------------------|
| All     | 115        | Total Audit Score                          | .98                             | .93                                 | .93                             | .96                           |
| I       | 10         | Beliefs and Philosophy                     | .94                             | .93                                 | .94                             | .96                           |
| II      | 7          | Mission of School Counseling Programs      | .97                             | .97                                 | .85                             | .98                           |
| III     | 5          | Domains and Goals                          | .88                             | .88                                 | .85                             | .91                           |
| IV      | 5          | ASCA National Standards/Competencies       | .89                             | .89                                 | .89                             | .89                           |
| V       | 6          | Guidance Curriculum                        | .74                             | .76                                 | .76                             | .73                           |
| VI      | 6          | Individual Student Planning                | .88                             | .88                                 | .86                             | .80                           |
| VII     | 9          | Responsive Services                        | .84                             | .85                                 | .88                             | .74                           |
| VIII    | 4          | System Support                             | .69                             | .72                                 | .65                             | .37                           |
| IX      | 4          | School Counselor/ Administrator Agreements | .78                             | .82                                 | .85                             | .69                           |
| X       | 4          | Advisory Council                           | .99                             | .99                                 | .98                             | .98                           |
| XI      | 7          | Use of Data and Student Monitoring         | .90                             | .90                                 | .84                             | .74                           |
| XII     | 4          | Use of Data and Closing the Gap            | .90                             | .91                                 | .86                             | .86                           |
| XIII    | 11         | Action Plans                               | .93                             | .92                                 | .92                             | .95                           |
| XIV     | 8          | Use of Time/Calendar                       | .84                             | .85                                 | .85                             | .66                           |
| XV      | 12         | Results Report                             | .95                             | .96                                 | .92                             | .92                           |
| XVI     | 7          | Counselor Performance Standards            | .96                             | .96                                 | .89                             | .98                           |
| XVII    | 8          | Program Audit                              | .86                             | .88                                 | .84                             | .78                           |
| M(SD)   |            | Total Audit Score                          | —                               | 215.1(66.3)                         | 222.4(53.7)                     | 243.6(47.5)                   |

Correlation coefficients were calculated between the predictor and outcome variables and presented in Table 2 for the elementary and middle schools, and Table 3 for the high school samples. A cursory inspection of the outcome variables indicates strong intercorrelations, yielding magnitudes of  $r > .50$  in all instances, which are large effect sizes. Correlations between the program audit predictor variable and outcome measures at the elementary and middle school levels were not significant ( $p > .05$ , see Table 2) and yielded small effect sizes ranging from .10 to .20 (adjusted for directional effects).

However, at the high school level (see Table 3), significant correlations and large effect sizes were noted between the program audit predictor variable and high school outcome measures. Descriptive statistical analysis indicated that all variables were normally distributed with the one exception: the elementary reading outcome had a skewness index of 1.42.

**Table 2**

*Pearson Correlations Among Predictor and Outcome Variables*

|   | Ratio | Audit | Reading | Math  | Attendance |
|---|-------|-------|---------|-------|------------|
| <b>Elementary School Sample<sup>a</sup></b> |       |       |         |       |            |
| Ratio                                       | ---   |       |         |       |            |
| Audit                                       | -.15  | ---   |         |       |            |
| Reading                                     | -.26* | -.20  | ---     |       |            |
| Math  | -.16  | -.14  | .70*    | ---   |            |
| Attendance                                  | .38*  | .10   | -.55*   | -.52* | ---        |
| <b>Middle School Sample<sup>b</sup></b>     |       |       |         |       |            |
| Ratio                                       | ---   |       |         |       |            |
| Audit                                       | -.36  | ---   |         |       |            |
| Reading                                     | -.79* | .11   | ---     |       |            |
| Math  | -.53* | -.12  | .89*    | ---   |            |
| Attendance                                  | .62*  | .10   | -.76*   | -.76  | ---        |

Note. <sup>a</sup> Elementary school sample ( $n = 78$ ); <sup>b</sup> Middle school sample ( $n = 17$ ); \* correlation was significant at  $p < .05$ .

**Table 3**

*Pearson Correlations Among Predictor and Outcome Variables for the High School Sample*

|            | Ratio | Audit | English | Algebra | Attendance | Graduation |
|------------|-------|-------|---------|---------|------------|------------|
| Ratio      | ---   |       |         |         |            |            |
| Audit      | -.04  | ---   |         |         |            |            |
| English    | -.36  | -.64* | ---     |         |            |            |
| Algebra    | -.35  | -.52* | .78*    | ---     |            |            |
| Attendance | .19   | .51*  | -.78*   | -.74*   | ---        |            |
| Graduation | .24   | .44   | -.67*   | -.53*   | .79*       | ---        |

Note.  $n = 18$ . \* means the correlation was significant at  $p < .05$ .

To assess the proportion of variance in outcomes that could be uniquely accounted for by the ASCA program audit, simple linear regression analysis was used to test the hypothesis that a program audit would significantly predict each outcome variable at each of the three school levels (elementary, middle and high). These regression results are presented in Table 4. Program audit scores did not significantly predict any student outcome measure scores at either the elementary or middle school level, although the prediction of fifth grade reading achievement trended toward significance ( $p = .08$ ). However, at the high school level ( $n = 18$ ), program audit predicted English ( $\beta = -.645$ ,  $t = -3.27$ ,  $p < .05$ , large effect), algebra ( $\beta = -.517$ ,  $t = -2.34$ ,  $p < .05$ , large effect), and attendance ( $\beta = .506$ ,  $t = 2.35$ ,  $p < .05$ , large effect) outcomes, and a trend was noted in the prediction of high school graduation rate ( $\beta = .442$ ,  $t = 1.97$ ,  $p = .06$ , medium to large effect).

**Table 4***Regression Analyses for the Elementary, Middle and High School Sample Outcome Variables*

|   | Adj R <sup>2</sup> | SE   | Stan $\beta$ | <i>t</i> | Zero-order | Partial | Significance |
|---|--------------------|------|--------------|----------|------------|---------|--------------|
| Elementary School Outcomes <sup>a</sup> |                    |      |              |          |            |         |              |
| Reading                                 | .028               | .010 | -.203        | -1.80    | -.203      | -.203   | .08          |
| Math                                    | .007               | .013 | -.141        | -1.24    | -.141      | -.143   | .22          |
| Attendance                              | -.002              | .001 | .103         | 0.90     | .103       | .103    | .37          |
| Middle School Outcomes <sup>b</sup>     |                    |      |              |          |            |         |              |
| Reading                                 | -.053              | .038 | .113         | 0.44     | .113       | .113    | .67          |
| Math                                    | -.052              | .061 | -.118        | -0.46    | -.118      | -.118   | .65          |
| Attendance                              | -.056              | .004 | .098         | 0.38     | .098       | .098    | .71          |
| High School Outcomes <sup>c</sup>       |                    |      |              |          |            |         |              |
| English                                 | .378               | .031 | -.645        | -3.27    | -.645      | -.645   | .01          |
| Algebra                                 | .218               | .022 | -.517        | -2.34    | -.517      | -.517   | .03          |
| Attendance                              | .210               | .009 | .506         | 2.35     | .506       | .506    | .03          |
| Graduation Rate                         | .145               | .031 | .442         | 1.97     | .442       | .442    | .06          |

Note. <sup>a</sup> Elementary school sample  $n = 78$ ; <sup>b</sup> Middle school sample  $n = 17$ ; <sup>c</sup> High school sample  $n = 18$ . Type I error set at Significance ( $p$ ) < .05;  $p < .10$  indicates a trend.

## Discussion

The purpose of the study was to determine whether level of ASCA *National Model* (2005) program implementation predicted student outcomes (i.e., achievement scores, attendance and graduation rates). Results indicated that no prediction was observed at either the elementary or middle school levels on any of the outcome variables (reading, math or attendance). At the high school level, the data showed that as program implementation increased the percentage of students scoring basic on the MSA English and algebra decreased, which is a positive result. Likewise, at the high school level when program implementation increased, so did attendance and the related trend of increased high school graduation rates. Thus, the hypothesis that higher program implementation would predict better student achievement received mixed support and suggested a need for high school counselors to implement comprehensive developmental programs in order to benefit all students and improve important school and student outcomes.

Why these high school findings were not replicated at the elementary and middle school levels is puzzling, as the extant literature demonstrates a significant relationship between program implementation and student outcomes at all levels of schooling. One explanation may lie in the samples used for this study. The sample sizes used at the middle and high school levels were small, 17 and 18, respectively, reducing the power of the analyses, while the elementary sample was much larger ( $n = 78$ ). A cursory inspection of the means and standard deviations from these three samples (see Table 1) indicates that the elementary sample had the lowest level of overall program implementation and the largest spread in scores ( $M = 215.1$ ,  $SD = 66.3$ ), compared to middle school ( $M = 222.4$ ,  $SD = 53.7$ ) and high school ( $M = 243.6$ ,  $SD = 47.5$ ). However, usually greater variations in scores lead to better predictions.

## Study Limitations and Areas for Future Research

Additional inquiry regarding the implementation of comprehensive school counseling programs and student outcomes is necessary to determine the link between student outcomes and school counseling services. Some researchers have pointed out that previous investigations into this area of study have yielded deceiving results (Brown & Trusty, 2005; McGannon et al., 2005). For example, many of the studies used research designs and procedures that did not justify

a causal relationship between counseling programs and positive outcomes. Indeed, the present study was correlational in nature, so causative inferences cannot be made. This study did not use a controlled treatment intervention and cannot determine a causal relationship between level of program implementation and more positive student outcomes. The small sample sizes of the middle school and high school counselors may have affected the results as well.

Various confounding variables exist in the current and previous studies, such as other co-occurring educational programs, and school organizational structure and leadership, all of which tend to influence academic achievement. Moreover, some of the data collected within these previous studies are self-reported and not cross-validated with multiple sources of information or informants. In studies that compare counseling programs and student achievement, Berliner and Biddle (1995) noted that researchers often fail to control for pupil expenditure, which is not always equivalent to socio-economic status as many presume because of high correlations (Brown & Trusty, 2005). Failure to control for socio-economic status also can confound the results which may be a factor in this study, although using only two large school systems may have provided some control for per pupil expenditure rates.

McGannon et al. (2005) emphasized the need for standardized achievement scores and other institutional data, intervention effect sizes and a measure of the quality of implementation of the program to be included in future studies to ensure worthy findings. Brown and Trusty (2005) recommended the use of proximal outcomes which include the target of interventions used with students (e.g., the development of specific ASCA competencies). Instead of using proximal outcomes, Brown and Trusty pointed out the overuse of distal outcomes (e.g., ACT scores, achievement test scores, school grades) which are affected by a number of factors rather than as a direct result of school counselor services. While proximal outcomes such as developing competencies including those within the ASCA model may be beneficial to report, the methods used to establish these competencies also becomes the focus of scrutiny.

Longitudinal and experimental design studies which include control and treatment groups are necessary to establish causal relationships. Correlational studies are often selected as the analysis tool of choice because of expediency and ease. Longitudinal studies take years to complete and are subject to student attrition. Experimental studies in schools also are complicated by trying to locate a school willing to serve as the control group (i.e., a school that does not have a counseling program in place or a school counselor on staff).

Outcome research plays a central role in promoting school counselors as an integral part of the educational process. It is critical for school counselors to use interventions and program components which provide positive student outcomes (McGannon et al., 2005) and to be knowledgeable of current research relevant to their position and the population they serve.

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# Analysis of Webpages in CACREP-Accredited Counseling Programs



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**Growing individual access to the Internet helps universities take advantage of academic webpages to showcase unique characteristics and recruit prospective students. This study explored how the Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited counseling programs have utilized their program webpages for similar purposes. Results indicate many deficiencies existing in the contents of webpages hosted by CACREP counselor education programs.**

*Keywords:* CACREP, accreditation, webpages, internet, counselor education

The world is moving to the rhythm of the Internet at a very fast pace. Thirty percent of the world population connects to the Internet, 78.3% of the North American population is online, and the usage of the Internet has increased 480.4% in the past 10 years (Miniwatts Marketing Group, 2011). In 2010, the Internet surpassed the television as the “essential medium” (Edison Research, 2010), whereas social network websites connected 77% of the population 18–24 years old (Edison Research, 2010). Webpages have become the virtual venue of information inquiry and socialization.

The counseling profession also rode the surge in Internet technology. Sampson, Kolodinsky, and Greeno (1997) foresaw several potential uses of the Internet in counseling. The marketing and delivery of various counseling services online, as well as supervision and research were identified by these authors as emerging areas for online counseling practices. To date, career exploration (American College Testing, n.d.; Sampson, 1999) has been moved from traditional page flipping to web browsing. Counseling has been effectively practiced online in the specialties of career counseling (Gati & Asulin-Peretz, 2011), college counseling (Derek, 2009; Quartoa, 2011), supervision (Chapman, Baker, Nassar-McMillan, & Gerler, 2011; Nelson, Nichter, & Henriksen, 2010), mental health counseling (Heinlen, Reynolds-Welfel, Richmond, & Rak, 2003; Mallen, Vogel, & Rochlen, 2005), self-help groups (Finn & Steele, 2010), and counselor education (Benshoff & Gibbons, 2011; Rockinson-Szapkiw, Baker, Neukrug, & Hanes, 2010).

A prominent feature of the Internet is the information super highway that provides tremendous materials online for information searching and inquiry (Kinka & Hessa, 2008). Universities and colleges take advantage of the Internet and publicize institutional information online through their webpages (Middleton, McConnell, & Davidson, 1999). Students now have the opportunity to access facts about a prospective university and academic program in which they are interested (Poock & Lefond, 2001, 2003). The current functions of university webpages have been extended beyond the online showcase to the active role of public relations (Gordon & Berhow, 2009) and student recruitment (Kittle & Ciba, 2001; Poock & Lefond, 2001, 2003). However, there is a need to increase research on the actual effectiveness of university websites in satisfying the prospective users (Middleton et al., 1999).

Very little attention has been devoted to the study of the use of the graduate counseling programs’ webpages (McGlothlin, West, Osborn, & Musson, 2008), even though the use of the Internet has become popular in various aspects of counseling training and practices. McGlothlin, West, Osborn, and Musson (2008) noted the potential capacity

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of counseling programs' webpages as online marketing tools and conducted a review of webpages for 187 CACREP-accredited counseling programs. Their results indicated various deficiencies, such as missing CACREP accreditation information. This study reviewed the webpages of all CACREP-accredited counseling programs in order to examine the essential published information and to explore possible deficiencies which may prevent these webpages from being effective marketing tools for prospective students.

## **Method**

### **CACREP Webpages**

All CACREP-accredited counseling programs listed on the CACREP directory page (CACREP, n.d.) were used in this study. It was important to point out that one counseling department could house multiple accredited counseling programs; hence these counseling programs would share the departmental webpages. Few universities had multiple campuses where independent counseling programs were operating. The review criteria was to count each set of webpages for one content review even though there might be two or three accredited counseling programs sharing the same departmental webpages. Counseling programs in different campuses were counted separately when they were listed as different accredited programs on the CACREP directory.

A total number of 220 departmental webpages were reviewed. Within these 220 departments, researchers reviewed webpage contents covering 528 CACREP-accredited counseling programs. There were 42 institutions with 66 CACREP-accredited programs not accessible either from the CACREP directory list or the main institutional webpages. During the research process, multiple attempts to access the webpages of these 66 counseling programs had failed, and these programs were subsequently excluded from this study.

### **Procedure**

A list of CACREP-accredited programs was retrieved from the CACREP directory page (CACREP, n.d.) during the 2009–2010 academic years. This directory provided links to all CACREP program webpages. When the links on the directory were not accurate or up-to-date, online search engines, including Google and Yahoo, were used to access program webpages. This route took researchers to the institutional webpages or the departmental webpages. In some cases, researchers were able to find the counseling program webpages through institutional or departmental webpages. Some program webpages were not able to be located after multiple attempts.

Two graduate students were trained as webpage reviewers. They went over a couple of webpages with researchers to become familiar with the process of reviewing webpage contents and determining the major content categories. One reviewer took an academic semester to examine all program webpages. The first reviewer began with the contents of several program webpages to create a list of major content categories from those webpages. This reviewer then presented the categories, such as “program mission” and “current student,” to the researchers. The category presentation was held to verify the efficiency and accuracy of the reviewer. Throughout the review process, the reviewer remained in constant communication with researchers and discussed unclear webpage contents with researchers to determine how to categorize such contents. The second reviewer followed the exact same links to review all CACREP program webpages independently and she compared her review results with those of the first reviewer to verify the accuracy of the recorded data. The second reviewer took another academic semester to complete this task. Both reviewers continued to access the program webpages with broken links on CACREP directory. They tried to locate these webpages through the institutional and departmental webpages. Those inaccessible webpages of counseling programs were excluded from this study.

The major content categories were determined on those common webpage headlines and information grouped in sections or links for prospective users. The common headlines included topics such as program mission and program description. Essential information included sections such as program contact information and the links for current students or faculty and staff. Many universal terms, such as mission and department contact, were used across the majority of program webpages. When reviewers encountered webpage contents they were not certain about how to categorize, they brought these contents to discuss with researchers in order to determine the categories for these contents. Reviewers were counting what common headlines were published on any given program webpages. Either these common headlines were

listed on webpages or they were not. Essential information might contain additional contents that reviewers needed to count the accessible numbers. For example, one program webpage could list seven full-time faculty members, but it only provided three links to access three faculty's publication records. In this case, there would be a "7" on the faculty count and a "3" on faculty publication.

### **Data Analysis Process**

As explained in the procedure and methods section, two types of data were eventually collected in the review process. A set of nominal data was generated from reviewers' examination on common headlines or essential information in webpage contents. The nominal data was coded as "0" and "1" to represent whether or not one headline or information existed on a particular webpage. For example, when reviewers were able to see the mailing address on one webpage, they would mark a "1" on the category of program mailing address. Nominal data could be tallied for total numbers. Another set of data was the interval data acquired by counting the numbers listed under one category. A total of 28 major categories were compiled by reviewers.

A careful examination of these 28 categories allowed researchers to group them into three content domains: program, faculty, and students. Each of the three domains contained a number of categories delivering essential information for that domain. For example, the program domain would contain categories such as mailing address, e-mail address, and mission, which all related to what the program was about. Based on the different qualities of the two data types and the purposes of this study, a descriptive analysis (Creswell, 2008) was selected to describe the data sets. This procedure was used to depict the content quality of the webpages of CACREP-accredited counseling programs and reveal what could be the deficient areas on program webpages.

## **Results**

The review process was able to access 220 program webpages (84%) from a list of 262 departments offering at least one CACREP-accredited counseling program. These 220 departmental webpages contained information for 528 CACREP-accredited counseling programs (88.9%) from 594 programs listed on CACREP directory. A total of 28 categories carrying the essential information were labeled. These categories were grouped into three domains of program, faculty and student based on the types of information presented in the categories. The program domain consisted of categorical information about the counseling program. Information in a program domain aimed to introduce a counseling program to prospective users. The faculty domain contained categorical information aimed to introduce counselor educators to prospective users. The student domain consisted of categorical information which counseling programs provided for prospective and current students, as well as alumni.

Figure 1 represents the results of our investigation on the essential information published on all accessible webpages of CACREP-accredited counseling programs. The data in Figure 1 indicated whether or not a type of essential information was displayed on program webpages and the numbers of counseling programs actually displaying the essential information.

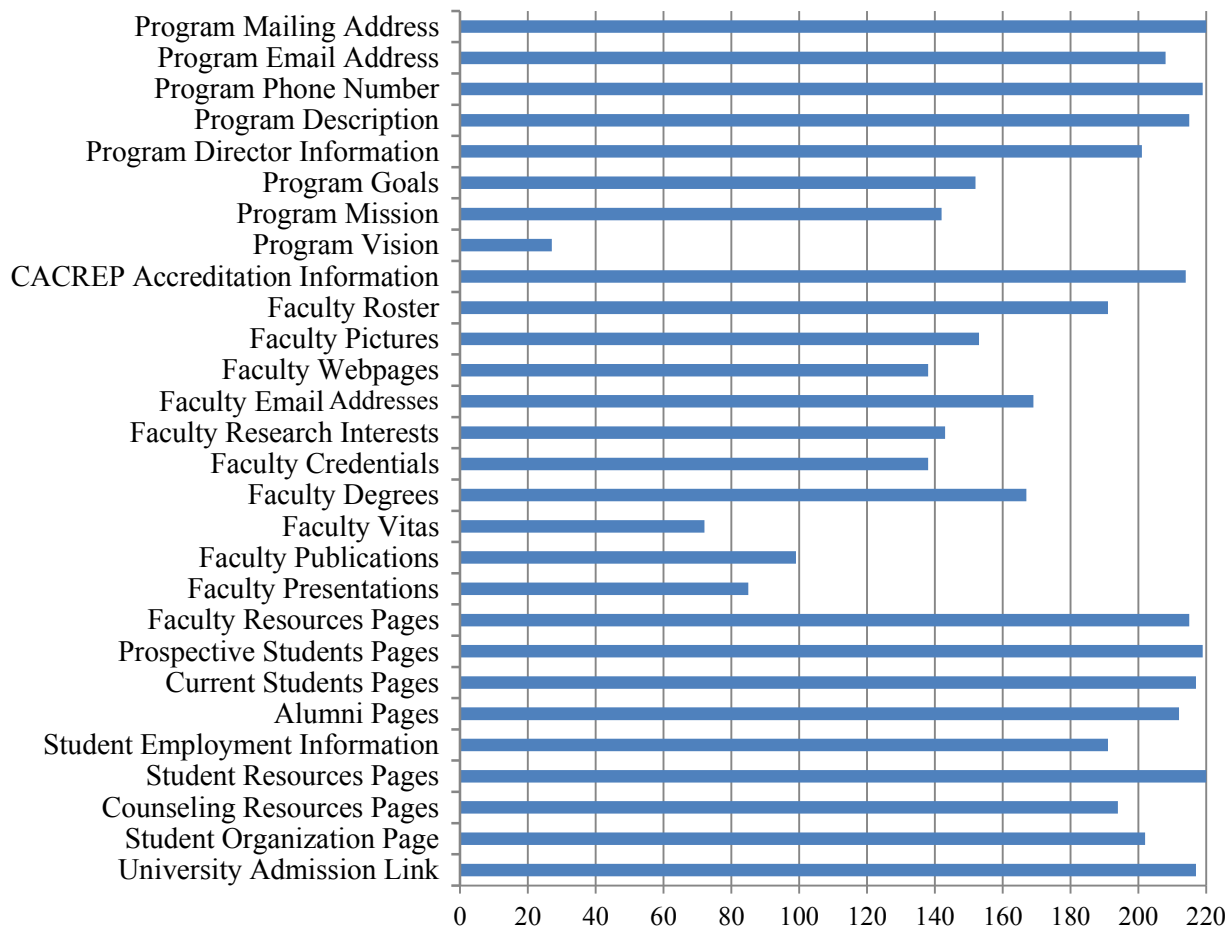


Figure 1. Program, Faculty, and Student Information on 220 Program Webpages

Among the 28 major content categories, nine categories were placed under the program domain: (1) program mailing address, (2) program phone number, (3) program description, (4) CACREP accreditation information, (5) program e-mail address, (6) program director information, (7) program goals, (8) program mission, and (9) program vision. Eleven categories were grouped under the faculty domain: (1) faculty resources pages, (2) faculty roster, (3) faculty e-mail addresses, (4) faculty degrees, (5) faculty photos, (6) faculty research interests, (7) faculty webpages, (8) faculty credentials, (9) faculty publications, (10) faculty presentations, and (11) faculty vitas. Eight categories were placed under the student domain: (1) student resources pages, (2) prospective student pages, (3) current student pages, (4) university admission link, (5) alumni pages, (6) student organization page, (7) counseling resources pages, and (8) student employment information.

Among the 28 categories, two categories had a 100% accessibility rate (220 out of 220). The “student resources” and “program mailing address” were accessible on all program webpages. The category of “program vision” had the least accessibility with only 12% found on counseling program webpages. Many categories in the faculty domain appeared to have lower accessibility rates compared to those in program and student domains. Six out of 11 categories of faculty domain did not have high accessibility rates: research interests (65%), web pages (63%), credentials (63%), publications (45%), presentations (37%), and vitas (33%). Only the faculty resources pages had high accessibility (98%).

In addition to the descriptive analysis presented in Figure 1, interval data was collected and tabulated in Table 1. Table 1 displayed the counts on ten categories of the faculty domain. This table compared each category against the total number of counseling faculty listed by 528 counseling programs. There were 1,469 counselor educators listed on the counseling department webpages where the faculty was employed. However, the information in the ten categories of faculty domain did not show an equivalent accessibility across all counseling programs.

**Table 1***Faculty Information on CACREP Counseling Program Webpages*

| Faculty Information Item   | Total Number | Available among 220 Program Web Pages | Percentage of Total Faculty Numbers |
|----------------------------|--------------|---------------------------------------|-------------------------------------|
| Faculty Roster             | 1469         | 191                                   | 100%                                |
| Faculty Email Address      | 1254         | 169                                   | 85.4%                               |
| Faculty Degrees            | 1072         | 167                                   | 73%                                 |
| Faculty Pictures           | 1004         | 153                                   | 68.3%                               |
| Faculty Web Pages          | 875          | 138                                   | 59.6%                               |
| Faculty Research Interests | 702          | 143                                   | 47.8%                               |
| Faculty Credentials        | 522          | 138                                   | 35.5%                               |
| Faculty Publications       | 514          | 109                                   | 35%                                 |
| Faculty Vitas              | 337          | 72                                    | 22.9%                               |
| Faculty Presentations      | 326          | 85                                    | 22.2%                               |

The list in Table 1 showed a ranking of faculty information available to online public access. Among the total of 220 program webpages, there were 191 webpages posting faculty rosters which could be used to count the full-time counselor educators in those departments. A total of 1,469 counselor educators were listed as full-time faculty members. Not all categories were available on all 191 program webpages. The third column displayed the numbers of program webpages allowing access to a particular category.

Among the 1,469 counselor educators, there were 1,254 e-mail addresses (85.4%) and 1,072 highest graduate degrees (73%) posted with the faculty names. Faculty photos were found on 1,004 counselor educators (68.3%), but only 875 faculty webpages (59.6%), which were used to present personalized information about counselor educators, were able to be found on program webpages. Counselor educators' research interests were accessible for 702 faculty members (47.8%). A total of 522 counselor educators (35.5%) had displayed the professional credentials or licenses they held. The program webpages only posted the publication records of 514 counselor educators (35%) and professional presentation of 326 (22.2%). Faculty vitas were made available on 72 program webpages with a count of 337 counselor educators (22.9%).

## Discussion

Webpages have become a popular media for online information disclosure and exchange (Bateman, Pike, & Butler, 2011; Tapscott & Williams, 2008). The Internet is a crucial technological tool which counseling programs are utilizing. In this study, 84% of counseling departments were accessed and 88.9% of CACREP-accredited counseling program webpages were reviewed. This percentage was close to the number (86%) reported by a previous study (Quinn, Hohenshil, & Fortune, 2002). Most counseling programs, 90% or more, listed their contact information (mailing, e-mail, phone, and program director's contact information) as well as program description (97.7%) and CACREP accreditation information (97.3%) on their webpages. Such findings concurred with results found in a previous study indicating that a high percentage (above 75%) of contact information could be detected on department webpages (McGlothlin et al., 2008). However, our findings endorsed improved display of CACREP information (an increase from 62% to 97.3%) and program description (from 75% to 97.7%). The accessibilities of program goals, mission and vision were all below 69%, with vision being the lowest (12%). Although our findings indicated that program vision was not a common item on department webpages, students should have easy access to contacting a counseling program and identifying whether or not a program

is CACREP-accredited.

Regarding faculty information, the majority of counseling programs posted faculty resource pages (97.7%) and faculty roster (87%). It was noticed that some counseling faculty members were listed within the collegial faculty roster and without a tag to identify who was a member of the counseling faculty. Table 1 also indicated that not every counselor educator had his or her essential information online for public browsing. Among the 1,469 listed counselor educators, students would be able to access the information containing faculty e-mail addresses (85.4%), highest degrees (73%), photos (68.3%), individual faculty webpages (59.6%), research interests (47.8%), licenses and credentials (35.5%), and faculty publications (35%). The lowest percentages of accessibility on faculty information were faculty vitas (22.9%) and faculty presentations (22.2%).

Our findings confirmed the high percentage of faculty contact information and the low percentage of faculty descriptions reported by a previous study (McGlothlin et al., 2008). McGlothlin et al. (2008) reported that 87.7% of webpages contained faculty contact information and 46% contained faculty description. Our study further examined the contents of faculty description and found an uneven and inconsistent style of information disclosure. It was clear that not every listed faculty member displayed all of the following information online: (1) e-mail address, (2) highest earned degrees, (3) photos, (4) personal webpages, (5) research interests, (6) credentials or licenses, (7) publications, (8) presentations, and (9) vitas. These deficiencies may potentially pose difficulties for students who access program webpages for faculty information.

Clearly, counseling programs should provide essential information for past, current and prospective students. Our results indicated that counseling programs had primarily constructed webpages with information for current and prospective students, as well as alumni. These student pages included student resources (100%), prospective students (99.5%), current students (98.6%), alumni (96.3%), and student employment (86.8%). The high percentages of accessibility demonstrated that counseling programs focused more on maintaining webpage information related to students.

Our results concluded that most counseling programs considered the main function of their webpages as a tool to communicate with students due to the high percentage of student-related webpages. On the other hand, information about counseling programs themselves had not been valued equally. The introduction of counseling programs was less focused because the program contact information obtained a high accessibility rate, but the program missions and goals were often omitted. Faculty information appeared to have an even lower emphasis on program webpages. The low accessibility of faculty information was represented by the below 50% display rate of faculty's research interests, licenses and credentials, publications, presentations, and vitas. Our findings suggest that CACREP counseling programs concentrate their web design efforts on enriching student-related pages, but devote less effort on the construction and maintenance of webpages displaying essential information on counseling programs and their faculty. However, this would be a debatable conclusion without further investigation on counseling students' browsing preferences.

## Implications

The use of webpages in counseling programs needs more thorough research to determine how to effectively disclose and exchange essential online information to students and the public. Several critical points and questions have been raised from our research that can assist future web design in counseling programs:

1. It is important to determine what essential materials should be disclosed and exchanged on program webpages. A proper web design and the quality of information disclosure are vital criteria for effective webpages (Maddux & Johnson, 1997). Counseling programs have to carefully consider how they want to be viewed on the Internet. Who are the potential viewers of department webpages? What specific information are viewers seeking? Will the information be useful to the viewers and benefit the programs?
2. Webpage marketing must monitor its dissemination of information and web design (Poock & Bishop, 2006). Information posted on webpages should attract viewers' attention and satisfy browsing purposes. Careful consideration of web design can provide easy access to information sought by viewers.
3. Counseling programs need to consider the value of their webpages within the university web structures. When

counseling programs do not have full control of their webpages, their information dissemination and design may lack integrity. Webpage viewers look for fast and effective access to desired information (Pooch & Bishop, 2006), and when viewers access program information via college or university websites, they may be discouraged by the lack of quick access.

4. Awareness of cultural factors is necessary for the design of webpages in counseling programs. Maddux, Torres-Rivera, Smaby, and Cummings (2005) repeated a study (Torres-Rivera, Maddux, & Phan, 1999) regarding multicultural counseling-related websites and concluded there were deficiencies on the display of culturally related information. Considerations for the accessibility of disabled viewers are needed since counseling program webpages might contain obstacles that hinder disabled viewers' free access (Flowers, Bray, Furr, & Algozzine, 2002). Since the webpages are reaching an audience beyond offices and campuses, they need to include cultural sensitivity.
5. In addition to online marketing, webpages carry departmental public relations into the virtual world (Gordon & Berhow, 2009). Hill and White (2000) indicated that webpages carry the images of the programs they are representing. It is certainly not a professional appearance when items and information are missing or partially displayed on program webpages. With limited resources, counseling programs need to construct their webpages in a professional manner and formulate the webpages to distribute high quality and thorough information.
6. In light of webpage usage, new features are constantly emerging in web design. Many popular forms of online media, such as *Facebook* and *YouTube*, may certainly enrich the contents of counseling program webpages. For example, the use of images (Vilnai-Yavetz & Tiffere, 2009) and video (Audet & Paré, 2009) on webpages achieves specific advantages for viewers. In addition to information dissemination, the communication feature of webpages also is important to web design (Gordon & Berhow, 2009; Kent & Taylor, 1998). This feature allows viewers to communicate with the programs and receive timely feedback (Kent & Taylor, 1998). Counseling programs should consider incorporating these advanced features into their program webpages to better reach viewers.

It is important to make sure that webpage viewers will be able to access desired information easily on departmental webpages. Future research efforts should focus on what essential information should be displayed on counseling program webpages, as well as the satisfaction of program webpage users.

## Limitations

It is important for readers to realize the potential limitations for interpretation and generalization of these research results. Webpages are frequently changed and upgraded. Subsequent improvements and revisions may dramatically change the outlook of the reviewed webpages. Our assessment should be considered a "snapshot review" since our project intended to produce a "one-shot" quantitative measurement of counseling program webpages. Less attention was paid to the quality of contents and the methods and services for information disclosure, such as video clips, and information exchange, such as message boards. Further studies on the effectiveness of various web design tools and features among counseling program webpages should be able to provide more in-depth information on effective counseling program webpage designs.

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# Cyberbullying Prevention: The Development of Virtual Scenarios for Counselors in Middle Schools



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**This study sought to develop meaningful and engaging virtual cyberbullying scenarios in digital environments that reflect the educational needs of today’s adolescents. In order to inform and script these scenarios, a three-stage study was implemented with middle schools. This paper describes how data collected in each stage informed the cyberbullying scenarios’ development. The authors share implications for educational use in middle school counseling.**

*Keywords:* cyberbullying, technology, adolescents, middle school counseling, digital environments

Today’s adolescents are often referred to as the *Net Generation* (Tapscott, 1998) because they communicate with each other through a multitude of digital and electronic technologies, including the Internet, social networking tools (e.g., Twitter, Facebook, MySpace), cell phones, and online games. Because these digital and electronic tools function as the “lifeline to their peer group” (Keith & Martin, 2005, p. 226), adults can underestimate the importance of technology to adolescents. While the expansion and availability of technology offer many positive benefits to our youth (e.g., educational and social benefits), access to the Internet and mobile technologies have the potential to render negative effects, including increased incidences of cyberbullying.

## Defining Cyberbullying

Cyberbullying is a form of bullying, yet unlike the traditional schoolyard bully, the cyberbully lurks in online spaces, often unseen and anonymous. Cyberbullies misuse technology (e.g., they impersonate others, share embarrassing information and photos, threaten, gossip, and fight online) (Willard, 2006). With the use of technology, the cyber landscape has expanded into easy and continuous access, and is described as operating like “the Wild West once did, where anything goes” (Hoff & Mitchell, 2009, p. 661). In this light, youth can engage in computer-related activities without boundaries or parental supervision.

While negative assertions about technology are disconcerting and cannot be ignored, online and mobile technologies continue to evolve and present positive and beneficial ways to teach the students of today and tomorrow. With the value of technologies in mind, the obstacles in cyberspace and the virtual world need to be addressed. Thus, for teachers, principals, and school counselors, an overarching challenge is presented by such questions as: (1) How do we teach students to protect themselves in digital environments and prevent negative interactions such as cyberbullying? and (2) How can technology be used as a vehicle to educate adolescents and to raise their awareness of cyberbullying?

The purposes of this study were threefold: (1) to use adolescent feedback to script and create cyberbullying video scenarios in a safe, virtual environment; (2) to offer free access to the videos for educational use; and, (3) to raise awareness of cyberbullying and to underline the need for prevention. This study focused on middle school students because the literature has shown a peak in cyberbullying during these school years (Beale & Hall, 2007; Cassidy, Jackson, & Brown, 2009; Hinduja & Patchin, 2008; Kowalski & Limber, 2007; Li, 2007; Pelligrini & Bartini, 2000; Williams & Guerra, 2007). Because few studies have recreated cyberbullying situations, assessing the effectiveness of such scenarios

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in the field of education is important. Addressing this gap can provide valuable, alternative educational methods to school counselors and other mental health professionals, as well as parents, school administrators and teachers (Carney, 2008; Wright, Burnham, Inman, & Ogorchock, 2009).

## Review of the Literature

Virtual worlds, digital videos, and gaming can supplement education, making concepts that are abstract or difficult to understand interesting, relevant, and concrete through modeling and interaction (Williamson & Facer, 2004). Virtual technologies also provide students with a safe place that replicates the real world, allowing for ongoing educational interactions (Paperny & Starn, 1989). Yet, research on the use of virtual worlds, digital videos, and gaming to teach adolescents about cyberbullying is limited (Wright et al., 2009), even though technology has been effectively used to teach skills and train youth.

Several published studies have illustrated the value of virtual technology. For example, Cobb et al. (2002) reported that completing tasks in a virtual social café helped adolescents and adults with Asperger's syndrome improve their social skills. Similarly, Padgett, Strickland, and Coles (2006) reported success in using a virtual reality game to teach five children with fetal alcohol syndrome fire safety skills. In another study, Amon and Campbell (2008) used a virtual game to teach relaxation skills to children with attention-deficit/hyperactivity disorder (AD/HD). Researchers also have reported success in using virtual scenarios and simulations to raise awareness of concepts, including the development of professional skills in teacher education graduate programs (Collins, Cook-Cottone, Robinson, & Sullivan, 2004), improving attitudes for decreasing teenage pregnancy (Paperny & Starn, 1989) and coping with fears such as public speaking (Slater, Pertaub, & Steed, 1999) and flying (Krijn et al., 2007).

## Using a Virtual Environment to Create Cyberbullying Scenarios

The virtual world environment was chosen for this study because of a significant need to provide access to factual and authentic cyberbullying scenarios in an environment that was safe and one that would not compromise the well-being, psychological health, or rights of youth. Studies have suggested that using a virtual environment can be a valuable and safer alternative for conducting research (Zoll, Enz, Schaub, Aylett, & Paiva, 2006) and may make collecting sensitive data more appealing in educational research. Further, researchers have reported that interactions in virtual environments “are governed by the same social norms as social interactions in the physical world” (Yee, Bailenson, Urbanek, Chang, & Merget, 2007, p. 119), making it possible to compare the virtual interactions with interactions in the real world. Finally, adolescents are often motivated to learn about issues and concepts through video or computer games rather than through traditional instructional methods (Ritterfeld & Weber, 2006). With these factors in mind, we reiterated an interest in using virtual world scenarios to raise awareness of cyberbullying and to simultaneously offer an “attractive, but also a potentially powerful means of getting the attention of adolescents” (Wright et al., 2009, p. 40). Having cyberbullying videos to prompt discussion among youth offers school counselors, as well as classroom teachers, additional ways to deal with the challenges they face with cyberbullying.

## Choosing Second Life

*Second Life* (SL) was chosen as the virtual environment for this current study because it “dominates the virtual world landscape” (Warburton, 2009, p. 423) in education. Linden Lab launched SL in 2003. The immersive, three-dimensional (3-D) virtual environment of SL offers users an opportunity to create or re-create situations, interactions and experiences through the use of avatars, which are animated figures that represent real people. Complete communities, schools and businesses have been recreated in SL. Although educators have benefited from specific Linden Lab invitations to explore SL for teaching, learning and research (O’Conner & Sakshaug, 2009), SL and other virtual communities (e.g., Active Worlds, WebKinz) are considered new innovations on the technological landscape. In recent years, researchers have collected anecdotal and empirical data related to virtual environments including potential uses and effectiveness in role-play and student-centered learning (Inman, Wright, & Hartman, 2010).

## Second Life Challenges

Second Life offers users the ability to create virtual content that replicates the real world, truly providing a “second life” (hence, the name). However, creation within SL is not without its challenges (O’Conner & Sakshaug, 2009). The challenges often faced with SL are multifaceted. First and foremost, there is a learning curve for a developer to overcome before creating objects and simulations within the SL environment (Luo & Kemp, 2008; O’Conner & Sakshaug, 2009). Warburton (2009) noted that “even simple things can take a long time” and may require “multiple skills” (p. 423). Furthermore, SL computing requirements are high; if developers are not using high-capacity computers (e.g., fast processors, graphics cards) and broadband Internet (e.g., cable or DSL connections or faster), they could experience difficulty with such problems as operating the SL software, intermittent freezes, and software system failure. Institutional financial support of SL-designed environments is advantageous, although not always available.

With the need for virtual environment scenarios to combat cyberbullying, this study included three stages of data collection with middle school students in one school district in the southeast. Data from the first two stages (i.e., a quantitative cyberbullying survey and a focus group, respectively) informed the scripts of the cyberbullying scenarios produced from this present study. The goal for each scenario was to most accurately reflect the students’ beliefs about and experiences in cyberbullying and address their perceived needs for cyberbullying education and prevention. The present study included the following steps: (1) scripting and building the cyberbullying scenarios, (2) using screen-capturing software to capture the videos, and (3) saving the videos as separate files. By following this plan, the researchers maintained a “safe” environment for the students by screen-capturing the scenarios created in SL, thus preventing the students’ need to go online to view the scenarios.

## Method

### Participants

After Institutional Review Board (IRB) and school system approval, the researchers worked with five middle school principals to conduct this study. Approximately 450 middle school students in Grades 7 and 8 (ages 12–14) were invited to participate in the quantitative study, which was the first stage of data collection. Of the invited students, 114 returned signed parental informed consents and assented to take part in the study. Of the 114 students, 50 were male and 64 were female; 73 were in 8th Grade, with the remaining participants in 7th Grade. The racial backgrounds included: 33 White students, 67 African-American students, 3 Hispanic/Latino students, 2 Asian-American students, and 9 who did not identify their racial background.

At the end of the survey, the respondents indicated a willingness to participate in subsequent stages of the study. From these, the researchers recruited a convenience sample of 20 students from two of the five middle schools (one high-poverty school; one low-poverty school) to participate in the qualitative study, stage two of our data collection. Of the invited, 13 students participated from two schools. School A included seven students (4 boys, 3 girls) and racial backgrounds were: 1 White student, 5 African-American students, and 1 Hispanic student. School B included six students (4 boys, 2 girls) and racial backgrounds were: 4 White students and 2 African-American students.

Lastly, two 8th Grade students (1 White male and 1 White female) who indicated willingness to participate in all stages of the study were recruited to view the pilot cyberbullying scenarios, which were scripted and informed by data collected in the first two stages of this research study. Both students viewed the scenarios individually and provided feedback to assist with final editing of the videos.

### Instruments

For the first stage of the study, the researchers were given permission to adapt Li’s (2007) Cyberbullying Survey. Data included middle school students’ responses to various cyberbullying questions (e.g., “Have you been cyberbullied?” “Do you know a cyberbully?” and “Where did cyberbullying most often occur?”). Contextual examples were given in each question, such as for “have you been cyberbullied?” examples included e-mail, Facebook, cell phone, online video, chat rooms, and virtual games.

For the focus group stage, facilitators generated discussions between the participants about how they recognized, defined and responded to cyberbullying. For example, questions included: “If you or someone you know have been cyberbullied, how have you/they been cyberbullied?” “What did you/they do immediately after you/they were cyberbullied?” “Did you/they tell someone? Retaliate online?” After this stage, cyberbullying scenarios were developed based on the data gathered from this aspect of the study.

Following the development of the cyberbullying scenarios, the researchers sought to record participants’ reactions and comments as they watched the two video scenarios created as a result of data collected in the first two stages of data collection. Following the participants’ individual viewing of the scenarios, the researchers also asked specific questions (e.g., scenarios’ clarity, misinterpretations experienced, the setting of the scenarios, and perceived value of the scenarios in cyberbullying education for middle school students).

## **Procedure**

The researchers worked at a major university in the southeastern U.S. where an effort to develop a teaching and research presence within SL was ongoing. The College of Education at the institution had “land” within SL and developed teaching and research spaces within the virtual environment. Several of the university’s computer-based honors students were involved in this development and partnered with university professors to conduct research while simultaneously receiving college credit. The researchers were assigned two honor students who were asked to develop counseling-related scenarios in SL.

To ensure cultural sensitivity, the researchers also consulted with an African-American colleague who works with high-poverty schools. Feedback from the colleague was sought to determine whether or not the language and scenarios were realistic and applicable. In addition, after the SL developers rendered the videos, two additional colleagues (a counselor with expertise in multicultural education and an instructional technology expert) reviewed the videos. These discussions helped to validate the scripting choices and ensure appropriateness and cultural sensitivity for use with middle school students.

The researchers triangulated the focus group and survey data (Stages I and II) to inform the development of the cyberbullying scenarios and to script the two scenarios. In order to achieve meaningful scenarios that reflected the educational needs of the adolescents, we drew heavily upon data from the focus groups to ensure that the scenarios reflected the students’ voices (e.g., language use), their actions (e.g., reactions to cyberbullying situations, linguistics), and the technologies they most used (e.g., social networking) while also providing the needed educational messages.

The data revealed a need for two separate scenarios (i.e., one with a behaviorally-based concept and one with an educational concept). Informed through the focus group data, the behaviorally-based scenario focused on “how gossip escalated into cyberbullying” as two girls wrote on each other’s “wall” on Facebook. Data from the first two stages of data collection indicated a need for adults and educators to better understand how to educate and raise awareness of cyberbullying prevention; therefore, the educationally-based scenario focused on a discussion between a school counselor and a middle school-aged boy who sought advice on how to cope with an online joke that “got out of hand” or escalated.

Once the two scenarios were completed and the videos rendered, we recruited two 8th Grade participants (one male, one female) from the pool of middle school students to participate in the current study. The participants viewed the videos in the presence of two faculty members and one graduate student. The researchers examined the students’ reactions and nonverbal behaviors as they viewed the scenarios. Following each student’s viewing, they were asked specific questions regarding the scenario’s clarity, its setting, the length, and any misinterpretations the students might have about each scenario.

## Results

### Scenario One

Scenario I, “Mark Goes to the Counselor,” was the educationally-based video (i.e., the school counselor listens to a student regarding a Facebook joke that escalated into a problem). Based on focus group feedback from adolescents, this educational scenario fulfilled a need for adults and counselors to be more aware of how to prevent cyberbullying.

While the students viewed “Mark Goes to the Counselor,” they pointed out minor problems with the rendered scenario. For example, the male participant (Rick) was distracted by the avatar’s movements. He stated that the counselor’s hand movements were “awkward.” Rick’s other major concern had to do with the buildings in the scenario, noting that they “looked too academic” as compared to a middle school setting. The female participant (Bridget) was not as distracted by the avatar’s movements. She noted that the scenario seemed “realistic” to her. From the researchers’ observations, the scenario engaged the participants. In the ensuing discussions following the scenario, both students noted the educational value of the scenario for their peers.

Because “Mark Goes to the Counselor” had an interactive segment at the end which posed questions related to cyberbullying, the students also critiqued this part of the video. Responses from both students included information about the appropriateness and usefulness of the questions. The students believed that the questions would generate discussions about cyberbullying prevention and how to “deal with it (cyberbullying).”

### Scenario Two

Data also informed the scripting of second scenario, “Aisha and LaTosha on Facebook.” This behaviorally-based scenario focused on two adolescent African-American girls who were involved in online gossiping (via Facebook) which quickly escalated into a cyberbullying incident. The social network, Facebook, was chosen for this scenario because it is recognized as the most popular social networking medium (see online data collection venues which monitor web traffic such as Nielsen, Compete, ComScore, and others) and remains popular among adolescents.

For this scenario, capturing the texting exchange between the girls was important to illustrate how the gossip escalated. However, a texting exchange presented problems for the scenarios’ developers. Basically, the initial text messaging exchange that was sought for the “Aisha and LaTosha on Facebook” video was illegible and difficult to understand on the first attempt. Thus, the scenario had to be reworked prior to the students’ viewing.

About two months later, the same male and female participants ( $n = 2$ ) agreed to critique the second video. While viewing “Aisha and LaTosha on Facebook” on a laptop, the male participant (Rick) paused the video frequently, pointing out technical issues he noticed. For example, a few seconds into viewing he commented on “bad timing” between the sound of the avatars’ typing and the typing movements the girls made on the computers. Moments later, he paused again, this time pointing to a cursor which was located over the text. He noted how difficult it was to read one of the girl’s texts as she posted on the Facebook wall. Rick also believed that some of the text and punctuation was “too grammatically correct.” He remarked, “teens don’t use that” giving a specific example of using a “w” with a slash (/) mark (w/) versus typing the word “with” and that teenagers use “u” for you. He stated that we should make the “grammar more teen-like.” Rick also commented that it would be more likely for the two girls to have this type of conversation (i.e., depicted in the scenario) in “chat” versus “posting on each other’s wall in Facebook.”

Another video quality issue was resolved with participant feedback. While the second scenario was written to focus on the conversation of two girls and their gossip, a third girl (Sierra) also was present at the beginning of the scenario. Rick believed that Sierra’s presence was confusing and thought she should be removed.

Upon completion of the video, Rick had additional comments regarding the actual scenario production. After viewing, we asked if Rick believed the scenario made sense. He said “yes” and that he could “follow along.” We also asked Rick what message he received from the scenario. This question caused him some difficulty and after being prompted a second time, he stated that the scenario depicted how “gossip starts” and illustrated how students should not “jump to conclusions

so quickly.” Lastly, we asked Rick his opinion regarding our choice to use Facebook in the scenario versus other social networking sites. Rick emphatically agreed that Facebook was the right choice. He stated, “. . .no one uses MySpace anymore.”

Bridget, also in 8th grade, watched most of the video without conversation. She had one comment while viewing the “Aisha and LaTosha on Facebook” video, but waited until viewing the video completely before making additional comments. Her initial comment concerned a portion of the script in which one of the girls threatened to get some people together to “jump you.” Bridget laughed quietly as she viewed that portion of the video and remarked, “I’ve heard people say that.” Bridget focused less on the technology in her analysis; however, she did comment that at times the video was “a little blurry” and that the avatars’ movements were “a little *fakish*.” She also put forth the idea that the video needed a transition at the end (i.e., the first version of the video ended abruptly).

Bridget inquired about how we came up with the idea and thought it was “neat.” Similar to Rick, Bridget also struggled to answer the question: “What was the message in this video?” Once more, we asked a series of questions before an answer was given. After several prompts, Bridget stated, “. . .students should not accuse people of stuff.” We also asked, would this scenario prompt you to discuss cyberbullying? She noted “maybe.” We asked, “Can teachers and/or counselors successfully use this scenario in a group setting with middle school students to discuss cyberbullying?” She answered “yes” and that the scenario seemed “realistic.” Bridget believed the scenario would be very helpful in education because acting it out in person “would be awkward.” She stated that this video “. . . has elements in it that kids see all the time.” When asked about technological distractions in the video, Bridget indicated that the television in the video needed a better screen, (i.e., “something natural on it”) and it would be nice to have some music in the background for the two girls.

The two students had some level of disagreement in their critiques. Unlike Rick, who indicated that the scenario was more appropriate for 6th grade, Bridget believed that it “sounded like an 8th grade conversation and would probably be good for 7th graders, but “6th graders talk differently.” Bridget also liked the wall-to-wall design in Facebook and did not agree with Rick that the girls’ conversation should occur, instead, through the Facebook chat tool. The way the text was typed was also okay with Bridget; although she noted how she “typed nicely.” Further, the appearance of Facebook was fine with her, and she believed that the attire on the girls was appropriate. She was in agreement with Rick about removing the girl, Sierra, from the video. Both saw her presence as confusing. She also aligned with Rick on the view that “all students used Facebook instead of MySpace.”

From this session, it was apparent that revisions were necessary with the “Aisha and LaTosha on Facebook” scenario. While Rick and Bridget affirmed that the scenario was realistic, when the video ended both were unclear of the overall message of the video (i.e., they needed prompting twice to articulate the message of the video). The interactions with the two middle school students made it clear that some questions added to the video would facilitate interactive discussions among youth. We discussed potential questions with both students. By incorporating the language from the data and student input after watching the videos, we developed the following questions: (1) Whose fault was this fight? (2) If someone is mean to you and spreading rumors, what could you do instead of doing what Aisha and LaTosha did? (3) How would you respond to Aisha? (4) When should you get an adult involved? Who can you turn to for help? And, (5) What are some other steps you could take to make sure this type of situation doesn’t happen to you?

After Rick and Bridget reviewed the video, a list of technical changes for the developers to make on the “Aisha and LaTosha on Facebook” scenario was assembled. They included:

1. Review the punctuation and grammar; make some modifications to better fit with punctuation and grammar that teens do and do not use. (Although the script was initially written using actual statements from adolescents who participated in our focus groups, we realized additional modifications could be made, such as using “w/” instead of *with* and “u” for you).
2. Revise the first part of the script, eliminating the character, Sierra.
3. The avatars frequently correct typing errors; change this to ensure that the typing text is more “teen-like” and less concerned with spelling errors.
4. Add questions at the end of the video for class or one-on-one discussions (i.e., an educational component for teachers and counselors).

5. Add music to the background at Aisha and LaTosha's homes.
6. Put a realistic scene on the television.
7. Add a transition at the end; the scenario ended too abruptly—fade to black at the end and then bring up the questions.

The participants also discussed how the argument between Aisha and LaTosha should take place (i.e., via Facebook chat or “wall-to-wall”). While Rick seemed adamant about using chat features of Facebook, Bridget was not as concerned, believing that similar conversations do take place wall-to-wall. After much discussion, we decided to keep the text interaction between the two girls as wall-to-wall postings since the production in the virtual world would be clearer to read, based on previous problems experienced by the developers.

## Discussion

As noted earlier, cyberbullying is a growing concern for today's adolescents. The purpose of this study was to use data to inform the scripting of two counseling scenarios that could be used for cyberbullying prevention with middle school students. Using a virtual environment to “act out” the scripts and later capturing the scenarios for off-line viewing was intentional and purposeful. While research on using virtual environments to teach cyberbullying prevention is limited (Wright et al., 2009), the use of virtual worlds to teach other skills and concepts has been successful (Amon & Campbell, 2008; Cobb et al., 2002). Further, using virtual worlds can offer a safe place to conduct scenarios of sensitive content (such as cyberbullying) (Zoll et al., 2006) while allowing for real world replications that can be engaging (Paperny & Starn, 1989). Thus, the intent of developing the scenarios was to provide a safe, alternative educational method for counselors and other helping professionals, as well as parents, to use in cyberbullying education and prevention, while assuring that the well-being and rights of youth are upheld.

There were limitations to this study. First, this study focused on one school system in one state, thus generalizability to other middle schools is questionable. Second, video feedback from a more diverse population of students (e.g., African-American girl, feedback from 6th and 7th grade students) would have been helpful.

The data informed our production and scripting, thus allowing the students' voices to emerge in these scenarios. We believe reflecting the students' voices, their actions, and the technologies they most use throughout the scenarios' development provides further engagement in what can be more “teen-like” and meaningful to this specific audience. In the future, another phase of this study is needed. Feedback from school counselors, teachers, and students in diverse school settings will inform the researchers about the usefulness of the videos and whether or not additional videos are merited. It will be important to evaluate the effectiveness of the videos in terms of capturing students' attention and facilitating useful discussions about cyberbullying. If additional videos are made in the future, we would make modifications. For example, we would seek diverse school populations for each phase of the study and note the potential differences across students in grades 6–8.

We learned several lessons from this study that can inform future studies. (1) Iterations of the videos take time. Based on the data, both scenarios were reworked to reflect student participant input and concern; (2) Although working in a virtual environment presents challenges to researchers, we believe it can be a viable and safe medium to educate adolescents about cyberbullying prevention; (3) Creating fluid movements in SL can be problematic (e.g., awkward movements of avatars were sometimes distracting to the students); (4) By capturing the videos for off-line viewing, the scenarios can be utilized in multiple educational settings (e.g., lecture, small groups, large groups, or individual viewing sessions); and (5) Videos offer “ice-breakers” to generate further discussions about cyberbullying prevention and intervention.

### Implications for School Counselors

Cyberbullying-related deaths have continued to rise in recent years (e.g., Jesse Logan [Starr, 2009] and Hope Witsell [Inbar, 2009]) in 2009, Phoebe Prince in 2010 [McCabe, 2010], Tyler Clementi [Freidman, 2010], Natasha MacBryde [Loveland, 2011], and Britney Tongel [Leskin, 2011] and Amanda Cummings [Calabrese, 2012], in 2011 and 2012, respectively). With the fact that many of the given cases reached the point of suicide in high school underlines the need to focus on cyberbullying interventions in middle school, where literature has noted it peaks (Beale & Hall, 2007; Cassidy et

al., 2009; Hinduja & Patchin, 2008; Kowalski & Limber, 2007; Li, 2007; Pelligrini & Bartini, 2000; Williams & Guerra, 2007). Reaching students before cyberbullying gets to the point that adolescents would consider suicide is critical.

This study is important because adolescents' use of digital tools will continue to grow and evolve as technology tools (i.e., smart phones, mobile devices, social networking tools) become more accessible. Counselors, educators and parents cannot underestimate technology's importance in adolescents' lives. Instead, adults need to seek positive uses of technology for educational and social purposes, as well as prevention and intervention. We believe this study offers familiar technologies that students use everyday (e.g., videos in this study, Facebook) to raise awareness of cyberbullying and its consequences. Other commonly used tools also could be leveraged in similar educational endeavors (e.g., Facebook groups, Twitter) in the future, assuming the voices of adolescents are considered.

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