Student Perceptions on the Counselor Education Exit Requirement Experience

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Introduction

The study of exit requirements is of importance because it provides counselor educators with a final tool for assessing student integration of key concepts and skills commensurate with a graduate degree. As gatekeepers to the profession, we share the responsibility with our new graduates for providing optimal care to clients. Most counseling Master's programs provide means of assessing readiness for the profession, though the method and purpose may vary across programs. Nine studies have been published, to date, (Thomason, Parks, & Bloom, 1980; Burck & Peterson, 1983; Kameoka & Lister, 1991; Peterson, Bowman, Myer, & Maidl, 1992; Manus, Bowden, & Dowd, 1992; Dowd, Manus, & Buboltz, 1995; Loughead, 1997; Carney, Cobia, & Shannon, 1998; MacCluskie, Toman, & Barlow, 2000) which consider the method and purpose of exit requirements among graduate programs for mental health professionals. Yet, none of these consider the process and purpose of exit requirements from the perspective of the students themselves. This survey research reports the opinions and experiences of 91 counseling graduates in the context of their involvement with the exit requirement process.

Master's level Counselor Education Programs were asked to participate in a study to determine students' perceptions about the exit requirement experience. Ninety-five recent graduates or graduate students nearing completion of a counselor education degree were surveyed. Results from 91 usable responses indicated that overall, students who were enrolled in programs that required some form of an exit requirement were satisfied with the process. Furthermore, the majority of these respondents felt that the major purpose of the exit requirement was to measure synthesis of knowledge. Implications for assessment in counselor education programs are discussed.

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A need for consensus has been noted by educators regarding whether comprehensive examinations should demonstrate cumulative knowledge or the ability to apply that knowledge (Thomason, Parks, & Bloom, 1980). Loughhead (1997) examined rationales for offering Doctoral comprehensive examinations. Peterson, Bowman, Myer, and Maidl (1992) and Manus, Bowden, and Dowd (1992) noted the importance for students of articulating the purpose of exit requirements. Others (Burck & Peterson, 1983; Dowd, Manus, & Buboltz, 1995) focused on the psychometric aspects by investigating methods of comprehensive examination administration and scoring. One study examined exit measures from Master's in Social Work programs (Kameoka & Lister, 1991), while Carney, Cobia, and Shannon (1998) and MacCluskie, Toman, and Barlow (2000) investigated the multiple methods of exiting from Master's level counseling programs.

Given the variety of exit requirement studies from a variety of programs, it is surprising that the student perspective has not previously been reported. Students' perceptions have been considered in regard to a multitude of other training issues. Students have been asked to report about their supervision experiences (Seibold, 1999; Hartung, 1982), their experiences with faculty mentors (Wilde & Schau, 1991; LeCluyse, Tollefson, & Borgers, 1985), doctoral training and employment (Auguste, Wicherski, & Kohout, 1999; Dempster, 1998; Tibbets-Kleber, 1987) and their self-perceptions of future professional role (Delfin & Roberts, 1980).

In addition, students have been surveyed about the graduate environment's support for professional character and professional values development (Fagan, 1997), research training (Phillips & Russell, 1994), multicultural training (Constantine, Ladany, Inman, & Ponterotto, 1996), general training

needs (Brown-Wright, Dubick, & Newman, 1997; Rimmer, Lammert, & McClain, 1982), and necessary skills (Erffmeyer & Mendel, 1990; Walfish, Polifka, & Stenmark, 1984). Texts have been published (Anderson, 1998; Nerad, June & Miller, 1997; Delamont, Atkinson, & Parry, 2000) describing many aspects of the graduate student experience. However, with all these publications, consideration of the students' perceptions of exit requirements from graduate degree programs has not been of primary focus.

To address the aspect of student perceptions, with regard to the exit requirement experience, the researchers of this study surveyed recent graduates or graduate students nearing completion of a graduate degree, from a counselor education program.

Method

Participants

Ninety-one students who were nearing graduation or who had recently graduated from a Master's counseling degree program participated in the study. The process of obtaining participants was two-fold. First, a letter was sent to the 391 counselor education programs located in the United States and listed in *Counselor Preparation* (Hollis and Wantz, 1993). Each program chair was asked for help in recruiting students to complete a survey. Eighty-one program chairs agreed to provide access to their recent upcoming graduates. Some programs preferred to distribute the surveys to their students, while other chairs provided students' names and addresses to the investigators. Of the 81 potential respondent programs, 31 (38 %) actually provided access to the students. From the 31 programs, the investigators obtained 319 potential individual student/graduate respondents.

The second phase was completed by providing explanation letters and surveys to the 319 individual students. In the cases where chairs did not disclose students' names to the researchers, the chairs agreed to be responsible for distributing the letters and instruments to potential respondents. Two forms of the survey were used: Form I for students graduating from a program which administered an exit requirement, and Form II for students graduating from a program which did not have the requirement. The surveys were returned to the investigators with an enclosed, stamped envelope.

Instrumentation

The surveys were designed for this study by the investigators. The researchers returned to the original instrument used in MacCluskie, Toman, and Barlow (2000), the literature, and informal feedback from advisees, to construct the demographic form and survey items. Form I contained 10 quantitative items (3 demographic questions and 7 items), and two qualitative questions. Questions inquired about (a) respondent demographics; (b) type of exit requirement; (c) respondent's status of pass/fail; (d) respondent's experience with the process and perceptions for the rationale of the exit requirement; and (e) two open-ended questions. Form II consisted of two quantitative items and one qualitative question. Questions here included: (a) respondent demographics; (b) respondent's perceptions of the degree completion process and whether an exit requirement was viewed as valuable; and (c) an open-ended item inviting respondent's opinions concerning how the experience could have been improved.

Results

Of the 319 individual students, a total of ninety-five (30 %) completed and returned the surveys. Four surveys were not usable due to the respondents' incorrect completion of the survey or because respondents were a doctoral student instead of a Master's student. Of the remaining surveys, 73 were from students in programs requiring some form of exit requirement (Form I), while 18 did not have an exit requirement (Form II). The geographic distribution of the student participants are included in Table 1. Twenty- four states were represented, with the greatest % of responses coming from the states of New York and Louisiana.

Table 1: Geographic Distribution of Respondents in Counselor Education

	Respondents of Exit Requirements		Respondents of No Exit Requirements	
State	n	%	n	%
Alabama	1	1.4	-	-
Florida	4	5.5	-	-
Illinois	5	6.8	-	-
Indiana	2	2.7	-	-
Iowa	3	4.1	-	-
Louisiana	13	17.8	-	-
Maryland	2	2.7	-	-
Michigan	1	1.4	-	-
Minnesota	4	5.5	-	-
Mississippi	1	1.4	-	-
Nebraska	2	2.7	-	-
Nevada	1	1.4	-	-
New Jersey	2	2.7	-	-
New York	5	6.8	11	61.1
North Dakota	1	1.4	-	-
Ohio	2	2.7	-	-
Pennsylvania	1	1.4	4	22.2
South Carolina	1	1.4	-	-
Tennessee	1	1.4	-	-
Texas	5	6.8	-	-
Virginia	3	4.1	3	16.7
Washington	4	5.5	-	-
West Virginia	5	6.8	-	-
Wisconsin	4	5.5	-	-
Total	73	100.0	18	100.0

The distribution of training tracks for exit and non-exit requirements students are included in Table 2. The majority of students who responded to this question indicated that they were enrolled in Community/Agency counseling programs. This was consistent across both survey instruments, 42.5 % for Survey Form I, and 61.1 % for Survey Form II.

The remaining results of the responses to Forms I and II will be discussed separately, since they were sampling two different populations of respondents, and due to the fact that the remaining items differed significantly between the two survey forms. Results obtained from Form I will be discussed first, followed by the results of Form II.

Section III of Survey Form I contained seven items, in a Likert-type format. Results of each item will be discussed separately because the anchors on the Likert scales varied with each survey item.

Item 1 represents the degree to which exit requirement preparation could help students in their future employment. These results indicate that the majority of the students (82.2 %) who answered this item felt that exit requirements were to some degree beneficial to their role as future clinicians. Item 2 represents the estimation of helpfulness of the exit requirement process in integrating a sense of the "big picture" in the field of professional counseling. A total of 77 % of the respondents who answered this question found exit requirements to be at least moderately beneficial.

The next survey item, Item 3, inquired as to the accuracy with which exit requirements reflected curriculum material. The highest frequency of responses (93 %) occurred in the range between 3 and 5, suggesting these students perceived their exit requirements to be adequately sampling the curriculum content. Item 4 asked whether respondents

believed exit requirements were a good idea. The majority of the responses (92 %) were favorable. It appears that students generally felt exit requirements to be a good idea.

Table 2: Distribution of Students in Various Specialty Tracks

	Exit Requirement Track		No Exit Requirement Track	
Master's Program of Study	n	%	n	%
School Counseling	5	6.8	4	22.2
Community/ Agency	31	42.5	11	61.1
Marriage and Family	5	6.8	-	-
Student Personnel	12	16.4	-	-
Rehabilitation	3	4.1	3	16.7
Counseling Psychology	9	12.3	-	-
Educational Guidance	5	6.8	-	-
Other	3	4.1	-	-

Item 5 pertained to level of satisfaction with the format of the exit requirement. 87% of the responses were positive. Again, students seemed satisfied to some degree with the format of their exit requirement. Item 6 measured the degree of satisfaction with the helpfulness of faculty in preparing students for the exit requirements. 81% of those responding to this particular item found faculty to be helpful to some degree.

Satisfaction with the overall exit requirement process was the last of the Likert-format questions. Eighty-three % of those responding to this item reported being somewhat satisfied, to completely satisfied with the overall exit requirement process.

Question eight on Survey Form I, dealt with the perceived emphasis placed on the rationale for utilizing exit requirements. Respondents were asked to rate various items based on the degree of emphasis each item possessed (a great deal of emphasis, moderate emphasis, and little emphasis). Results are presented in Table 3. Overall, it

appears that students perceived the primary emphasis to be integration of knowledge. Seventy-four % of respondents felt that a great deal of emphasis was placed on integration of knowledge.

Qualitative Questions Survey Form I
To the open item, question nine, ("Please describe any alternatives or changes you would recommend to improve your current exit requirement format or procedure") 56 students (77 %) responded. Ten students indicated that no changes were necessary, while 41 students offered one or more procedural recommendations or recommendations for the faculty. The alternate procedures recommendations included doing a research project (n=1), case studies (n=2), group therapy (n=1), a portfolio (n=2), more writing (n=1), oral exams (n=1), or addressing individualized learning needs (n=1). As well, there were four students who noted that passed state board licensure exams could suffice for an exit requirement. The largest procedural recommendation, though, was nine calls for a method of assessing counseling skills.

There were also 27 recommendations to the faculty. These included more focused questions (n=3), consistent scheduling (n=2), consistency in grading (n=2), and not giving out questions ahead of time (n=1). Many students perceived that exit requirements should be more meaningful to the counseling profession (n=6), should better reflect course content (n=6), that preparation needed more faculty involvement (n=2), with some specifying that faculty offer outlines or summaries (n=2) seminars (n=1), sample questions (n=1), or a list of resources, (n=1). Five comments were not usable because they made program recommendations instead of exit requirement recommendations.
For question ten ("Use the space below for additional comments about your exit

requirement experience"), 14 students reported a variety of experiences in completing exiting requirements, 5 negative aspects and 9 positive aspects.

Table 3: Perceived Emphasis Placed on Rationale for Utilizing Exit Requirements

	Extent of Emphasis			
	Heavy	Moderate	Minimal	Other
Perceived purpose	%	%	%	%
Screening for minimal knowledge	46.5	43.7	9.9	-
Screening for minimal skill	34.3	40.0	25.7	-
Integration of knowledge	74.3	18.6	7.1	-
Professional writing or presenting skills	32.9	44.3	21.4	1.4
Learning experience	44.3	41.4	12.9	1.4
Evaluation of program	15.0	42.3	42.3	-
Evaluation of faculty	14.0	36.8	49.1	-
Other	33.3	-	-	66.7

For example, one student indicated it resembled a "frat hazing," and another wrote "it was a complete waste of time," while others wrote that "it brought the profession of counseling together for me," and "helped clarify future goals." Six additional students referred to assistance from faculty in regard to their exit experience as positive (n=2), no help (n=2), and that faculty's own issues got in the way of evaluating students (n=1). One student reported that passing classes was the "real preparation". Two respondents indicated that they passed their state license exam and another wished they had chosen one of the other exit requirement options. Five comments were not usable because they made program comments instead of exit requirement comments.

Survey Form II

Survey Form II was utilized by those students who did not have an exit requirement as part of their counseling program. There were two quantitative questions in Survey Form II and the results of these two questions are highlighted in Table 4. The first quantitative question dealt with whether some form of an exit requirement would have been helpful in consolidating knowledge of the counseling coursework. Approximately 28% of the respondents indicated that they would not find an exit requirement at all helpful in consolidating knowledge, while 50% reported that that an exit requirement may have been helpful to some degree. It is important to note that of those surveyed, no one responded that an exit requirement would have been extremely helpful.

The second quantitative question assessed whether an exit requirement would have been helpful in students' future roles as clinicians. 28% of those who responded to this item reported that an exit requirement would not have been helpful, while approximately 38% felt that an exit requirement would have been helpful to some degree. Once again, no one responded that an exit requirement would have been extremely helpful in their future role as clinicians.

Qualitative Question Survey Form II

As part of the qualitative component of this research, the last item of Survey Form II pertained to whether the respondents would have liked some form of closure to their educational experience. The dichotomous scale of "yes" or "no," was also supplemented with a section where respondents could provide further details about their answer. 11 students from the 18 surveys returned, made one or more responses stating "Yes," with indications of those experiences being a practical project

(n=3), seminar with peers and professionals (n=3), exit interview with advisor (n=2), assessment of practical applications (n=1), and portfolio (n=1), "No," their experience was "sufficient," or that they were assessed prior to internship

Table 4: Student Perceptions of Effectiveness of Exit Requirements: Non-Exit Requirement Track

Item	Likert Ratings									
	1 Not at all helpful		2		3 Some what helpful		4		5 Extre- mely helpful	
	n	%	n	%	n	%	n	%	n	%
1	5	27.8	4	22.2	5	27.8	4	22.2	-	-
2	5	27.8	6	33.3	5	27.8	2	11.1	-	-

Discussion

The purpose of this study was to further investigate whether exit requirement processes were beneficial from the students' views, and whether student perceptions of the intent for exit requirements are congruent with those of faculty, which was measured in a previous study (MacCluskie, Toman, & Barlow, 2000). The findings were encouraging. First, and perhaps most importantly, the majority of student respondents did feel that the process was beneficial for them on a number of levels. It helped students get a sense of the big picture in the field. Sometimes it might be difficult for students, particularly those taking one or two courses at a time, to sense a comprehensive conceptualization for the overall field of counseling, within their particular discipline. Studying for an exit examination, which often entails amassing syllabi over the course of the curriculum, and studying course material in the context of other course material, does seem to be one effective means for helping the students

consolidate and integrate a broad range of information.

Also of importance, the prior survey by MacCluskie, Toman, & Barlow, (2000) found that the most common intention of faculty, in using the exit requirement procedure, was integration and synthesis of knowledge. Student perceptions were found to be congruent with faculty intent. This could mean that faculty are adequately communicating their intent. Furthermore, students completing exit requirements found the process to sample the curriculum content.

The question arises whether there are areas in which faculty might improve the exit requirement process. On the survey items, a preponderance of respondents answered favorably. Perhaps faculty could refine their approaches to assisting students with the exit requirement preparation process. There may be great variability between programs, or even between advisors/faculty members within a program, as to the extent to which they offer assistance to students in this regard. Nevertheless, 79% of students found their faculty members to be helpful to some degree with exit requirement preparation, while more (83 percent) were to some degree satisfied with the overall exit requirement process.

One finding that does not necessarily indicate need for improvement, but does need to be acknowledged, is that both faculty and students saw assessment of applied clinical skills as a much lesser goal, in comparison to assessment of knowledge. Where are applied clinical skills being assessed in a curriculum? They may be assessed in a piecemeal fashion across courses, but most likely it occurs primarily in internship. In some programs, instructors of internships are faculty supervisors, but the site supervisors are the individuals who have the most responsibility for monitoring students' clinical skills. This raises two important points. First, faculty need to make sure they trust the skill level of the site supervisors. Second, clinical site supervisors are assigned a great deal of responsibility for final assessment of students' skills.

To summarize, students enrolled in programs utilizing exit requirements saw the primary purpose as intended to measure integration of knowledge. These results are consistent with faculty members' intentions. Overall, students involved in the exit requirement process had positive perceptions of the process. If alternate exit requirement procedures are implemented, further research will be needed to assess faculty and student perceptions of the process and content. One emerging trend seems to be portfolio development. Future research should continue to assess the efficacy of new exit requirement procedures with student perceptions and assessments.

References

Anderson, M. S. (1998). *The experience of being in graduate school: An exploration*. San Francisco: Jossey-Bass Publishers.

Auguste, R. M., Wicherski M., & Kohout, J. L. (1999). *1996 master's specialist's and related degrees employment survey*. APA Research Office Technical Reports. American Psychological Association Research Office, US.

Brown-Wright, D. A., Dubick, R. A., & Newman, I. (1997). Graduate assistant expectation and faculty perception: Implications for mentoring and training. *Journal of College Student Development. 38*(4), 410-416.

Burck, H. D., & Peterson, G. W. (1983). Doctoral comprehensive examinations in one program. A descriptive and evaluative study. *Counselor Education and Supervision, 23*, 169-172.

Carney, J.S., Cobia, D.C., & Shannon, D.M. (1998). An examination of final evaluation methods used in master's level counseling programs. *Counselor Education and Supervision, 37*, 154-165.

Constantine, M. G., Ladany, N., Inman, A. G., & Ponterotto, J. G. (1996). Students' perceptions of multicultural training in counseling

psychology programs. *Journal of Multicultural Counseling and Development*, *24*, 241-253.

Delamont, S., Atkinson, P., & Parry, O. (2000). *The doctoral experience: Success and failure in graduate school*. New York: Falmer Press.

Delfin, P. E. & Roberts, M. C. (1980). Self-perceived confidence and competence as a function of training in the beginning graduate student in clinical psychology. *Teaching of Psychology*, *i*, 168-171.

Dempster, L. V. (1998). A descriptive study of community mental health professionals regarding their graduate training and specific professional functions. *Dissertation Abstracts International, 49* (4-A) 729-730.

Descutner C. J., & Thelen, M. H. (1989). Graduate student and faculty perspectives about graduate school. *Teaching of Psychology*, *16*, 58-61.

Dowd, E. T., Manus, M. B., & Buboltz, W. C. (1995). *The comprehensive examination in professional psychology*. Paper presented at the Greater Lakes Regional Conference in Counseling Psychology, Kent, Ohio, March-April, 1995.

Erffmeyer, E. S., & Mendel, R. M. (1990). Master's level training in industrial/organizational psychology: A case study of the perceived relevance of graduate training. *Professional Psychology: Research & Practice*, *21*, 405-408.

Fagan, A. F. C. (1997). The development of professional character: An investigation of the values of graduate students in counseling psychology. *Dissertation Abstracts International: Section B: The Sciences & Engineering*, *57*(7-B), 4704.

Hartung, B. J. (1982). The practicum instructor: A study of role expectations. *Journal of Sociology & Social Welfare*, *9*, 662-670.

Hollis, J. A., & Wantz, R. A. (1993). *Counselor preparation 1993-1995 Volume 1: Programs and personnel (8th Ed.)*. Bristol, PA: Accredited Development.

Kameoka, V. A. & Lister, L. (1991). Evaluation of student learning outcomes in MSW programs. *Journal of Social Work Education*, *27*, 251-257.

LeCluyse, E. E., Tollefson, N., & Borgers, S. B. (1985). Differences in female graduate students in relation to mentoring. *College Student Journal*, *19*, 411-415.

Loughhead, T.O. (1997). The doctoral comprehensive examination: Fine-tuning the process. *Counselor Education and Supervision*, *37*, 140-148.

MacCluskie, K. C., Toman, S. M., and Barlow, T. D. (2000). A national survey of exit requirements among master's in counseling programs. *Dimensions of Counseling*, *28*, 18-24.

Manus, M. B., Bowden, M. G., & Dowd, E. T. (1992). The purpose, philosophy, content, and structure of doctoral comprehensive/qualifying exams: A survey of counseling a psychology training programs. *The Counseling Psychologist*, *20*, 677-688.

Nerad, M., June, R., & Miller, D.S. (Eds.) (1997). *Contemporary higher education: International issues for the twenty-first century*. New York: Garland Publishing, Inc.

Peterson, S. E., Bowman, R. L., Myer, R. A., & Maidl, C. M. (1992). A survey of comprehensive examination practices among doctoral programs in counseling. *Counselor Education and Supervision*, *32*, 117-129.

Phillips, J. C., Russell, R. K. (1994). Research self-efficacy, the research training environment, and research productivity among graduate students in counseling psychology. *Counseling Psychology*, *22*, 628-641.

Pilkington, N. W., & Cantor, J. M. (1996). Perceptions of heterosexual bias in professional psychology programs: A survey of graduate students. *Professional Psychology: Research and Practice*, *27*, 604-612.

Rimmer, S. M., Lammert, M., & McClain, P. (1982). An assessment of graduate student needs. *College Student Journal*, *16*, 187-192.

Seibold, J. M. (1999). The experiences of master's level marriage and family therapy students in their off-campus placements. *Dissertation Abstracts International: Section B: The Sciences & Engineering, 59*, (11-B) 6078.

Tibbets-Kleber, A. L. (1987). Doctoral training in clinical psychology: The student's perspective. *Dissertation Abstracts International, 47*(8-B), 3548.

Thomason, T. C., Parks, J. C., & Bloom, J. W. (1980). The doctoral comprehensive examination in counselor education. *Counselor Education and Supervision*, *19*, 182-185.

Walfish, S., Polifka, J. A., & Stenmark, D. E. (1984). An evaluation of skill acquisition in community psychology training. *American Journal of Community Psychology*, *12*, 165-174.

Wilde, J. B., & Schau, C. G. (1991). Mentoring in graduate schools of education: Mentees' perceptions. *Journal of Experimental Education, 59,* 165-179.

School and Mental Health Counselors: Recommendations when Working with Bosnian Refugees

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Introduction

The recent influx of Bosnian immigrants differs from the traditional North European immigrants who came to the country in the late 1800s and early 1900s. The midwest region of the United States of America is experiencing unparalleled periods of ethnic diversification due to an influx of immigrants from Latin America and Eastern Europe who are coming to work in meat packing plants, farming, and related industries (Bloom, 2000; Grey, 1999). Various studies have shown that the new immigrants from Eastern Europe (e.g., Bosnia) arrive with health and psychological difficulties such as poor nutrition, poor dental health, depression, acculturation stress, post-traumatic stress disorder, and infectious diseases (Ackerman, 1997; Baylor University, 1999; Clemente, Clark-Hanify, & Collison, 2001). According to Clemente et al. (2001), many refugees from Bosnia who have experienced traumatic events related to ethnic cleansing come to the U.S.A. with psychological conditions that could challenge the most experienced school or mental health counselor.

This study focused on perceptions about difficulties with acculturation for Bosnian refugees and their views on mental health counseling. It provides an overview of the Bosnian refugee dynamics in the United States of America and a description of the post-traumatic stress disorder (PTSD) as a condition faced by many refugees of war. Using a standard set of questions, two interviews were conducted with four school and mental health counselors to draw out emerging themes in counselor perceptions relating to the needs of this population. Implications and recommendations for mental health (community agencies) and school counselors are provided.

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This article begins with a short overview of the Bosnian refugee dynamics in the United States of America and a description of the post-traumatic stress disorder (PTSD) as a condition faced by many refugees of war. The article then provides a description of several interviews conducted with school and mental health counselors from Iowa who have experience counseling Bosnian refugees. Finally, the article concludes with recommendations for counselors working with Bosnian refugees, including those who suffer from post-traumatic stress disorder (PTSD).

Mental Health Issues of Bosnian Refugees

Because many states in the Midwest are experiencing a labor shortage related to the aging population, low fertility rates, and the out-migration of young workers, a rapid growth of ethnic diversification is expected as new immigrants arrive (Bloom, 2000; The Iowan, 2000). New immigrants go through a period of adjustment that can be influenced positively or negatively by factors such as level of trauma experienced, financial and educational level before immigration, amount of support and resources offer by the new community, and personal-social skills (U.S. Committee for Refugees, 1997).

A statistical report compiled by the Bureau of Refugee Services (1997) reported that Bosnian immigrants have multiple sources of stress that can originate from feelings of loss, social isolation, culture shock, and accelerated modernization. These sources of stress can lead to symptoms characterized by mood swings; sleep problems; and decreased memory, energy, and patience (Baylor University, 1999). As a result, school and mental health counselors who work with Bosnian refugee students must reconceptualize how services are provided to these immigrants and realize that their needs may not be consistent with traditional strategies used for clients in the U.S.

The literature reveals that serious coping issues stem from psychiatric effects related to traumatic events of ethnic cleansing. According to Ackerman (1997), 65% of Bosnian refugees show some type of symptomatology related to post-traumatic stress disorder (PTSD), and 35% experience depression. The mental health status of Bosnian clients is intimately related to health issues that cannot be ignored, especially for those who arrive directly from refugee camps in Europe. During their residency in refugee camps, they are typically exposed to diseases such as measles, malnutrition, diarrhea, respiratory infections, malaria, meningitis, and hypothermia (The International Committee of the Red Cross & The Johns Hopkins School of Public Health, 1999). According to the Centers for Disease Control and Prevention (1999) and Ackerman (1997), refugees should receive a physical and mental health assessment within 30-90 days of arriving in their resettlement country. This assessment can serve as a mechanism to facilitate the adaptation process of newcomers. The following section provides a short description of the common symptoms and behaviors experienced by those suffering from PTSD.

Post-Traumatic Stress Disorder

As the war escalated in the Balkans during the late 90's, many citizens left their home countries and sought refuge in other countries. Many of these individuals had experienced a variety of traumatic events. During the war, many refugees survived experiences such as: witnessing the savage killing of numerous individuals; anguishing over the disappearance of loved one(s); watching the destruction of their homes; living in refugee camps and/or leaving their

homes; and knowing that loved ones who stayed or were left behind might be killed in the war (Becker, Weine, Vojvoda, & McGlashan, 1999; Weine, Becker, McGlashan, Vojvoda, Hartman, & Robbins, 1995).

Due to such exposure to violence, there are concerns that the Balkan population which has resettled in the United States is at a higher risk for developing post-traumatic stress disorder. According to the DSM-IV (American Psychiatric Association, 1994), post-traumatic stress disorder (PTSD) is the development of symptoms after exposure to a traumatic event or stressor. A diagnosis of PTSD requires that the person responded to the event with an "intense fear, helplessness, or horror" (Criterion A1) (p. 424). Additional diagnostic criteria for PTSD include: re-experiencing the trauma; avoiding triggers associated with the event experiencing a numbing of affect; and feeling a sense of increased arousal. The symptoms must be present for over a month and cause significant distress and/or impairment in functioning.

Children are extremely vulnerable to the impact of trauma; in fact, PTSD is three times more likely to occur if a trauma victim is under the age of 11 (Pelcovitz & Kaplan, 1996). However, a similar study conducted by Becker et al. (1999) revealed that Bosnian adolescents who have resettled in the United States have a relatively low rate of PTSD. Analogously, Becker et al (1999) and Weine et al (1995) indicated that children experience less cultural disruption than adults. On the other hand, Clemente, Clark-Hanify, and Collison (2001) revealed that Bosnian youth encounter cultural and linguistic challenges that impede a healthy cultural transition. Since the Bosnian immigration is a new phenomenon and research studies with this population are limited and conflicting, it is too early to assume that all refugees will successfully adapt to the North American culture. Furthermore, there are no longitudinal studies with this population indicating whether the effects of transition to the U.S. or the success of children and youth in the educational system.

Research Purpose and Design

This study was designed to gather information from counselors who have significant experience in counseling Bosnian refugees in order to better understand the treatment needs of this population. The following research questions guided the study: (a) How much compatibility exists between the evaluation methods used by North American counselors for psychological evaluation and the mental health needs of the Bosnian population?; (b) What are the most challenging situations for school and mental health counselors when working with Bosnian immigrants?; (c) What are some of the ethical, legal, and linguistic issues that counselors must take into account when working with this population? This study was intended to provide an operational foundation for mental health and school counselors who may interact with Bosnian refugees in schools or community agencies.

The design of this study followed standard procedures of qualitative design suggested by Bogdan and Biklen (1992).

Method

Counselor Participants

This study involved interviewing four counselors; two of whom were school counselors (one male and one female) and two of whom were mental health counselors (one male and one female). All counselors interviewed were European American (White). The counselors were selected because of their past work with Bosnian clients. Due to the location of their

respective agencies or schools, each counselor had worked with Bosnians clients and other immigrant clients or students. The experience of the counselors ranged from 4 to 10 years. All the counselors had either a school counseling certification or a mental health license except for one mental health counselor who was a National Certified Counselor (NCC) completing the clinical hours for licensure.

Interviews

The school counselors were interviewed individually by the researcher who is an assistant professor in School and Mental Health Counseling at the University of Northern Iowa. The researcher is a Latino male who has been involved in previous studies with Bosnian and Latino clients in the community of Waterloo, IA and has previously worked as a school counselor and in mental health settings in Oregon and Puerto Rico. The mental health counselors were interviewed by a Latina female who was a mental health counselor in the community serving as a research assistant during the interviews. She has been involved in previous studies with Bosnian children and adolescents. Questions were oriented toward their respective professional areas, school and mental health counseling. All interviews were conducted in the participants' respective schools or agencies.

The same set of questions was used for each of the four interviews in order to provide structure and continuity to the interviews. The interview questions were generated as an extension of the research questions and revolved around the participants' perceptions about the following themes: professional competency, quality of communication and interaction, multicultural challenges, language differences, legal and ethical issues, and conceptualization of psychopathology.

The first set of interviews ranged in time from one hour to one and a half hours; the time spent interviewing was nine hours. The second set of interviews ranged from thirty to forty-five minutes. A total of fourteen hours were spent in both sets of interviews

Transcription and Analysis

During the first session, the counselors were interviewed using the guideline questions. After this interview, the session was transcribed and analyzed, and emerging patterns were codified into categories. The second interview was used to verify these categories with the counselors and to discuss any inconsistencies found during the first interview. Therefore the initial interview session was audiotaped and then transcribed, while the second interview session was also audiotaped but not transcribed. Taping and analysis of the second interview complemented the first interview; and conclusions were drawn based upon the integration of both interviews.

Data were analyzed by highlighting common themes of the transcription manuscript and codifying (labeling) by categories. Following qualitative guidelines documented by Borg, Gall, and Gall (1993) and Bogdan and Biklen (1992), these codes were catalysts to further explore inconsistencies in the previous interview or to pursue in-depth issues regarding a topic during the second interview. The data were qualitatively analyzed in order to find commonalties, themes, and trends, as well as distinctive experiences among the interviewees. Categories were clustered into codes, subcodes, and themes depending on the degree of interdependence (Strauss & Cobin, 1990).

Results

As a result of the analysis of these interviews, the author and the research

assistant identified a number of themes and consolidated these themes into categories. This section will describe each category yielded by the qualitative analysis of our interviews. The study results are reported according to the themes that were synthesized into categories.

Communication Patterns and Language

The most pressing issues for all counselors interviewed appeared to be related to difficulties in conveying ideas to Bosnian clients. As one school counselor expressed: "I took French in high school and college but never expected to be exposed to a language such as Serbio-Croatian in Iowa. I have had to rely on interpreters, especially when dealing with newcomers."

Counselors also expressed some degree of frustration when trying to explain a concept that does not have a direct translation from one language to the other such as love, which has more variations in Serbio-Croatian than in English. Therefore, long explanations are needed in order for the client(s) to comprehend the idea.

In contrast to the Anglo-Saxon (North American) model of behavior that promotes restraint and calm, even during the discussion of the most passionate topics, interviews reported that Bosnians are more open in exhibiting their emotions as decisive elements of strength and conviction.

Social and Legal Principles

Due to the fact that Bosnian social and legal standards differ so much from North American standards, interviews reported that they have taken a very strong psychoeducational approach in order to educate their clients. Also, because some clients have been exposed to traumatic events during the war, many continue using coping skills that are no longer needed. As an illustration, government institutions are used as a last resource by some Bosnian

immigrants, in view of the fact that in their native country many government agencies were unreliable. One counselor expressed: "I had taken for granted my cultural, social, and legal knowledge regarding the American culture and did not realize that it was completely foreign and unsound for my Bosnian clients. This has forced me to avoid any kind of assumption, even if it sounds too elemental."

Counseling and Mental Health

All counselors expressed that every Bosnian client they have seen had been referred and that none of them visited their offices by their own volition. One mental health counselor said: "their perception toward mental health professionals is based on the concept of extreme psychopathology and not a developmental or an acculturation issue. Therefore, the first couple of sessions must be used to normalize their fears and contest those negatives stereotypes toward the profession."

Also, counselors expressed their apprehension when diagnosing Bosnian clients based on the DSM-IV and have opted to perform extended intakes and utilize more often the glossary of culture-bound syndromes section of the manual.

Children's Needs

According to both school counselors' experiences, Bosnian students are accustomed to a more traditional method of teaching. Collaboration among student peers and group activities are new concepts for them. However, Bosnian children adapt quickly to the US system of education and are willing to learn the language. One school counselor said: "They like to experience education to the fullest. Also, I have noticed that they like to keep using their native Serbio-Croatian language as much as possible in school when they are among other Bosnian children. Different from other

immigrant children that I have seen in the past, they are not embarrassed to use their language in front of English-speaking students. That speaks a lot of their pride regarding their cultural heritage and language."

Ethical Issues

All counselors expressed a high degree of hesitation when making decisions that could affect their client's legal, social, and educational future. One counselor said: " I am aware that if I follow a treatment plan based on a diagnosis as I understand it, without taking into consideration variables such as culture, language, and past events that occurred in Bosnia, I could do more harm than good. Also, I am conscious of the potential legal and social implications that a diagnosis could have when it is inappropriately used."

Consultation seemed to be the common denominator for all the counselors when a decision had to be made. Therefore, a conscious analysis of the cultural context took precedence over some of the ethical standards as have been portrayed in the counseling profession.

Discussion

The initial counseling session will determine the quality of the relationship and will facilitate the assessment and plan of action in any counseling context, whether it is with an international-non-English speaking client or a native speaker. The following is a list of communication strategies that could be utilized with Bosnian refugees in order to ensure a positive first impression, a successful relationship, and counseling outcome.

Recommendations for School and Mental Health Counselors on Improving Communication and Assessment

The initial counseling session will determine the quality of the relationship and will facilitate the assessment and plan of action in any counseling context, whether it is with an international-non-English speaking client or a native speaker. The following is a list of communication strategies that could be utilized with Bosnian refugees in order to ensure a positive first impression, a successful relationship, and counseling outcome.

1. *Be present.* Bosnian clients, like any other refugee, want to know that a person who is caring and understanding is there and willing to listen to their unique experiences.
2. *Focus and relax.* Since working with a person whose first language is not English demands additional psychological-intellectual energy, the counselor ought to make an extra effort to clear her/his mind and pay attention to the conversation. Being relaxed and natural does not imply being inattentive but instead requires having one's mind and body clear of distractions.
3. *Pre-plan your strategy.* Decide in advance what information is necessary to be compiled or provided. Gathering or providing unnecessary information slows down the counseling relationship.
4. *Engage in self-disclosure and demonstrate eagerness to learn.* Ordinarily Bosnian Muslim names have a Middle Eastern identification, usually based on Islamic or Turkish roots. As a way of illustration, most Bosnian family names end in –ic, which means "child of." Similarly, female first names have a tendency to end in –a or – ica. Counselors could start establishing a conversation by asking the meaning of their names and their position within the

family genealogy. By demonstrating one's interest in learning about the individual, the counselor can set the stage for and exchange of information. Next, the counselor could disclose some personal information regarding his/her family that could relate to the client. Acknowledging the importance a client's Bosnian cultural heritage and family name brings a different dimension to the counseling session.

5. *Be specific and explain yourself multiple times.* Communicate in an explicit manner with your Bosnian client. Do NOT assume that the client understands you immediately. Explaining your ideas more than one way will allow your client to have a clear picture. Bosnian individuals are attentive and courteous people, and may say they understand even when they don't. They may either want to avoid embarrassment or may not want to make you work harder. To deal with this, ask for feedback or use summaries. Short-intentional paraphrases with a closed question at the end help to maintain the conversation on "track" and without misunderstandings. Using long summaries could be confusing for the Bosnian clients, instead short summaries are recommended.

6. *Attend to body language.* Bosnian clients rely on body language to express emotions and important facts. For example, rolling their eyes and lifting both hands could either mean disgust or gratitude. The context of the conversation determines the meaning of the expression. Observe their eyes and expression to verify if they are following you. Observing the way Bosnian clients manifest their ideas through their body language can serve as a mechanism to compensate for the lack of language command.

7. *Use of interpreters.* Use caution when selecting an interpreter. Avoid family members if possible due to ethical issues. If you decide to use an interpreter, arrange a pre and post meeting with him/her to set a plan and to debrief the content of the session. Arrange the chairs in a triangle position with both, the interpreter and client, situated in front of you. Encourage the client to look at you as opposed to the interpreter.

Recommendations Regarding Bosnian Clients Suffering Post-Traumatic Stress Disorder

Besides being in a new country with a different language, culture, and people, some Bosnians have to deal with the emotional consequences of war and ethnic cleansing. The following recommendations for counselors deal with Bosnian clients who present signs and symptoms of PTSD.

1. *Personal boundaries.* Traumatic experiences alter people's personal boundaries. In spite of the fact that Bosnians tend to be physical when experiencing joy and affection, caution ought to be exercised regarding touching or closeness.

2. *Personal freedom.* Some Bosnian clients have suffered imprisonment and torture; therefore, the idea of being trapped is still a vivid one. Providing reassurance that they can leave the office at any time is reassuring.

3. *Affective responses.* Emotional numbness and "flat affect" could be present. It should not be mistaken with apathy or unwillingness to work. Freezing emotions has often helped them to go through difficult experiences during the war. Consequently, do not assume that a lack of appropriate

responses to the therapeutic process signify resistance to counseling.

4. *Do not force the counseling process.* Many Bosnians were forced to do things against their psychological or physical will. It is recommended to ask permission to talk about painful events and to avoid forcing the counseling process.

Conclusions

The United States of America is experiencing a unique period of ethnic/racial diversity. Immigrants coming from Latin America, Asia, Africa, and Eastern Europe have typically left their countries due to economical or political oppression. Many of these immigrants arrive in the United States of America with psychological and physiological needs.

Due to the unique cultural and psychological needs of the Bosnian population, school and mental health counselors need to be aware of their own counseling beliefs and strategies when working with this population in order to increase their effectiveness. Longitudinal research studies need to be conducted with this population of new immigrants in the United States of America. A variety of studies, qualitative and quantitative, could serve to develop a consistent frame of operation for counselors to operate from in the future.

References

Ackerman, L. K. (1997). Health problems of refugees. *Journal of the American Board of Family Practice*, *10*(5), 337-348.

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

Kemp, C. (1999). *Refugee Health Problems*. Retrieved May 20, 2002 from http://www.baylor.edu/~charles_kemp/refugee_health_problems.htm

Becker, D., Weine, S., Vojvoda, D, & McGlashan, T. (1999). Caseseries: PTSD symptoms in adolescent survivors of "ethnic cleansing." Results from a one-year follow-up study. *Journal of the American Academy of Child and Adolescent Psychiatry, 38*, 775-782.

Bloom, S. (2000). *Postville: Clash of cultures in heartland America*. New York: Harcourt Publishers.

Bodgan, R. C. & Biklen, S. K. (1992). *Qualitative research for education: An introduction to theory and methods*. Boston: Allyn & Bacon.

Borg, W. R., Gall, J. P., & Gall, M. D. (1993). *Applying educational research: A practical guide*. New York: Longman.

Bureau of Refugee Services (1997). *Statistical report: October 1, 1995-September 30, 1997* [Brochure]. Des Moines, IA: Iowa Department of Human Services.

The Centers for Disease Control and Prevention. (1992). *Famine-affected, refugee, and displaced populations: recommendations for public health issues*. Retrieved 05.20.2002 from http://aepo-xdv-www.epo.cdc.gov/wonder/prevguid/p0000113/p0000113.asp

The Impact of Future Orientation on the Avoidance of Teen Pregnancy

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This study explores the relationship between future orientation and teens' attitudes about pregnancy and avoidance behaviors. Participants were 91 adolescents, ages 15-19, surveyed using measures developed for this study that examined future orientation, attitudes to avoiding pregnancy, child-rearing responsibility, and perceptions about teen parenting. The results suggested that finishing high school was important in predicting a desire to avoid pregnancy. The perception that a teen pregnancy would make it difficult to achieve post-high school educational goals, specifically a college education, was also found to be important. Implications for school counselors and mental health professionals are discussed. Issues specific to non college-bound students are addressed.

Introduction

Despite the relative decline in U.S. teen pregnancy rates in recent decades (Singh & Darroch, 2000), a high percentage of students continue to be at risk for unintended pregnancy (Warren et al., 1998). In the United States, over one million teenage girls become pregnant annually (Alan Guttmacher Institute, 1994). Of the total pregnancies reported, five out of every six are said to be unintended (Trussel, 1988), suggesting that one out of six may actually intend to become pregnant. Stanton, Black, Kaljee, & Ricardo (1993) suggest that while adolescents do not think that acquiring condoms was a problem, two-thirds of sexually active teens reported never using contraception (Scales, 1987). To some adolescents, parenthood may be a viable and attractive alternative to school and work. This is especially true of younger adolescents and those from lower socioeconomic (SES) backgrounds (Geronimous & Korenman, 1992), as well as adolescents who have a history of sexual abuse (Lanz, 1995).

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About 77% of all births among women under age 20 occured to those with family incomes significantly less than the poverty level (Trussel, 1988). A majority of teen mothers in this study were raised in single parent homes and received public aid.

Although teens that come from a low income-level family are the group most likely to get pregnant, teens at every SES level have reported pregnancies. Teen pregnancy has negative outcomes for all groups of people. For example, Baber (1994) concluded that teenage pregnancy is related to poor perinatal outcomes, low educational achievement, unemployment, welfare dependency, repeat pregnancy, parenting problems, marital discord, and greater likelihood of divorce. Several studies focused on the negative consequences to the children of teen parents. For example, children of teens were more likely to die as infants (Geronimous, 1987), grow up in poverty (Geronimous & Korenman, 1992), and experience problems in school and drop out (Furstenberg, Brooks-Gunn, & Morgan, 1987).

Despite these negative consequences, the factors which lead teens to become pregnant remain somewhat unclear. Adolescence is a time of curiosity and experimentation, as well as a time to form identities and become independent and autonomous. However, this quest can lead to risk-taking behaviors that often involve fearlessness and excessive self-centeredness (Adams & Gullotta, 1989). Students may be bored in school or lack the feeling of achievement. Some students may not even perceive a need for education. Christopher and Roosa (1990), for example, evaluated a sexual abstinence program and found that dropouts expected to have sex on the average of four years earlier than those students who completed the abstinence program. This suggests that students who lack incentive to stay in school are also more likely to engage in risk behaviors that may

lead to teen pregnancy. A lack of orientation toward the future, including having plans and goals, is likely an important predictor of motivation to avoid pregnancy. Gordon (1996) suggested that "[t]he combination of low academic achievement leading to a desire to drop out of school, low socioeconomic status, and lack of available jobs may lead to pregnancy as the only responsible solution."

There seems to be a positive relationship between the number of years of school that a student completes and the use of contraception (Wyn, Loewen, Delmore, & Busca, 1998). If a student has little or no orientation to his/her future, he/she may not avoid those behaviors that often impede school completion. In fact, one study revealed that 43% of 730 urban teens could not determine whether an unexpected pregnancy at this point would negatively or positively impact their lives (Freeman et al., 1980). Medora & von der Hellen (1997) speculated that teens who avoid pregnancy "may be more goal oriented, with a stronger sense of their future, and therefore may not idealize romantic relationships, pregnancy, and motherhood as do the pregnant and parenting teens (Medora & von der Hellen, 1997)."

Thirty years ago, it was suggested that those youths who were focused on achievement tended to work toward those goals and avoid behaviors that would prevent attainment of those goals (Hirschi, 1969). More currently, DiBlasio and Benda (1994) suggested that youths who bonded with their parents adopted their parents' values of achievement and commitment to conventional behavior, and that weak commitment to future goals was a factor in selecting peer groups who were sexually active. Additionally, according to Gordon (1996), the relationship between life goals and avoidance of pregnancy and/or abstinence must be considered if we want to reduce the number of intended teen

pregnancies. Because teen pregnancy is linked to less educational attainment, it is important for school personnel to understand what motivates teens to avoid pregnancy.

The purpose of the current study was to explore the relationship between future orientation (defined as future plans and goals) and students' attitudes about teen pregnancy, parenting and students' behaviors involved with avoidance of teen pregnancy. Specifically, the research investigated the impact of adolescent future orientation on three variables: 1) self-perceived levels of child-rearing responsibility and readiness, 2) attitudes toward avoiding pregnancy, and 3) perceptions about what it would be like to be a teen parent. Additional attitudes toward and intentions to avoid teen pregnancy such as were also evaluated. It was expected that those students who planned on completing school and continuing their education would be less likely to desire teen pregnancy and be more likely to use consistent contraception in order to avoid a teen pregnancy. Implications are discussed for those who work directly with adolescents in these most impressionable years of development.

Method

Participants
Participants were 91 adolescents (25 males and 66 females), ages 15-19 (mean age=17.01), from two suburban high schools in the Midwest. They were 90% Caucasian and10% Latino, and primarily middle class as indicated by few free or reduced lunches. Students were enrolled in child development and health classes and 62% reported having engaged in sexual intercourse.

Measures
Measures were created for the purpose of this research. At the time of this data

collection, the authors were either unaware of other established measures or unable to obtain them. A total of 12 items were included in the four subscales of 1) Future orientation 2) Child-rearing responsibility 3) Attitudes towards avoiding pregnancy, and 4) Perceptions about teen parenting. For all measures, participants used a five-point scale with the following response options: 1=strongly disagree, 2=disagree, 3=not sure, 4=agree, and 5=strongly agree. For all measures, after reverse coding for consistent directionality, scores were summed and higher scores reflected more desirable attitudes and behaviors. Both Cronbach's alpha and Spearman-Brown corrections were calculated for each subscale. In this case, the Spearman-Brown Prophecy Formula projects internal consistency, assuming the total number of items per subscale is 12. Coefficients are included in their respective instrument descriptions below.

Future orientation. Future orientation, the independent variable, consisted of the following four items: 1) finishing high school is important to me; 2) I am planning on furthering my education after high school; 3) I believe that having a child would make it harder for me to graduate high school; 4) I believe that having a child would make it harder for me to attend college. The Cronbach's alpha coefficient for the current sample was .55. The Spearman-Brown correction was .81. However, the items were treated as four separate independent variables in the analyses.

Child-rearing responsibility. This dependent measure was designed to tap teens' self-perceptions of their levels of responsibility to rear children at this point in their lives. Three items were included: 1) I believe that I am responsible enough to be a parent right now; 2) I am financially secure enough to be

a parent right now; 3) I do not know enough about being a parent at this time. Cronbach's alpha was .78 for the sample. The Spearman-Brown correction was .93.

Attitudes toward avoiding pregnancy. This dependent measure was designed to tap teens' feelings about becoming teen parents themselves. Three items were included: 1) I would like to become pregnant/my girlfriend to become pregnant; 2) It would be awful if I/my girlfriend got pregnant; 3) It is very important to me to use contraceptives to protect myself from pregnancy. Cronbach's alpha was .53 for the sample. The Spearman-Brown correction was .81.

Perceptions about teen parenting. This dependent measure was designed to tap teens' perceptions of how they would fare if they were to experience a teen pregnancy. Two items were included: 1) If I/my girlfriend were pregnant, I would be able to care for my child myself; 2) I would still have a good marriage and family life if I had a child as a teenager. Cronbach's alpha was .59 for the sample. The Spearman-Brown correction was .90.

Other attitudes toward teen pregnancy and intentions to avoid teen pregnancy. An additional seven items which were not included in the above subscales were analyzed as individual dependent variables. These items were: My life would not change if I became pregnant; I think it would be fun to have a baby right now; I think it would be harder to find a future husband/wife if I had a baby; I think that a baby would bring my boy/girlfriend and me closer; I always use some type of contraceptive when having sexual intercourse; I have chosen not to be sexually active because I am concerned that I may become pregnant; I think that I would like to have my first child when I am ___ years old.

Results

Means and standard deviations of all variables are presented in Table 1. Correlation coefficients among variables are presented in Table 2. A separate hierarchical multiple regression analysis was run for each of the dependent measures and individual items for the sample as a whole. The four future orientation items were entered as criterion variables for each analysis. Gender analyses were not done due to the small male sample size. However, one-way Analysis of Variance (ANOVA) revealed no significant gender difference in the total future orientation subscale, or in three of the items. On the item "I am planning on furthering my education after high school", females' scores were slightly higher than males (4.45 versus 3.96, respectively) (F=3.97, df=1, 89; p=.049).

Table 1: Means and Standard Deviations of Primary Variables

	M	SD
Future Orientation measures		
Importance of finishing high school	4.86	.38
Intentions to pursue post high school education	4.32	1.07
Perceived interference of pregnancy with high school completion	4.54	.91
Perceived interference of pregnancy with college attendance	4.47	.77
Dependent measures		
Child-rearing responsibility (2 items)	8.63	1.56
Attitudes toward avoiding pregnancy (3 items)	12.72	2.25
Perceptions about teen parenting (3 items)	7.65	1.74

Note. n = 91. Means for the dependent measures reflect sums of responses for the number of items in each subscale.

Teens' perceived level of child-rearing responsibility was not significantly predicted by any of the future orientation variables (R^2 = .05; p = .40). Attitudes toward avoiding pregnancy were predicted by both a greater importance placed on finishing high school (R^2 = .32; p = .052) and a greater perception that having a child would make it harder to attend college (R^2 = .05; p < .001).

Perceptions about teen parenting was predicted by a greater perception that having a child would make it harder to attend college ($R^2 = .28$; $p < .001$).

Analyses involving the individual items as dependent variables revealed that a stronger perception that having a child would make it harder to finish high school was significantly predictive of greater perceived difficulty in finding a future partner or spouse ($R^2 = .16$; $p < .01$). Additionally, stronger endorsement of the item "I believe that having a child would make it harder for me to attend college" was significantly predictive of increased rejection of the idea that a baby can be a mechanism to bring a romantic relationship closer ($R^2 = .16$; $p < .01$). None of the other individual items were predicted by the future orientation variables.

Discussion

The purpose of this study was to explore whether being oriented toward the future, which included future plans and perceptions of how a teenage pregnancy would affect those plans, was predictive of teen pregnancy attitudes and intentions. However, none of the future orientation variables predicted teens' perceptions of how responsible they feel that they are to be rearing children at this point in their lives. The data does indicate that the more that students felt that it was important to finish high school, the more likely they were to hold attitudes that they desired to avoid a teen pregnancy. Simply valuing high school completion did not significantly predict any of the other outcome variables. Apparently, the perception that a teen pregnancy would make it more difficult to attend college was more important in predicting outcome variables. A stronger endorsement of that perception significantly predicted both the desire to avoid teen pregnancy and a more

Table 2: Correlations among primary variables

	1	2	3	4	5	6	7
Importance of finishing high school	--	.46***	.13	.42***	-0.9	.39***	.26*
Intentions to pursue post high school completion		--	-0.1	.30**	.03	.19	.14
Perceived interference of pregnancy with high school completion			--	.52***	-.11	.19	.23*
Perceived interference of pregnancy with college attendance				--	-.19	.53***	.52***
Child-rearing responsibility					--	-.15	.03
Attitudes toward avoiding pregnancy						--	.36**
Perceptions of teen parenting							--

Note: n=91; *p<.05; **p<.01; ***p<.001

realistic perception of what life would be like after a teen pregnancy.

A stronger future orientation significantly predicted two of the individual items reflecting teen pregnancy attitudes and avoidance behaviors. The importance of finishing high school predicted greater perceived difficulty in finding a future partner after a teen pregnancy. Also, students who perceived a teen pregnancy as an impediment to college plans were more likely to reject the idea that a baby is a way to bring a relationship closer. Future orientation did not predict other outcomes such as contraceptive use among sexually active teens, chosen abstinence for fear of pregnancy, or age at which teens would like to first bear children.

Those teens who believed that a teen pregnancy would impede college plans had more negative reactions to the thought of becoming pregnant as teenagers and desired pregnancy avoidance via contraceptives. They also had a more realistic understanding of what it would be like to manage child-rearing as teenagers. A more realistic outlook was also evident through rejection

of ideas that may be common among more immature pregnant and non-pregnant teens, i.e., that a baby brings relationships closer. These findings not only reflect more maturity on the part of the college bound teens, but it appears that teens realize that a teen pregnancy would make it more difficult to attend college. In the current data, there also appeared to be a slight relation between future orientation and age. A low but positive correlation (.34) was found between age and recognizing that an early pregnancy would be an impediment to post-high school education. This suggests that cognitive and social maturity, typically related to age, may also be key variables that must be factored into prevention and intervention efforts with adolescents.

The challenge for those who work with early adolescents will perhaps be greater, in that during this stage of cognitive development, adolescents' thought processes and perceptions often contain egocentric ideas (e.g., "bad things happen to others, but not to me") and a lack of ability to plan for the future and hypothesize about possibilities (e.g., Steinberg, 2002). Interventions may need to consider including components that provide a realistic perspective of parenting in general, and especially of teenage parenting, as well as components that encourage the growth of hypothetical reasoning skills. Lower levels of abstract reasoning are likely to be related to increased risk-taking behaviors (Orr & Ingersoll, 1995). Better developed abstract thinking would help kids to perceive future possibilities, and future orientation would allow students to consider future options (Gordon, 1996). At later stages of cognitive development, teens may see a baby as competing with future career plans (Gordon, 1996), and therefore, commit to avoiding a pregnancy.

Implications for non college-bound adolescents as a whole are significant, as they are likely to need guidance toward some other future orientation in order to increase their motivation to avoid teen pregnancy. In this study, concerns about finishing high school and that a teen pregnancy would make it harder to do so, were related only to concerns about a baby interfering with finding a future spouse, and were not related to realistic ideas about the burdens of child-rearing, especially at young ages. The challenges for sex education curricula are significant. Not only is traditional sex education limited to biological education, but it tends to come in a "one size fits all" package. Educators must focus on the importance of meeting the needs of all students, including the relatively large percentage of students who are not bound for college. It is possible that this group has a different perspective on the importance of avoiding pregnancy, may accept education about it differently, and is likely to need assistance in finding motivations other than college plans in order to avoid pregnancy.

Limitations of the study must also be addressed. Although more work is needed on the psychometric properties of the measures, the alphas were relatively acceptable suggesting that the items are reliable at a moderate to moderately-high level. Future research should continue to modify and improve these measures in an effort to gain a solid understanding of the dynamics among the variables of interest in this study. In this study, males and females did not differ overall on their future orientations, and were included together in the analyses. However, another limitation of this study includes the homogeneous sample of primarily Caucasian and female adolescents. More male adolescents should also be encouraged to participate, so that gender comparisons can be made with a larger sample. Additionally, a more direct consideration of the non college-bound

would significantly build on this study. Interpretations should consider these limitations, and future research should attempt to minimize or avoid these limitations.

Overall, teen pregnancy is a complicated social problem. It is deeply intertwined with poverty, and with the sexual and interpersonal relationships of disadvantaged teens. This may help to explain why short-term programs are generally not successful at reducing teen pregnancy. Compounding the problem is that pregnancy avoidance programs and abstinence programs are not effective if the adolescents want to become pregnant (Gordon, 1996). It has been purported that a focus on future goals will allow postponement of sexual activity and by postponing sexual activity adolescents will be able to make better-informed decisions (Rossi, 1997). The current findings add to our understanding of whether or not future plans/goals contribute to the avoidance of teenage pregnancy, and the implications for school curricula and interventions by parents, health professionals, and educators are significant. The school counselor is one who may be in an ideal position to offer relevant preventive services. Most specifically, school counselors will likely benefit from this information by enhancing their awareness and understanding of issues that influence adolescents' decisions regarding risky sexual activity and their future goals and plans.

References

Adams, G., & Gullotta, T. (1989). *Adolescent life experience*. Pacific Grove, CA: Brooks/Cole.

Alan Guttmacher Institute. (1994). *Sex and America's teenagers*. New York: Author.

Baber, K. (1994). Adolescent pregnancy and parenthood. In S. J. Price, P. C. McKenry, & S. Gavazzi (Eds.), *Vision 2010: Families and adolescence to adulthood: Change and stability in the lives of young men*. Ann Arbor, MI:

Institute for Social Research, University of Michigan.

Christopher, F., & Roosa, M. (1990). An evaluation of an adolescent pregnancy prevention program: Is "Just Say No" enough? *Family Relations*, *i*, 68-72.

Di Blasio, F., & Benda, B. (1994). A conceptual model of sexually active peer association. *Youth & Society*, *25*, 351-367.

Freeman, E., Rickles, K., Higgins, G. Mudd, E., Garcia, C., & Dickens, H. (1980). Adolescent contraceptive use: Comparison of male and female Attitudes and information. *American Journal of Public Health*, *70*, 790-797.

Furstenberg, F., Brooks-Gunn, J., & Morgan, S., (1987). Adolescent mothers and their children in later life. *Family Planning Perspectives*, *19*, 142-151.

Geronimous, A. (1987). On teenage childbearing and neonatal mortality in the United States. *Population and Development Review*, *13*, 245-279.

Geronimous, A., & Korenman, S. (1992). The socioeconomic consequences of teen childbearing reconsidered. *Quarterly Journal of Economics*, *107*, 1187-1214.

Gordon, C. (1996). Adolescent Decision Making: A broadly based theory and it's application to the prevention of early pregnancy. *Adolescence*, *i*, 561-584.

Hirschi, T. (1969). *Causes of delinquency*. Berkley: University of California Press.

Kann, L., Warren, C, Harris, W., Collins, J., Williams, B., Ross, J., & Kolbe, L. (1996). Youth risk behavior surveillance - United States, 1995. *Journal of School Health*, *66*, 365-377.

Lanz, J. (1995). Psychological, behavioral, and social characteristics associated with early forced sexual intercourse among pregnant adolescents. *Journal of Interpersonal Violence*, *10*, 188-200.

Medora, N., & von der Hellen, C. (1997). Romanticism and self-esteem among teen mothers. *Adolescence*, *32*, 811-823.

Orr, D., & Ingersoll, G. (1995). The contribution of level of cognitive complexity and pubertal timing to behavioral risk in adolescents. *Pediatrics*, *95*, 528.

Rossi, A. (1997). The impact of family structure and social change on adolescent sexual behavior. *Children and Youth Services Review*, *19*, 369-400.

Scales, P. (1987). How we can prevent pregnancy (and why it's not the real problem). *Journal of Sex Education and Therapy*, *13*, 12-15.

Singh, S., & Darroch, J. E. (2000). Adolescent pregnancy and childbearing: Levels and trends

in developed countries. *Family Planning Perspectives*, *32*, 14-23.

Stanton, B., Black, M., Kaljee, L., & Ricardo, I. (1993). Perceptions of sexual behavior among urban early adolescents: Translating theory through focus groups. *Journal of Early Adolescence, 13*, 44-66.

Steinberg, L. (2002). *Adolescence* (6th Ed.). New York: McGraw-Hill.

Trussell, J. (1988). Teen pregnancy in the United States. *Family Planning Perspectives*, *20*, 262-272.

Warren, C. W., Santelli, J. S., Everett, S. A., Kann, L., Collins, J. L., Cassell, C., Morris, L., & Kolbe, L. J. (1998). Sexual behavior among U.S. high school students, 1990-1995. *Family Planning Perspectives*, *30*, 170-172.

Wyn, K., Loewen, I., Delmore, T., & Busca, C. (1998). Adolescent oral contraceptive use: factors predicting compliance at 3 and 12 months. *The Canadian Journal of Human Sexuality*, *7*, 1-8.

Group Counseling for the Family Caregivers of Alzheimer's Clients: An Existential Approach

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Introduction

Three of the main concerns of existentialism, according to Stevenson (1974), are being an individual, having meaning in life, and having freedom. For the caregivers of Alzheimer's clients, these existential concerns may be easily lost due to the great amount of time and emotional energy that are required of them. The purpose of this article is to provide an existential approach to group counseling that supports and assists caregivers of clients with Alzheimer's. Presented is a brief look at the nature of Alzheimer's Disease, relevant findings on stress levels and emotional states of family members who take care of clients with Alzheimer's, several key concepts of the existential approach to group counseling, and lastly some tips for group leaders.

This article provides an existential approach to group counseling that supports and assists caregivers of Alzheimer's clients. Presented is a brief look at the nature of Alzheimer's Disease, relevant findings on stress levels and emotional states of family members who take care of Alzheimer's clients, several key concepts of the existential approach to group counseling, and lastly, some tips for group leaders.

The Nature of Alzheimer's Disease

According to the *Diagnostic and Statistical Manual of Mental Disorders IV-Text Revised (DSM-IV-TR)* (American Psychiatric Association, 2000), approximately 2% to 4% of the population suffer from Dementia of the Alzheimer's Type (for the purposes of this article, Dementia of the Alzheimer's Type is called

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Alzheimer's). The *DSM-IV-TR* goes on to population state that this disorder is the result of a multitude of cognitive problems that are hallmarked by memory impairment along with other cognitive disturbances such as aphasia, apraxia, and agnosia. Onset of this disorder is considered to be early if it occurs before the age of 65. The average duration of the illness is approximately eight to ten years from onset to death. During these years, the cognitive problems become progressively more debilitating and behavioral problems may also arise.

The apparent cognitive and behavioral problems of Alzheimer's cause great distress, guilt, and emotional strain for the family members who take care of individuals with Alzheimer's. Those Alzheimer's related behaviors that are found to cause the family caregiver the most stress are trouble sleeping, delusions, aggressiveness, agitation, and incontinence (Savorani, Vulcano, Boni, Sarti, & Ravaglia, 1998).

The Family Caregiver of Alzheimer's Clients (FCA)

Persons are afflicted with Alzheimer's require a great amount of support and assistance from a wide variety of caregivers. Although there are many commonalities among the various types of caregivers (psychiatric nurses, activity therapists, day care workers, nursing home staff, and other professional medical and mental health professionals), the family caregivers of clients with Alzheimer's or FCAs are different because they have known and loved the client longer and knew them pre-onset of the disease.

Haley (1997) stated that FCAs portray an invaluable and essential role in the overall well-being of clients with Alzheimer's. In fulfilling this highly important role, the FCA's stress level and increasing responsibilities may result in a wide variety of mental and physical problems. When compared with caregivers of people with other disorders, such as Parkinson's Disease, the FCAs have a significantly higher number of mental health problems (Hooker et. al., 1998). Vetter et al. (1999) found that those with Alzheimer's impose greater stress on family members during the later and more severe stages of the disorder. In turn, counseling is best addressed and shows the most positive results during the early stages of Alzheimer's (Mittelman, 1995).

Ford et al. (1997) conducted a study comparing FCA gender and stress levels and found that male and female caregivers did not differ in the amount of time care giving each week and the stress level associated with their role as caregiver. Their study did reveal that the memory problems and difficulties with taking care of themselves were viewed as less stressful by males in this study, while dangerous behaviors and agitation were viewed by both genders as being the most stressful. Haley (1996) conducted another study on ethnicity and the emotional states of the FCAs and found that African American family members reported less depression when compared to Caucasian family members. This difference could be attributed to varying levels of familiar, social and community support.

In a study by Teri (1997), a positive correlation was found between the amount of stress/depression of the caregiver and the occurrence of depression in Alzheimer's. Shaw et al. (1997) reported that as clients with Alzheimer's progressed, their FACs tended to have a greater risk of serious illness. It also was found that the severity of Alzheimer's had a direct cascading effect on the family member's well-being (Lieberman & Fisher, 1995). With the varying stressors, emotional states, and impending concerns of death by the clients with Alzheimers and

FACs, an existential group approach toward treating FACs may be one viable option.

Existential Concepts when Applied to Caregivers in a Group Setting

Spira (1997) reported that existential group counseling for those dealing with serious illnesses assists them with coping and adjusting to their illness while assisting them to live their lives more fully in the time they have left. Farran (1997) went further and specifically related existential group counseling concepts to the FCAs. Farran presented many positive aspects of existential group counseling including the issues of death and dying and the meaning of life.

Existential group counseling has its roots in the notion that human beings have free will and also have the option to make choices in life. When making choices, it is important to understand that some life events are totally irrational and without a cause, therefore suggesting that individuals are at times powerless in these situations. Even in these instances, though, existentialists believe that choices still can be made (Corey, 1995; Frankl, 1988; & Yalom, 1980). These aspects of existentialism in group counseling relate to family caregivers of Alzheimer's clients who feel powerless and without options and choices.

Existential Anxiety. According to Yalom (1980), the feeling of anxiety is a basic characteristic common to all human beings. This anxiety is a result of having to make choices while being unaware of the outcomes. When dealing with existential anxiety, the group leader is to encourage members to accept their anxiety and view it as a feeling to promote growth. This existential anxiety must be worked through in ways that involve the recognition of needing others and the self, feeling guilt,

being aware of lack of a meaning in life, and feeling burdened due to responsibilities and others' expectations (Corey, 1995; Yalom, 1980).

The FCAs elicit many common existential anxieties that may be due to the anticipated decrease in functioning and unanticipated behavioral outbursts of their loved ones. In addition, this existential anxiety may be seen through various physical symptoms such as high blood pressure (Shaw et al., 1999). A key in helping FACs recognize the signs of existential anxiety is creating self awareness.

Self Awareness. Corey (1995) and Yalom (1980) stated that the basic goal of existential group counseling is to expand the awareness of the self. Therefore, assisting group members to be aware that they are unique individuals with their own current feelings, while not reverting to past unwanted behaviors is crucial. If this awareness is achieved, it may help persons with FCA's to keep an open mind.

Seltzer, Vasterling, Yoder, and Thompson (1997) suggested that self-awareness is important in diminishing many of the burdens and worries of the FCAs. Seltzer (1997) added that self-awareness along with the awareness of the subtleties of their family members with Alzheimer's also may be beneficial. Schmall and Cleland (1989) indicated that an essential portion of the positive growth of caregivers includes understanding and accepting their feelings while being able to view these feelings as normal human responses.

Life and Death. The existential notion of death does not only apply to the termination of life but also the ending of situations and relationships in life. These endings in life must take place to allow for growth in new and more meaningful ways (Yalom, 1980). Bugental (1973) suggested that FCA group members must confront the meaningfulness

of their loved one's deaths. He also suggested that group members may confront death by drawing a life line, thinking about the impact of their death, and writing obituaries to name only a few. The notion of dying (termination of life) is a frequent theme in group counseling sessions with FCA's because FCA's continually see their loved one with Alzheimer's diminish both physically and emotionally (Murphy, Hanrahan, & Luchins; 1997).

Loos and Bowd (1997) also noted that FCAs experience endings or deaths other than the physiological death of their loved ones. Such deaths include the loss of social and recreational interaction, the death of their own well-being, and the loss of their career. These "deaths" result from FACs' great emotional and physical involvement and their perceived responsibility to the family member with Alzheimer's.

Meaningfulness and Meaninglessness. Two goals of existential counseling are to help clients (1) create meaning in life and (2) diminish aspects of their life that are meaningless. Questions such as Who am I? Where am I going? are necessary because life itself does not have positive meaning. The individual has to create meaning in life (Corey, 1995; Frankl, 1988 & 1984; Holt, 1990; Yalom, 1980). Farran (1991) conducted a qualitative study using existential theory in the treatment of FCAs. Farran stated that an existential approach provides a different way of looking at and understanding experiences as a caregiver. Also, helping clients find meaningful relationships and maintaining these relationships are a key task for counselors dealing with FCAs (Schmall & Cleland, 1989; Zanetti et. al. 1998).

Search for Authenticity. Being authentic and true to one's self is of great import to existentialists. According to Corey (1995) and Yalom (1980), being authentic means

that one must risk becoming the person that he or she is capable of becoming. Being authentic also requires that one actively participate in life while making commitments. Wasow (1986) indicated that the issue of authenticity is a prevalent issue in counseling groups for FCAs. Authenticity arises when group members know that they are meeting the needs and pleasing the self rather than others. FCAs must therefore recognize that they have independent needs and coping mechanisms of their ailing family members.

Existential Isolation and Relationships with Others. Yalom (1980) stated that existentialists believe that persons must accept the fact that they are ultimately alone. Only by accepting this existential view can they then relate to others in a meaningful and genuine manner. FCAs must first establish a sense of a unique self or authenticity, which is typically difficulty for FCA's to accomplish due to the high demands placed on them by their ailing loved ones. To begin this process of relating to others, Schmall and Cleland (1989) stated that it is important for FCAs to ask for and accept help from others, which greatly reduces stress in and of itself. In addition, Speice, Shields, and Blieszner (1998) suggested that counselors should encourage FCAs to establish a more collaborative relationship with other group members, thus creating a cohesive group and an atmosphere of sharing commonalities.

Responsibility and the Willingness to Take Action. Existential theory suggests that individuals are responsible for moving and altering their own lives. Thus, helping FCAs recognize their freedom to make choices can assist them in coping with existential anxieties (Corey, 1995; Frankl, 1988; Yalom, 1980). Corey (1995) stated that "when people come to believe that they can direct their own destiny, they assume control

over their lives" (p. 241). Therefore, the job of the group leader is to encourage members to take responsibility for their acts and contributions to their lives and to the group as a whole (Corey, 1995; Yalom, 1980).

FCAs are seen as responsible for their loved one's daily care. However the existential concern for the FCAs is: Are they willing to take responsibility and action for themselves? Schmall and Cleland (1989) stated that family caregivers need to keep expectations, commitments, and choices realistic. This need to take care of themselves is a common concern in group counseling with FCAs. Therefore, in the next section of this article, several suggestions for FCA group leaders regarding existential issues and self-care are presented.

Suggestions for Group Leaders

According to May (1983), the existential group leader, unlike other theoretical leaders, does not use a specific battery of techniques. Rather, the existential group leader relies on how the group members are simply being or what they are experiencing in their subjective world at the present moment. Corey (1995) added that specific techniques are not needed in existential group counseling because tasks are accomplished through the relationship and though perceived understanding between the group leader and the group member, and among group members. These relationships, in turn, create change, group cohesion, and an opportunity for all members and the leader to authentically experience life.

This is not to say that the existential group counseling process does not include the use of any techniques. On the contrary, the existential group leader may choose from a variety of techniques from other therapeutic approaches and theories (Corey, 1995). One of the essential roles of the group leader in existentialism is to stress

"being and becoming somebody" rather than "introducing techniques and doing something" (p. 254).

According to the existential approach toward group counseling, the group leader must be fully present in the session while also genuinely experiencing the client in the here-and-now. The leader must focus on the humanistic aspects of members along with their subjective world. For work to be accomplished, an open and appropriate client - counselor relationship must be present (Corey, 1995; Yalom, 1980)

With these aspects and the existential key concepts at hand, group counseling has been found to be an effective treatment for FCAs. Emotional support combined with education has been found to be the best form of group counseling in treating this population (Rabins, 1998) with a heavy emphasis on the expression of emotions, development of the self, and the relationship between group members and group leader (Bloomgarden & Kaplan, 1997; Hinkle, 1991; Shaw, 1997). Wasow (1986) concluded that in addition the members of the group recognize and deal with resistance along having the right to be unique and have different opinions.

When conducting a group consisting of FCAs, the group leader needs to be skilled in the areas of death and dying, grief, stress coping skills, women's roles, and dealing with perceived stress. Lastly, knowledge about consequential issues of Alzheimer's (e.g., medical, legal, financial information, available diagnostic and psychosocial functioning assessments) may prove to be helpful. With this knowledge and counseling obtained during the early stages of caregiving, the enhancement of wellness and the FCA's ability to effectively deal with current and future difficulties may occur (Cummings et al., 1998; Hinkle, 1991).

Mullan (1992) suggested that the key to client change in an existential group is the

spontaneous meetings of members. The existential counselor may want to encourage members to confront the contradictions in their lives (i.e., life vs. death) rather than relying on the counselor's interpretations. In addition, the existential group leader may want to assist the members in becoming more aware of their issues so that they can choose to change.

Johnson (1997) suggested that focusing on the existential dilemmas of group members may enhance motivation and decrease hopelessness, shame, and suicide ideation. These existential dilemmas can be elicited by offering group members the opportunity to express courage, tolerance, and love.

Conclusion

Throughout this article links between effective treatment for FCAs and the existential approach toward group counseling have been presented. Many key concepts of existential theory were applied to FCAs. The particular issues that FCAs cope with, watching the gradual deterioration of a loved one, armed with the relationship and care they have, is both a highly stressful role and one that lends itself very well to existential based interventions. The cohesiveness of a group format can serve as a therapeutic entity by providing members with support and validation from the commonalities shared by others. Even counselors who do not have an especially strong background in using existential theory in their practice can explore some possible existential topics when counseling FCAs.

References

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (4th ed., text revised)*. Washington, DC: Author.

Bloomgarden, J., & Kaplan, F.F. (1997). Using visualization and art to promote ego development: An evolving technique for groups. *Art Therapy: Journal of the American Art Therapy Association, 10* (4), 201-207.

Bugental, J. F. (1973). Confronting the existential meaning of "my death" through group exercises. *Interpersonal Development, 4*(3), 148-163.

Corey, G. (1995). *Theory and practice of group counseling* (4th ed.). Pacific Grove, CA: Brooks/Cole Publishing Company.

Cummings, S.M., Long, J.K., Peterson-Hazan, S., & Harrison, J. (1998). The efficacy of a group treatment model in helping spouses meet the emotional and practical challenges of early stage caregiving. *Clinical Gerontologist, 20*(1), 29-45.

Farran, C.J. (1991). Finding meaning: An alternative paradigm for Alzheimer's disease family caregivers. *Gerontologist, 31*(4), 483-489.

Farran, C.J. (1997). Theoretical perspectives concerning positive aspects of caring for elderly persons with Dementia: Stress/adaptation and existentialism. *Gerontologist, 37*(2), 250-256.

Ford, G. R., Goode, K.T., Barrett, J. J., Harrell, L. E., & Haley, W. E. (1997). Gender roles and caregiving stress: An examination of subjective appraisals of specific primary stressors in Alzheimer's caregivers. *Aging & Mental Health, 1*(2), 158-165.

Frankl, V.E. (1984). *Man's search for meaning: An introduction to logotherapy*. New York: Simon & Schuster.

Frankl, V.E. (1988). *The will to meaning*. New York: Meridian Book.

Haley, W.E. (1997). The family caregiver's role in Alzheimer's disease. *Neurology, 48*(5), 25-29.

Hinkle, J. S. (1991). Support group counseling for caregivers of Alzheimer's disease patients. *Journal for Specialists in Group Work. 16*(3), 185-190.

Holt, H. (1990). Existential group analysis. In Kutash, I.L., & Wolf, A. (Eds.). *The group psychotherapist's handbook: Contemporary theory and technique.* (pp. 175-190). New York: Columbia University Press.

Hooker, K., Monahan, D.J., Bowman, S.R., Frazier, L.D., & Shifren, K. (1998). Personality counts for a lot: Predictors of mental and physical health of spouse caregivers in two disease groups. *Journals of Gerontology: Series B: Psychological Sciences & Social Sciences, 53B*(2), 73-85.

Johnson, D.R. (1997). An existential model of group therapy for chronic mental conditions. *International Journal of Group Psychotherapy, 47*(2), 227-250.

Lieberman, M.A., & Fisher, L. (1995). The impact of chronic illness on the health and well-being of family members. *Gerontologist, 35*(1), 94-102.

Loos, C., & Bowd, A. (1997). Caregivers of persons with Alzheimer's disease: Some neglected

implications of the experience of personal loss and grief. *Death Studies, 21*(5), 501-514.

May, R. (1983). *The discovery of being: Writings in existential psychology.* New York: Norton.

Mittelman, M. S. (1995). A comprehensive support program: Effect on depression in spouse-caregivers of AD patients. *Gerontologist, 35*(6), 792-802.

Mullan, H. (1992). "Existential" therapists and their group therapy practices. *International Journal of Group Psychotherapy, 42*(4), 453-468.

Murphy K., Hanrahan P., & Luchins D. (1997). A survey of grief and bereavement in nursing homes: the importance of hospice grief and bereavement for the end-stage Alzheimer's disease patient and family. *Journal of the American Geriatrics Society, 45*(9), 1104-1107.

Rabins, P. V. (1998). The caregiver's role in Alzheimer's disease. *Dementia & Geriatric Cognitive Disorders, 9*(3), 25-28.

Savorani, G., Vulcano, V., Boni, S., Sarti, G., & Ravaglia, G. (1998). Behavioral disorders in dementia patients and their impact on the stress of caregiving relatives: The "ARAD" questionnaire. *Archives of Gerontology & Geriatrics, 6,* 481-485.

Schmall, V.L., & Cleland, M. (1989). *Helping memory-impaired elders: A guide for caregivers.* A Pacific Northwest Extension Publication.

Seltzer, B. (Feb. 1997). Awareness of deficit in Alzheimer's disease: Relation to caregiver burden. *Gerontologist, 37*(1), 20-24.

Seltzer, B., Vasterling, J.J., Yoder, J., & Thompson, K.A. (1997). Awareness of deficit in Alzheimer's disease: Relation to caregiver burden. *Gerontologist, 37*(1), 20-24.

Shaw, W.S., Patterson, T.L., Ziegler, M.G., Dimsdale, J.E., Semple, S.J., & Grant, I. (1999). Accelerated risk of hypertensive blood pressure recordings among Alzheimer caregivers. *Journal of Psychosomatic Research, 46*(3), 215-227.

Shaw, W.S., Semple, S.J., Ho, S., Irwin, M.R., Hauger, R.L., Grant, I., & Patterson, T.L. (1997). Longitudinal analysis of multiple indicators of health decline among spousal caregivers. *Annals of Behavioral Medicine, 19*(2), 101-109.

Speice, J., Shields, C.G., & Blieszner, R. (1998). The effects of family communication patterns during middle-phase Alzheimer's disease. *Families, Systems & Health, 16*(3), 233-248.

Spira, J.L. (1997). Existential group therapy for advanced breast cancer and other life-threatening illnesses. In Spira, J. L., (Ed.), *Group therapy for medically ill patients,* (pp. 165-222). New York: Guilford Press.

Stevenson, L. (1974). *Seven theories of human nature* (2nd ed.). New York, NY: Oxford University Press.

Teri, L. (1997). Behavior and caregiver burden: Behavioral problems in patients with Alzheimer disease and its association with caregiver distress. *Alzheimer Disease & Associated Disorders, 11*(4), S35-S38.

Wasow, M. (1986). Support groups for family caregivers of patients with Alzheimer's disease. *Social Work, 31*(2), 93-97.

Yalom, I.D. (1980). *Existential psychotherapy.* USA: Basic Books.

Zanetti, O., Frisoni, G.B., Bianchetti, A., Tamanza, G., Cigoli, V., & Trabucchi, M. (1998). Depressive symptoms of Alzheimer caregivers are mainly due to personal rather than patient factors. *International Journal of Geriatric Psychiatry, 13*(6), 358-367.

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