DOCUMENT RESUME

ED 455 480   CG 031 080

AUTHOR   Wickwire, Pat Nellor, Ed.
TITLE   CACD Journal, 2000.
INSTITUTION   California Association for Counseling and Development,
                Fullerton.
ISSN   ISSN-1052-3103
PUB DATE   2000-00-00
NOTE   75p.; Published annually.
AVAILABLE FROM California Association for Counseling and Development, 2555
                East Chapman Ave., Suite 201, Fullerton, CA 92831 ($4,
                members; $8, nonmembers). Tel: 714-871-6460.
PUB TYPE   Collected Works - Serials (022)
JOURNAL CIT   CACD Journal; v20 2000
EDRS PRICE   MF01/PC03 Plus Postage.
DESCRIPTORS   Adolescents; Attention Deficit Disorders; Career Academies;
                Children; *Counseling; Counselor Training; Education;
                Elementary Secondary Education; Intervention; *Professional
                Associations; *School Counseling; Substance Abuse
IDENTIFIERS   California

ABSTRACT
                This journal of the California Association for Counseling
and Development attempts to identify the current issues of concern in the
counseling field and share research to help improve the professional learning
community. The articles in this issue include: "The Editor's Message" (Pat
Nellor Wickwire); "The CACD President's Message" (Joseph Dear); "Career
Education in the Information Age" (Kenneth B. Hoyt); "Coercive Treatment for
Clients with Substance Use Disorders" (Douglas L. Polcin); "School
Counselors' Use of Assessment and Its Relationship to Their Training" (Joan
H. Blacher, Mildred Murray-Ward, and Gail E. Uellendahl); "Not Broken--Just
Different: Helping Teachers Work with Children with Attention-Deficit
Disorders" (Joan Astigarraga and Adriana G. McEachern); "The Grief Process:
Helping Adolescents Cope with Grief and Loss" (Paul A. Rodriguez); "Emerging
Roles of Counselors in On-Line Counseling" (Jo Ann Oravec); "Standards-Based
Counseling in the Middle School" (Mary Ellen Davis); "The Passion of Writing:
Becoming an Acceptable, Accepted, and Exceptional Writer" (Martin G.
Brodwin); "Drama, Drawing, and Double Meanings: Addressing the Needs of
Developing Counselors through Creative Work" (Rhonda McCalip); "Counseling:
The Future Is Now" (Benjamin Reddish, Jr.); and "Being a Professional
Counselor in a Counseling Profession" (Donald G. Hays). (Contains 119
references.) (JDM)

Volume 20   2000

CACD

JOURNAL

PAT NELLOR WICKWIRE
Editor

An Official Publication
of the
California Association for Counseling and Development

BEST COPY AVAILABLE

2

3

California Association for Counseling and Development

CACD JOURNAL

TABLE OF CONTENTS

THE EDITOR'S MESSAGE

Pat Nellor Wickwire

This issue of the *CACD Journal* reflects exploration and discovery toward continued progress in the counseling profession. Positive differences are occurring in theory and practice, as sought in 1999-2000 CACD President Joseph Dear's program theme, "California Counselors Making a (Big) Difference in 2000." The wide span of professional interests and achievements in those positive differences is clearly evident in the accounts of the authors.

Kenneth B. Hoyt stresses the increasingly closer relationships between education and work, and reinforces career education as viable education reform. Douglas L. Polcin presents the results of a pilot study of coercive treatment for clients with substance abuse disorders.

Joan H. Blacher, Mildred Murray-Ward, and Gail E. Uellendahl report the results of a pilot study of the use of assessment by school counselors. Joan Astigarraga and Adriana G. McEachern discuss a perspective toward working with teachers who work with students diagnosed with attention-deficit/hyperactivity disorders.

Paul A. Rodriguez informs of theoretical and functional approaches in bereavement counseling with adolescents. Jo Ann Oravec discusses innovations in on-line counseling, and presents related professional issues and concerns.

In the continuing feature "Professional Practices in Counseling," Mary Ellen Davis presents an overview of the national standards for school counseling and their applications to the middle school. Martin G. Brodwin offers suggestions for authors to make rewarding and productive contributions to professional literature. Rhonda McCalip proposes the use of creative work, including experiential, visual, and bibliotherapeutic techniques, in counselor education and supervision.

In the continuing feature "The Personal Side of Counseling," Benjamin Reddish, Jr., issues a call for counselors to reaffirm their professional commitment. Donald G. Hays calls for the professional commitment of professional counselors.

You, too, through your professional interests and achievements, are making positive differences in theory and practice in counseling and in human development. You, too, are strongly encouraged to write for the *CACD Journal,* and, thus, to become a contributor to continued progress in the counseling profession. You, too, can write.

THE PRESIDENT'S MESSAGE

Joseph Dear

It gives me great pleasure to provide my message to this issue of the *CACD Journal* for the year 2000.

As we enter into a new millennium, counselors, counselor educators, and other mental health professionals in all areas of focus will be challenged to meet the needs of the various constituencies we serve.

Even though the day after December 31, 1999, brought on a major and very noticeable change in the year, other major changes in the counseling field have been on the horizon for the past 10 or so years. Several of the topics in which those changes have occurred are covered in this issue of the journal. Career education, for example, has reached far into the information age like never before. Many, many changes have already been made in the areas of substance abuse, the grieving process, and attention-deficit disorders. With the advent of computers and other electronic technology, mental health professionals now have access to sources on these and other topics that were much more limited 10 years ago. The waiting period to acquire information has been practically eliminated. Among the many challenges today will include the setting of priorities, organizing data and other sources, and making discriminating and appropriate decisions about how, when, and where to use certain information.

The challenges that have always been with mental health (and other) professionals are the personal and individual behaviors we display as we practice our trade. Among the many behaviors we might keep in mind would include such things as a positive attitude; how to listen to others and respond with sensitivity; how we learn from the mistakes we make and how hard we work to not repeat those same mistakes; how we balance our own lives in areas of mental and physical health, social, financial, spiritual, professional, and family concerns; how we model the behavior we want to see in others and thus practice what we preach; and how we work at keeping a healthy sense of humor, limit (or eliminate) the stress in our lives, and strive to stay humble.

To the extent we can do these things will be the extent we will prosper in the new millennium. Articles in this issue of the *CACD Journal* will move the reader closer to those very ideals.

Joseph Dear, 1999-2000 President, California Association for Counseling and Development.

7

Career Education in the Information Age

Kenneth B. Hoyt

The emergence of the information society has made it clear that relationships between education and work are becoming closer and closer. Some kind of education reform that recognizes this is obviously needed. Career education is proposed as the education reform with the greatest potential for meeting this need. The career education concepts of work, students and teachers as workers, the classroom as a workplace, infusion, collaboration, and career development are viable.

Career education was first promoted as a proposal for education reform by Sidney P. Marland, Jr., (1974) while he was serving as U.S. Commissioner of Education. It remained the top federal proposal for education reform during the entire decade of the 1970s, with a total of $130 million appropriated for career education during that period (Hoyt, 1981). Brodinsky (1979) referred to career education as alive and well during the 1970s and as the decade's moderate success story.

The Career Education Incentive Act (P.L. 95-207) was repealed in 1981, thus officially ending federal involvement in career education. In 1983, the National Commission on Excellence in Education (1983) published *A Nation at Risk: The Imperative for Education Reform*. Partially as a result of that publication, a variety of proposals for education reform were advocated during the decade of the 1980s. Career education was not one of the reform proposals put forth in the 1980s.

During the 1990s, several kinds of career development programs received federal funds, including: (a) work-based learning, (b) school-to-work, (c) tech prep, and (d) work incentive. Some of these programs, and especially tech prep, have been pictured by their advocates as new versions of career education.

The emergence of the information society has made it clear that relationships between education and work are becoming closer and closer. Some kind of education reform that takes this into account is obviously needed. Career education is proposed here as the education reform with the greatest potential for meeting this need. The purpose of this document is to identify the essential components of career education needed in the information age.

The Concept of Work

The four-letter word "work" is the bedrock for the career education movement. Until and unless work is defined and understood, there is no easy-to understand way of defining and describing the career education movement.

In career education, work is defined as "intentional effort, other than that whose primary purpose is either coping or relaxation, aimed at producing benefits for oneself and/or for oneself and others" (Hoyt, 1975, p. 3). The requirements for a particular activity to be defined as work include: (a) intentional means the activity is something the individual has chosen to do—it is not forced on him or her; (b) effort means some degree of difficulty is involved in the activity—it can't just happen accidentally; (c) producing means that some outcome is being sought; (d) benefits means the recipient of work must be better off in some way after work has taken place; and (e) the worker

Kenneth B. Hoyt, University Distinguished Professor, Kansas State University, Manhattan, Kansas, and Director of Career Education, U.S. Office of Education, 1974-1983.

is better off in some way for having worked, and, very often, others benefit as well.

People value work for a variety of reasons, including: (a) work is a way of defining oneself to oneself and to others, (b) work is a way of demonstrating one is needed by others for something, (c) work is a way any individual has for making the world a better place, (d) work is a way through which the individual can excel in something, (e) work is a way of doing things that are of great interest to the individual, (f) work is a constructive way for spending at least some of one's leisure time, (g) work is a means of accumulating finances, and (h) work is a way of finding others with similar interests and functioning together as a team.

Taken together, these reasons become one's work values that can be applied, to some degree, in any occupation as opposed to occupational values that represent reasons the individual chooses one occupation as opposed to others. The information age is making it necessary for many persons to change occupations several times during their working years. While this is likely to involve large changes in occupational values, it will often require little or no change in one's work values.

With this definition, it is clear that work can be either paid or unpaid. It certainly covers much more than paid employment. Almost two in five new jobs predicted to exist during the 1996-2006 period will require no more than one month of training to perform ("OCChart," 1997-1998, Winter). Instead, they are likely to be low-level, dead-end, boring jobs that require the worker to repeat the same actions over and over again. Some workers will find ways of incorporating their work values into these kinds of jobs. Many others will not and will find it necessary to meet their human need to work through activities in which they engage during their leisure time.

Other kinds of activities such as, for example, Boy Scout leader or full-time homemaker, meet all the requirements for being called work but are not being paid for in money. This concept applies to a wide variety of kinds of volunteer work, and seems likely to increase in both frequency and importance as we move further and further into the information age.

Career education is, above all else, dedicated to helping each individual want to work and to succeed in working. The career education principle of emphasizing both paid and unpaid work appears to have been widely accepted in a variety of the education-work projects currently being funded at the federal/state levels. The definition of work proposed here appears to have been accepted but not enthusiastically endorsed by most career education practitioners. Much remains to be done before the bedrock importance of work is recognized and endorsed by a majority of those engaged in career education efforts. It is vital that this be done soon.

The Concept of Students and Teachers as Workers and the Classroom as a Workplace

Real education reform cannot occur until and unless changes occur in the classrooms where students and teachers interact. The career education concept contends that such changes are most likely to occur in places where classrooms are regarded as workplaces and both teachers and students are regarded as workers.

If this concept is desirable, then the basic rules for increasing productivity in the workplace can be applied to classrooms just as to other kinds of workplaces. Furthermore, they apply both to teachers as workers and to students as workers. These rules include: (a) help the worker understand the importance of the tasks he or she is being asked to perform, (b) reward the use of positive work habits when they occur, (c) assure variety in the work tasks so that workers don't do only one thing all the time, (d)

9

reward excellence in work by giving special rewards for the best work, (e) establish and use systems of working in teams where workers will produce better products because they learned to work together, (f) evaluate workers under arrangements that will motivate each worker to improve his or her work performance, and (g) establish work goals that can reasonably be met by workers who are motivated to work.

Many teachers will be initially motivated to try making these changes when they become convinced their students are likely to improve their academic performance. Most teachers will continue to do so only if their "What's in it for me?" questions are answered. To answer these questions, two things have to happen: (a) beginning and end-of-year student achievement measures must be used and reported, and (b) teachers whose students have advanced or surpassed expected goals should receive some kind of reward from their school district and/or from others.

If students are to learn more as a result of education reform, the question they ask most often—"Why should I learn this?"—must be answered. In far too many school districts, the typical answer they are given is "You're going to need it next year." That answer is, for most students, not good enough. In career education, students are helped to learn some reasonable answers to this question by talking about various kinds of work that are possible for persons possessing this knowledge. This needs to be done from the standpoint of both work values and occupational values.

The rationale for defining (a) both students and teachers as workers, and (b) the classroom as a workplace lies at the heart of viewing career education as a proposal for education reform.

Some evidence has been reported that a career education approach in the classroom can increase student achievement. One of the clearest examples is included in a report produced by the Kentucky Valley Educational Cooperative in Hazard, Kentucky (Collins, 1980). This report provides standardized achievement results for (a) students exposed to a career education approach, and (b) students not exposed to career education. Using samples of students from grades 3, 5, and 10 in reading, language arts, and mathematics, statistically significant differences favoring the career education sample were found on five of these nine comparisons. Even where not statistically significant, mean differences favored the career education sample over the noncareer education sample on all nine comparisons.

The career education concept emphasizes that, while student visits to various occupational sites can be helpful in increasing student understanding of the nature and significance of work, the student does not have to leave the classroom in order to experience work. This is one of the most powerful components of the career education concept. If the kinds of results found in the Kentucky example reported above were demonstrated nationwide, it seems likely career education would receive wide support and endorsements. Typically, these kinds of data have not been reported for career education efforts to date.

The Concept of Infusion

A key component of career education lies in its ability to be delivered as part of regular classroom procedures rather than as add-on. Career education advocates have called this behavior infusion. One example of infusion can be seen in the practice of promoting the importance of general employability skills useful in all kinds of work. This also includes emphasizing classroom work habits such as: (a) coming to work (i.e., to school) on time; (b) doing the best you can to carry out your work assignments; (c) finishing each task you are assigned and doing so on time; (d) following

10

directions given to you by your supervisor (i.e., teacher); (e) learning to work with others in a team fashion; (f) trying to think of ways to make your work more productive; and (g) trying to initiate procedures that will make your work more pleasing to you.

It seems inevitable that students are going to acquire some kinds of work habits, either positive or negative, when they engage in schooling as a kind of work. If they learn in every classroom the importance of practicing the kinds of positive work habits listed above, they can reasonably expect to carry those habits over to their postschooling employment behavior.

Another example of infusion can be seen by observing the use of persons from the private sector as resources who can provide examples in their jobs of the value of basic academic skills in job performance. In order to consider this as infusion, it is important to recognize that all classroom teachers have two basic jobs: (a) transmitting knowledge to students, and (b) motivating students to learn what the teacher is trying to teach. If done correctly, the use of persons from the private sector as resource persons in the classroom will take place during those periods when the teacher is trying to motivate students to learn. Career education advocates do not ask that the time for this be taken from those periods when the teacher is trying to transmit subject matter content. This, then, becomes another example of what career educators mean by the term infusion.

By emphasizing infusion, there is no need for special teachers known as "career education teachers." Instead, every teacher will become a teacher of career education. The differences involved here are very important, especially with respect to the cost of career education. Regular classroom teachers, by virtue of their potential for implementing career education daily through the teaching-learning process, are the most important persons in making career education successful. Unless and until their importance is recognized, true career education cannot be said to have taken place. If they function as they should, there will be no need to employ additional special career education teachers. The process of infusion is an important part of career education.

The Concept of Collaboration

The first official U.S. Office of Education definition of career education pictures career education as a joint effort of the education system and the broader community. Career education has never been officially defined by the federal government as something the education system could do all by itself.

The word collaboration was purposefully used rather than the word cooperation in describing how the education system and the private sector need to work together in career education. For purposes of conceptualizing the career education movement, the two words cooperation and collaboration have been defined as follows:

1. Cooperation: two or more organizations/persons agree to work together under circumstances where only one of them receives major credit for the success of the effort if it works and/or major blame for its failure if it doesn't.

2. Collaboration: organizations/persons share (a) responsibility, (b) authority, and (c) accountability for success of the effort.

Collaborative efforts are viewed here as those in which each partner's authority is dependent on the degree to which the partner shares both responsibility for carrying out the project and clear accountability for both the successes and the failures of the project (Hoyt, 1978). Of all of the subconcepts in the career education movement, this

is the one that has experienced the greatest degree of difficulty in being implemented. Part of this appears to be due to the reluctance of K-12 boards of education to share authority or ownership with the private sector. Part appears to be due to the reluctance of persons from the private sector to share accountability for success or failure of the total career education effort. The concept of collaboration represents major challenges for change in education-private sector relationships.

The relative lack of a sense of ownership on the part of the private sector appears to be a major source of differences in collaborative efforts in the U.S. compared with other developed nations. The National Center on Education and the Economy (1990) reported that, in some nations, as much as 6% of the gross income of private sector operations has been set aside for use in training to include collaborative efforts with the education system. A sense of responsibility leading to active partnerships between the education system and the private sector is still largely missing in the U.S., both among educators and among members of the private sector. Until these conditions are changed in a positive direction, it will be difficult to truly implement career education nationwide.

The Concept of Career Development

There is no doubt that Marland (1974), in defining career education as a proposal for education reform, was thinking primarily about proposed changes in the teaching-learning process and in education-work relationships. Nor is there any doubt that he also envisioned changes in school counselor activities growing out of the need to better relate education and work. At this time, it seems that much faster and greater success has been found in efforts to reform professional counselor behaviors than in efforts aimed at reforms in the teaching-learning process. Among the changes coming to school counselor behavior since career education was first initiated more than 30 years ago, the following reforms are especially significant:

1. Moving from a primary emphasis on differences in occupational values to a primary emphasis on work values. This includes a marked interest in helping persons discover and engage in unpaid work during part of their leisure time. The concept of career development no longer applies only, or even primarily, to paid employment.

2. Helping almost all high school leavers, not just those headed toward 4-year colleges, to seek some kind of postsecondary education as preparation for work. Increasingly, school counselors must help students plan for and think about education and work, rather than about education or work.

3. Helping students acquire job-changing skills as well as job-seeking skills. The days when most students made one occupational choice before leaving high school with an expectation that it would remain their choice over their working lives no longer exist.

4. Moving toward active participation in societal efforts to eliminate sexism, racism, and discrimination based on handicaps in jobs available for consideration by school leavers. The need for assistance in career development is fully as great for women, minorities, and persons with handicaps as it is for any other persons.

5. Expanding the number and kinds of occupational opportunities available to job seekers from a local-state pool to include a national-international pool that takes into account the global economy associated with the information age.

6. Helping prospective employees engage in career exploration that involves participation in a number of different occupations. The primary emphasis of work expe-

12

rience is to help prospective employees become familiar with how the concept of work fits their personal work values. Detailed concentration on only one occupational area is not a high priority.

7. Moving away from primary concentration on career development for K-12 students toward offering career development services to both youth and adults, including displaced adult workers. Career development professional assistance needs to be provided to both youth and adults.

Each of these changes in career development can be viewed as a change in the concept of career education. The career development movement and the career education movement have come much closer together in the last 30 years. The challenge now is to make sure that, as these two movements continue to come closer and closer, the primary goal of career education as a proposal for education reform and the key importance of the classroom teacher remain as top priorities of the whole career education movement.

Career Education and Vocational Education

The first book on career education pictured vocational education as a component of career education (Hoyt, Evans, Mackin, & Magnum, 1972). While conceptually sound, this view was never considered to be operationally practical. Instead, during the early 1970s, when the term career education was first used, about $300 million in federal funds were appropriated annually for vocational education and only $10 million for career education. This made it easier for many persons to think of career education as a component of vocational education.

When, during the 1970s, questions were raised regarding the difference in meaning of the two terms, the most common answer given was that career education has a primary commitment to providing persons with general employability skills useful in any occupation, while vocational education has its primary commitment to providing persons with specific vocational skills that they needed in order to become successful workers in specific occupations. While career education was conceptualized as covering the K-adult years, vocational education was commonly thought of as operating primarily at the secondary and postsecondary subbaccalaureate levels.

During the 1970-1976 period, $47 million federal funds were appropriated for career education under provisions of Part D of the Vocational Education Amendments of 1968. During the 1972-75 period, an additional $18 million of federal vocational education funds from Part C of that same act were spent for career education. No other single part of the U.S. Department of Education has been as supportive of career education as the Bureau of Vocational and Adult Education (Hoyt, 1981).

The Office of the Assistant Secretary for Vocational Education in the U.S. Department of Education has, in recent years, made major contributions to the career education movement in three ways. First, it has been promoting use of 16 broad career clusters, each of which includes provision for motivating students to learn basic academic skills by showing how such skills are needed in occupations included in any given cluster. In addition, the curriculum being developed for use in each cluster is aimed at providing students with beginning career skills and help in planning for post-high school educational opportunities.

Second, the current tech prep legislation provides opportunities for nationwide implementation of career education, especially at the secondary and postsecondary subbaccalaureate levels. Whether the term used is career education or tech prep is of

relatively minor importance. What matters is the availability of $100 million annually in support of what many would call career education in spite of it being officially named tech prep.

Third, when the National Occupational Information Coordinating Committee (NOICC) was disbanded, its career development functions along with its $9 million appropriation were moved from the U.S. Department of Labor to the Division of Vocational-Technical Education (DVTE) in the U.S. Department of Education. Thus, more federal funds became available for use in what some are calling career development and what career educators would call career education. There is little doubt but that, currently, DVTE in the Office of Vocational and Adult Education is taking a leadership role in ensuring federal support for career education through what is being called America's Career Resource Network and which is replacing the NOICC network.

Concluding Remarks

It has taken 30 years—a whole generation of professional educators—both to define and to demonstrate the concept of career education. During this time, the major components found in this concept have remained constant in their basic nature. Each has, however, become more sophisticated in terms of its operational procedures and content. As a result, the total career education concept has become even more valuable as an approach to education reform. It is time that its usefulness in education reform return as a top priority of American education.

The nature and value of each of the major components of career education have also grown during the last 30 years. The usefulness of each will be enhanced if the components can be tied together in terms of the total career education movement. This, too, should become a priority of American education.

References

Brodinsky, B. (1979). Something happened: Education in the seventies. *Phi Delta Kappan, 61,* 238-241.

Collins, O. (1980). *Career education and basic education.* Hazard, KY: Kentucky Valley Educational Cooperative.

Hoyt, K. B. (1975). *An introduction to career education: A policy paper of the U.S. Office of Education.* Washington, DC: U.S. Government Printing Office.

Hoyt, K. B. (1978). *The concept of collaboration in career education.* Washington, DC: U.S. Government Printing Office.

Hoyt, K. B. (1981). *Career education: Retrospect and prospect.* Washington, DC: U.S. Government Printing Office.

Hoyt, K. B., Evans, R., Mackin, E., & Magnum, G. (1972). *Career education: What it is and how to do it.* Salt Lake City: Olympus.

Marland, S., Jr. (1974). *Career education: A proposal for reform.* New York: McGraw-Hill.

National Center on Education and the Economy. (1990). *America's choice: High skills or low wages.* Rochester, NY: Author.

National Commission on Excellence in Education. (1983). *A nation at risk: The imperative for education reform.* Washington, DC: Author.

OCChart. (1997-1998, Winter). Projected percent change in employment, 1996-2006. *Occupational Outlook Quarterly, 41*(4), 11.

"Think of your writing as a journey."

—*Pat Nellor Wickwire*

• • •

"Writing and Professional Leadership"
Ninth Annual CACD Writer's Workshop
CACD-ACA World Conference
April 16, 1999
San Diego

Coercive Treatment for Clients with Substance Use Disorders

Douglas L. Polcin, Ed.D.

Findings from a pilot study of 20 misdemeanor substance abusers in a 10-week treatment group are reported. Despite being coerced into treatment, a majority of the sample indicated a desire to make some change in their use of substances. Between the first and fifth weeks of the group, clients reported treatment gains in terms of decreased alcohol use, decreased money spent on substances, decreased involvement in illegal behavior, and increased attendance at 12-step meetings.

Investigating treatment for individuals with substance use disorders in the criminal justice system is important because the misuse of substances is involved in a large proportion of illegal activities (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 1997). Studies have suggested that alcohol plays a role in 50% of homicides, 52% of rapes and other sexual assaults, 48% of robberies, 62% of assaults, and 50% of motor vehicle deaths (NIAAA, 1997). To date, coercive treatment for substance abuse clients in the criminal justice system has focused primarily on individuals charged with felonies associated with illegal drug use or those charged with driving while under the influence of alcohol (DUI) (Polcin, in press).

Research examining the effectiveness of coerced treatment for illegal drug use in drug court programs has reported substantial reductions in crime and rearrests (Goldkamp & Weiland, 1993). The 1998 meeting of the American Society of Addictive Medicine (1998) included several presentations on the use of coercion in substance abuse treatment. Among the conclusions reached were the findings that coerced treatment can be effective with a variety of populations and that criminal justice professionals should be doing more to identify, refer, and monitor individuals with substance abuse problems.

The use of criminal justice coercion for clients with alcohol problems has been studied somewhat less than coercion for clients with primarily drug problems (Polcin, in press). Most of the literature on criminal justice coercion for clients with alcohol problems has focused on the effectiveness of DUI programs (Weisner, 1990). These investigations have found that DUI-coerced individuals fare no worse than their voluntary counterparts (Chick, 1998; Flores, 1982). In a meta-analysis conducted by Wells-Parker, Bangert-Drowns, McMillen, and Williams (1995) to assess the effectiveness of DUI remediation interventions, individual studies were cited that indicated DUI programs can be effective in improving psychosocial functioning (Institute of Medicine, 1990) and reducing recidivism (Mann, Leigh, Vingilis, & Degenova, 1983). Results of the meta-analysis concluded that remediation reduced recidivism by 8-9% over no remediation, that treatment effects are probably underestimated because of an overemphasis on educational interventions, and that a combination of alcohol treatment services and legal sanctions was most effective for DUI offenders (Wells-Parker et al., 1995).

Douglas L. Polcin, Research Psychologist, Haight Ashbury Free Clinics, Inc., San Francisco, California.

Substance-abusing offenders who have received less attention are multiple of-
fenders who have been charged with misdemeanor crimes such as drinking in public,
trespassing, petty theft, and assault. Few studies have targeted this population, despite
their strong impact on criminal justice, health, and mental health systems (Polcin, in
press). Many of these individuals have histories of homelessness, and they have be-
come a focus of concern for many urban communities. Research on treatment utiliza-
tion suggests that few receive treatment or adequate levels of care (Institute of Medicine,
1990). This pilot study documents the characteristics and initial treatment response of
a sample of misdemeanor substance abusers who were coerced by the criminal justice
system into an outpatient substance abuse group.

Method

Participants

All clients were coerced by the county court into a 10-session substance abuse
treatment group in a community mental health center. The goals of treatment were to
decrease substance use and illegal behavior, provide psychoeducation about more in-
tensive treatment options, stimulate motivation for change, and encourage clients to
attend free acupuncture services and 12-step meetings available in the community.
The primary treatment techniques included motivational interviewing, psychoeducation,
and solution-focused approaches. Hence, the group counselors provided clients infor-
mation about substance abuse problems and treatment options, facilitated discussions
about the consequences and role of substance use in clients' lives, and pointed out
client strengths and times they were able to avoid substance use. Successful comple-
tion of the group required that clients miss no more than one group session and attend
at least one 12-step meeting in the community. All clients were eligible to take part in
the study, and 20 of the 26 clients beginning the group between January and June of
1998 (77%) chose to participate.

Relatively large proportions of the participants were male (65%), African Ameri-
can (50%), and homeless or living with friends or family (55%). Ages ranged from 26
to 57, with a mean age of 41. Twenty-five percent were married, and 70% reported
having engaged in incidents of domestic violence while they or their partners were
under the influence of substances. Participants signed informed consent agreements
and were told that their involvement in the study was anonymous and in no way af-
fected their treatment or legal requirements.

Procedure

Clients were presented self-administered questionnaires at their first (week 1) and
fifth (week 5) group meetings. The content of the questionnaire included 3-point ordi-
nal measures of drug use, alcohol use, heavy alcohol use (5+ drinks in one day), illegal
behavior, attendance at acupuncture treatments, and attendance at 12-step meetings.
Each of the six variables was coded: $0 = 0$ days during the past month, $1 = 1$-4 days
during the past month, or $2 = 5$ or more days during the past month. Clients also
indicated how much money they had spent on substances during the past month. Re-
sponses were coded along the following 4-point ordinal scale: $0 = $ none, $1 = \$1$ to \$75,
$2 = \$76$ to \$150, and $3 = \$151+$. Motivation for change was measured as a dichoto-
mous variable indicating those who wished to change their substance use in some way
(e.g., stop completely, cut down, stop for a while) versus those who did not wish to
change their use or were unsure. Finally, clients were asked whether they had volun-

17

tarily enrolled in any formal, more intensive inpatient or outpatient substance abuse treatment program.

Results

Of the 20 clients taking part in the study, 13 (65%) completed all 10 group meetings, and one (5%) left the group to voluntarily enroll in an intensive residential program. Nonparametric tests for two related samples were conducted to assess changes between the first group meeting (week 1) and the fifth group meeting (week 5). Marginal Homogeneity tests found statistically significant decreases between week 1 and week 5 for alcohol use ($p < .01$) (see Table 1) and money spent on substances ($p < .05$) (see Table 2). Because illegal behavior during the past month was zero for all subjects responding at week 5, a nonparametric test other than Marginal Homogeneity was necessary for this variable. The Wilcoxen Signed Ranks test was employed, and a statistically significant reduction in reported illegal behavior was found between week 1 and week 5 ($p < .05$). Marginal Homogeneity analysis comparing week 1 and week 5 also revealed a trend toward more 12-step meetings attended ($p = .08$) (see Table 1). No significant differences were found for reductions in drug use, days of heavy drinking, or voluntary attendance at acupuncture treatments. Table 3 includes data that show that a large majority of clients entering treatment indicated a desire to change their use of alcohol (67%) and over half indicated a desire to change their use of drugs (54%). However, motivation to change alcohol and drug use did not increase between weeks 1 and 5, and very few clients voluntarily attended more intensive substance abuse treatment ($n = 2$) (10%) or free acupuncture services ($n = 4$) (20%).

Table 1

Frequency of Target Behaviors Over Past 30 Days at Weeks 1 and 5

		% reporting behavior by frequency		
Target behavior	n	None	1-4 Days	5+ Days
Illegal behavior*				
Week 1	15	60	27	13
Week 5	17	100	0	0
Alcohol use**				
Week 1	14	14	79	7
Week 5	19	53	37	10
12-step meetings				
Week 1	13	61	31	8
Week 5	19	53	42	5

Note. One Way Marginal Homogeneity test for alcohol use and 12-step meetings; Two Way Wilcoxen Signed Rank test for illegal behavior.

*$p < .05$. **$p < .01$.

Table 2

Money Spent on Substances Over Past 30 Days at Weeks 1 and 5

			% reporting by amount of money		
	n	None	$1-$75	$76-$150	$151+
Money spent on substances*					
Week 1	14	21	29	14	36
Week 5	19	52	21	11	16

Note. One Way Marginal Homogeneity test.

*p < .05.

Table 3

Motivation to Change Drug and Alcohol Use at Weeks 1 and 5

		% reporting desire to change use	
Substance	*n*	Desire	No desire
Drugs			
Week 1	13	54	46
Week 5	14	50	50
Alcohol			
Week 1	15	67	33
Week 5	17	71	30

Note. One Way Marginal Homogeneity tests.

ns.

Discussion

This pilot sample of misdemeanor substance abusers coerced into a 10-session outpatient group reported significant reductions in alcohol use, money spent on substances, and days engaged in illegal activities. Treatment retention was high, with 65% successfully completing the group and 5% pursuing intensive residential treatment. However, the group goals of enhancing self-motivation for change and increasing voluntary participation in substance abuse services were not met. The trend toward increased attendance at 12-step meetings was partly a function of the requirement that clients attend at least one 12-step meeting to complete the group successfully. Several clients were also mandated by the court to attend Alcoholics Anonymous meetings in addition to the 10-week group.

The accuracy of self-reported information from individuals in the criminal justice system who may want to portray a positive image of themselves may be questioned. However, it must be remembered that clients were told their responses were anonymous and in no way affected their treatment or legal mandates. Further, self-reported measures in substance abuse research, including studies with court-mandated clients, have generally been found to be accurate (Gerstein et al., 1994). Finally, if clients were underreporting target behaviors because of their legal status, reports of improvements in all areas would be expected. In particular, it would be difficult to explain the finding that illegal drug use and heavy drinking did not decrease while overall alcohol use did.

It appears that legal coercion played an important role in facilitating treatment compliance, retention and completion of the group, and ultimately the treatment gains achieved (e.g., decreases in alcohol use, money spent on substances, and days engaged in illegal activity). Although most clients indicated a desire to modify or stop their substance use, without a legal mandate they did not tend to pursue additional self-help or professional services. Motivating a strong voluntary commitment to treatment may be unrealistic with this population, require longer periods of treatment, or more intensive levels of service. Major limitations of this study are the small sample size, limited duration of treatment measured, and minimal level of service provided. Studies of misdemeanor substance abusers coerced into treatment are needed with larger samples and longer, more intensive treatment interventions.

Conclusions

The results of this study support coercive treatment for misdemeanor substance abusers. First, a majority of the clients in this sample had some motivation to change their use of substances despite their mandated treatment status. Second, many were able to benefit in terms of decreased alcohol use, decreased involvement in illegal behavior, and decreased amounts of money spent on substances. However, a voluntary commitment to attending additional services beyond that required of the legal system was rare. How to develop and maintain a voluntary commitment among criminal justice clients coerced into treatment is an important area requiring further research. The findings here suggest that counselors and other mental health professionals would do well to avoid dismissing clients coerced into treatment from the criminal justice system as unmotivated or unable to benefit from treatment.

References

American Society of Addiction Medicine. (1998, June). Coerced treatment is showing effectiveness. *Alcoholism and Drug Abuse, 10*(26), p. 6.

Chick, J. (1998). Treatment of alcoholic violent offenders: Ethics and efficacy. *Alcohol & Alcoholism, 33*(1), 20-25.

Flores, P. J. (1982). The efficacy of the use of coercion in getting DWI offenders into treatment. *Journal of Alcohol and Drug Education, 28*(1), 18-27.

Gerstein, D. R., Johnson, R. A., Harwood, H. J., Fountain, D., Suter, N., & Malloy, K. (1994). *Evaluating recovery services: The California drug and alcohol treatment assessment* (Contract No. 92-001100). Sacramento, CA: California Department of Alcohol and Drug Programs.

Goldkamp, J. S., & Weiland, D. (1993). *Assessing the impact of Dade County's felony drug court.* Washington, DC: National Institute of Justice.

Institute of Medicine (Ed.). (1990). *Broadening the base of treatment for alcohol problems.* Washington, DC: National Academy Press.

Mann, R. E., Leigh, G., Vingilis, E. R., & Degenova, K. (1983). A critical review of the effectiveness of drinking driving rehabilitation programs. *Accident Analysis and Prevention, 15,* 441-461.

National Institute of Alcohol Abuse and Alcoholism. (1997). *Improving the delivery of alcohol treatment and prevention services: Executive summary* (NIH Publication No. 97-4224). Bethesda, MD: Author.

Polcin, D. L. (in press). Criminal justice coercion in the treatment of alcohol problems: An examination of two client subgroups. *Journal of Psychoactive Drugs.*

Weisner, C. (1990). Coercion in alcohol treatment. In Institute of Medicine (Ed.),

Broadening the base of treatment for alcohol problems (pp. 579-601). Washington, DC: National Academy Press.

Wells-Parker, E., Bangert-Drowns, R., McMillen, R., & Williams, M. (1995). Final results from a meta-analysis of remedial interventions with drink/drive offenders. *Addiction, 9*(7), 907-926.

"Believe in yourself
and
believe in your writing."

— Jackie M. Allen

● ● ●

"Prospect and Promise in Professional Writing"
Tenth Annual CACD Writer's Workshop
CACD Annual Convention
March 17, 2000
Sacramento

School Counselors' Use of Assessment and Its Relationship to Their Training

Joan H. Blacher, Mildred Murray-Ward, and Gail E. Uellendahl

This study explored the assessment practices of school counselors in one Southern California county and their perceptions about the adequacy of their training. Results indicate that counselors are engaged in some aspects of assessment more than others and rated their training in those areas as good or excellent. Recommendations for future research are presented.

Graduate programs in school counseling routinely include at least one course in assessment (Council for Accreditation of Counseling and Related Programs, 1994; Elmore, Ekstrom, & Diamond, 1993; Goldman, 1992), and national counselor certification examinations require knowledge of and skill development in assessment (National Board for Certified Counselors, 1998). Additionally, the emergence of the counseling and guidance profession closely paralleled the educational measurement movement, starting in the early 1900s (Zunker, 1998). Yet, despite the training school counselors receive in their preparation programs and the links between educational testing and counseling, it is not certain whether counselors in the schools use the assessment skills they were required to learn, know which types of assessment to utilize, and feel adequately trained to use them.

Schmidt (1995) pointed out that the purpose of counseling in the schools is to assist students with their educational, career, and personal and social development. In carrying out this goal, counselors serve students directly and also indirectly through consulting on their behalf with parents and teachers. Since assisting students to make effective decisions about their educational plans and future careers requires a foundation of accurate data, counselors need to be skilled at both information gathering and information dissemination. While it is true that student information may be gathered through individual and/or group counseling and a review of school records, standardized and structured assessment procedures are also important data collection tools.

Counselors may administer, score, and interpret standardized test scores themselves, or they might be asked to manage a school's testing program (Anastasi, 1992). Additional assessment tools at counselors' disposal are qualitative techniques such as observation rating scales and checklists, student behavior rating self-reports, anecdotal reports, questionnaires, structured interviews, and sociometric techniques (Gibson & Mitchell, 1995). The primary assessment domains are aptitude, achievement, career interest, and social skills development.

In addition to gathering information, counselors have an important role to play in disseminating to students, parents, teachers, and administrators assessment data that

Joan H. Blacher, Professor Emerita, School of Education, California Lutheran University, Thousand Oaks; Mildred Murray-Ward, Chair, Advanced Studies, and Director, Curriculum and Instruction Program, California Lutheran University, Thousand Oaks; Gail E. Uellendahl, Associate Professor and Director, Counseling and Guidance Program, California Lutheran University, Thousand Oaks.

have been collected by others. There is evidence (Impara & Plake, 1995) that teachers, particularly at the secondary level, rely on counselors to provide them with assessment information, and to answer their questions about testing.

Given its importance, counselors should be expected to make extensive use of assessment. However, as Goldman (1992) has suggested, few counselors other than career counselors make use of tests. Further, while there is an abundance of research about the assessment competencies counselors need (Anastasi, 1992; Harmon, 1988; Impara & Plake, 1995), there is less evidence to suggest that counselors are actually using those skills and that the training they receive is sufficient. Although one study (Elmore et al., 1993) surveyed test use patterns among school counselors, this investigation seemed limited to standardized tests. In this study, findings were that nearly all of the 296 school counselors surveyed had responsibility for test interpretation, and that two-thirds felt highly confident about their test interpretation skills. However, it was also found that their interpretation practices may not have adhered to expected standards, casting some doubt on their training.

If counselors are not utilizing assessment tools, plausible explanations might be that counselors feel inadequately trained, do not have the time or opportunity, believe that their role should not include assessment, or are told by other educational professionals that counselors should not be engaged in assessment activities.

The purpose of this pilot study was to begin an exploration of the utilization by school counselors of both standardized and nonstandardized assessment techniques and their perceived level of training.

Questions that guided this research were: How frequently are counselors using assessment techniques? To what extent are counselors gathering and disseminating information using assessment? How adequate do they perceive their training to be in each area? Is there a relationship between frequency of use and adequacy of training?

Method

Participants

Participants were drawn from 65 attendees at a southern California school counselors' association conference in a suburban county in the fall of 1998. Those in attendance were invited to participate in a pilot study about the use of assessment by school counselors. A total of 25 school counselors responded, including 19 high school counselors and six middle school counselors. Reported scores were similar enough to warrant combining the two groups. Their years of experience were as follows: Sixteen reported 8 or more years, eight 4-8 years, and one 1-3 years. Although the sample was self-selected, participants were representative of school counselors working in that county.

Instrumentation

A 23-item questionnaire, including a variety of Likert and fill-in-the-blank items covering a number of dimensions related to assessment, was developed by the authors for this investigation. Item content was determined through a review of the literature (Schafer, 1995) and consultation with school counselors. Participants were asked to respond to items relating to assessment techniques, gathering and disseminating assessment information, and testing program logistics according to frequency of use and perceived adequacy of training.

Procedure

The questionnaire and a cover letter explaining the nature of the study and the assurance of confidentiality were distributed to all conference registrants. Respondents were asked to place completed surveys in a sealed box located at the conference registration table.

Results

The present study investigated (a) the frequency with which school counselors used assessment tools, (b) which types of student information they gathered and disseminated most often, and (c) the frequency with which they were involved in their school's testing program logistics, including coordination, test selection, administration, and interpretation. Further studied were counselors' perception of the adequacy of their training in the above dimensions and possible relationships between their training and the frequency of use.

To determine frequency of the three indicated dimensions, respondents were asked to specify how often in a given academic year they engaged in that activity: 11+, 6-10, 1-5, or 0 times. To determine respondents' perception of their training in those activities, they were asked to choose from ratings of "Excellent," "Good," "Adequate," or "Inadequate." Frequencies and median ratings are presented in Table 1.

To determine possible relationships between counselors' frequency of use and their perceptions of training, Spearman rank order correlations were completed. These are presented in Table 1.

The most frequently used assessment tool was that of structured interviews, with a median rating of 11+. The next highest in frequency was observation of students, with a median of 6-10. Less utilized were standardized tests, rating scales, and checklists (1-5). Drawing tests, card sorts, and sociometric tests were not used.

Results further indicated that counselors in this study most often used assessment information to determine students' academic achievement and to plan their instructional programs (11+). Also at high frequency level was interpreting assessment information to parents and other educators (11+). Lower frequency was shown in determining academic aptitude and career aptitude and interests (6-10), and the lowest was determining students' level of social skills (1-5).

In the area of assessment techniques, counselors reported excellent training in conducting structured student interviews; good training in observations, standardized testing, and student-, teacher-, and counselor-completed rating scales; and adequate training in sociometric techniques. They did not feel well trained in drawing tests or card sorts. Correlations between frequency of use and training were in the moderate range overall. Statistically significant Spearman correlations were found for six of the nine assessment techniques, including observation, student-completed checklists, structured student interviews, teacher- or counselor-completed rating scales, and sociometric tests.

In the dimensions of gathering and disseminating information and the logistics of school test programs, counselors felt most well trained in determining students' academic achievement and planning instructional programs. No activities showed median ratings of use with inadequate training. The relationship between frequency of use and training were not as strong in these areas as those found for techniques. The majority of correlations were in the low range. However, correlations for selecting tests and interpreting to parents were moderate and statistically significant at $p < .05$ and $p < .01$, respectively.

Table I

Counselors' Use of and Ratings of Training in Assessment

Activity	Median rating of use[a]	Median self-rating of training	Correlation between use and training
Assessment techniques			
Observation of students in groups or individually	6-10	Good	.403*
Standardized testing	1-5	Good	.060
Student-completed paper/pencil checklists	1-5	Good	.589**
Structured student interviews	11+	Excellent	.520*
Student-completed rating scales	1-5	Good	.313
Teacher or counselor-completed rating scales	1-5	Good	.522*
Drawing tests	0	Inadequate	.677**
Card sorts	0	Inadequate	.375
Sociometric tests	0	Adequate	.508*
Gathering and disseminating information			
Determining students' academic aptitudes	6-10	Good	.214
Determining students' career aptitudes and interests	6-10	Good	.118
Determining students' academic achievement	11+	Excellent	.226
Planning students' instructional programs	11+	Excellent	.217
Determining students' levels of social skills	1-5	Good	.315
Program logistics			
Selecting tests	0	Adequate	.540*
Coordinating a testing program	1-5	Good	.204
Administering tests and other assessment tools	1-5	Adequate	.296
Interpreting assessments to parents and other educators	11+	Good	.564*

[a] Use refers to number of times used in a given school year.
*$p < .05$. **$p < .01$.

Discussion

Before discussing the results and the implications of this pilot study, a strong word of caution must be given about generalizing from the findings because of the low number of nonrandomly selected participants. Second, the self-report format of the instrument brings into question the manner in which social desirability might have influenced the responses. Data from counselors gathered through interviews or observations might be different. Despite these limitations, the pilot study does provide some valuable indications about counselors' use of assessment and their perception of the training they have received.

The results of this study suggest that counselors used nonstandardized assessment tools most frequently, with structured student interviews and student observations being utilized the most. This is not surprising since training in these techniques, both calling for interpersonal and observation skills, typically occurs throughout counseling preparation programs in many counseling courses. Less frequent use was indicated in rating scales and standardized tests, which techniques would be more likely to be taught solely in the one or two test and measurement courses that are typical of school counselor preparation programs. Finally, card sorts, drawing tests, and sociometric tests were not used at all. This finding is not surprising about the latter two since they are more frequently part of school psychologists' training. However, it is puzzling that card sorts were not used. Counselors in preparation typically learn about these assessment tools in a career development course. However, it may be that other career assessment tools are more highly regarded. Further investigation into this finding seems warranted.

Results of the study also suggest that, for the most part, the relationship between assessment tool use and training is stronger than the relationship between information gathering and disseminating activities and training. This could mean that counselors were more likely to have received some training about specific assessment tools but less about linking the test results to the classroom. While gaining specific knowledge about assessment tools is essential for counselors, it is equally important that they gain knowledge about practical applications of their use.

A surprising finding was that counselors were so little involved in test program logistics. It may be that this assessment activity is seen as an administrative or teacher responsibility. If further investigation provides evidence that this is so, that would suggest implications for counselor preparation programs.

An additional finding of importance to counselor educators was that, overall, counselors perceived their training to have been good in the assessment activities in which they engage most frequently. Also heartening to note was that counselors believed their training to have been excellent in the area of conducting student interviews, in determining students' academic achievement, and in planning instructional programs. On the other hand, a disappointing finding was that the counselors in this study seldom assessed students' social skills level despite the fact that they perceived themselves to have been well trained. However, as Smith (1995) indicated, school counselors are more likely than school psychologists to be involved in qualitative developmental assessment approaches which include checklists or rating scales. Further, since school psychologists typically devote the majority of their time to the standardized quantitative intellectual and academic assessment required for determining special education eligibility (Smith, Clifford, Hesley, & Leifren, 1992), it may well be that neither school psychologists nor counselors are assessing social skill development. If true, this gap needs closing, in that assessing student social development is a major factor in school violence prevention programs (Morrison, Furlong, & Morrison, 1994). Because counselors have specific training in developmental approaches, they would seem to be the likeliest educational professionals to carry out this assessment. Further, as Goldman (1992) pointed out, qualitative assessment methods are more compatible with school counselor training programs and counselors' subsequent skill level. While further investigation into this area is needed, the results of this exploratory study may suggest that counselor education programs should consider placing more emphasis on qualitative assessment, particularly in the area of social skills.

Recommendations for future research, in addition to those indicated above, would be, first of all, to replicate this exploratory study using a greater number of randomly selected participants. Further, analyzing junior high and high school counselor data separately to gain more specificity about assessment practices in each setting would be valuable. Follow-up qualitative studies for the purpose of validating the outcomes of the larger study should also be considered. Finally, studies about the content of assessment courses in counselor preparation programs would increase knowledge about the way counselors are being trained to utilize both standardized and nonstandardized assessment techniques.

References

Anastasi, A. (1992). What counselors should know about the use and interpretation of psychological tests. *Journal of Counseling & Development, 70,* 610-615.

Council for Accreditation of Counseling and Related Programs. (1994). *Accreditation and procedures manual and application.* Alexandria, VA: Author.

Elmore, P. B., Ekstrom, R. B., & Diamond, E. L. (1993). Counselors' test use practices: Indicators of the adequacy of measurement training. *Measurement and Evaluation in Counseling and Development, 26,* 116-124.

Gibson, R. L., & Mitchell, M. H. (1995). *Introduction to counseling and guidance* (4th ed.). Paramus, NJ: Prentice Hall.

Goldman, L. (1992). Qualitative assessment: An approach for counselors. *Journal of Counseling & Development, 70,* 616-621.

Harmon, L. W. (1988). Counseling. In Robert L. Linn (Ed.), *Educational measurement* (3rd. ed.) (pp. 527-543). New York: Macmillan.

Impara, J. C., & Plake, B. S. (1995). Comparing counselors', school administrators', and teachers' knowledge in student assessment. *Measurement and Evaluation in Counseling and Development, 28,* 78-87.

Morrison, G.M., Furlong, M. L., & Morrison, R. L. (1994). School violence to school safety: Reframing the issue for school psychologists. *School Psychology Review, 23,* 236-256.

National Board for Certified Counselors. (1998). *National Counselor Examination (NCE) for licensure and certification.* Greensboro, NC: Author.

Schafer, W. D. (1995). *Assessment skills for school counselors.* (ERIC Document Reproduction Service No. EDO-CG-95-2)

Schmidt, J. J. (1995). Assessing school counseling programs through external interviews. *The School Counselor, 43,* 114-123.

Smith, D. K. (1995). *Cooperation between school psychologists and counselors in assessment.* (ERIC Document Reproduction Service No. EDO-CG-95-29)

Smith, D. K., Clifford, E. S., Hesley, J., & Leifgren, M. (1992). *The school psychologist of 1991: A survey of practitioners.* Paper presented at the Annual Meeting of the National Association of School Psychologists, Nashville, TN.

Zunker, V. G. (1998). *Career counseling: Applied concepts of life planning* (5th ed). Pacific Grove, CA: Brooks/Cole.

Not Broken, Just Different:
Helping Teachers Work with Children with Attention-Deficit/Hyperactivity Disorders (AD/HD)

Joan Astigarraga and Adriana G. McEachern

Teachers often experience frustration and concerns when dealing with children with attention-deficit and attention-deficit with hyperactivity disorders (AD/HD). School counselors can assist teachers by educating them about these disorders and by providing strategies they can use to help these children. Collaborative consultation between school counselors and teachers is recommended for improving children's academic, social, and personal performance.

Three-to-five percent of school-age children are diagnosed with attention-deficit and attention-deficit with hyperactivity disorders (AD/HD) (American Psychiatric Association [APA], 1994; Backover, 1992; Woodrich, 1994). More males than females are diagnosed, with male-to-female ratios ranging from 4:1 to 9:1 (APA, 1994; Saunders & Chambers, 1996; Woodrich, 1994). Woodrich (1994) asserted that 23-30% of children with AD/HD have trouble achieving the level predicted by their intelligence scores, with 30-70% failing at least one year of school. Many of them take longer in learning new material and show disparities between intellect and actual performance level (Warren & Capehart, 1995). Most get through preschool and kindergarten with minimal problems; however, by the third grade, gaps in achievement and academic performance become evident (Reid, Vasa, Maag, & Wright, 1994). This paper describes the symptoms and causes of AD/HD, and provides strategies school counselors can use with teachers to help these children achieve academic and personal success.

Definition, Causes, and Treatment of AD/HD

Misdiagnosis of AD/HD is frequent since the symptoms of other disorders (e.g., thyroid malfunction, inner ear problems, mood disorders, Tourette's Syndrome, and learning disabilities) can resemble those of AD/HD (Warren & Capehart, 1995). AD/HD is not a learning disability in itself, but is accompanied by one about 35-50% of the time (Livingstone, 1997; Warren & Capehart, 1995). Once termed ADD by the APA (Cartwright, Cartwright, & Ward, 1995), it is now identified in the *DSM-IV* (APA, 1994) as AD/HD and defined as a "persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development," (APA, 1994, p. 78) (Barkley, 1997; Guerra, 1998). AD/HD is divided into three subtypes: predominantly inattentive, predominantly hyperactive/impulsive, and combined (APA, 1994). To be diagnosed with the disorder, six or more of the symptoms in either categories must be present for at least 6 months (APA, 1994). Federal law does not recognize AD/HD as

Joan Astigarraga, School Counselor, Redlands Middle School, Homestead, Florida; Adriana G. McEachern, Associate Professor, Counselor Education, Florida International University, University Park, Miami, Florida.

a disability (Cartwright et al., 1995; Reid et al., 1994); consequently, to qualify for special education placement, these children must be classified as having learning disabilities by an interdisciplinary professional team (Cartwright et al., 1995).

Symptoms of AD/HD

Inattention, impulsivity, and hyperactivity are the defining characteristics of children with AD/HD combined type (APA, 1994; Barkley, 1997; Kirby & Kirby, 1994). They are expected to mature at a slower pace, have trouble with attention spans, and be easily distracted and impulsive in normal reaction situations (Schiller, Jensen, & Swanson, 1996). Hyperactivity in these children occurs when both large and fine motor muscles work overtime (Parker, 1996). Children who exhibit lack of impulse control have difficulty delaying gratification, are hyperactive and emotionally overaroused, and exhibit constant motion, uncontrollable emotions, and inappropriate reactions (APA, 1994; Kirby & Kirby, 1994). Conversely, children with AD without hyperactivity may have either normal or passive temperaments (Kirby & Kirby, 1994; Phelan, 1993). "They often appear as if their mind is elsewhere" (APA, 1994, p. 78), fail to pay close attention and complete tasks, and have difficulty with organization (APA, 1994).

The intensity and frequency of behaviors and level of thought interference distinguish children with AD/HD from other children. Children with AD/HD pay particular attention to random thoughts (Warren & Capehart, 1995). One outcome of attending to every thought is increased hyperactivity. Further, the intensity and frequency of inappropriate behaviors exhibited may also precipitate social malfunctions. These create a greater risk for self-destructive and damaging behavior (Warren & Capehart, 1995), depression, anxiety (Shapiro, DuPaul, Bradley, & Bailey, 1996), and for prime childhood behavior problems (Backover, 1992; Shapiro et al., 1996). AD/HD has been associated with adult disorders such as antisocial personality, substance abuse, and depression (Saunders & Chambers, 1996).

Causes of AD/HD

There are two main empirically based theories on the causes of AD/HD. The first is a belief that it is caused by an imbalance of neurotransmitters in the brain (Livingstone, 1997). The brain is understimulated and has difficulty regulating its own activities. Phelan (1993) has described this as a brain center with a "lazy governor" (p. 40) which translates into random, unfocused, disorganized, aggressive, and chaotic activity. The second is a belief that low glucose is present. Low glucose results in lower metabolic activity that permanently affects two areas of the brain, the ability to pay attention and the ability to regulate motor activity (Parker, 1996). Decreased blood flow and less electrical activity to brain centers that govern planning and control have also been detected in these children (Woodrich, 1994).

Most studies suggest heredity as a factor in AD/HD. For example, more than one-third of parents of children with AD/HD had the disorder themselves (Phelan, 1993; Woodrich, 1994). Livingstone (1997) cited mounting evidence that the problem does run in families. Other potential causes include diet, sleep, rest, and home and school environment (Lavin, 1991), and food dyes, chemical preservatives, and artificial flavorings (Feingold as cited in Hunter, 1995). Exposure to chemical stimulants or overdemanding or unstable environments, emotional disturbance due to parents' divorce, and other developmental disorders or learning disabilities contribute to the symptoms (Lavin, 1991). Other research has contradicted the idea that food additives,

sugar, lead ingestion, or improper parenting causes AD/HD (Schiller et al., 1996). Despite disagreement regarding causes, most experts seem to agree that the disorder requires interventions aimed at helping the child develop socially, physically, and intellectually (Backover, 1992).

The Use of Medication

Medication is often prescribed for children with AD/HD to control hyperactivity, help regulate children's behavior, and measure behavior change. Used appropriately, medicines like Ritalin act as stimulants to help neurotransmitters "fire" more dependably and efficiently with no residual effect (Schiller et al., 1996). Physicians, in general, do not allow enough time to assess children with AD/HD (Power & Ikeda, 1996), and medication sometimes becomes an alternative without a full analysis of the problem. It is one tool to help guide the child, but should never be the sole approach utilized to treat them. Generally, dealing with AD/HD is best accomplished with a three-fold approach: (a) alter the environment, (b) alter perceptions of the disorder, (c) provide medicine as a support (Warren & Capehart, 1995).

The Counselor's Role

Many children with AD/HD do not receive comprehensive treatment that covers needed educational, psychological, and social aspects; consequently, they continue to perform poorly academically and behaviorally, and may become conditioned to believe that external events are responsible for their successes or failures (Lavin, 1991). These children can be a cause of frustration for teachers who are skeptical of the children's lack of behavior control. Some teachers may blame parents for children's nonconforming behaviors; this can create a rift in the parent-teacher relationship and distract from the need to help the child perform successfully. Others believe the disorder does not actually exist, or they lack self-confidence, skills, and adequate training to work with these children (Kirby & Kirby, 1994; Snyder & Offner, 1993).

Teachers who teach children with AD/HD often need assistance and support. School counselors have the knowledge and skills to provide this assistance (Council for Accreditation for Counseling and Related Educational Programs, 1994). Children can be offered a variety of guidance and counseling interventions. One critical intervention is collaborative consultation, in which school counselors act as resources to teachers. Several guidelines are important in the consultation process.

1. Allow teachers to express their concerns and frustrations. Many teachers are not familiar with the special needs of these children and may feel inadequate, helpless, and confused when encountering them in their classrooms (Snyder & Offner, 1993).

2. Listen attentively and respond empathically to feelings, thoughts, and beliefs about their experiences with these children (Myrick, 1997).

3. Educate teachers about the disorder and the behavioral and cognitive implications for students.

4. Encourage teachers to use more hands-on-strategies, allowing children to practice what is being heard as they experience the concepts being taught. Activities can be used to reinforce and motivate behavioral changes (Stormont-Spurgin, 1997).

5. Brainstorm about strategies that can be used with a particular child or set of children. Invite a group of teachers together to discuss and share strategies that have worked and have been implemented in classes (Riegel, Mayle, & McCarthy-Henkel, 1988).

6. Have teachers test instructional strategies and return to consult with the counselor about their results. Counselors can monitor teachers' progress by periodic contacts and classroom observations (Myrick, 1997; Riegel et al., 1988). Provide teachers with positive reinforcement and feedback on their efforts and outcomes (Myrick, 1997).

Collaborative consultation can ensure that teachers and counselors establish team relationships with regular and frequent communication to validate that strategies are being implemented appropriately (Riegel et al., 1988).

Teaching Strategies to Help Children with AD/HD Learn

Teachers can benefit from consultation that focuses on alternative instructional methods and learning strategies. Teachers are generally left-brain learners and must exercise a paradigm shift to teach all types of children (Warren & Capehart, 1995). Teachers who insist upon set structures and auditory and visual learning activity may not understand the need for classroom accommodations for these children. Counselors can suggest alternatives.

One of the most important strategies for children with AD/HD is to focus on positive strengths. Counselors can help teachers recognize the uniqueness of each child with less reliance on labeling of children to determine expectations. Labels are often not productive (Hunter, 1995).

Creative learning activities and a restructured environment are especially important for children with AD/HD. These children, especially those with hyperactivity, can be sensitive to strong lighting, lack of background noise, and natural weather changes such as barometric pressure drops, full moons, and brewing storms (Warren & Capehart, 1995). It is advisable to vary learning methods to reduce written work, request more one-word answers, and use multiple choice and matching exercises. Avoidance of needless copying and long-sentence writing is better for these children. The concept of "less is more" is recommended; children can learn with 15 repetitions instead of 100. Children with AD/HD benefit from a more tactile learning style which includes learning to write using alternative methods like writing in sand or shaving cream or pudding placed on wax paper (Reid et al., 1994).

Counselors can recommend a behavior management approach (Woodrich, 1994) for use in the classroom. Subtle gestures can be used to prompt required behavior both in the classroom and at home (Stormont-Spurgin, 1997). A signed behavior contract or agreement can be developed between the child and the teacher to modify undesirable behaviors (Lavin, 1991; Myrick, 1997; Stormont-Spurgin, 1997). The contract can contain one or two behaviors targeted for change, reinforcers and consequences, and timelines for completion. Children can be taught to record, graph, and track the progress of their behavior changes. For example, children with AD/HD can learn to measure their own attention span and employ alternatives when off task. The use of self-monitoring behavior frees the teacher and encourages more on-task behavior from children (Garber, Garber, & Spizman, 1990).

Hands-on-learning and flexible teaching styles benefit all children, but especially those with AD/HD (Hunter, 1995). Children with AD/HD need monitoring related to their organization skills. They benefit from routines that maximize object placement and make use of assignment folders and planners (Stormont-Spurgin, 1997). They may need help focusing, preparing for homework or projects, and organizing their desks. Teachers can use "label graffiti" (Hunter, 1995, p. 95) to help children organize their desks and folders. The labels, folders, and picture clues can be bright and handmade and will draw attention (Stormont-Spurgin, 1997).

31

The self-esteem of the child cannot be overlooked in the learning process. Children with AD/HD are more accustomed to negative feedback and are often socially ostracized by their peers. Hunter (1995) reported that 90% of these children have negative perceptions of themselves because of the disability. Most have problems with self-esteem and often struggle with social problems, making it difficult to develop and maintain friendships (Saunders & Chambers, 1996). These children can be taught to identify negative thoughts and to change them into more helpful, positive thinking (Banez & Overstreet, 1998). Counselors can help teachers understand these difficulties and suggest methods to help these children improve interpersonal relationships. One strategy is the "buddy" system where children act as "peer helpers" (Myrick, 1997). Peer helpers can act as friends, positive role-models, and tutors to children with AD/HD (Myrick & Erney, 1984, 1985). Counselors can also work individually or in groups with children who have low self-esteem.

Relaxation techniques can be taught to children with AD/HD to counteract hyperactivity. Counselors can teach children relaxation methods which the teacher can further reinforce in the classroom (Garber et al., 1990). Teachers can enlist children's support by calling the techniques a unique name and practicing the breathing skills with them. They can suggest sports activities; some researchers believe that martial arts, Judo, and Tai Chi can help these children (Woodrich, 1994).

Finally, teachers must recognize that children with AD/HD will have periods of peak performance based on the medication taken, the nature of assignments, and the time for completion (Kirby & Kirby, 1994). Teachers can restructure the most difficult work in the morning or break the academic tasks into manageable parts. Reviewing the exercises to assess the time commitment involved can aid in tailoring assignments. Counselors also need to encourage teachers to help children generalize their learning to situations outside the classroom, as this will aid in understanding and assimilating concepts (Garber et al., 1990).

Conclusion

Maintaining a positive perspective will help teachers working with children with AD/HD provide the attention, care, concern, and respect they need. School programs and teaching methods cannot be rigid, and educators must be flexible in their interventions. Adaptations must be structured in ways that help all children learn; medication alone cannot be expected to make them adapt, behave, or stay on task (Livingstone, 1997). In an ideal world, the optimal learning environment would include flexibility with behavior management, social skills instruction, remedial help, smaller class sizes, increases in one-on-one learning, reduction of distractions, and focused applications of behavior management (Reid et al., 1994). Counselors can help teachers create more positive learning environments that can make significant differences for these children with special needs.

References

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders (DSM-IV)* (4th ed., rev.). Washington DC: Author.

Backover, A. (1992, July). Attention deficit disorder. Hard to detect: Harder to treat. *AACD Guidepost*, p. 8.

Banez, G. A., & Overstreet, S. (1998). Parental strategies for promoting self-esteem in children and adolescents with ADHD. *An ADHD Report Handout*, pp. 8-9.

Barkley, R. A. (1997). *ADHD and the nature of self-control.* New York: Guilford.

Cartwright, G. P., Cartwright, C. A., & Ward, M. E. (1995). *Educating special learners* (4th ed.). Belmont, CA: Wadsworth.

Council for the Accreditation of Counseling and Related Educational Programs. (1994, January). *Accreditation standards and procedures manual.* Alexandria, VA: Author.

Garber, S. W., Garber, M. D., & Spizman, R. F. (1990). *If your child is hyperactive, inattentive, impulsive, distractible...Helping the ADD (attention-deficit disorder)-hyperactive child.* New York: Random House.

Guerra P. (1998, February). A tale of two drugs: Prescribing Ritalin and Prozac to children. *Counseling Today,* pp. 32-33.

Hunter, D. (1995). *The Ritalin-free child: Managing hyperactivity and attention deficits without drugs.* Ft. Lauderdale, FL: Consumer Press.

Kirby, E. A., & Kirby, S. H. (1994). Classroom discipline with attention deficit hyperactivity disorder children. *Contemporary Education, 67*(3), 142-144.

Lavin, P. (1991). The counselor as consultant coordinator for children with attention deficit hyperactivity disorder. *Elementary School Guidance and Counseling, 26,* 115-119.

Livingstone, K. (1997). Ritalin: Miracle drug or cop-out? *The Public Interest, 27,* 3-18.

Myrick, R. D. (1997). *Developmental guidance and counseling: A practical approach* (3rd ed.). Minneapolis, MN: Educational Media.

Myrick, R. D., & Erney, T. (1984). *Caring and sharing: Becoming a peer facilitator.* Minneapolis, MN: Educational Media.

Myrick, R. D., & Erney, T. (1985). *Youth helping youth: A handbook for training peer facilitators.* Minneapolis, MN: Educational Media.

Parker, H. C. (1996). *The ADD hyperactivity handbook for schools.* Plantation, FL: Specialty Press..

Phelan, T. W. (1993). *Symptoms, diagnosis, and treatment, children and adults: All about attention deficit.* Glen Ellen, IL: Child Management.

Power, T. J., & Ikeda, M. J. (1996). The clinical utility of behavior rating scales: Comments on the diagnostic assessment of AD/HD. *Journal of School Psychology, 34*(4), 379-385.

Reid, R., Vasa, S. F., Maag, J. W., & Wright, G. (1994). Who are the children with attention deficit-hyperactivity? A school-based survey. *Journal of Special Education, 28*(2), 117-137.

Riegel, R. H., Mayle. J. A., & McCarthy-Henkel, J. (1988). *Beyond maladies and remedies.* Novi, MI: RHR Consultation Services.

Saunders, B., & Chambers, S. M. (1996). A review of the literature on attention deficit disorder children: Peer interactions and collaborative learning. *Psychology in the Schools, 33*(4), 333-339.

Schiller, E., Jensen, P., & Swanson, J. (1996). Educating children with attention deficit disorder. *Our Children, 22,* 32-33.

Shapiro, E. S., Dupaul, G. J., Bradley, K. L., & Bailey, L.T. (1996). A school-based consultation program for service delivery to middle school students with attention-deficit/hyperactivity disorder. *Journal of Emotional and Behavioral Disorders, 4*(2), 71-81.

Snyder, B., & Offner, M. (1993). School counselors and special needs students. In J. Wittmer (Ed.), *Managing your school counseling program: K-12 developmental strategies* (pp. 124-130). Minneapolis, MN: Educational Media.

Stormont-Spurgin, M. (1997). I lost my homework: Strategies for improving organization in students with AD/HD. *Intervention in School and Clinic, 32,* 270-274.

Warren, P., & Capehart, J. (1995). *You and your ADD child. How to understand and help with attention-deficit disorder.* Nashville, TN: Thomas Nelson.

Woodrich, D. L. (1994). *What every parent wants to know: Attention-deficit hyperactivity disorder.* Baltimore, MD: Paul H. Brooks.

"Create your writing career."

— Pat Nellor Wickwire

• • •

"Writing and Professional Leadership"
Ninth Annual CACD Writer's Workshop
CACD-ACA World Conference
April 16, 1999
San Diego

The Grief Process: Helping Adolescents Cope with Grief and Loss

Paul A. Rodriguez

The literature survey indicates that few models exist for conducting peer group counseling. A written comprehensive guide for conducting bereavement counseling increases the school counselor's ability to help adolescents during a difficult time in their lives. Adolescents will acquire and develop strengths as they cope with grief. It becomes crucial that school counselors and parents familiarize themselves with how adolescents grieve, and with what concerned adults can do to expedite healthy mourning in young people.

Death is a difficult subject for human beings to face. For adolescents, the death of a parent or loved one can be a traumatic event. Adolescents face particular difficulties during bereavement, especially since they must struggle with developmental responsibilities as well as the loss of a loved one. Many develop coping skills for grief; there is, however, additional evidence that emphasizes that adolescents who are unable to overcome their grief are at higher risk for various diverse behavior problems, morbidity, and suicide. Adolescents are no longer protected by the childhood coping mechanisms of denial, concrete thinking, and immature cognitive skills (Sugar, 1968; Van Eerdewegh, Bieri, Parilla, & Clayton, 1982).

An adolescent's inability to cope with grief may impede the developmental tasks necessary for emotional emergence into adulthood. Beck, Seti, and Tuthill (1963) believed that long-term consequences might include adult depression. Hepworth, Ryder, and Dreyer (1984) indicated that this unresolved depression could lead to rapid courtship combined with a tendency to shun intimacy.

In many cases, the surviving parent may lack the emotional resources to help the child sufficiently. In some cases, the grieving parent may send the child to a psychotherapist, which may be met with resentment and anger by the child. The surviving parent may assume that the child will take the deceased parent's role. This in itself confuses the grieving child. Friends may try to help, but adolescents who have lost a parent report that friends who have not shared the experience do not really understand (Moore & Herlihy, 1993).

Many school counselors lack the time and the specialized training needed to conduct extended bereavement counseling with individual teenagers. School counselors are, however, in a position to be able to affect the amount and kind of support provided to bereaved teenagers.

This article is a concise exposition of noteworthy points in chosen literature about adolescent responses to death and how counselors can help.

Developmental Understanding of Death

Gray (1992) stated that "one of the major crises people have to face is the death of a parent" (p. 71). Beck, Sethi and Tuthill (1963); Birtchnell (1970); Brown, Harris and

---

Paul A. Rodriguez, Assistant Principal, Bloomington High School, Colton Joint Unified School District, Colton, California, and Lecturer, Department of Teacher Education, California State Polytechnic University, Pomona, California.

36

Copeland (1977); and Dennehy (1966) reported an increased likelihood of psychopa-thology later in life for individuals who have lost a parent during childhood or adoles-cence. It is important to consider the developmental theories of Piaget (1969) and Erikson (1963), and the work of Nagy (1959) to elucidate a child's concept of death. Much of the current literature generally concedes that the concept of death in children develops over time in tangible stages, each with distinguishing discernments.

The developmental theory and research on how children discern death support the unique understanding of children's conception of death. These distinct stages demon-strate the increasing consciousness children form as they mature. The stages begin from the child's limited comprehension of the conclusiveness and causality of death and proceed to the more complicated ability to comprehend the actuality of death. As the child matures, a complexity of emotions and numerous philosophical inquiries emanate. In understanding developmental stages of children, one grasps the specific characteristics of their grief. Grief itself is also developmental in nature.

Generally, birth to age 5 is recognized as the first conceptual stage in the under-standing of death. At this age, there is no cognitive acknowledgement or realistic picture of the permanence of death. McGlauflin (1992) stated that "death is often seen as an altered state of life, and is thought about in a magical way or as a magical place" (p. 12). The child may be influenced with supernatural ideas of heaven and spirits. In addition, the child may believe that the deceased person is living somewhere else, and worry about how the corpse survives in the coffin. The child at this age may put blame on himself or herself and on the circumstances of the death. The child's behavior before and after the death may be seen as a tangible explanation for what has occurred.

The second stage includes children ages 5 to 10. Developmentally at this stage, children acquire concrete thinking skills, and strive for a sense of autonomy. Although some magical thinking continues, their new cognitive abilities help them wrestle with the arduous thoughts of finality and causality. While children at this stage want to conclude that death is reversible, they are beginning to grasp death's permanence. Children at this time are extremely vulnerable because, while they are only beginning to understand the concept of death, they can now comprehend the pain of loss (Schell & Loder-McGough, 1979).

Within this stage, children begin to wonder more about how death occurs and what happens to the body after death. It is important and vital to their cognitive develop-ment to provide them with this information. Children at this stage are extremely sensi-tive to the feelings and thoughts of the adults around them. There is a strong need for children to be accepted and treated normally by their peers.

The final stage includes children from age 10 through adolescence. This stage en-ables them to understand the reality of death. Children can better think abstractly about themselves and the world. Adolescents can theorize about life after death with their new cognitive inclinations, and about their personal ideology. Many philosophical inquiries about life and death are conceivable and recurrent. Children feel the reality of death's permanence; yet, their own idealism of the future makes their own demise plausible, but the concept unfathomable.

How Adolescents Respond to Death

Understanding how death affects people, particularly teens, and the best ways to help them through the stages of mourning is important. Oaks (1996) described four tasks bereavement expert William Woren lists as:

1. Accepting the death.
2. Reviewing experiences with the deceased and experiencing the feelings associated with the loss.
3. Refilling all the roles and reassigning all the responsibilities of the deceased.
4. Reinvesting in living without the deceased.

Individuals may not experience grief in sequence; for example, two or more stages of mourning may occur simultaneously or the stages may be repeated.

Before closure can commence, the reality of the death must be accepted. It is important that all individuals closely acquainted with the deceased know the facts surrounding the death. For some individuals, this may take some time. Many people cope with the death of someone close to them by repeatedly discussing or asking about details of the death and what led up to it.

The second task of mourning is reexamining the life experiences with the deceased and coping with the emotional pain of loss. Many individuals may feel fear because the death reminds them of their own mortality and that of loved ones. In addition, there may be a feeling of abandonment. Some individuals may laugh instead of cry, even though there is no joy in their hearts.

The third task of mourning requires the individual to make adjustments to living without the deceased. The roles and responsibilities that the deceased held will have to be taken on by someone else. At this time, the individual in crisis may need affirmation that all human beings are unique, including the deceased, and that no one can replace anyone else.

The final task of mourning is to let go of the emotional ties felt for the deceased and engage in relationships with other people or activities. The final task is completed when an effort is made to proceed with life again. If all goes well, the consequences of the mourning process are healing, recovery, and renewed interest in life.

The Role of School Counselors with Bereaved Adolescents

Counselors cannot offer or give assistance if they do not know their own personal feelings about loss or death. Counselors need to investigate their own personal ideas of loss or death and be comfortable with all types of deaths. They should also be able to remain calm during a crisis. In so doing, counselors may play significant roles in the recovery of teens.

Many studies suggest that counselors include parents as consultants in the grief counseling process. Parents' input may be effective in grief counseling, in that it is directly related to the many variables that affect an individual's mourning.

A counselor's perspective is an important step in developing student support groups. Helping students cope with fears and crises can be addressed by using a variety of resources and interventions. The counselor must understand the client's developmental history. Foremost, understanding the developmental stages of how the concept of death unfolds for children enables school counselors and adults to comprehend how children conceive their own grief. The developmental stages strengthen the counselor's and adult's competence to utilize counseling strategies for successful sessions.

Identifying programs and practices can assist counselors in developing programs geared toward crisis prevention or group bereavement counseling. Several programs and practices for helping students cope with fears and crisis emphasize a school-wide orientation and are useful for parents, teachers, and administrators, as well as for counselors.

In working with teens, counselors should be open-minded. Moore and Herlihy (1993) have recommended:

1. Counselors who wish to lead a student grief group need to be comfortable in talking about death and grief. The counselors need to be open and honest, and willing to share their own feelings.

2. Humor and laughter are a needed counterpoint to grief and loss in this type of group. Counselors should be aware that a wide range of emotions might exist over the life of the group.

3. It is easy to become emotionally involved with these students. Counselors need to keep in mind that students' grief work is their work and know how and when to let go.

4. Despite a popular belief that a "magic" year or two exist in which the bulk of grieving takes place, grieving is very much an individual process. In reality, there is no timetable.

5. The school counselor can play a unique and vital role in helping bereaved adolescents. Although many students resent being taken for therapy, they readily accept an opportunity to join with their peers in the familiar school setting. (p. 59)

Finally, counselors can give students opportunities to mourn in a healthy way, and facilitate their experiences in the tasks of mourning. In so doing, counselors can be an invaluable resource for adolescents at a difficult time in their lives.

Guidebooks for Counselors, Parents and Adolescents

The author has developed three written guidebooks for counselors, parents and adolescents to understand the grief process (Rodríguez & Garland, 1998). The guidebooks are currently being piloted in the Chino Valley Unified School District in Chino, California.

Professional literature includes few models for conducting peer group bereavement counseling. Keysiak (1985) described a school-based group for adolescents who had lost a parent or loved one. Written comprehensive guides for conducting bereavement counseling will enhance the school counselor's ability to help adolescents during a difficult time in their lives. Adolescents will acquire and develop strengths as they cope with grief. The long-term goal for conducting bereavement counseling is for the adolescent to develop skills and tasks that are necessary for entry into adulthood. Most important, guidebooks will enable school counselors to be informed about adolescent grief, utilize strategies for successful group peer grief counseling, and realize the importance of parent consultation.

Parenting teenagers may be a challenge to the most knowledgeable and experienced parents, since the teenagers may need much more support and understanding than might be expected. Teens react differently than adults to the grieving process. The parent guidebook is designed to give parents information and resources needed to assist their teen through a period of loss and change.

The teen guidebook allows individuals to understand the process of grieving. Teens who face unexpected deaths of their peers, friends, or loved ones will strengthen their own personal feelings about death and become well informed about the many aspects of death education. The teen guidebook will enable adolescents to understand the reality, to comprehend the inevitability, and to explore the mystery of life and death.

Concluding Statement

The school counselor's objective of helping teens cope with the grief process requires that the counselor assist teens directly, or indirectly through work with parents and teachers. They can provide some space to allow bereaved teenagers to deal with painful emotions. Counselors may be in a position to provide this space for some teenagers.

It may be difficult to approach bereaved teenagers about their personal loss. They may be reluctant to talk about it or feel embarrassed that they are now viewed as different and in need of help. Counselors can help students feel less stigmatized. In a counselor-student relationship, it is essential that the normality of mourning be continuously stressed. Many helping professionals are seen as healers. They must realize it is a process they must go through. It is essential in dealing with bereaved teens to allow them to feel pain. If they are going to reinvest in life in a healthy way, teens must know that it is both acceptable and normal to feel pain.

In exploring the development or treatment of the grief process in group counseling, an eclectic approach is suggested. Appropriate interventions can mean the difference between teens who carry unresolved grief indefinitely, and those who can face the challenge of their grief with support and resolution.

Without a doubt, a more profound meaning and goal may emanate when one ponders the subject of death. Life and death become tangible concepts when the illusion of earthly immortality is repudiated and when the irreversible inevitability of the death is challenged. Life becomes more priceless and obvious when we courageously and conscientiously choose to know ourselves.

References

Beck, A. T., Seti, B. B., & Tuthill, R.W. (1963). Childhood bereavement and adult depression. *Archives of General Psychiatry, 9*, 295-302.

Birtchnell, J. (1970). Early parent death and psychiatric diagnosis. *Social Psychiatry, 7*, 202-210.

Brown, G. W., Harris, T., & Copeland, T. (1977). Depression and loss. *British Journal of Psychiatry, 112*, 1040-1069.

Dennehy, C. (1966). Childhood bereavement and psychiatric illness. *British Journal of Psychiatry, 112*, 1040-1069.

Erickson, E. H. (1963). *Childhood and society*. New York: Norton.

Gray, R. E. (1992). *The role of school counselors with bereaved teenagers: With and without peer support groups* (Report No. ISBN-1-56109-040-9). Ann Arbor, MI: ERIC Clearinghouse on Counseling and Personnel Services. (ERIC Document Reproduction Service No. ED 340 987)

Hepworth, J., Ryder, R. G., & Dreyer, A. S. (1984). The effects of a parental loss on the formation of intimate relationships. *Journal of Marital Family Therapy, 10*, 73-82.

Keysiak, G. J. (1985). Circle of friends. *The School Counselor, 33*, 47-49.

McGlaufin, H. (1992). *How children grieve: Implications for counseling*. (Report No. ISBN-1-56109-040-9). Ann Arbor, MI: ERIC Clearinghouse on Counseling and Personal Services. (ERIC Document Reproduction Service No. ED 340 987)

Moore, J., & Herlihy, B. (1993, September). Grief groups for students who have had a parent die. *The School Counselor, 41*, 54-59.

Nagy, M. H. (1959). The child's view of death. In H. Feifel (Ed.), *The meaning of death* (pp. 79-98). New York: McGraw-Hill.

Oaks, J. (1996). *Death and the adolescent.* New York: McGraw-Hill.

Piaget, J. (1969). *The child's conception of the world.* New Jersey: Adams.

Rodríguez, P. A., & Garland, R. E. (1998). *The grief process: A guide for school counselors, parents, and adolescents.* Unpublished master's project, University of La Verne, La Verne, California.

Schell, D., & Loder-McGough, C.E. (1979). Children also grieve. In L. Gerber, A. Weiner, A. Kutscher, D. Batten, A. Arkin, & I. Goldberg (Eds.), *Perspectives on bereavement* (pp. 64-69). New York: Amo Press.

Sugar, M. (1968). Normal adolescent mourning. *American Journal of Psychotherapy, 22,* 258-269.

Van Eerdewegh, M. M., Bieri, M. D., Parilla, R. H., & Clayton, P. (1982). The bereaved child. *British Journal of Psychiatry, 140,* 23-29.

Emerging Roles of Counselors in On-line Counseling

Jo Ann Oravec

Increasing numbers of counselors are engaging in on-line interaction with their clients, either as a supplement to face-to-face counseling or as the primary mode of interaction. On-line counseling is providing an important alternative for many individuals who cannot physically attend counseling sessions or who need support outside of those sessions. On-line counseling also presents difficult issues concerning the character of the relationship between counselors and their clients. Concerns are raised about the future status of the counseling profession and the economic considerations affecting its support.

A growing number of counselors are engaging in on-line interaction with their clients, either as a supplement to face-to-face counseling or as the primary mode of interaction in counseling sessions. Such notions as "cyber-counseling" (Schmidt, 1998) and "webcounseling" (Bloom, 1998) are being used in everyday discourse as clients examine new counseling options. On-line counseling is providing an important alternative for many individuals who cannot physically attend counseling sessions or who need support outside of those sessions. However, on-line counseling also raises difficult issues concerning the character of the relationship between counselors and their clients.

The context or environment of counseling has a profound influence on its participants, from a counselor's office setting to the institutional structure that supports or pays for the counseling (McLeod & Machin, 1998). In the case of on-line counseling, this context involves technological systems that can have complex influences on human interaction. Over the past decades, counselors have developed various activities and approaches that support their roles within certain environments. Counselors who are practicing in on-line counseling settings are examining the applicability of their more traditional activities and are developing new ones to deal with the exigencies of on-line interaction. These efforts are meeting with some difficulties; in on-line counseling, many of the nonverbal cues that enhance face-to-face communications are missing. Counselors are also less aware of the immediate physical settings of their clients, settings that can affect their capabilities to interact in counseling.

In the advent of the Internet, a wide assortment of forms of on-line counseling are emerging, some of which are provided via videoconferencing and others through electronic mail (e-mail) and chat rooms. An increasing number of credentialed as well as noncredentialed counselors are practicing on-line (Bloom, 1998; Bowman, 1998; Sampson & Kolodinsky, 1997). On-line support groups, many of which are facilitated by counselors, are growing in popularity as well. These changes are being driven both by economics as well as concern for clients' wellbeing: Pergament (1998) has asserted that mental health care will soon be offered at "significantly reduced" cost through the Internet. If on-line counseling is indeed forced on clients in order to reduce health care costs, some clients could be severely disadvantaged, given the limitations of on-line counseling. Along with counselors, an assortment of related professionals (including

Jo Ann Oravec, Associate Professor, College of Business and Economics, University of Wisconsin – Whitewater.

psychotherapists and social workers) are exploring the Internet as a mode of service delivery (Giffords, 1998), and are facing similar economic concerns.

Varieties of On-line Counseling

In the past decades, counseling has been conducted at a distance through written correspondence and telephone exchanges (Tait, 1999). Today, for those who have access to a computer, e-mail counseling can provide a convenient means for participants to exchange short narratives that have a problem exploration and solving focus. Through narrative creation, clients can often see dimensions of their situations that were not previously accessible to them. Many counselors who work face-to-face also involve narrative development in their therapeutic efforts, either giving their clients journaling assignments as homework or structuring their interaction with clients as a series of written narrative exchanges (White & Epston, 1990). E-mail counseling initiatives at the level of the individual include "therap-e-mail" (Murphy & Mitchell, 1998), which includes a lengthy on-line assessment as well as direct e-mail interaction. Another approach to on-line counseling is that of Hagge and Capstein at Portland State University (Nakazawa, 1999), which uses series of one-on-one e-mail exchanges to facilitate the development of coping skills among students.

On-line family counseling (through videoconferencing, e-mail, or chat rooms) can be used to supplement or follow-up on face-to-face efforts. Sometimes, however, it is used for nearly all aspects of counseling, from setting up the counseling agreement and establishing ground rules to follow-up. For some families, on-line counseling is a necessity; family members are separated by distance and technological means are required to link them (King, Engi, & Poulos, 1998). Some families already have considerable experience in on-line interaction, having used networks for everyday communications and coordination efforts. Other families may experience difficulties, however, if some of their members are not comfortable with computer technology. The uses of narrative therapy in on-line work with families are increasing— including Programmed Writing, which incorporates a number of kinds of writing assignments related to treatment goals (King et al., 1998). Privacy and confidentiality considerations are especially salient in on-line family counseling engagements because of the importance of privacy in supporting and protecting the sphere of family interaction (Berardo, 1998).

Counselors often connect their clients to various sources for information and referrals, using the telephone to do so. Today, many counselors direct clients to the Internet for such information. For example, there is a very useful and frequently accessed set of information sources for counseling children and adolescents with disabilities (Sabella, 1998). With the advent of the Internet, many people are becoming comfortable in conducting sophisticated searches for information about sensitive problems such as career concerns and family matters. However, clients can become "lost" in the Internet, and obtain information that is not of much value, and is potentially harmful as well (Halvorson, 1998). Counselors should work with their clients in understanding the limitations as well as potentials of these Internet resources.

Dimensions of Counselors' Roles in On-line Interaction

Counseling is a complex undertaking, and many problems arise, whatever setting is involved. Counselors working on-line must also deal with concerns that are related to the special circumstances that computer mediation presents.

Recognizing and Preventing "Flames" and Hostile Outbursts

In face-to-face group counseling, individuals are present in the same room, and through this physical presence obtain a sense of each other's basic humanity. However, in on-line interaction such physical presence is missing, possibly leading to the kinds of hostile outbursts (called "flames") that are frequently found in chat rooms and e-mail correspondence (Robson & Robson, 1998).

Researchers in computer-mediated communications have noted for some time that flaming as a phenomenon has a great deal to do with the very nature of interactive media (Oravec, 1996). Interactive media allow for rapid transmission of ideas to individuals who are not directly present (and may thus be somewhat objectified in the sender's imagination). Counselors may indeed find it hard to distinguish between flames and clients' emotional expressions that are more directly linked to the issues being discussed in a particular situation. Counselors may choose to advise their on-line counseling clients of the flaming phenomenon before commencing with counseling sessions; similarly, many educators in distance education classrooms advise their on-line attendees of the propensity to flame (Reinig & Briggs, 1998).

Understanding Client Expectations Concerning Computers

Many clients are coming to on-line counseling already very familiar with computing, since computer-mediated communications are becoming more extensively used in everyday interaction in business and home life. Research conducted in the early 1990s showed that a number of undergraduate students used on-line communications for social as well as academic support (McCormick & McCormick, 1992). As adults today, this group is likely to continue to be comfortable in on-line interpersonal interaction. Many clients who begin on-line counseling will already have some assumptions about how on-line interaction should be conducted. For example, participants in chat rooms and e-mail correspondence often impose and enforce various norms of interaction upon each other (labeled as "netiquette") that deal with such issues as the relevance of remarks in an on-line discussion. Counselors who plan to incorporate on-line activities into their practices should become aware of the expectations and rules (if any) for on-line conduct that their clients currently have, so they can work to accommodate or alter them when needed in certain circumstances.

Protecting Privacy On-line

Another of the roles of the counselor is to protect the privacy of clients, which is especially difficult in on-line settings. In most forms of on-line counseling, a permanent record of participant exchanges is created in the course of interaction. This record can be highly useful in counselor education and also provides the means for counselors to review progress with clients. In order to protect privacy and confidentiality, clients should be made aware of the extent to which various parties (such as a counselor's colleagues and supervisors) will be given access to the records of their on-line counseling sessions. Counselors should also establish agreements among participants in on-line group counseling as to the privacy of on-line proceedings (Sampson et al., 1997).

Maintaining Commitment among On-line Participants

In family counseling sessions that are conducted via telephone, counselors are often faced with the problem of participants discontinuing the session (Hines, 1994). Establishing commitment is also a major concern of counselors working on-line. Many on-line support groups have rolling memberships, and individuals choose to leave or

44

enter discussions at will (Galegher & Sproull, 1998). In chat room settings, individuals can also be involved in various home or office activities while "participating" (albeit marginally) in group counseling. Few counselors would allow clients to sift through catalogs in individual counseling sessions, or to engage other clients in distracting banter during group sessions. Both of these scenarios are facilitated in on-line settings, where clients can easily switch their attention from their on-line counseling session to an Internet catalog or even an e-mail conversation with another counseling participant. In order to increase the levels of commitment of clients, counselors in on-line environments often establish various "ground rules" that are designed to maintain the focus of participants while still allowing some latitude for child care emergencies or other necessary tasks.

Dealing with Misinterpretation of On-line Communications

Counselors working on-line often caution their clients about the potential for misinterpretation that is rooted in the lack of tonal cues in e-mail communications (King et al., 1998). If clients are forewarned about this possibility, therapists can strike agreements with them as to what to do if misinterpretation is suspected. Counselors who are new to on-line settings should take special care to watch for misinterpretation and consult with more experienced counselors if necessary. The fact that on-line interactions are recorded facilitates this kind of assistance among counselors; if asynchronous e-mail interaction is involved, counselors often have time to seek guidance while maintaining the normal flow of interaction.

Licensure Considerations

Certification and licensing have played important roles in counseling practice in the past three decades, adding to the profession's credibility and overall effectiveness (Bradley, 1995). The legal and professional issues concerning the licensure of counselors who practice on-line are complex and in flux as various state legislatures and licensing boards decide how to handle Internet counseling. For example, Louisiana has established that anyone delivering Internet counseling to a resident of the state must be licensed within the state (Bowman, 1998), and thus themselves have residency in the state (given Louisiana's credentialing requirements). Pergament (1998) has asserted that clients may not know what state their therapists are based in and may thus not be able to investigate their licensure status or even report violations of professional standards. Counselors with on-line practices should make their current licensure or certification statuses as clear as possible to clients (Frame, 1998). Counselors and other mental health professionals who give opinions or advice in informal situations such as on-line chat rooms should provide appropriate disclaimers as well (LeBourdais, 1997).

Recognizing the Effort Expended by Participants in On-line Interaction

As they are configured today, on-line counseling sessions that are based on e-mail or chat room activity involve a good deal of effort by participants. Even though they are not required to attend sessions physically, participants need to write their contributions as well as read and contemplate those of the counselor and other participants; clients without adequate typing and computing skills can thus be severely disadvantaged (Colon, 1996; Murphy & Mitchell, 1998). Counselors must recognize these issues and plan the length and style of sessions accordingly. Clients with substantial experience and high comfort levels with computing may have different problems. For example, they may have tendencies toward computer dependence, or even computer

addiction (Young, 1997). If clients are indeed obtaining a substantial share of their time on computers both at work and at home, it may be best to move sessions to face-to-face settings (in some cases), since these clients may not be able to gain the perspective on their problems that the physical presence of a counselor might bring.

As counselors gain experience with on-line counseling and as research is conducted, strategies for confronting problems such as those outlined above will be more readily available. Today, however, counselors are sharing their solutions and suggestions through on-line conferences and informal interaction.

Some Issues for the Counseling Profession

On-line interaction enables many individuals to obtain counseling who would not otherwise have the opportunity to do so. However, concern about the ethical and professional implications of on-line counseling is growing, as demonstrated in the following account:

In a cursory "net surfing" session, I was astonished to find a plethora of offerings for counseling sessions . . . . Counselors promise to respond to your questions within 72 hours for the minimal cost of $20.00 per question.

Stevens-Smith, 1997, p. 56

Other professions are also undergoing self-examination as they deal with computer technology developments; for example, the medical professions are considering how to educate and license doctors to perform diagnoses via the Internet (Pergament, 1998; Perry, 1998), and pharmacists are dealing with new issues concerning on-line drug-stores (Goetzl, 1999).

Those who provide traditional, face-to-face forms of counseling have long experience in constructing environments in which clients feel comfortable in revealing information about themselves and exploring their problems. Establishing such supportive settings within a backdrop of computer-mediated communications is far more difficult. An assortment of professional groups associated with the counseling professions is considering how to assist their members in dealing with on-line counseling issues (Pyle et al., 1997). The American Psychological Association's Task Force on Online Psychotherapy has been conducting studies of the ethics of various forms of on-line therapy (Bloom, 1998). The National Board of Certified Counselors (NBCC) has issued a set of standards for ethical practice that includes on-line counseling considerations, which can be accessed at www.nbcc.ord/wcstandards.htm (Guterman & Kirk, 1999). Unfortunately, research performed at these early stages of the development of on-line counseling is likely to become out-of-date quickly; the technologies involved are changing rapidly and many clients themselves are gaining substantial new levels of experience in using computer technology. Some guidance as to how to handle on-line counseling situations can be found from those with long experience with telephone counseling, in which many nonvisual cues are also lacking (Hines, 1994; Tait, 1999). Given this uncertainty about the value of on-line counseling, counselors should be given the flexibility to move from on-line to face-to-face settings when they believe it necessary to do so for the sake of the client.

Counselors should indeed be concerned about administrative assumptions about the cost-effectiveness of on-line counseling. Economics is playing a large role in many institutional decisions concerning mental health (Metzl, 1998). Many medical groups and managed care organizations may want to achieve cost savings through on-line counseling, with the notion that computing technology enables counselors to handle a

46

larger load. Computer technology may serve to increase the efficiency of some counseling efforts; for example, computers can help counselors to make referrals more quickly. However, such small efficiencies do not justify major reductions in staff—although these may unfortunately occur as administrators seek to justify the expenditures for computing technology and training. There is indeed a danger that on-line counseling approaches will be used in the near future to displace counselors or reduce the amount of time they are able to spend with each client. Such strategies overlook the usefulness of face-to-face contact in the counseling relationship.

Concluding Statement

Despite the many issues just outlined, on-line counseling initiatives are producing exciting new alternatives and resources for clients. Many counselors are in the process of examining where on-line counseling can best fit into the spectrum of mental health care options. Those who take an active role in this process can help to shape the future of their profession.

References

Berardo, F. (1998). Family privacy. *Journal of Family Issues, 19*(1), 4-20.

Bloom, J. (1998). The ethical practice of webcounselling. *British Journal of Guidance & Counselling, 26*(1), 53-60.

Bowman, R. (1998). Life on the electronic frontier: The application of technology to group work. *Journal for Specialists in Group Work, 23*(4), 428-446.

Bradley, L. (1995). Certification and licensure issues. *Journal of Counseling & Development, 74*(2), 185-186.

Colon, Y. (1996). Chatt(ering) through the fingertips: Doing group therapy online. *Women & Performance, 9*(1), 205-215.

Frame, M. (1998). The ethics of counseling via the internet. *Family Journal, 6*(3), 328-331.

Galegher, J., & Sproull, L. (1998). Legitimacy, authority, and community in electronic support groups. *Written Communication, 15*(4), 493-531.

Giffords, E. (1998). Social work on the Internet: An introduction. *Social Work, 43*(3), 243-252.

Goetzl, D. (1999). Online drugstores offer consumer convenience. *Advertising Age, 70*(11), 7.

Guterman, J., & Kirk, M. (1999). Mental health counselors and the Internet. *Journal of Mental Health Counseling, 21*(4), 309-326.

Halvorson, T. (1998). Searcher responsibility for quality in the web world. *Searcher, 6*(9), 12-20.

Hines, M. (1994). Using the telephone in family therapy. *Journal of Marital and Family Therapy, 20*, 175-184.

King, S., Engi, S., & Poulos, S. (1998). Using the Internet to assist family therapy. *British Journal of Guidance & Counselling, 26*(1), 43-53.

LeBourdais, E. (1997). When medicine moves to the Internet, its legal issues tag along. *CMAJ: Canadian Medical Association Journal, 157*(10), 1431-1434.

McCormick, N., & McCormick, J. (1992). Computer friends and foes: Content and undergraduates' electronic mail. *Computers in Human Behavior, 8*, 379-405.

McLeod, J., & Machin, L. (1998). The context of counseling: A neglected dimension of training, research and practice. *British Journal of Guidance & Counselling, 26*(3), 325-337.

47

Metzl, J. (1998). Psychotherapy, managed care, and the economy of interaction. *American Journal of Psychotherapy, 52*(3), 332-352.

Murphy, L., & Mitchell, D. (1998). When writing helps to heal: E-mail as therapy. *British Journal of Guidance & Counselling, 26*(1), 21-33.

Nakazawa, L. (1999, March). Virtual therapy. *Psychology Today, 32*(2), 11.

Oravec, J. (1996). *Virtual individuals, virtual groups: Human dimensions of groupware and computer networking.* New York: Cambridge University Press.

Pergament, D. (1998). Internet psychotherapy: Current status and future regulation. *Health Matrix: Journal of Law and Medicine, 8*(2), 233-280.

Perry, K. (1998). Help avoiding electronic-medicine liability. *Medical Economics, 75*(8), 32.

Pyle, R., Howland, P., Kolodinsky, R., Niles, S., Palmer, R., & Sampson, J. (1997). *Proposed ethical standards for the delivery of career counseling services over the Internet.* Alexandria, VA: National Career Development Association Ethics Committee.

Reinig, B., & Briggs, R. (1998). Flaming in the electronic classroom. *Journal of Management Information Systems, 14*(3), 45-60.

Robson, D., & Robson, M. (1998). Intimacy and computer communication. *British Journal of Guidance & Counselling, 26*(1), 33-41.

Sabella, R. (1998). World wide web resources for counseling children and adolescents with disabilities. *Professional School Counseling, 2*(1), 47-54.

Sampson, J., & Kolodinsky, R. (1997). Counseling on the information highway: Future possibilities and potential problems. *Journal of Counseling & Development, 75,* 205-212.

Schmidt, J. (1998). Perspectives and projections in counseling research: An interview with Garry R. Walz. *Journal of Counseling & Development, 76*(4), 483-490.

Stevens-Smith, P. (1997). Of cyberspace, managed care, and family counseling: Entering the 21st century. *Family Journal, 5*(1), 53-56.

Tait, A. (1999). Face-to-face and at a distance: The mediation of guidance and counselling through the new technologies. *British Journal of Guidance & Counselling, 27*(1), 113-123.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends.* New York: Norton.

Young, K. (1997). *Caught in the net.* New York: John Wiley & Sons.

"Give yourself permission to create."

—Jackie M. Allen

• • •

"Prospect and Promise in Professional Writing"
Tenth Annual CACD Writer's Workshop
CACD Annual Convention
March 17, 2000
Sacramento

Feature...

Professional Practices in Counseling...

"Professional Practices in Counseling" highlights functional techniques, procedures, points of view, and pointers for applications in various settings within the counseling profession.

Standards-Based Counseling in the Middle School

Mary Ellen Davis

Effective school counseling utilizes the special training--the skills and the knowledge--of credentialed counselors and various counseling methods to deliver information and services. School counselors use the national counseling standards to assist students to learn and to apply the skills necessary to support continuing education and lifelong learning. The counseling standards guide the school counseling program, including counselors, administrators, teachers, students, and parents, to focus on developmental competence.

Counseling, a critically important educational service to students, parents, and the community, has often received only marginal support and recognition as part of the educational system. School counselors, like teachers (many counselors are credentialed teachers), are providers to our most important resource--the nation's children. Recent national and state legislation is supporting school counselors and the counseling profession. National standards for school counseling programs offer guidance for planning and implementation to strengthen the profession.

The American School Counselor Association, in its publications *Sharing the Vision: The National Standards for School Counseling Programs* (Campbell & Dahir, 1997) and *Vision into Action: Implementing the National Standards for School Counseling Programs* (Dahir, Sheldon, & Valiga, 1998), has classified into specific standards all of the services school counselors have historically delivered. Armed with this clearly defined, understandable information, counselors can deliver a program in three broad areas of student development, which include all aspects of human development–academic, career, and personal/social. An overview of the national standards and their applications to the middle school follows.

The National Standards

Campbell and Dahir (1997) offered a thorough explanation of the national standards and how they fit into the school instructional program. The standards are designed to accomplish the following:

1. Create a framework for a national model for school counseling programs;
2. Identify the key components of a school counseling model program;
3. Identify the knowledge and skills that all students should acquire as a result of the K-12 school counseling program;

Mary Ellen Davis, Assistant Principal, Counseling Department, Presidio Middle School, San Francisco, and 2000-2001 President-Elect, California Association for Counseling and Development.

4. Ensure that school counseling programs are comprehensive in design and delivered in a systematic fashion to all students;

5. Establish school counseling as an integral component of the academic mission of the educational system; and

6. Encourage equitable access to school counseling services for all students, provided by a credentialed school counselor. (p. 5)

Definition

In their discussion and definition of the school counseling program, Campbell and Dahir (1997) quoted the American School Counselor Association, stating that:

A comprehensive school counseling program is developmental and systematic in nature, sequential, clearly defined, and accountable. It is jointly founded upon developmental psychology, educational philosophy, and counseling methodology (ASCA, 1994). The school counseling program is integral to the educational enterprise. The program is proactive and preventive in its focus . . . School counseling programs are developed by design, focusing on needs, interests, and issues related to the various stages of student growth. There are objectives, activities, special services and expected outcomes, with an emphasis on helping students to learn more effectively and efficiently. (p. 9)

Vision

The vision of the school counseling program is the delivery of counseling services to facilitate growth and development of the whole student–social, emotional, physical, academic, cultural, and spiritual–throughout the middle years. Students will acquire and develop knowledge, attitudes, and skills that enable them to experience lifelong academic, career, and personal/social success.

Mission

Counselors in the middle schools are charged with the awesome responsibility of finding ways to empower students to see themselves as "miracles in progress." Counselors help students understand that their uniqueness and educational development are power, and impart to them the connectedness of the human spirit–respecting, accepting, sharing, and appreciating. In so doing, counselors assist students to understand and respond in ways that promote individual and communal achievement.

Rationale

The school counseling program both complements and supplements the instructional program. Counselors and other staff support the instructional program by assisting and teaching students to develop positive attitudes toward school in the following ways:

1. Encouraging students to think about, decide, and act on issues related to academic, career, and personal/social skills achievement;

2. Counseling students in problem solving;

3. Conducting personal student conferences;

4. Collaborating with teachers;

5. Arranging and facilitating student-teacher conferences;

6. Arranging and facilitating parent-student-teacher-support staff conferences;

7. Facilitating large group meetings;

8. Conducting small and large group instruction; and

9. Making referrals to support providers.

Counselors know and understand the value of caring relationships. They work with students, staff, parents, educators, and the community to maintain a school environment that removes barriers to learning and helps all students enjoy successful school experiences and maximize academic, career, and personal/social development.

Goals and Objectives

The primary goal of counseling in the middle school is to assist students in the learning process. Students are guided through the process of discovery, understanding, and application in three broad and interrelated areas of student development. The acquisition of learning competencies will enable students to demonstrate knowledge, attitudes, and skills in the areas of academic, career, and personal/social development.

Working with and understanding growth and development of middle school students, counselors use various strategies to deliver information.

Recognizing that all children do not develop in a linear fashion according to a certain timetable, there is intentional overlapping among grade levels (elementary, middle school/junior high, and high school). The school counseling program reflects the progression of student development throughout the pre-K through grade 12 experience . . . The school counselor utilizes a variety of strategies, activities, delivery methods, and resources to promote the desired student development. The school counselor's responsibilities include the design, organization, implementation, and coordination of the program. (Campbell & Dahir, 1997, p. 11)

The objectives of the school counseling program identify specific learning outcomes for students. In academic development, students will actively participate in the school counseling program, obtain, and be able to demonstrate knowledge, attitudes, and skills evidenced by understanding academic relationships with higher education, work, and lifelong learning. In career development, students will actively participate in the school counseling program, obtain, and be able to demonstrate knowledge, attitudes, and skills related to continuing education, career awareness, job preparation, and the changing job market. In personal/social development, students will actively participate in the school counseling program, obtain, and be able to demonstrate knowledge, attitudes, and skills related to personal welfare, health and safety, self-worth, self-awareness, positive personal presentation, and mental health.

Developmental Areas

Developmental areas for student competencies describe specific knowledge, attitudes, and skills that students should obtain or demonstrate as a result of participating in the school counseling program (Campbell & Dahir, 1997).

Academic Development

The content standards for academic development guide the school counseling program to implement strategies and activities to support and maximize student learning. Academic development includes acquiring knowledge, attitudes, and skills which contribute to effective learning in school across the life span, employing strategies to achieve success in school, and understanding the relationship of academics to the world of work, and to life at home and in the community.

Career Development

The content standards for career development guide the school counseling program to provide the foundation for the acquisition of knowledge, attitudes, and skills. Students are able to make successful transitions from school to the world of work, and from job to job across the life span. Career development includes the employment of strategies to achieve future success and job satisfaction as well as fostering understanding of the relationship between personal qualities, education, training, and the world of work.

Personal/Social Development

The content standards for personal/social development guide the school counseling program to provide the foundation for personal and social growth, as students progress through school and into adulthood. Personal/social development contributes to academic and career success. Personal/social development includes the acquisition of knowledge, attitudes, and skills which help students understand and respect self and others, acquire effective interpersonal skills, and understand safety and survival.

Components

The school counseling program includes specific components for the delivery of services (Campbell & Dahir, 1997): individual and group counseling, consultation, coordination, case management, guidance curriculum, and program evaluation and development.

Individual and Group Counseling

Counseling services are made available to all students to assist them in their academic, career, and personal/social growth and development. Counseling services are delivered through personal, small group, and large group activities. Personal services permit privacy and undisturbed sessions with the counselor. Students feel free to express their feelings and explore ideas with assurance of concern and confidentiality. Group counseling services permit students to discuss ideas, solve problems, share experiences and feelings with members of the group, and build relationships facilitated by the counselor. Counselors make specific referrals to other support professionals when a student's welfare is in jeopardy, or when long-term intensive services are needed. The counselor informs students of the extent of services provided at the school site.

Consultation

The counselor assists and supports parents, teachers, administrators, social service agencies, and medical personnel to work together more effectively, Consultation includes arranging and participating in conferences, and providing information and guidance.

Coordination

The counselor coordinates activities among parents, teachers, social workers, psychologists, community agencies, medical services, school nurses, and school law enforcement to seek equitable access to programs and to facilitate successful student development.

Case Management

The counselor monitors individual student progress and activities toward the achievement of desired outcomes in human development–academic, career, and personal/social.

Guidance Curriculum

The guidance curriculum encompasses the goals and the objectives for the development and delivery of information, knowledge, attitudes, and skills in the areas of academic, career, and personal/social development. The counselor formulates goals and objectives, and prepares educational activities directly related to the counseling standards, to be delivered in large and small groups. These activities are also delivered by teachers in classrooms or advisory groups. Counselors develop units to address specific concerns of the school–organization skills, group relationships, study skills, social/life skills development, test-taking skills, and high school, college, and career information.

Program Evaluation and Development

The counselor, in collaboration with teachers, assesses students' needs, evaluates program activities, and makes changes to meet the needs of students. The counselor knows that balance among the program components is most effective with a manageable number of counselees, preferably 300/1 (Campbell & Dahir, 1997, p. 13), with whom they spend 70-80% of their time in program delivery and direct counseling services.

The Role of the Counselor

The school counselor, performing counseling services, has been either the best kept secret for the last decade, or the most ignored division of education. The author believes the latter is true. The school counselor has been and continues to be an advocate for students by supporting, teaching, and guiding. The school counselor spends the work day and hours beyond providing these services: facilitating, guiding, teaching, case managing, and collaborating with school staff, parents/caregivers, law enforcement, mental health workers, emergency community medical services, and schools. The ultimate charge for counselors is to ensure that students have positive and healthy school experiences.

Student violence around the country has put the spotlight on the importance of credentialed counselors in schools at all levels. Counseling services complement and supplement educational instruction. Counselors are trained and credentialed in specific areas and methods of delivery which enable them to facilitate conflict resolution and to provide crisis counseling.

The school counselor is a professional caregiver who helps to hold the school together. The counselor bonds relationships among the staff, the parents, and the community. Parents receive a definite sense of satisfaction in the knowledge that their children are nurtured. Parents and their children rely on the counselor to answer questions, give information, treat them fairly, and teach them. Parents rely on the school counselor to assist their children through the turbulent middle years.

In his brochure entitled "A Teacher Is," Trujillo (1988) described the teacher-student classroom relationship by comparing the teacher to the center link in a branched chain. The following language describes the connectedness of the counselor-student relationship.

The counselor is the professional who guides students toward lifelong learning and achievement through:

Fastening: Helping students put even little things together.

Supporting: Helping students explore the avenues of the mind.

54

Conveying: Taking students places they have never been.

Transmitting: Acting as a courier for information delivery.

Securing: Supporting safety for all students.

Bonding: Providing the glue that holds students together.

Linking: Connecting students to things, to ideas, and to one another.

Interrelating: Providing information and services to meet the needs of students.

Connecting: Illuminating students' thoughts, prejudices, and ideas to assist them to engage in self-examination.

Uniting: Bringing together teachers, students, families, and support providers.

Binding: Assisting students to maintain relationships by respecting, supporting, accepting, and assisting others in good and bad times.

Concluding Statement

Students, our nation's most important resource, deserve counseling and guidance services to help them navigate the turbulent elements of growth and development throughout the middle school years. Legislators, counselor educators, boards of education, and school site principals are charged with the responsibility for mandating, training, and hiring credentialed counselors to serve them. The need for services in all schools makes counseling an educational priority.

References

Campbell, C. A., & Dahir, C. A. (1997). *Sharing the vision: The national standards for school counseling programs.* Alexandria, VA: American School Counselor Association.

Dahir, C. A., Sheldon, C. B., & Valiga, M. J. (1998). *Vision into action: Implementing the standards for school counseling programs.* Alexandria, VA: American School Counselor Association.

Trujillo, F. X. (1988). *A teacher is* [Brochure]. Sacramento, CA: ProTeach.

The Passion of Writing: Becoming an Acceptable, Accepted, and Exceptional Writer

Martin G. Brodwin

Successful authors develop a passion for writing. The Assistant Editor of the CACD Journal offers suggestions for rewarding and productive contributions to professional literature.

For those counselors and educators who write, conduct research, and whose works are published, writing becomes a meaningful experience involving creativity and innovation. Authors who choose to have their works reviewed for publication and become successfully published develop a passion for writing; they enjoy it, it becomes a part of their professional identity, and they reserve sufficient quality time for writing. Writing becomes a rewarding and self-fulfilling experience. The more counselors and counselor educators write and have their manuscripts published, the easier it becomes to write and contribute to the profession.

Writing helps counselors and educators become leaders in their profession. Writing and publishing helps them develop strong professional identities. Professional publication offers opportunities for recognition and leadership in counseling and counselor education. As these authors become recognized names in the professional literature, they are more likely to be invited to write articles for journals and chapters for edited books. Other benefits of professional writing include: contributing to the foundations of the profession, connecting with others who have similar interests, supporting the field of counseling and counselor education, and leaving a legacy.

The following suggestions are offered to *CACD Journal* readers who are considering or who are actively pursuing writing for professional publication.

1. Write about a subject that interests you: your passion.
2. Make your writing an innovative, creative, meaningful, and rewarding experience.
3. Reserve sufficient quality time in your day for writing, as you do for other important activities and appointments. On a regular basis, plan, schedule, and arrange time in your appointment book solely for the purpose of writing.
4. Write during that time, but do not evaluate what you have written.
5. Complete your first draft, review it, and revise accordingly.
6. Always use APA style by following the *Publication Manual of the American Psychological Association* (1994).
7. Have a colleague critique your work.
8. Revise your work again based on your colleague's comments and suggestions. Critically evaluate what you have written.
9. Decide on a venue with strong potential for successful publication. Communicate with the editor of the journal if you need direction or advice.
10. Reflect on what the publication includes and needs for its readership. Evaluate

Martin G. Brodwin, Professor and Coordinator of the Rehabilitation Counselor Education Program, Charter School of Education, California State University, Los Angeles, and Assistant Editor and Editorial Board Member, CACD Journal.

again, revise, and, if necessary, consider other journals that may be more suitable for your material.

11. Submit your manuscript for editorial review. Expect to make some revisions; rarely is a manuscript accepted without changes. Peer review always helps to improve a manuscript.

12. Begin work on a second and, possibly, a third manuscript, with other colleagues as co-authors. As before, write about a subject that interests you: your passion.

13. When you receive the news from the journal editor as to whether or not your manuscript has been accepted, immediately follow through with the editorial recommendations. Send a carefully revised manuscript to the journal editor.

14. You are on your way to becoming an acceptable, accepted, and exceptional writer.

Excellence in writing does not come easily; yet, with continued writing attempts, newer authors become proficient at writing. In the words of Aristotle, "Excellence is an art won by training and habituation. We do not act rightly because we have virtue or excellence, but rather we have those because we have acted rightly. We are what we repeatedly do. Excellence, then, is not an act, but a habit."

Professional journals need your thoughts, ideas, research, and passion put into words. Writing helps you identify with your profession and helps your profession develop; writing and publishing provide you with recognition as a leader in your field. The *CACD Journal* and other professional journals need your ideas, your passions. Members of journal editorial boards will give your work individual attention, suggestions, and recommendations. Begin today and integrate writing as one of your viable, productive, and energizing professional practices in counseling.

Reference

American Psychological Association. (1994). *Publication manual of the American Psychological Association* (4ᵗʰ ed.). Washington, DC: Author.

Drama, Drawing, and Double Meanings: Addressing the Needs of Developing Counselors through Creative Work

Rhonda McCalip

The use of creative work, including experiential, visual, and bibliotherapeutic tech-niques is encouraged in counselor education and supervision. Creative work benefits students by establishing an environment where risk taking is encouraged. This helps to reduce student anxiety when learning specific skills, while increasing student self-awareness and conceptualization of client issues. The purpose of this paper is to pro-vide counselor educators with a brief description of the benefits of creative work and the ways in which these benefits can be transferred to beginning and advanced student development.

This is a call to the profession, addressed to researchers, writers, and counseling supervisors currently questioning how to meet the educational and professional de-mands of students. This paper is designed to challenge those individuals who seek innovation and who wish to inspire the counselors they supervise. It is an essay di-rected to the counseling supervisor who, struggling to meet the multiple needs of supervisees, looks beyond normative methods of supervision. It is also a product of brainstorming about ways to meet the varying skill and confidence levels of develop-ing counselors. The purpose of this paper is to provide counselor educators with a brief description of the benefits of creative work, and the ways in which these benefits can be transferred to beginning and advanced student development. Throughout this paper, creative work is defined as the production of a product "either verbal or non-verbal, that sensitizes or encourages" involvement within the counseling process (Gladding, 1998, p. 2).

Roles of the Counseling Supervisor

Generally counselor educators agree upon a multimodal approach to supervision that is loosely categorized into four major areas: (a) teaching, (b) consulting, (c) facili-tating, and (d) evaluating. Each area is emphasized at a different point in the student's development. For example, beginning student counselors often express anxiousness and desire to learn specific skills (Ronnestad & Skovholt, 1993). During this time a teaching element, including modeling, feedback, and high levels of support, may prove most beneficial to the student. More advanced student counselors, while possessing basic skills, often struggle "between feeling confident on one hand and professionally insecure and vulnerable on the other" (p. 400). Effective supervisors at this level may engage in a facilitative or an increasingly consultative role, emphasizing the supervi-sor-supervisee relationship (Ronnestad & Skovholt, 1993). Because counseling stu-dents present varying degrees of expertise and anxiety, counselor educators must be willing to provide flexible and supportive supervision throughout students' educa-tional and professional development (Carifio & Hess, 1987). One way of fostering student development, while fulfilling this multimodal approach, involves the use of creative applications such as visual and dramatic exercises, or selected metaphors and

Rhonda McCalip, Doctoral Candidate, Department of Counseling, Family Studies, and Psychological Foundations, University of New Mexico, Albuquerque.

other literature.

Creative Work as an Avenue for Client Change
and Counselor Development

Creative techniques such as music, dance, and drama have long been used in therapy to help clients "achieve catharsis, relieve pent-up emotions, and return to balanced lives" (Gladding, 1985, p. 2). Integrating other art forms in therapy, such as drawing and literature, have also been found useful for helping clients understand and resolve their issues from multiple perspectives. Noted client benefits include facilitation of reflection, focus, awareness of problems, practice of new behaviors, and concrete conceptualization of specific issues (Gladding, 1998). Creative work in a therapeutic sense should not be confused with arts and crafts or busy work. Creativity within a counseling context refers to the "production of a tangible product that gives the client insight, such as a piece of writing or a painting, or a process that the clinician formulates, such as a new way of counseling that leads to client change" (Gladding, 1998, p. 2). Counselors who integrate creative work within their sessions select applications based on their potential to encourage client change and growth. Moreover, counselors also stand to benefit from the use of creative work in therapy sessions. According to Gladding (1998), cultivating the arts "is enriching for counselors because it sensitizes them to beauty and creates within them a greater awareness of possibilities" (p. 2). Some counselor educators implement creative work within their supervision sessions, to assist their students in developing a deeper awareness of themselves and understanding of client dilemmas (Costa, 1991; Cummings, 1992; Dyer, 1989; Lett, 1995; Wilkins, 1995; Williams, 1995).

Experiential Exercises and Role Playing in Counselor Supervision

Experiential techniques, such as group role playing and dramatic exercises, have been found particularly useful for facilitating conceptualization of client issues, and resolving student dilemmas such as feelings of inadequacy. For example, Cummings (1992) used role play to provide a safe environment for counseling students to practice applying technique from theory. Some of the benefits she noted included reduction of anxiety, and assistance to students in responding to unique client situations. Other educators (Wilkins, 1995) have explained the ways in which re-enacting a counseling session in a peer group offers students multi-perspective feedback, since peers are involved in brainstorming and clarifying therapeutic dynamics. Additional benefits of role play and drama include demonstrating ways to identify when specific interventions are appropriate, developing supportive peer relationships, and enhancing a learning environment in which it is safe to take chances. Exercises such as role play and drama assist the student to remain open to challenge and diverse ways of understanding, while benefiting from peer support. By involving beginning counselors in experiential activities, the supervisor assumes a necessary teaching role, while attending to the supervisor-supervisee relationship within a group format.

Visual Techniques and Counselor Supervision

Visual work provides an additional mode of creative supervision, and a further avenue for development at both beginning and more experienced student levels. At a fundamental level, visual representations open the student counselor to alternative ways of conceptualizing the client, while modeling the use of techniques, such as mind mapping or body outline drawings. At advanced levels, visual application en-

hances consultative and facilitative interaction between the supervisor and supervisee by encouraging increased student self-understanding and different ways of "re-experiencing" what has occurred in the therapy room (Lett, 1995, p. 328). Incorporating visual work within supervision sessions enables the supervisor to assume a teaching, consulting, or facilitating role, depending on the needs of the student. It is also useful for encouraging students to remain open to new and different perspectives, while reinforcing an environment where unfamiliar techniques and experiences can be sought and applied.

For example, Lett (1995) integrated simultaneous drawing with talking, to enhance counselor self-awareness and skill building. He explained that these processes helped supervisees sustain their potential for staying with clients, while minimizing contaminating self-projections. The combined visual and verbal representations of drawing and talking assisted the students in understanding client resistance and themes, while providing focus on the dynamics and pattern of the client-counselor relationship. In simultaneous drawing and talking, emphasis is placed on the colors the therapist selects, use of space, symbols, size of the figures drawn, and the way these depictions relate to the therapeutic environment. Dialogue and drawing are concurrent, encouraging the student to explore intersession dynamics as he or she uncovers them. Noted results include a "change of perspective," enabling the student to "empathize and join with (the) client" (p. 320).

Counselor educators such as Williams (1995) have used images or small figurines of people, animals, and inanimate objects during supervision, to encourage the student to enact an external depiction of what occurs in session. When using images in supervision, the supervisor helps the student note how chosen objects represent therapist and client interactions. Emphasis is placed on proxemics, or the space relations of the student's therapeutic depiction. The student is then encouraged to consider the ways in which he or she would like to change these dynamics to promote client growth. Exercises such as these enable the supervisee to see beyond what has merely been said, to visualize how the client mirrors interactions within the sessions with those outside of therapy. The exercise also illustrates for the supervisee how intersession dynamics affect client behavior, progress, or the therapeutic environment as a whole. This method of supervision is particularly useful for intermediate level supervisees, who benefit most from consultative and facilitative supervision (Williams, 1995). It is also beneficial for encouraging openness to challenge, while modeling the use of technique.

Bibliotherapy and Metaphors

Still other professionals have discussed the use of literature and metaphors as creative techniques with counseling supervisees (Dyer, 1989; Young & Borders, 1998). Metaphors are understood to be "communications that have more than one meaning" (Myers, 1998, p. 243). Using metaphors can act as a powerful change agent, particularly when second order or "change in one's fundamental ways of knowing and making meaning of life's events" (p. 243) is sought. Consider how the phrase "opposites are extensions of themselves" would benefit a student counselor struggling with client-counselor relationship issues. The implication of the metaphor encourages the student to reflect how differences between self and client are actually "inseparable and mutually dependent" (Wilber, 1979, p. 21). Some educators such as Dyer (1989) have required counseling students to read parables during their training to effect positive growth. He explained that selected poetry and prose offer supervisees a unique means

of conceptualizing their own and client dilemmas:

> Counselor educators, through the use of fiction, poetry, and parables, can indeed
> bring home the important lessons they are attempting to impact. Creative coun-
> selor education can and ought to consider using literature and other vehicles to
> make their messages clear to student counselors. (p. 19)

According to Gladding (1998), counselors who are able to hear and use the meta-
phors of their clients build rapport and foster change. Integrating metaphors within
supervision may assist supervisees in building technical skills such as empathy, while
increasing conceptualization of the client. Little research exists about the use of meta-
phor in counselor supervision (Young & Borders, 1998), but it may be that supervi-
sors who use metaphors assume either a teaching or facilitating role, depending on the
needs of the student.

Summary

Counselor educators ordinarily fill four main roles during supervision: (a) teach-
ing, (b) facilitating, (c) consulting, and (d) evaluating. The use of creative techniques
appears useful in the first three. There is little evidence to support whether or not
creative work can or should be integrated in the evaluative role of counseling supervi-
sors. Some counseling programs integrate creative techniques with counselor training
to meet accreditation guidelines. For example, Costa (1991) discussed using experien-
tial exercises such as family sculpting and role play, to meet required family of origin
experiences in marriage and family programs accredited by the Council for Accredita-
tion of Counseling and Related Educational Programs. Other professionals have found
creative work useful for varying levels of counselor skill (Williams, 1995), or for
addressing relationship and environmental issues (Wilkins, 1995). Some educators
believe the inclusion of appropriate creative methods, such as experiential techniques,
enhances students' professional development and openness to change (Cummings,
1992). Still others have suggested that supervisors who attend to relationship and en-
vironmental needs of their supervisees may be more effective than those who don't
(Usher & Borders, 1993). Creative work provides an avenue for meeting beginning
student needs within a teaching context, by establishing a safe environment to learn
new skills, apply technique, and respond to diverse client situations. For intermediate
and advanced students, creative work appears particularly useful when the supervisor
is assuming a consulting or facilitating role. For example, creative work is currently
being used to assist students in discovering underlying therapeutic dynamics, and in-
creasing conceptualization of client issues.

Research in this area is lacking, for example, in the use of metaphor as a means of
therapist and client change. Both cross-sectional and longitudinal studies designed to
determine between-group differences as well as lasting effects of creative supervision
would be one place to begin. As we meet the millennium and continue searching for
effective means of creating effective therapists, it is hoped that creative work will
stand in the forefront of counselor supervision and research. Risks and benefits related
to creative work and ethical and multicultural issues also need to be addressed, since
more questions than answers face us as professionals. In addition, techniques not dis-
cussed here, such as music and dance, are fertile areas for continued study.

References

Carifio, S., & Hess, A. (1987). Who is the ideal supervisor? *Professional Psychology: Research and Practice, 18*(3), 244-250.

Costa, L. (1991). Family sculpting in the training of marriage and family counselors. *Counselor Education and Supervision, 31,* 121-131.

Cummings, A. (1992). A model for teaching experiential counseling interventions to novice counselors. *Counselor Education and Supervision, 32,* 23-31.

Dyer, W. (1989). Using parables as required reading for student counselors. *Psychology: A Journal of Human Behavior, 26*(1), 17-79.

Gladding, S. (1985). Counseling and the creative arts. *Counseling and Human Development, 18,* 1-12.

Gladding, S. (1998). *Counseling as an art: The creative arts in counseling.* Alexandria, VA: American Counseling Association.

Lett, W. (1995). Experiential supervision through simultaneous drawing and talking. *The Arts in Psychotherapy, 22*(4), 315-328.

Myers, J. (1998). Bibliotherapy and DCT: Co-constructing the therapeutic metaphor. *Journal of Counseling and Development, 76,* 243-250.

Ronnestad, M., & Skovholt, T. (1993). Supervision of beginning and advanced students of counseling and psychotherapy. *Journal of Counseling and Development, 71,* 396-405.

Usher, C., & Borders, L. (1993). Practicing counselors' preferences for supervisory style and emphasis. *Counselor Education and Supervision, 33,* 66-79.

Watkins, C. (1995). Psychotherapy supervisor and supervisee: Developmental models and research nine years later. *Clinical Psychology Review, 15*(7), 647-680.

Wilber, K. (1979). *No boundary.* Boston, MA: Shambhala.

Wilkins, P. (1995). A creative therapies model for the group supervision of counsellors. *British Journal of Guidance and Counseling, 23*(2), 245-257.

Williams, A. (1995). *Visual and active supervision: Roles, focus, techniques.* New York: W. W. Norton.

Young, J., & Borders, L. (1998). The impact of metaphor on clinical hypothesis formation and perceived supervisor characteristics. *Counselor Education and Supervision, 37,* 238-256.

"When did the world
first feel
the impact
of your presence?"

—*Benjamin Reddish, Jr.*

• • •

"Prospect and Promise in Professional Writing"
Tenth Annual CACD Writer's Workshop
CACD Annual Convention
March 17, 2000
Sacramento

Feature...

The Personal Side of Counseling...

"The Personal Side of Counseling" highlights feelings, opinions, and attitudes within and about the counseling profession.

Counseling: The Future Is Now

Benjamin Reddish, Jr.

The 1985-1986 California Association for Counseling and Development President issues a call to counselors to reaffirm their professional commitment.

We live in a society that has become and will continue to become increasingly technological in nature. The sciences that deal with the study of human behavior in this technologically oriented society continue to be very popular today. In the world of big business, corporations continue to seek ways to motivate workers to accomplish more and to improve productivity. Professional counselors must also seek and find ways to motivate their clients to become more productive. Perhaps we should use advertising strategies similar to businesses, that is, commercials, magazines, or newspapers, to enhance the self-esteem and well-being of our clientele.

As counselors, we have gradually been given and have accepted what have become awesome responsibilities. Nonetheless, we must remain cognizant of the fact that what we are to be we are still becoming. As we transcend from infancy to adulthood, we are all challenged by a multiplicity of variables that influence our lives. If we are to be successful in meeting these challenges, we must continue to have reasons to make our future better than our past. We must dream big dreams, take hold of our goals, and move forward. You are responsible for being the counselor you are meant to be, not the counselor you think others want you to be.

Life has three basic parts: Cause—You have to know why you do what you do. Effect—How are you being influenced by the cause? Direction—Are you where you want to be? You are going to arrive—the question is where?

As the president of the California Association for Counseling and Development, I offer you this challenge of reaffirmation of your professional commitment to fulfill a Dream:

D is for Dedication to professionalism.

R is for Renewal, a commitment to keep current in professional development.

E is for Excellence. The counseling profession through your support must continue to strive for excellence in whatever programs or activities it undertakes.

A is for Action. Our plans must continue to build confidence through action and accomplishment.

M is for Membership. The strength of any organization is its membership. We need to seek and maintain qualified professionals at all levels.

As counselors, it is imperative that we maintain our link with our professional organizations. We must continue to be visionary and to ensure the stability of our profession.

Ours is a profession:

That has a sense of its obligation to the future.

That provides a voice for a profession seeking a vigorous spokesperson who can address the issues concisely and with authority.

That serves as the great unifier in counseling by embracing in its ranks all members of the professional family.

That is sensitive to the problems and confident of its ability to solve them.

That is alert to the concerns of the individual.

That is action-oriented and future-oriented—proud of its past but not fearful of change.

That is willing and able to fill the leadership vacuum in counseling.

I encourage you to promote a humanistic approach to counseling and learning–one that fosters the development of the whole person and that asserts the intrinsic value and fundamental worth of each individual human being. We must remember that the purpose of school is not to reform society but to teach and counsel children.

As we transcend toward the future, we must remain cognizant of and deal with the fact that today's clients are impacted by an unprecedented and accelerated rate of change. This change offers them opportunities, such as new jobs and educational alternatives, but it also causes them stress because of changes in our national values, family structure, work world, and an uncertain future for world peace. The new counselor must be able to perform his or her job well in this technological society and cope with the demographic shifts that will continue to occur, with a diversity of ethnic groups, and with the many unrealistic expectations of finding instant solutions to problems.

The fact that lifelong learning will continue to be a prerequisite to living in a highly technological and rapidly changing world requires that students develop certain attitudes and coping skills. These students need trained professionals to provide them with survival skills in addition to educationally oriented counseling and guidance services.

Few of us are naturally gifted as counselors, but, for most, counseling consists of skills that can be acquired if we are willing to devote the necessary time and effort to learning and developing them. A counselor's function or responsibility is not really to solve problems but to see that problems are solved and to facilitate solutions. We must have a new and renewed commitment to professional development among an increasing number of men and women in positions of counseling who refuse to be satisfied with the status quo and look beyond what is to what can be in our system. As counselors, we must make our place. We must be proactive in the legislative and social arena and in all areas that affect the well-being of our most valuable human resources: our students and our clients.

Our society will continue to go through many changes: more senior citizens, fewer children, more immigrants, more unwed parents, more poverty, higher unemployment, fewer job opportunities for the uneducated, and an expanding information age, fewer areas of agreement, and more at-risk students.

The new problems of a new age require different and better counseling and development than those of yesterday. To maintain our credibility as a profession we must make a quantum leap into the future. The challenge is ours to meet.

65

Being a Professional Counselor in a Counseling Profession

Donald G. Hays

The 1985-1986 CACD Journal Associate Editor issues a call for the professional commitment of professional counselors.

Effective communication requires both a sender and a receiver. The sender has a message to give to the receiver and, to complete the cycle, the receiver must respond in some meaningful way to the sender that the message has been received and understood. The message of this article has to do with being a professional counselor in a counseling profession. Hopefully, the reader will not only be receptive but will respond, or at least consider, the contents of the message.

One should be careful in making assumptions, but I will assume that the reader is a professional counselor. This means that you have succeeded in your training program and that you enjoy doing that for which you have been trained. You are a counselor doing counseling work in the setting of your choosing. You consider yourself an ethical person—conscious of your commitment to your client. You take professional pride in what you do.

Unfortunately, some counselors perceive their professional organization in a non-professional way. To them, the professional association is a trade union created primarily to provide its members with specific material and/or personal benefits rather than as a means to become more professional and to improve the profession in general. Two recent developments prompt this strong accusation. The first became very clear during 1985 when the problem of professional liability evolved. The California Association for Counseling and Development (CACD) lost over 1,000 members because it was unable to continue to provide liability insurance to its members! If it were possible, CACD would have provided its members with insurance, but the increase in dues to cover the costs would have been astronomical. Suddenly, it became apparent that the association had many members whose sole purpose for belonging was to be able to obtain inexpensive insurance to protect them in their work settings!

The second observation occurred during a meeting of several highly regarded and respected peers who were discussing the need to attract new members to the association and were "brainstorming" the kinds of "carrots" to dangle before counselors-in-training. Having been a counselor for the past 30 years and trained in what some would call the "old school" of counselor education, the reality that attitudes about a profession have changed slowly became apparent—and that is sad. From these observations, it appears that both practicing counselors and counselor educators have accepted a new definition of a professional association as one that is oriented toward the specific benefit of the member.

The old school definition of a profession is best summed up by A. D. Wickenden as:

66

a type of activity which is marked by a high degree of individual responsibility and which deals with problems on a distinctly intellectual plane. A motive of service, as distinguished from exclusive preoccupation with the making of profits. A motive of self-expression which implies a joy and pride in one's work and a self-imposed standard of workmanship; one's best. A conscious recognition of social duty, expressed (among other ways), by guarding the standards and ideals of one's profession and advancing it in the public understanding and esteem, by sharing advances in professional knowledge and by rendering gratuitous public service in addition to that performed for ordinary compensation. (Editor's Note: No further reference source was given, nor can the original source be found.)

Nearly half a century ago, Abraham Flexner examined the medical profession and identified six qualities that define a profession:

1. It is intellectual, carrying with it great responsibility.

2. It is learned, based upon knowledge, not merely routine.

3. It is practical rather than theoretic or academic.

4. Its techniques can be taught; this is the basis of a professional education.

5. It is strongly organized, internally self-managed.

6. It is controlled by an altruism that serves society and its best interest.

(Editor's Note: Once again, no reference source was given, nor can the original source be found.)

For those of you working in a school setting, a former president of the American School Counselor Association (Ruff, 1968) had this to say about a professional counselor:

The professional counselor is one who continues his learning throughout his lifetime . . . who teaches by his actions as well as by his words . . . who perceives the school as a democratic institution, which may, in its necessary emphasis on group instruction and variety of programs, create some conflicts with individual students—the mediation of which is an important part in the professional counselor's role . . . who perceives society as an ever-changing complex structure offering endless challenges and opportunities to its individual members, the strength of which is ultimately dependent upon the contributions of each of its members . . . who belongs to, attends meetings of, and contributes to his professional organization . . . I do not view belonging to one's professional organization as a privilege that one can take advantage of it if he so desires, but rather, as the responsibility of every person who calls himself a professional. (p. 244)

The key word that seems to permeate these definitions is responsibility–personal responsibility. A supportive word is service–what can the professional counselor give to, not get, from his or her professional association.

One must remember that the thoughts offered above are from the old school and may seem strange coming from one who identifies himself as a futurist. Futurists, however, acknowledge the past as a point of reference for events yet to occur and as a means to study trends–existing and potential. Futurists often use the past to build possible and preferable models of future events.

Times change–so do people, and people make up organizations. Collective bargaining has permeated our society, and with it has come an emphasis on material things that will bring about the improvement of the individual's place in his or her

work setting. While all of us would like to improve our lot in life, a professional association is another matter. Yet, people who join an association seem to want more than to join just for an altrustic motive. "If I join, what benefits do I receive?" is a common question heard today.

Trends found in recent organization development involving collective bargaining are permeating professional associations. Members used to receiving material and/or personal benefits through their employee groups expect certain benefits in their professional organizations. If they pay to belong to a group, then they feel that they should receive something more than the privilege of belonging and receiving newsletters and journals! This seems to be reality–and that is sad.

Some people call this a time of reform. Others call it a "renaissance" period. It is suggested that a better word might be "create." Instead of reforming society or saying that society is going through a renaissance, maybe society ought to be creative! Let us consider returning to the old school definition of a profession and create an association based on it. In order to do so each of us needs to be totally committed and become professionally responsible. Frankl (1963) wrote:

> What matters, therefore, is not the meaning of life in general but rather the specific meaning of a person's life at a given moment . . . Thus, everyone's task is as unique as is his specific opportunity to implement it . . . In a word, each man is questioned by life; and he can only answer to life by answering for his own life; to life he can only respond by being responsible. (pp. 108-109)

The essence is to be responsible to ourselves, to our clients, and to our profession. Rosten (1961) put it very succinctly when he wrote, "Nothing is more rewarding than the effort a man makes to matter–to count, to stand for something, to have it make some difference that he lived at all" (p. 329).

We must incorporate the ideals of a profession within our training institutions. No one questions the completeness of the counselor education curriculum in preparing people to become counselors. There is both a set of core courses and specific courses related to the work setting of the potential counselor. Where in this curriculum are the concepts of a professional organization taught? Back in the days when people were being trained in school counseling there was a course on organization, or management, of school guidance programs. Those of us who taught this course usually spent time talking about professional associations and discussing the merits of belonging as an obligation of being a professional. How many new counselors are aware that CACD exists and that it is a state branch of a national association made up of many divisions? How many new counselors know the extent to which these associations have made it possible for them to be where they are now? We need to know and understand our heritage, our roots, or we shall continue to blow over at the first sign of an adverse wind. It is time to include in the curriculum the concepts of professionalism–not a particular unit in a course–but permeating throughout the program. Counselor educators must provide the role model of a professional by not only belonging to the professional association(s) but by being actively involved. They must see to it that counselors-in-training attend association meetings, workshops, conferences, and conventions.

Counselors in the field must take the responsibility of maintaining their membership and ensuring their involvement by offering assistance whenever possible, proposing presentations at professional programs, becoming leaders, and vigorously recruiting the involvement of their peers. All counselors who call themselves profes-

sional should be affiliated with their professional association in a positive and meaningful way.

If one is to become a professional counselor in a counseling profession, it is time to rephrase John F. Kennedy's famous statement, and "ask not what your profession can do for you. Ask what you can do for your profession." We need committed professionals–not members of a trade union. Have you received and do you understand this message?

References

Frankl, V. E. (1962). *Man's search for meaning: An introduction to logo-therapy.* New York: Simon and Schuster.

Rosten, L. C. (1961). *Captain Newman, M.D.* New York: Harper.

Ruff, E. (1968). President's view. . . the professional counselor. *The School Counselor, 15,* 244.

The *CACD Journal*

is indexed by the
Educational Resources Information Center
Counseling and Student Services
Clearinghouse

. . .

ERIC/CASS
School of Education
201 Ferguson Building
University of North Carolina at Greensboro
Greensboro, NC 27402-6171

(800) 414-9769
(910) 334-4114
Fax (910) 334-4116

Guidelines for Authors

The *CACD Journal* invites manuscripts about the profession for the professional, including articles about theory and practice, applied and experimental research, current trends and issues, and innovative ideas and applications. In addition to these articles, the *CACD Journal* includes special feature sections: "Building the Counseling Profession," "Professional Practices in Counseling," and "The Personal Side of Counseling." The prospective author may request more comprehensive guidelines and practical recommendations for manuscript preparation.

- The author prepares the manuscript in the style cited in the *Publication Manual of the American Psychological Association* (4th ed.). This 1994 manual is available for purchase from the APA Order Department, P.O. Box 92984, Washington, DC 20090-2984.

- The author submits a well-organized, readable manuscript which follows guidelines to reduce bias. The author does not submit the manuscript concurrently to another publication, and does not submit a manuscript which has been previously published. The author obtains permission from the copyright source for cumulative quotations of 300 words or more. The author is responsible for the accuracy of information in the manuscript.

- The author submits an original and four copies of a manuscript no longer than 2,500 words, or about 10 pages of double-spaced typewritten copy, including references, tables, and figures, and an abstract identifying the central idea of the manuscript in 50 or fewer words. The author includes a running head on each page of the manuscript. The author submits figures and tables as camera-ready copy.

- The author submits two copies of an additional page which displays the author's name, position(s), place(s) of employment, address(es), telephone number(s), and fax number(s). The author encloses a computer disk (IBM preferred) which displays the manuscript. The author also encloses a self-addressed, stamped postcard for notification of manuscript receipt, and a self-addressed manila envelope with sufficient postage for return of the manuscript and the disk as appropriate.

- The manuscript is reviewed anonymously by four or more members of the *CACD Journal* Editorial Review Board. Review and selection may take several months. Revision and editing are expected.

- Complimentary copies of the *CACD Journal* are provided to the published author.

California Association for Counseling and Development
2555 East Chapman Avenue, Suite 201
Fullerton, CA 92831
(714) 871-6460

CACD Leadership Team Directory
July 1, 1999 – June 30, 2000

California Association for Counseling and Development
President .... Joseph Dear .... Sacramento
President-Elect .... Marcelino Saucedo .... Surfside
Immediate Past President .... Sharon Johnson .... Los Angeles
Member-at-Large for Human Rights .... Frank Gutierrez .... Sacramento
Treasurer (Ex-Officio) .... Robert Godinez .... Ontario
Executive Director (Ex-Officio) .... Richard Hoover .... Fullerton

State Divisions
California Association for Adult Development and Aging
President .... Kathleen Burns Stanton .... San Diego
Member of CACD Executive Council .... Gordon Footman .... San Marino

California Association for Counselor Education and Supervision
President .... Robert Hansen .... LaVerne
Member of CACD Executive Council .... C.D. Johnson .... San Juan Capistrano

California Association for Measurement and Evaluation
In Counseling and Development
President .... Pat Nellor Wickwire .... Hermosa Beach
Member of CACD Executive Council .... Elizabeth Stebbins .... Aliso Viejo

California Association for Multicultural Counseling
President .... Mary Ellen Davis .... Foster City
Member of CACD Executive Council .... Mary Ellen Davis .... Foster City

California Association for Religious and Value Issues in Counseling
President .... Warren Sapp .... Whittier
Member of CACD Executive Council .... Mary Honer .... Murrieta

California Association for Specialists in Group Work
President .... C.D. Johnson .... San Juan Capistrano
Member of CACD Executive Council .... Paul DeSena .... Manhattan Beach

California Career Development Association
President .... Amy Clement .... Redondo Beach
Member of CACD Executive Council .... Gregory Jackson .... Northridge
Member of CACD Executive Council .... Martin Rosenberg .... Sacramento

California Rehabilitation Counselor Association
President .... Bill Newton .... Sacramento
Member of CACD Executive Council .... Martin Brodwin .... San Gabriel

(Continued on Next Page)

State Divisions (Continued)

California School Counselor Association

President .... Loretta Whitson .... Alta Loma
Member of CACD Executive Council .... Lonnie Rowell .... La Mesa
Member of CACD Executive Council .... Warren Sapp .... Whittier
Member of CACD Executive Council .... Loretta Whitson .... Alta Loma

State Organizational Affiliates

CACD-Asian Pacific Caucus

Interim Chair .... Liz Cowgill .... Venice
Member of CACD Executive Council .... Liz Cowgill .... Venice

CACD-Black Caucus

President .... John Randle .... Oakland
Member of CACD Executive Council .... Benjamin Reddish, Jr .... Stockton

CACD-California Women's Caucus

President .... Margaret Cooney .... Redlands
Member of CACD Executive Council .... Jackie Allen .... Fremont

CACD-Hispanic Caucus

President .... Johnny Baltierra .... Fresno
Member of CACD Executive Council .... Paul Rodriguez .... Chino

California Adult and Continuing Education Counselor Association

President .... Janet Macleod .... San Pedro
Member of CACD Executive Council .... Karen Kuser .... Burbank

California Community College Counselors Association

President .... Christopher Hadley .... Oakland
Member of CACD Executive Council .... Alicia Andujo .... Pico Rivera
Member of CACD Executive Council .... Preston Hampton .... Norwalk

State Chapters

Delta Sierra Association for Counseling and Development ....

Los Angeles County Personnel and Guidance Association ....

Northern California Association for Counseling and Development ....

Orange County Association for Counseling and Development

President .... Corine Doughty .... Anaheim
Member of CACD Executive Council .... Wade Hawley .... Huntington Beach

State Chapters (Continued)

Riverside-San Bernardino Counties Counselor Association

President	Tony Ellis	Alta Loma
Member of CACD Executive Council	Amanda McLeod-Weiser..............	Highland

San Diego Association for Counseling and Development ....

Chairpersons and Editors

Awards	Mary Honer	Murrieta
Bylaws	Jackie Allen	Fremont
COMPASS	John Hall	North Hills
Convention Management	Richard Hoover	Fullerton
Crisis Intervention	Mary Honer	Murrieta
	Winifred Strong	Laguna Hills
Finance...	Robert Godinez	Ontario
Graduate Student		
Human Rights	Frank Gutierrez	Sacramento
Human Rights Award	Frank Gutierrez	Sacramento
JOURNAL	Pat Nellor Wickwire	Hermosa Beach
Legislative Award	Martin Rosenberg	Sacramento
Membership/Marketing	Marcelino Saucedo	Surfside
Nominations/Elections	Sharon Johnson	Los Angeles
Professional Position Referral	Wade Hawley	Long Beach
Professional Standards/Ethical Practices...	Jan Swinton	Glendale
Public Policy and Legislation	Martin Rosenberg	Sacramento
Strategic Plan	Sharon Johnson	Los Angeles
Technology-Home Page	Wade Hawley	Long Beach

Liaisons

Anne Upton Memorial Fund	Richard Hoover	Fullerton
Education Foundation	Jackie Allen	Fremont
H. B. McDaniel Foundation	Robert Godinez	Ontario
	Richard Hoover	Fullerton

CACD Headquarters Staff

Executive Vice President	Richard Hoover	Fullerton
Office Manager and Cashier	Sharon Barth	Fullerton

73

2002
CACD CONVENTION

Embracing the Human Spirit:
The Knowledge of Counseling

FEBRUARY 14-17, 2002
SAN MATEO MARRIOT HOTEL
SAN FRANCISCO AIRPORT

See You There!

ERIC

NOTICE

Reproduction Basis

EFF-089 (3/2000)