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Articles

From the Editorial Desk

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Editor

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This is the second issue of the Michigan Journal of Counseling this year. It represents the editorial board's effort to compensate for the extensive time required to publish the first issue. The present plan is to publish two issues per year, one in fall and one in winter. The editorial board, with the help of the administrative office, has made applications to reference sources, such as Eric, and Psychological Index to have the Journal available for relevant citations. We will keep you informed of our progress. The first article in this issue highlights the job and economic threat to our profession and the need for continued strong advocacy from our association.

The lead article, by Adriana Fox, Suzanne Hedstrom, and Erika Souders, is a study of the employment status of Licensed Professional Counselors in 15 public universities. Unfortunately, the results indicate only a small percentage of personnel in various student affairs offices have counselor licenses or counselor training. The implications for counselor training and need of advocacy for our profession are highlighted.

The second article, by Le' Ann Solmonson from Stephen F. Austin State University, addresses multicultural issues in her article ''Cultural Variations In Parenting and Implications for the Counseling Professional.'' In this thoroughly researched study of the literature, the author presents the need for counselors to increase their understanding of parenting norms that are influenced by culture. A case study is included to highlight the theoretical constructs.

The last article is a research study focused on the effects of a group experience on counselor trainees. The lack of a control group and use of an assessment tool not sufficiently researched limit any conclusions of the study. Despite this, the research investigators, Jacqueline A. Conley and Michael C. Edwards from Chicago State University, need to be commended for conducting a study on counselor educators' assumptions about the effects of a group experience during counselor training. Our field lacks sufficient research to support our teaching methods and goals. This study may encourage others to implement brief investigations while training students

Author Guidelines

Michigan Journal of Counseling: Research, Theory and Practice is the official journal of the Michigan Counseling Association. The Editorial Review Board welcomes the submission of manuscripts for consideration. All submissions should be prepared according to these guidelines. Manuscripts that do not follow these guidelines will be returned to the author without review.

MANUSCRIPT GUIDELINES

MANUSCRIPT STYLE

All manuscripts should be prepared in accordance with the standards specified by the most recent Publication Manual of the American Psychological Association. Authors are encouraged to use the "Gender Equity Guidelines" availabe from ACA and avoid the use of the generic masculine pronoun and other sexist terminology. In addition, authors are encouraged to use terms such as "client, student or participant" rather than "subject."

MANUSCRIPT TYPE

Manuscripts should be written in one of the following formats:

Full-Length Articles: These articles should address topics of interest using a standard article format. They may relate theory to practice, highlight techniques and those practices that are potentially effective with specific client groups, and can be applied to a broad range of client problems, provide original synthesis of material, or report on original research studies. These articles should generally not exceed 3,000 words. Lengthier manuscripts may be considered on the basis of content.

Dialogs: These articles should take the form of a verbatim exchange, oral or written, between two or more people. They should not exceed 3,000 words.

In the Field: These articles report on or describe new practices, programs or techniques and relate practice to theory by citing appropriate literature. They should not exceed 400-600 words.

Reviews: These articles consist of reviews of current books, appraisal instruments and other resources of interest to counselors. They should not exceed 600 words.

MANUSCRIPT SUBMISSION

ORIGINAL ARTICLES ONLY

Submission of a manuscript to the Michigan Journal of Counseling represents a certification on the part of the author(s) that it is an original work, and that neither this manuscript nor a version of it has been published elsewhere nor is being considered for publication elsewhere.

Paper: Use 8.5 x 11 inch white paper.

Digital: Digital versions of manuscripts are required; MSWord documents preferred.

Spacing: All manuscripts should be double-spaced.

Margins: Use a minimum of one-inch margins on all sides.

Cover Page: To facilitate blind review, place the names of the authors, positions, titles, places of employment, and mailing addresses on the cover page only and submit the cover page as a separate attachment from the manuscript.

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Abstract: Provide a clear abstract of up to 100 words and place on the second page.

Copies: E-mail submission of manuscripts for consideration is required. Manuscripts must be sent as a Microsoft Word document.

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The Status of Licensed Professional Counselors in Michigan Public Universities

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This article documents the findings of a study investigating the employment status of licensed professional counselors in Michigan's 15 public universities. Structured interviews were conducted by telephone with 85 professionals working in college counseling centers, career centers, advising, admissions, financial aid, and residence life offices. The results indicated that only a very small percentage of employees in these offices are licensed as professional counselors, and a substantial number have not received training in counseling.

Key Words: Employment status, public universities, licensed counselors, advocacy

*P*rofessionals with a graduate degree in counseling work in diverse capacities in institutions of higher education providing career counseling, mental health counseling, and student personnel services (Dean & Meadows, 1995). What differentiates college counselors from other professionals with a graduate degree in counseling is their "understanding of the context in which students exist, including the stresses present and the resources available. They offer expertise related to the college environment and its effects on students" (Dean, 2000, p. 42). At a state university in 1980, professionals with a graduate degree in counseling were providing academic counseling, administrative counseling, career counseling, and personal counseling (Heins et al., 1980). In Michigan, most graduates of counselor education programs who intend to work in college counseling or career centers have elected to be licensed as professional counselors (LPCs) subsequent to the passage of the 1989 counselor licensure law. A decade ago counseling professionals were employed in college counseling centers, admissions, financial aid, academic advising, orientation, student activities, services for students with disabilities, residence life, career services, and other student services areas (Dean & Meadows) identified as student affairs divisions (Dungy, 2003).

More recently, however, professionals with a graduate degree in counseling have faced challenges on at least two fronts. A significant challenge has been posed by shrinking university and student affairs budgets (Spooner, 2000) and an increased pressure to take on additional roles (Dean, 2000; Hodges, 2001). Shrinking budgets have resulted in a large number of job cuts in university counseling centers nationwide (Hodges, 2001). Some universities have outsourced their services to local agencies as a method of dealing with limited budgets (Dean & Meadows, 1995). Others have documented job cuts in career counseling centers as a result of increasing emphasis on technology that is replacing some of the roles and responsibilities of career counselors (Behrens & Altman, 1998).

Another challenge to professionals with a graduate degree in counseling who work in higher education is one that reflects societal issues and necessitates a redefinition of roles and responsibilities. The student development model has been the philosophical foundation of college counseling from its early beginnings up to the last 15 years (Hodges, 2001). A shift has occurred

in college counseling centers away from the developmental model toward the medical model which focuses on diagnosis and treatment of various mental disorders (Gallagher, Gill, & Goldstrom, 1999). This movement toward the medical model was stimulated by an apparent increase in severity of student problems (Meadows, 2000; Tinklin, Riddell, & Wilson, 2005), though some research challenges this conclusion (Kettmann, Schoen, Moel, Cochran, Greenberg, & Corkery, 2007). The loss of the student development model as the underpinning of university counseling centers, in particular, has removed counseling from its traditional role (Ivey & Ivey, 1998) and has resulted in a paradigm shift in the profession (Nevels, Webb, & John as cited in Hodges).

In the context of all of these changes, professionals with a graduate degree in counseling appear to have made a home for themselves in small college counseling settings. Large university counseling centers are often aligned with health services (Dean, 2000) where counselors are being perceived as health care providers, a perspective which de-emphasizes or combines the traditional developmental model and focuses on the clinical model. Smaller college counseling centers are more closely aligned with other student affairs programs which espouse a developmental perspective and in these settings these counselors often hold multiple roles on campus (e.g., they may teach, offer supervision, and be involved in learning assistance and orientation) (Dean, 2000).

Professionals with a graduate degree in counseling have held jobs in various student affairs units and for many years have been employed in large university counseling centers. More recently, the shift to a clinical model has led to fewer employment opportunities for professional counselors in university counseling centers. Although the impact of these changes on counselors working in university counseling centers have been well-documented (Dean & Meadows, 1995; Hodges, 2001), little is known about the employment of professionals with a graduate degree in counseling in other student affairs units (e.g., admissions, advising, financial aid, career services, residence life, services for students with disabilities). A study conducted by Janasiewicz and Wright in 1993 indicated an increase in the number of student affairs positions (including counseling) between 1980 and 1990; however the years since then are not covered in the literature and little is known about the current status of these positions. The current study serves to fill this gap in the literature by reporting the current employment of professionals with a graduate degree in counseling, including LPCs, who work in selected student affairs offices in Michigan's public universities.

Background

This project was initiated at the request of the Michigan College Counseling Association (MCCA). A previous study supported by MCCA documented that in Michigan's community colleges LPCs were losing their jobs and were being replaced with individuals with fewer professional and academic credentials (Goheen, 2003). MCCA approached the authors and requested that they document the status of these professionals and LPCs at Michigan's public universities, to determine if the erosion of counseling and student affairs jobs noted at the community college level was also occurring at the public university level.

This study aimed to identify the following in selected student affairs offices: (1) what are the licenses and credentials of professional staff; (2) what are the degrees and majors of professional staff; (3) how many professional staff have the term "counselor" in their job titles; (4) how present are LPCs in counseling and career offices in comparison to other offices, and (5) what changes have been noted and are anticipated in the employment of LPCs.

For the purposes of this article, licensed professional counselor is used to designate those individuals who hold a graduate degree in the counseling field (e.g., master's degree or doctorate in counseling, counseling in higher education, student affairs in higher education, or a related field) and are licensed as counselors in the state of Michigan. Graduate degree counselors have a graduate degree in counseling; they may or may not be licensed professional counselors. A counselor (by title) is an individual who holds a position which includes the title of "counselor" and who may or may not have training in counseling.

Student affairs is defined as the profession with a primary emphasis on development of the whole person, involved in supporting the academic mission of institutions of higher education (Nuss, 2003). Some student affairs offices or units (which vary from one institution to another) are academic advising; admissions; athletics; career services; counseling and psychological services; food services; financial aid; Greek affairs; health services; international student services; judicial affairs; lesbian, gay, bisexual, and transgender student

services; multicultural student services; orientation and new student programs; recreation and fitness; religious programs and services; registration; residence life and housing; services for students with disabilities; and student activities (Dungy, 2003).

Method

Participants and Procedure

The Michigan Education Directory (2005) and university web pages were used as resources for identifying Michigan's 15 public universities, along with the student affairs offices within these universities that had the greatest potential to employ LPCs. The 15 public universities included in this study were Central Michigan University, Eastern Michigan University, Ferris State University, Grand Valley State University, Lake Superior State University, Michigan State University, Michigan Technological University, Northern Michigan University, Oakland University, Saginaw Valley State University, University of Michigan-

Ann Arbor, University of Michigan-Dearborn, University of Michigan-Flint, Wayne State University, and Western Michigan University. The offices that were contacted at each of Michigan's 15 universities included: counseling centers, career services, financial aid, residence life, admissions, and academic advising. These are all student affairs units where professional counselors historically have been employed (Dean & Meadows, 1995; Heins et al., 1980), although it is likely that additional LPCs were employed at student affairs offices not considered in the present study.

The offices listed above were contacted via telephone over an eight-month period. A maximum of eight attempts were made to contact each office. The study had the potential to include 90 offices (6 student affairs offices in 15 universities). The actual total of student

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affairs offices was 85 since two universities did not have a residence life office, two universities combined career and counseling services in one office, and one university had no advising office. Due to the repeated attempts made to collect data, we were successful in collecting data from all 85 possible units, for a response rate of 100%.

The researchers requested to speak with the director or assistant director of each of the offices surveyed. If these individuals were unavailable, input from other staff members was considered acceptable if they had knowledge of the information requested.

Instrument

A structured interview was used as the primary tool for data gathering in this study. The interviews were conducted via telephone, taking an average of ten minutes per phone interview. The researchers developed the interview script, containing seven closed-ended questions and four open-ended questions. The closed-ended questions covered the following areas: (a) number of professional staff employed in the particular unit; (b) number of professional staff titled counselor or something similar; (c) other job titles represented in the office; (d) number of professional staff licensed as a professional counselor; (e) number of LPCs employed full time and part time; (f) number of professional staff at the bachelor's, master's, and doctoral levels; and (g) academic majors and licenses (other than LPC) of staff.

The second part of the interview included the following questions: (a) What changes (if any) have you noticed in the last three years regarding the employment of LPCs in your office (or in the university)? (b) What changes do you anticipate regarding the employment of LPCs in the next two to three years (in your office or

in the university)? (c) What else do you think I should know about counselors/LPCs at your university? and (d) What additional offices on your campus typically hire LPCs?

Data Analysis

The data collected from the first part of the interview were analyzed to determine the number of professional staff employed in these offices, the number of staff with a counselor title, the number of LPCs, and the numbers of staff at various degree levels. Relevant percentages were then calculated.

Interviewees' responses to the questions from the second part of the interview were recorded in writing by each of the three researchers. Following data collection, a list was compiled of participants' responses to these questions. Formal qualitative analysis procedures were not deemed appropriate for the very brief comments made, typically only a few words or a sentence. For each question asked, similar responses were noted. Responses were arranged in descending order by frequency, along with the office of the interviewee.

Survey Results

The primary results of this study are summarized in Table 1. Eighty-five individuals were interviewed representing 921 professionals working in the six student affairs offices of interest in Michigan's 15 public universities. Results indicated that LPCs accounted for 6% (n = 56) of the total staff. Of the 56 LPCs identified, 50 (89%) were full-time employees and 6 (11%) were part-time. LPCs were employed in the counseling centers of 10 of Michigan's 15 universities. They were also frequently found in career and advising offices (8 universities each), and less frequently in financial aid and residence life offices.

Professionals with graduate degrees in counseling and who hold the LPC credential are not the only staff called counselor in Michigan universities. In fact, 229 of the professionals included in the study (approximately 25%) held the title counselor. Counseling centers and admissions offices referred to their professional staff as counselor more often than the other offices surveyed. In addition to counselor, other titles represented in all the offices surveyed included advisors, financial aid specialists, admissions officers, hall directors, and psychologists.

Of the 921 professionals identified in this study, the majority had degrees beyond the bachelor's degree: 492 (53%) had master's degrees (including MA, MSW, and EdS), and 86 (9%) had doctoral degrees (including PhD, EdD, MD, and JD). In addition, 304 (33%) had a bachelor's degree, and 23 (3%) had less than a bachelor's degree. The degree status of 16 (2%) was not determined. The academic backgrounds of staff who were not LPCs or other licensed mental health professionals varied greatly, from social sciences to business, English, biology, communication, history, and theater majors.

While most credentialed mental health professionals worked in counseling centers (n = 100), several worked in other student affairs offices. LPCs were more likely to be found in a variety of offices than other credentialed professionals (career centers, n = 21; advising, n = 8, admissions, n = 1; financial aid, n = 1, residence life, n = 1). Only one licensed psychologist (LP) was employed outside the counseling center (in advising), while limited licensed psychologists (LLPs) were found in advising (n = 1) and financial aid (n = 1). Social workers (Master's of Social Work [MSW]) were also present in advising (n = 3) and residence life (n = 1).

Counseling center professional staff. Of Michigan's 15 public universities, LPs (all of whom have doctoral degrees) worked in 11 counseling centers, LPCs were employed in 10, social workers worked in 6, and LLPs were in 4 counseling centers. Of the 105 mental health professionals employed in university counseling centers, 67 (64%) were called counselors.

By law, persons providing counseling and psychological services at university counseling centers (and elsewhere) must be licensed as professional counselors or hold another mental health credential. The present study found that 95% of the 105 professionals working in counseling centers held a mental health credential (see Table 2). The majority (55%) of professionals employed in university counseling centers in Michigan were LPs (n = 58); an additional 17 counseling center staff were licensed as professional counselors (16%). The remaining 30 employees (29%) held other mental health credentials (including MSWs, n = 17, and LLPs, n = 7) or held no mental health credential (n = 6).

Counseling centers were more likely to employ persons with higher degrees than other student affairs offices. In fact, 60 of the 86 doctoral degreed professionals in the study were employed in counseling centers. One person serving on the professional staff of a university counseling center held only a bachelor's degree; all others held a master's degree (42%) or higher (57%).

Career center professional staff. Another office likely to employ LPCs in Michigan's public universities was the career center. Of the 91 career center professional employees, 21 (23%) were LPCs (see Table 2). No other licensed professionals were employed in the 15 universities' career centers. The remaining 70 career center staff held no counseling or mental health credentials. Most professional staff in career centers held graduate degrees (n = 76, 84%); 15 (16%) held a bachelor's degree or less. The educational background of non-counselors included degrees in business, communication, curriculum, higher education administration, library science, English, engineering, and public administration.

Serendipitous findings. Although the intent of this study was to survey the status of employment of LPCs in Michigan's universities, the researchers became aware of another group of counseling professionals that merited some attention. We noted that there were a number of professionals working in the student affairs offices being surveyed who had obtained graduate degrees in counseling but were not LPCs. Consequently, we collected data regarding the employment of non-LPC master's degreed counselors (see Table 1). Career centers employed more of the 55 persons in this category (n =18) than other student affairs offices. Only 2 were employed by counseling centers. The remaining staff with graduate degrees in counseling and who were not LPCs were employed in the other student affairs offices (advising, n = 16; admissions, n = 9; residence life, n = 8; and financial aid, n = 2).

Open-ended Question Results

Of the 85 offices included in this study, 51 (60%) provided brief responses to the four open-ended questions. The majority of the responses came from counseling centers (32%), followed by career and advising (16% each), residence life (14%), admissions (12%), and financial aid offices (10%). Interviewees from offices that hired professional counselors and who were knowledgeable about the nature of the work of LPCs tended to contribute more in their responses to the open-ended questions than interviewees from work settings that did not hire LPCs.

The most frequent response (occurred six times) to the question "What changes (if any) have you noticed in the last three years regarding the employment of LPCs in your office (or in the university)?" was provided by professionals in counseling centers, who noticed job losses experienced by LPCs in counseling centers caused by budget cuts. The most frequent response (occurred seven times) to the question "What changes do you anticipate regarding the employment of LPCs in the next two to three years (in your office or in the university)?" was provided by professionals working in residence life, who indicated their intention to hire more LPCs in the next two to three years to coordinate mental health services in residence halls. Two professionals, one from a counseling center and another from a career center, anticipated more job cuts in their offices in the next two to three years due to shrinking budgets. Professionals from two of the career offices expressed their intention to hire more LPCs in the near future, if the budget allows.

The most frequent response (occurred five times) to the question "What else do you think I should know about counselors/LPCs at your university?" was provided by three professionals in financial aid, one in advising, and one in admissions, who indicated that a counseling degree and an LPC are not job requirements. Professionals from two financial aid offices and one counseling center noted a trend towards replacing "qualified personnel" with people with fewer academic credentials, because of budget cuts. Professionals in two counseling centers and one career center indicated a preference for LPCs with prior training in assessment and diagnosis. The typical response to the question "What additional offices on your campus typically hire LPCs?" named the counseling and career centers.

Discussion

Although university settings (particularly student affairs offices) traditionally welcomed professionals with a graduate degree in counseling (Dean & Meadows, 1995; Heins et al., 1980), the findings of this study reveal a rather small percentage of these professionals working in the student affairs arena in Michigan public universities. Of the 921 professional positions identified, approximately 25% had a counselor title, and only 6% were LPCs. Of the LPCs identified in this study, most worked in counseling centers (30%) or career offices (38%).

The results of this study support the current literature suggesting fewer employment opportunities for licensed professional counselors in counseling centers (including career centers) and job losses experienced as a result of budget cuts. It appears that the preferred mental health credential in counseling centers is the LP, with the majority of counseling center staff in Michigan universities holding licensure as doctoral degreed psychologists. Even though LPCs were employed at the counseling centers of 10 universities, their numbers were few in comparison to the presence of LPs. Three interviewees suggested that LPCs with a background in assessment and diagnosis are more desirable candidates for positions in counseling centers than ones without training in these areas.

The findings related to professionals who work in career centers are also of interest. In addition to counseling centers, career centers are offices in which counseling licensure would be most relevant. While Michigan law includes career counseling within the purview of counseling licensure, thus requiring LPCs for career center staff engaged in career counseling, the majority of staff in career centers (77%) are not licensed as counselors (nor do they hold other credentials). More people with a graduate degree in counseling but who are not LPCs are employed in career centers than any other student affairs office. Of the 91 professionals in career centers, 39 are either LPCs or persons with a graduate degree in counseling without the LPC. Thus, 43% of career center staff have a counseling background, though only 23% are LPCs. It seems that many career center staff may be breaching the counseling licensure law.

It is also noteworthy that a considerable number of professionals with a graduate degree in counseling (n = 55) are not LPCs. The characteristics of the specific student affairs offices in which many of the staff work likely influence their need for graduate level training in counseling. Some of the interviewees' responses to the open-ended questions suggest that many professionals working in financial aid, admissions, and advising need neither a license, nor training and background in counseling to perform their job functions. Obtaining licensure becomes less of a priority when the work environment does not require a counseling background or licensure, and when it does not recognize or reward the value of counseling training and credentialing. Furthermore, administrators in these offices need further education about the benefits of graduate training and credentialing in counseling.

A surprisingly large number of professionals (n = 229) were titled counselor. However, of the total professional staff (n = 921), there were only 55 who had backgrounds in counseling and 56 who were licensed as professional counselors. Counseling centers, career centers, and admissions offices most frequently used the counselor title; two of these offices (counseling and career) also employed the highest percentages of LPCs among the six student affairs offices examined in this study. Admissions offices, however, titled 40% of the staff "counselor," yet employed only one LPC (<1%), and had a majority of professional staff (53%) with a bachelor's degree or less. It appears that many professionals working in higher education use the counselor title; however, this title may have no correlation with the traditional meaning of the word, which designates those individuals who engage in the practice of counseling. Although Michigan's LPC law does not prohibit use of the title "counselor" (as long as the title does not include such words as "licensed counselor" or "professional counselor"), use of the counselor title by such a large number of university staff without background or training in counseling may be confusing to the public and to students. The counselor title used by employees working in some student affairs offices may not reflect the professionalism and graduate training of professional counselors.

It is also important to note that, of the 921 professionals working in these offices, 304 (33%) had a bachelor's degree and 23 (2.5%) had less than a bachelor's degree. In fact, the majority of staff in two offices (financial aid and admissions) held a bachelor's degree or no degree. Two financial aid interviewees reported a move towards replacing master's level professionals with bachelor's level personnel. The broad range of academic backgrounds of the staff in these student affairs offices also suggests an acceptance of training that has little or nothing to do with counseling. These findings seem to support the results of a previous study (Goheen, 2003) which indicated a trend towards replacing professional counselors working in Michigan community colleges with staff with fewer academic credentials.

On the other hand, some of the responses to the open-ended questions portray a somewhat optimistic future for the employment of LPCs in higher education settings. Respondents from seven residence life offices expressed the need for more licensed professional counselors (LPCs) to work in residence halls, and some of the participants interviewed expressed their intention to hire more LPCs in the next few years.

Limitations

The study provides some important information regarding the current status of LPCs in selected student affairs offices in Michigan's universities. As with all research, limitations are noted. Data were collected from six student affairs offices; other offices were not contacted. Thus, it is likely that additional LPCs worked in student affairs offices not considered in the present study. A further limitation is that the responses to the open-ended questions were recorded and compiled according to response similarity. Responses reported by frequency were not dealt with using formal qualitative methodology.

The generalizability of the findings is limited. Although similar trends involving LPCs may be taking place nationwide, the study reflects only the state of affairs in Michigan public universities. Moreover, no previous data were available which could be used to compare current employment status of LPCs in Michigan universities with previous employment figures. Most of the findings regarding the employment status of LPCs and others working in selected student affairs offices were based on the verbal reports of interviewees, with no quantitative data from institutional personnel offices to confirm or verify the information provided.

Implications and Research Recommendations

Student retention in higher education is a priority. Studies done on retention of students indicate a direct link between the quality of services provided and decision of students to maintain enrollment (Kerka, 1995; Patti, Tarpley, Goree, & Tice, 1993). However, the current study illustrates a disturbing trend. For example, financial aid interviewees noted that in their units, master's level personnel were recently replaced with bachelor's level staff. These decisions were motivated by financial constraints, possibly compromising the quality of services provided to students. Also, very few of the career counseling centers included in this study employ licensed professionals with background and training in counseling. With more than one-third of all professional staff holding a bachelor's degree or less, and with the wide range of academic backgrounds that are not counseling and student affairs related, the question must be raised as to how the quality of student services has been compromised, likely impacting retention figures. Given the available data on student retention (e.g., Pascarella & Terenzini, 1991), the arrangements of hiring bachelor's degreed persons not trained in counseling or student affairs, although financially justifiable in the short term, could be detrimental to the student enrollment rate and the long-term success of the university.

The findings of this study also signal the need for leaders in the counseling profession to advocate for LPCs and others with graduate degrees in counseling who are losing their jobs, either to professionals with less training and fewer academic credentials or to professionals whose credentials have attracted more recognition and privileges within the mental health professions. To be successful in higher education settings, counselors in training need to have a variety of training experiences that could increase their hiring potential. Counselor education programs should include courses in assessment and diagnosis as mandatory parts of their curriculum to keep up with the current employment trends and increase chances of employability of their graduates who wish to work in counseling centers in higher education.

Findings from this study suggest that residence halls constitute potential employment settings for LPCs and others with graduate degrees in counseling who are seeking employment in higher education settings. Professional counselors should create connections and work closely with residence halls, where there seems to be an expressed need for professional counseling help. Further research related to the qualifications of professional student affairs staff is needed. A replication of this study involving public universities at the national level would assist in determining if there are similar trends in student affairs offices across the U.S. If the hiring of professionals with fewer academic credentials is a national trend, then it is important to document the effectiveness of these staff. To what extent are they able to provide quality student services that meet student needs and positively impact retention? Likewise, further studies are needed to demonstrate the effectiveness of LPCs in university settings.

To continue providing services in the context of ongoing financial difficulties, LPCs and others with graduate degrees in counseling who work in higher education settings need to document the positive impact they have on the academic success of students and student retention. Documentation of positive impact on academic success and retention would benefit the counseling profession in general by gaining more recognition within the mental health professions, and could result in noted gains to institutions of higher education.

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Appendix

Table 1
Summary of Data

	Number of Staff	Staff titled "counselor"	Bachelor's or less [a]	Number of LPCs	Counseling degree not LPC
Counseling Center	105	67 (64%)	1 (<1%)	17 (16%)	2 (2%)
Career Center	91	26 (29%)	15 (16%)	21 (23%)	18 (20%)
Admissions	230	92 (40%)	22 (10%)	1 (<1%)	9 (4%)
Advising	121	3 (2%)	15 (12%)	12 (10%)	6 (5%)
Financial Aid	158	33 (21%)	103 (65%)	1 (<1%)	2 (1%)
Residence Life	216	8 (4%)	71 (33%)	4 (2%)	8 (4%)
Total	921	229 (25%)	327 (36%)	56 (6%)	55 (6%)

Note. [a]Degree percentages computed for total staff; degree data not available for 16.

Appendix

Table 2
Credentials of Counseling and Career Offices Professional Staff

	Counseling Center (N = 105)	Career Office (N = 91)
Licensed Psychologist	58 (55%)	0
Licensed Professional Counselor	17 (16%)	21 (23%)
Master's of Social Work	17 (16%)	0
Limited Licensed Psychologist	7 (7%)	0
M.D.	1 (1%)	0
No Credentials	5 (5%)	70 (77%)

Cultural Variations in Parenting and Implications for the Counseling Professional

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In a culturally diverse society, counselors are faced with providing effective treatment that is culturally responsive and meets the needs of the client. Counselors have an ethical obligation to understand and include the client's culture in treatment decision-making. Parenting norms in the United States are based upon the Western culture and do not apply to all cultural groups. This paper looks specifically at cultural differences in parenting practices among four cultural groups: African Americans, Asians, Hispanics, and European Americans. Implications for practice are provided for the counseling professional.

Key Words: Parenting styles, Cultural variations, Multicultural, Professional counselor

*C*ulture can be defined in words that we all understand, and yet can be the source of many misunderstandings. Counselors working in the pluralistic society of today are faced with the challenge of understanding the impact of culture on the counseling process. Counselors have an ethical obligation to know, understand, and include their client's cultural background in order to provide an appropriate counseling experience (Dana, 1998; Webb, 2001).

This article will focus on different cultural approaches to parenting and the implications for the field of counseling. The cultures that will be compared include African American, Asian, Hispanic, and European American or Caucasian. Much research has been done on this topic; however, it is not without controversy or contradictions. Some of the issues that contribute to the controversy include the impact of acculturation on minority populations, Western or European American influence in determining what is appropriate parenting often fails to account for socio-economic differences in sample populations (Jambunathan, Burts, & Pierce, 2000; Chao, 1994; Stewart, Bond, Kennard, Ho & Zaman, 2002; Ferrari, 2002).

African Americans

African Americans have a unique heritage that separates them from any other ethnic group. Other groups have come to the United States to escape oppression and obtain more freedom. African Americans were brought to this country to live a life of slavery and have a history of inequality, which influences parental socialization and group values. African American parents tend to operate from a stricter, more authoritarian style in order to prepare their children for living in an environment filled with racial bias and discrimination (McAdoo, 2001; Jambunathan, Burts & Pierce, 2000). It is believed this will help children to develop the necessary coping skills to survive in an environment characterized by racism.

According to Mosby, Rawls, Meehan, Mays & Pettinari (1999), African Americans have a higher incidence of utilizing physical discipline as an integral part of child rearing, but have strict guidelines for its administration to prevent abuse. This research was concerned with the overrepresentation of African American children in child protective systems based upon the use of physical punishment and the unwillingness of many African

American parents to alter their disciplinary strategies. The authors utilized narrative interviews with African American elders who served as parenting mentors in order to better understand their justification for the use of physical punishment. The narratives suggested strict guidelines for the administration of physical punishment in order to prevent abuse. These guidelines included the elements of nurturing and teaching the child why the discipline is being administered. The elders suggested that children who are not disciplined are unruly and out of control. The unruly behavior is more likely to result in the parent raising their voice and speaking inappropriately to the child. The elders all agreed that verbal abuse is far more detrimental to the child than appropriately administered physical discipline. Ferrari (2002) supports the research regarding higher incidence of physical discipline among this population. However, the same study also reports a high level of nurturing behaviors among African American parents.

There are common generalizations found through the literature regarding the values of African Americans. They report that the culture values familism, which emphasizes dependency on, sense of obligation to, and responsibility for others. Others are defined as the family unit, as well as the greater community. Extended family members are often involved in child rearing and frequently live in the same house or in close proximity. Supportive social networks consist of family, friends, neighbors, and church members and provide emotional and financial support (McAdoo, 2001). Cultural patterns also include respect for elders and authority, a strong work ethic, emphasis on achievement, strong religious background, and freedom of expression (Julian, McKenry & McKelvey, 1994; Ferrari, 2002; Jambunathan, Burts & Pierce, 2000).

African American children are expected to assume responsibility for self-care at an earlier age than children in other cultural groups. Children are also expected to be responsible for personal feelings and to participate in decision-making. Parents provide high levels of support in order to facilitate the development of the skills (Jambunathan, Burts & Pierce, 2000). There are inconsistencies in the research regarding communication by African American parents. As reported by Jambunathan et al., (2002), Field and Widmayer (1981) suggest a lower rate of verbal communication with children; however, Hale-Benson (1986) found a higher rate of non-verbal communication. Jambunathan et al. also reported Zeskind's (1983) findings of a slower response time to infant cries by African American mothers and higher use of pacifiers or physical stimulation to comfort the crying infant.

Implications for the Counseling Professional. African American families are more likely to seek assistance from within their support system prior to going outside. Women often initiate the treatment process and couples typically seek help due to child-focused issues (Hines & Franklin, 1996). Families seeking counseling are frequently at a crisis point and may view it as a last resort. They may enter the counseling relationship with suspicion and anxiety based upon previous experience with social service agencies. In addition, there is a stigma associated with seeking outside treatment. These factors make it necessary for the counselor to quickly establish therapeutic rapport, educate the family about the treatment process, and provide explanations for the necessity of treatment (Blue & Griffith, 2001). Communication of respect is essential and acknowledgment of cultural differences may be necessary (Hines & Franklin).

Because the church is often the center of the African American community, and the clergy are major leaders in the community, counselors should recognize and utilize this significant influence. Richardson and June (2006) suggest that establishing alliances and partnerships with clergy can facilitate a more positive relationship with individuals within the community. The misconception that African American clergy feel threatened by and hold unfavorable attitudes toward mental health professionals was disputed by Richardson (1991). Richardson and June purport "failure to consider the issues of religion and spirituality in counseling, especially when they play such an important role in the lives of many African Americans, undoubtedly results in less than successful outcomes" (p.115). By working in conjunction with clergy, counselors can foster the social, spiritual, and psychological well being of the African American community.

Single mothers and economic disadvantage have a higher occurrence among African Americans than other ethnic groups (McAdoo, 2001). The additional stress this places on the role of parenting should be considered in dealing with these clients. If fathers are not involved in the family's life, it would be important to determine if there is another significant male figure that should be included in therapy. Eldest sons, uncles, or cousins will often try to fill the father figure in families with absent fathers. Among intact families, the father may be unavailable for treatment due to working multiple

jobs (McAdoo). Dependent upon the current stressors of the family, counselors may have to assist families in navigating the bureaucratic process of obtaining social services.

Asians

The Asian ethnic group includes populations from China, Taiwan, Japan, Korea, Vietnam, Indonesia, Philippines, and others. There is a high level of diversity among the group dependent upon the country of origin, the level of acculturation and assimilation into the Western culture, religious affiliation, and reasons for immigration (Jambunathan, Burts & Pierce, 2000). Traditional Asian families have a patriarchal structure emphasizing filial piety characterized by a strong value for family. Filial piety emphasizes a sense of duty, obligation, respect, and high esteem for elders as demonstrated through obedience. Family ties and dependences are stressed, and individual goals are de-emphasized. Cultural tradition includes a hierarchical system with men and elders having higher status than women, youth, and children (Chao, 1994).

Mothers assume the major responsibility for child rearing and are extremely attentive during the preschool years. Asian mothers are very devoted and exhibit high levels of self sacrifice to meet the needs of the children (Lee, 1996). They are more permissive with younger children and demonstrate a high level of warmth and responsiveness. Mothers closely supervise their children and seldom leave them alone. Disciplinary techniques with younger children are nonphysical, but maintain a high level of control. The techniques include verbal and physical redirection and close proximity. Mothers also utilize a sense of family obligation and shame and guilt to encourage compliance in the child (Chao, 1994, Jambunathan, Burts & Pierce, 2000).

As a child enters school, discipline becomes stricter, and parenting becomes shared by both parents using an authoritarian style. Research (Darling, 1999, Baumrind, 1991) indicates that children of authoritarian parents are more likely to have moderate school success, poor social skills, lower self esteem, and higher levels of depression. However, the Asian parenting style does not have the same behavioral outcomes in Asian children as the authoritarian style has in European American children (Chao, 1994). The cultural value of strict obedience in children is not seen as domination, but as an organization style to enable the family system to operate smoothly (Stewart, Bond, Kennard, Ho & Zeman, 2002).

Asian families have a strong work ethic and place high value on academic achievement. Independence in achievement is encouraged, where interdependence in relationships is expected (Julian, McKenry & McKelvey, 1994). Children are expected to exhibit self-control, get along well with others, and conform to societal expectations for appropriate behavior. Overall, the Asian culture values self discipline over external controls. Guilt and shame are both parenting techniques used (Jambunathan, Burts & Pierce, 2000). Asian parents typically do not reward children for behavior that is expected. Failure brings shame on the family and causes them to lose respect in the community (Lee, 1996).

Implications for the Counseling Professional. Similar to the African American culture, Asians are more inclined to seek assistance from within the family system before turning to professional treatment (Lee, 1996). Due to the cultural value of saving face, it is often difficult to disclose personal or family problems to an outsider. In addition, discussion of emotions or psychological disturbances is often viewed as a lack of will and the inability to exhibit self control (Dana, 1998). Psychological issues typically are reported in the context of physical complaints. When Asian families present for treatment, it is preferable that it be short term, goal oriented, and result in a decline in problems (Lee, 1997). Extended family may need to be included in the treatment plan.

The counselor must be cognizant of the value system stressing harmony, with group needs superseding individual needs. Treatment goals need to be culturally responsive, rather than determined by the standards of Western culture (Lee, 1997). Due to the importance of respect for authority, Asian families may be more comfortable with a formal relationship and communication style.

A common issue for families presenting for treatment is a culture clash between generations. The longer an individual has been a part of the Western culture, the more likely they are to show an increase in acculturation. Children and adolescents begin to exhibit Western values and/or behaviors, which may cause stress within the family. The counselor is faced with a challenge of assisting the parents in maintaining their cultural values and identity, while addressing the needs of the child or adolescent. As is true for working with all families, mediation, negotiation, and compromise can be used to resolve the conflict, but must be done from a culturally

responsive mindset. Educating parents about the norms and values of the new culture will assist the family in establishing acceptable standards for coexisting within the Western culture (Lee, 1997; Lee, Blando, Mizelle & Orozco, 2007).

Hispanics

In the United States, the Hispanic ethnic group is comprised primarily of individuals from Mexico, Puerto Rico, Cuba, and Central and South America. Similar to Asians, there is a large variation in the group dependent upon economic status, country of origin, educational level, age, and the length of time in the United States. Familism characterizes the Hispanic culture; family includes extended members and is patriarchal in nature. Machismo is another characteristic of the culture and refers to strongly defined sex roles. The father is the head of the household and is to be deferred to and respected. Men are expected to be strong, dominant, authoritarian, and are held in higher esteem than women .The mother is to care for the home and the children and is to be honored by the children. Fathers will often work multiple jobs in order to allow the mother to stay home. On the average, Hispanics have larger families than other groups, and children are normally included in most activities in which the parents participate (Zayas, Canino & Suarez, 2001; Bevin, 2001).

There is no clear consensus on the parenting styles of Hispanic families. There are reports of permissive, authoritative, and authoritarian parenting (Julian, McKenry & McKelvey, 1994). Several studies have found that Hispanics parents are warm, loving, and nurturing. In addition, they are less likely to use physical discipline and more likely to use verbal punishment. Similar to the Asian population, children are expected to assume additional responsibility in the family as they get older. Hispanics value independence, self-control, obedience, getting along with others, and athletic success (Ferrari, 2002; Jambunathan, Burts & Pierce, 2000).

Implications for the Counseling Professional. Due to the amount of diversity among the Hispanic population, counselors must be careful not to generalize or

> A common issue for families presenting for treatment is a culture clash between generations...Children and adolescents begin to exhibit Western values and/or behaviors, which may cause stress within the family. The counselor is faced with a challenge of assisting the parents in maintaining their cultural values and identity, while addressing the needs of the child or adolescent. As is true for working with all families, mediation, negotiation, and compromise can be used to resolve the conflict, but must be done from a culturally responsive mindset.

assume sameness of the entire culture. Like African Americans, Hispanics have dealt with oppression, discrimination, and marginalization. Similar to Asians, Hispanics are at different levels of assimilation and acculturation. These factors need to be taken into account when working with a Hispanic family. In order to respect the authority of the parent, it is important for counselors to investigate the parents' desire for the development of ethnic identity in their children (Vera & Quintana, 2004). Common cultural characteristics reported throughout the literature indicate that Hispanics typically have a unilateral communication style when dealing with authority. Avoiding eye contact, deference, and silence are all indications of respect for authority. Many Hispanics have strong spiritual values and may look to prayer or patron saints in times of stress or crisis (Garcia, 2001).

Due to a cultural history of oppression, Hispanics need to feel empowered to make changes in their environment. Arrendondo (2006) suggests that cognitive behavioral therapy (CBT) and reality therapy are appropriate theories to utilize in working with Hispanic families. These approaches develop skills, encourage positive decision-making, and avoid blame. CBT also emphasizes patterns of family interaction and the influence of those patterns on family interaction and dynamics. Reality therapy recognizes the need for love and belonging, which is an appropriate fit for Hispanic families based upon the strong family unit.

Like any other ethnic group that has immigrated, Hispanic families may experience culture clash among the generations. Counselors must be sensitive to this issue and carefully negotiate a solution to the conflict, while respecting cultural values. Some younger generations of Hispanics are evolving in their roles in the family, with parents sharing more of the responsibility for child rearing and living in a more egalitarian system. This may create conflict within the extended family if elders value the more traditional patriarchal system. Due to familism, it might be easy for a counselor from the Western culture to assume the family is enmeshed and attempt to create independence. This conflict in values

could be the source of more problems (Bevin, 2001).

European Americans

European Americans include the group of individuals whose ancestors emigrated from Europe and comprise the majority culture. Most parenting studies and theories are based upon the middle class of this population. European Americans are more likely to use authoritative parenting styles characterized by inductive reasoning, providing choices for children, and encouraging independence. Using this style, a parent would provide an explanation to the child regarding why behavior is unacceptable or undesirable. The parent would then explain possible consequences if the behavior is repeated, and then acknowledge the child's freedom to choose to comply or accept the consequences. Ferrari (2002) conducted research to examine cultural patterns in parenting strategies. This research surveyed 150 parents of Hispanic, African American, and European American descent to investigate how cultural factors contributed to disciplinary techniques utilized by parents. The study found that European American parents were less likely to use verbal or physical punishment than any other group.

Anecdotal information indicates several trends among European Americans. This population tends to be more future oriented, encourages open and honest communication, and competition. Children are encouraged to actively explore and question their environment and consider numerous options when problem solving. There is less involvement with extended family than other groups, and relationships are often emotionally detached (Jambunathan, Burts & Pierce, 2000; Hess & Hess, 2001). European Americans value strength, self-discipline, self-control, and privacy. Education and work are viewed as the means to success and monetary gain. Families are more child-centered than other ethnic groups, and children's activities often determine family priorities (Hess & Hess).

Implications for the Counseling Professional. European Americans set the norms and standards for the Western culture. However, there is diversity among the population dependent upon social class, educational level, and religious values. The cultural values of competition, success, and affluence are frequently the source of stress and issues within the family.

Due to the child-centered approach to family, children may be in control of the family. In an attempt to avoid being authoritarian, parents may swing to the opposite end of the spectrum and abdicate the role of authority

within the family. The schedule of extra-curricular activities often over commits a family and does not allow for unstructured family time (Rosenfeld & Wise, 2001). The stress of the family schedule may contribute to an increase in anxiety-based disorders in children and lower tolerance levels in parents (Elkind, 1998). Counselors have a difficult task tin helping European American families to find a balance in their lives.

Case Study

As mentioned previously in the article, culture clash can be experienced as children become more acculturated to the social norms of the dominant group. The following case study is an example of the conflict that can result between parent and child as a result of different levels of acculturation.

Brad Taylor was a ninth grade student in a small magnet school in a suburban area. Brad's father was African American and had been raised in the Mormon faith. His mother was from a Caribbean Island and had been raised Catholic. Both parents had very conservative upbringings with rigid rules for social behavior. Mrs. Taylor had attended Catholic school and was educated by convent nuns. She converted to the Mormon faith when she married. Brad's parents had very strict expectations for his social behavior and his school performance. Brad was an attractive and friendly young man resulting in strong social relationships. He also had a normal curiosity and attraction to girls. His social life often distracted him from academic endeavors. In addition, Brad's teachers suspected a learning disability.

As far as his social and emotional development, the school staff considered Brad to be a normal, healthy, 14-year-old male. His mother did not see things in the same manner. Some of the typical social practices of the American culture baffled her. She did not understand the practice of allowing children to sleep over at the home of a friend. She felt certain that the only reason for spending the night at someone else's home was to participate in behaviors of which parents would not approve. She insinuated that those parents who would allow a child to spend the night in his or her home do so because they intended to take advantage of that child. She did not understand why adolescents would talk to each other on the phone or want to spend time together outside of school. Time outside of school should be spent with family, at church, or completing academic work.

Mrs. Taylor was a frequent visitor to the school

counselor's office. She was unwilling to consider any type of assessment for a learning disability. She was convinced that Brad simply was not applying himself. She considered his social behaviors to be abnormal and could not understand why he put his social life ahead of academic pursuits. After one incident in which Mrs. Taylor overheard a phone conversation with a girl, she presented unannounced in the counselor's office and was extremely emotional. She asked that Brad be called to the office so that the counselor could assist her in convincing him that "girls are evil." Her social values were based upon her own upbringing, as well as the social principles of the Mormon church.

Brad was also a frequent visitor to the school counselor. He would express his frustration with his parent's inability to understand a typical adolescent's social life in the culture in which he was living. He expressed his respect for his parent's faith; however, he did not agree with the beliefs of the Mormon faith and intended to leave the church once he was an adult. He was torn between wanting to be respectful of his parents and wanting to fit in socially.

The counselor was in a difficult situation. She could certainly see Brad's perspective and understood that he was behaving in a developmentally appropriate manner. However, she also wanted to be respectful of his parents and their values and beliefs. She wanted to encourage Brad to be compliant with his parent's rules; yet, support his exploration of his own values and belief system. Her first task was to establish a rapport with both Brad and Mrs. Taylor so that a working alliance could be formed. On several occasions, the counselor facilitated a discussion between Brad and his mother helping them each to see the other's perspective. It was important for the counselor to refrain from imposing her own ideas and beliefs upon either one. In addition, the counselor engaged Mrs. Taylor in volunteer activities on campus so that she could get to know some of the other students and have the opportunity to observe adolescent behaviors. In doing so, she recognized that Brad demonstrated a higher level of respect and academic commitment than many of his peers. She was able to observe the positive relationships that Brad had with his teachers and with his peers. She began to see her son in a different light. She never agreed to an academic assessment, but she did see the struggles and agreed to additional tutoring.

As the counselor developed a positive and trusting relationship with Mrs. Taylor, it provided the opportunity to educate her on normal social behaviors of adolescents in the Western culture. The counselor also asked Mrs. Taylor to educate her on the social practices of her culture. This provided the opportunity to discuss commonalities and differences. Mrs. Taylor slowly became very aware of how the differences in her expectations and the reality of his social world were affecting Brad. The counselor helped Mrs. Taylor to find areas that were negotiable and areas that were non-negotiable. In addition, she assisted Brad and Mrs. Taylor in reaching some compromises with which they both felt comfortable. Brad and his mom continued to experience some of the typical conflicts that occur between a parent and child during adolescence. However, the intensity of those conflicts declined as a result of resolving the issues related to culture clash. When Brad graduated from high school, he found he was more accepting of the Mormon beliefs. He was not certain as to whether or not he would continue in the faith and still wanted to explore other religions on his own. Mrs. Taylor's anxiety level had decreased, and she and Brad had a much better relationship as a result of the work of a culturally sensitive counselor.

Conclusion

The counseling professional must be culturally responsive in order to be effective in working with diverse populations. Cultural values must be considered in determining the problem, the goals for treatment, and the treatment process. In addition to working with a culturally diverse population, counselors are dealing with different levels of acculturation and atypical family systems. Intercultural families, blended families, single parents, and same-sex parents each present challenges for the treatment process. Counselors must educate themselves beyond traditional counseling theories and techniques, and develop a comprehensive repertoire of tools to be effective with clients. However, the most important thing for counselors to remember is that regardless of cultural background, the client must be viewed as an individual. Developing a therapeutic relationship involves getting to know and understand your client in order to determine which cultural generalizations may apply and which are inappropriate for that individual.

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An Examination of the Process, Outcomes and Attitudes of Counselor-Trainees Participating in an Experiential Group: An Exploratory Study

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This exploratory study attempts to examine the impact of experiential group work training on counselor-trainees. Survey data about group process, attitudes and outcomes were gathered from 15 counselor-trainees who were enrolled in a group-counseling course and participated in an experiential group. Correlations revealed statistically significant relationships between pre-group process variables and post-group outcome and attitude variables. The non-parametric Wilcoxon Signed Rank Test indicated significant differences between pre-group and post-group measures for the group process. Implications for future research are presented.

Keywords: Experiential group, counselor-trainees, group process, group work

According to the Council for Accreditation of Counseling and Related Educational Programs (CACREP) 2001 Guidelines, Master's level programs are required to offer at least one course in group work. The Association for Specialists in Group Work (ASGW) 2000 Standards indicates that counselor trainees should participate in 10 clock hours of experiential training. These standards require that the experiential group provide counselor-trainees with the opportunity for skill development in appropriate self-disclosure, giving and receiving feedback, development of empathy, self-awareness, use of confrontation and experiencing group membership (Corey & Corey, 2002; Johnson & Johnson, 1997; Yalom, 1995). Brown (1992), Merta, Wolfgang, and McNeil (1993), and Robison, Jones, and Berglund (1996) stated that a comprehensive experience for trainees incorporates the following components: lecture, encouragement of critical thinking about the group process variables, and experiential learning. Thus it is expected that an effective group experience along with didactic training would lead to personal and professional growth and development of counselor-trainees.

Research on group work is vast; however, limited research has focused on the experiential component of counselor-training. Researchers who have examined the experiential group experience have focused on the influence of techniques on the group process (McGuire, Taylor, Broome, Blau, & Abbott, 1986); the use of corrective feedback (Stockton, Morran & Harris, 1991); the use of student letter exchange (Cummings, 2001); the use of process notes (Falco & Bauman, 2004); and activities for working with counselor-trainees in experiential groups (Osborn, Danninhirsch, & Page, 2003). The aforementioned researchers noted the importance and the impact of the experiential group on counselor-trainees' personal and professional development.

Other researchers have examined attitudes and perceptions of counselor-trainees participating in experiential groups. For example, Irving and Williams (1995) examined perceptions about the group process, counselor training outcomes, and trainees' preferred learning styles. The learning styles were identified as activists, reflectors, theorists, and pragmatists. The researchers suggested that learning styles provided

a gauge to understand how participants' might feel in a group. This knowledge will provide a basis for understanding group participants' individual needs and increase knowledge about those who might and might not benefit from the group experience.

Researchers have not extensively examined the impact of the experiential group on the group process, group outcomes, or attitudes among counselor-trainees. One such study by Anderson and Price (2001) assessed attitudes about the group experience of 108 counselor-trainees enrolled in seven counseling programs. The researchers assessed trainees' perceptions of the effectiveness of the experiential group by examining self-reported attitudes about outcomes (the usefulness of the experiential group and whether the group was viewed as a positive learning experience), and group process (quality of the learning experience, issues of dual relationships or privacy concerns, general comfort with the group, and choice to participate in the experiential group). They concluded that counselor-trainees believed the group experience was a vital part of their counselor training and that some discomfort in the group might be an unavoidable experience for some of the participants.

Perrone, Smith, and Carlson (2003) examined goal setting and attainment among 56 counselor-trainees who participated in an experiential group. A list of ten goals were delineated from the trainees' responses which included building self-awareness, personal growth, building group facilitation skills, understanding the group process, personal growth as a counselor, increased confidence and comfort with group work, building interpersonal skills, learning from role modeling, developing relationships, and experiencing people from diverse cultures and background. The researchers found that building self-awareness, personal growth, and group facilitation skills were the highest goals reported by counselor-trainees. The second highest goals reported included understanding the group process, developing empathy, and sensitivity for future group members.

Purpose

Based on the limited research that examined process, outcomes and attitudes, the current researchers decided to conduct this exploratory study. Additionally, Anderson and Price's (2001) study served as the foundation for the current study. The researchers; however, attempted to expand on Anderson and Prices' research by examining the relationships between the variables and examining for differences in pre and post group scores. The researchers operationally defined group process, outcomes, and attitudes. Process was defined as the ability to use the self in an experiential group (Corey & Corey, 2002; Jacobs, Masson & Harvill, 2002; Yalom, 1995). Outcome was defined as the effects an experiential group has on self-perception (Gladding, 2003). Attitude was defined as the overall feeling or reflection about the experiential group. Based on the experiential group literature and the researchers' experience with group facilitation and work with counselor-trainees the following hypotheses were developed: 1) There will be a significant relationship between the pre-group process and post-group outcomes; 2) There will be a significant relationship between pre-group process and post-group attitudes; and 3) There will be a significant difference between the process, outcome, and attitude variables on pre- and post-group measures.

Method

Participants

The participants included 15 master's-level counselor education students enrolled at a mid-size midwestern university. At the time of the data collection, the participants were enrolled in a theory and technique group counseling course and were participating in an experiential group component. Additionally, the participants were not enrolled and had not taken any clinical courses. The racial make-up included African-Americans (n = 14, 93.3%) and Caucasian Americans (n =1, 6.6%). The gender breakdown included females (n = 14, 93.3%) and males (1, 6.6%). The participants' ages were grouped as follows: 20-29 (n = 5, 33.3%); 30-39 (n = 2, 13.3%); 40-49 (n = 6, 40%); and 50-59 n = 2, 13.3%). The participants' academic track included community counseling (n =6, 40%) and school counseling (n =9, 60%).

Instrument

For the purpose of this project, the researchers developed a 25-item questionnaire which consisted of three subscales that assessed the group process, outcomes, and attitudes variables. Based on the research and the researchers' experience, it was believed that these three variables were interrelated and provided an increased understanding of the experiential group experience (Donati & Watts, 2005).

The group process scale consisted of 15-items which were designed to elicit information on trust, disclosure, willingness to formulate specific goals, willingness to prepare for group, active participation, expression of feelings, listening to others, understanding others, resisting group pressure to do, resisting pressure to say things, giving/receiving feedback, monopolizing, genuineness, support, and confronting. An inter-item reliability analysis of the group process subscale was conducted and a Cronbach alpha coefficient of .77 was obtained.

The group outcome subscale consisted of 5-items which were partly based on items from Anderson and Price's (2001) questionnaire. The group outcome subscale was designed to elicit information on pressure to disclose, anxiety, concern about being evaluated, and level of difficulty. An inter-item reliability analysis of the group outcome subscale was conducted and a Cronbach alpha coefficient of .34 was obtained.

The attitude subscale consisted of 5-items which were developed to elicit information on choice, personal boundaries, level of comfort, and participation in the experiential group. An inter-item reliability analysis of the attitudinal subscale was conducted and a Cronbach alpha coefficient of .52 was obtained.

The Cronbach alphas of the outcome and attitude subscales, respectively .34 and .52, were low due to the sample size and the small number of items (5 each as opposed to 15). An overall reliability analysis was conducted across all three subscales, which consisted of 25-items, and an overall Cronbach alpha coefficient of .80 was obtained for the entire questionnaire. Thus, the overall Cronbach alpha of .80 must be interpreted with extreme caution.

Procedure

The voluntary participants comprised counselor-trainees who were enrolled in a group counseling course that included an experiential component. The counselor-trainees, at the time of participation, had not taken any of the clinical courses such as pre-practicum, practicum, or internship. The instructor for the course, who was one of the researchers, informed the students during the 3rd and 6th week of class about the project and that they would complete a survey during the first and last experiential group sessions. Additionally, the counselor-trainees were informed that participation in the research project was voluntary, confidentiality would be maintained, their responses would be anonymous,

and participation or non-participation would not affect their grade. The experiential group was held in the counseling center and the facilitator was also one of the researchers. The focus of the 7-week time-limited group was to provide personal group counseling, skills development, and to experience the group process. The data collection was gathered during the first and last group sessions. Thus, during the first group session, the participants completed a consent form, demographic form, and the questionnaire. For seven weeks the counselor-trainees participated in the experiential group and during the seventh group session, the participants completed the questionnaire again. The project received the university's institutional review board approval.

Results

Analyses

First, the researchers conducted a correlation analysis to examine the relationship between the pre-group process variables and the post-group outcome variables and found that there was a relationship present (see Table 1). Three pre-group process variables were significantly correlated with the post-group outcome variable: "knowing how much personal information to disclose." Of these three significant correlations, "knowing how much personal information to disclose" negatively correlated ($r = -.72$, $p < .01$) with "ability to give and receive feedback." Whereas, "knowing how much personal information to disclose" positively correlated with "group trust me" ($r = .60$, $p < .05$) and "avoids storytelling" ($r = .56$, $p < .05$).

Second, the researchers then examined the structure of the relationship between the pre-group process variables and the post-group attitude variables (see Table 2). The findings support the hypothesis about a relationship between the pre-group process variables and the post-group attitude variables. There was a positive correlation ($r = .56$, $p < .05$) between "avoids storytelling" and "choice."

Finally, percentages for pre and post group participants' responses to the items measuring process, outcomes, and attitudes are presented in Table 3. It was hypothesized that a statistically significant difference existed among the process, outcome, and attitude variables on both pre- and post-group measures. Reported in Table 4 are the mean scores and standard deviations for the pre/post group process variable. A series of Wilcoxon Signed Ranks Tests were used and significant differences existed between pre and posttest

measures for 12 of the 15 group process items and Table 5 presents the Z-values, N-ties, and p-values for the group process items that were statistically significant. The Wilcoxon Signed Rank Test was used because the data available for analysis in the small sample (n=15) did not allow the researchers to establish normality nor could we assume normality on the variables' distribution in the population. Although the t-test is generally robust to violations of normal distribution, the researchers were also concerned about measurement issues. Without being able to assume equal intervals, the researchers would not be able to make statistically meaningful comparisons regarding means and standard deviations. The Wilcoxon Signed Rank Test, like the t-test, compares two related samples by testing the null hypothesis that the medians of two samples do not differ. Hence, the Wilcoxon Matched-Pairs Test does not rely on the estimation of population parameters like normality, means and standard deviations.

There were no significant pre and post-group differences for the group process items that measured "group trusts me", "listen to others", and "thinks about achieving goals." There were no significant pre and post-group differences for the group outcome or group attitude variables.

Discussion

A personal understanding of group process is essential to the counselor–trainees' personal and professional growth and development. CACREP Guidelines and the Association for Specialists in Group Work Standards support and recommend that counselor-trainees participate in an experiential group. As a result

> A personal understanding of group process is essential to the counselor–trainees' personal and professional growth and development. CACREP Guidelines and the Association for Specialists in Group Work Standards support and recommend that counselor-trainees participate in an experiential group. As a result of the experiential group component, counselor-trainees can experience, first hand, the group process, skills acquisition and development and the ability to use self in a group.

> Group trust (process) and personal disclosure (outcome) were highly correlated, suggesting that facilitators should quickly establish the conditions for group trust for personally meaningful interaction to occur. In our experience, groups that do not achieve a level of trust have difficulty moving through the process.

of the experiential group component, counselor-trainees can experience, first hand, the group process, skills acquisition and development and the ability to use self in a group. Additionally, the group facilitator or counselor educator gains an awareness of the counselor- trainees' experiences and attitudes about participating in the experiential group. Thus, this exploratory study was designed to gain a better understanding about the group process, outcomes and attitudes of counselor-trainees; however, due to several limitations the results must be interpreted with caution and the conclusions provided are speculative.

Group trust (process) and personal disclosure (outcome) were highly correlated, suggesting that facilitators should quickly establish the conditions for group trust for personally meaningful interaction to occur. In our experience, groups that do not achieve a level of trust have difficulty moving through the process. Personal disclosure and feedback were also highly correlated, further suggesting the importance of the facilitator's ability to manage the process whereby giving/receiving feedback in lieu of personal disclosure is minimized. Group members "avoid story telling" (process), thereby representing being in the here and now of the process, was positively correlated with feeling like one had some choice about being in the group (attitude). This finding suggests that instructors/facilitators exercise caution in the way the experiential group is initially explained or presented thus stressing the importance of the role of the here and now and its impact on the individual and group's development. Finally, significant differences between the pre-post group variables only existed for the group process

variables. It is not clear what specific factors contributed to the change in the group process items. It is the researchers' belief that the change was impacted by the counselor-trainees participation in the group process. This assumption is based on the fact that the counselor-trainees did not have exposure to any clinical course that might have provided them with the opportunity to engage in the process items (i.e., ready to trust in the group). Therefore, the researchers assume that the differences might be attributed to participation in and the effectiveness of the experiential group. A closer examination of these variables is warranted.

Limitations and Suggestions for Future Research

This exploratory study provided information about the group process, outcomes, and attitudes of counselor-trainees; however, limitations existed. First and foremost, discussion about the instrument used to collect the data must be addressed. The instrument did not undergo the rigorous methodology requirements utilized in development of instruments. Instead, the researchers developed the instrument solely to gather exploratory data on relationships and differences between the variables at two points in time. The instrument did allow the researchers to answer questions about the experiential group and counselor-trainees' experiences and attitudes about the group process. Future studies should use a comprehensive instrument that contains more items per variable and validity and reliability testing.

Another limitation was the dual role of the researchers. One of the researchers was the group facilitator and data collector. These dual roles might have influenced the counselor-trainees' responses on the questionnaire. Although the counselor trainees were assured that their responses were anonymous the knowledge that the facilitator had access to the data is important to note. Therefore, at some level, the internal validity of the study might have impacted the results. Future studies need to address this limitation by having another person collect the data.

The data was collected on 15 participants therefore the power of the results and generalizability are limited. First the sample size was very small. Future studies need to overcome this limitation by increasing the sample size by collecting data over various semesters or broadening the data collection to multiple sites. Gender, age, ethnicity and level of graduate study were not examined; however, to broaden the scope of future studies a more diversified sample should be utilized.

Finally, a limitation existed in the design of the study whereby the researchers examined the differences between pre and post-group measures. The researchers did not use a control group therefore contributing to the limitations of any interpretations and conclusions being made about the findings. Thus, it is difficult to determine the true nature of the changes and future studies should include a control group.

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Appendix

TABLE 1

Correlations between Pre-group Process and Post-group Outcomes

Items	Felt pressure to bring up personal issues	Became less nervous about personal issues	Concerned about being evaluated	Knew how much personal info to disclose	Difficult to stick to relevant issues
1. Ready to trust in group	.15	.03	-.15	.13	.15
2. Group trust me	.08	.11	-.49	.60 *	.08
3. Self disclosure	.06	-.25	-.16	.44	-.38
4. Formulate goals	-.39	.34	-.48	.37	-.06
5. Active participant	.11	-.09	-.29	.27	.11
6. Express feelings	.12	.29	-.12	.11	-.11
7. Listens to others	.08	.28	-.22	.25	.08
8. Doesn't give in to group pressure	.11	.27	-.31	.47	-.31
9. Gives and receives feedback	-.03	-.15	.34	-.72 **	-.03
10. Thinks about achieving goals	-.20	.18	-.39	.31	.35
11. Avoids monopolizing time	.06	.34	-.16	.44	.06
12. Avoids storytelling	.30	.34	-.11	.56 *	.05
13. Avoids questioning and makes direct statements	-.28	.43	-.38	.12	.14
14. Avoids giving pseudo-support	-.11	.24	-.15	.48	-.11
15. Able to confront others	.50	-.05	.14	.05	-.38

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

TABLE 2

Correlations between Pre-group Process and Post-group Attitudes

Items	Choice in participating	Group violated personal boundaries	Reservations about participating	Uncomfortable in group	Upset about participating
1. Ready to trust in group	.21	.10	.18	.15	.10
2. Group trust me	.03	.33	.00	-.32	.33
3. Self disclosure	.21	.04	.29	-.38	.04
4. Formulate goals	.11	.18	-.16	-.38	.18
5. Active participant	-.12	.07	-.26	.11	.07
6. Express feelings	-.08	.08	-.15	-.18	.08
7. Listens to others	.37	-.22	.00	-.32	-.22
8. Doesn't give into group pressure	-.04	.37	.24	-.31	.37
9. Gives and receives feedback	-.18	-.29	-.32	.37	-.29
10. Thinks about achieving goals	.38	.05	-.18	.07	.05
11. Avoids monopolizing time	.40	-.26	.40	-.38	.34
12. Avoids storytelling	.56*	-.03	.28	-.05	-.03
13. Avoids questioning and makes direct statements	.06	-.19	-.34	-.28	.38
14. Avoids giving pseudo-support	.09	.15	.43	-.44	.15
15. Able to confront others	-.16	.04	.07	.06	.04

* $p < .05$

Appendix

TABLE 3

Pre- and Post- Group Participants' Responses for Process, Outcomes and Attitudes

Items	Strongly Disagree Pre/post	Percentages Agree Pre/post	Strongly Agree Pre/post
PROCESS			
1. Ready to trust group	6.7/6.7	66.7/40.0	26.7/53.3
2. Group trusts me	0.0/0.0	40.0/33.3	60.0/66.7
3. Self disclosure	6.7/0.0	80.0/46.7	13.3/53.3
4. Formulates goals	6.7/0.0	46.7/20.0	46.7/80.0
5. Active participant	6.7/0.0	73.3/46.7	20.0/53.3
6. Express feelings	6.7/0.0	73.3/46.7	20.0/53.3
7. Listens to others and understands	0.0/0.0	40.0/33.3	60.0/66.7
8. Doesn't give in to pressure	33.3/6.7	6.7/26.7	60.0/66.7
9. Give/receive feedback	0.0/0.0	53.3/40.0	46.7/60.0
10. Thinks about achieving goals	20.0/6.7	46.7/46.7	33.3/46.7
11. Avoids monopolizing	33.3/6.7	20.0/20.0	46.7/73.3
12. Avoids storytelling	20.0/13.3	66.7/26.7	13.3/60.0
13. Avoids questioning/makes direct statements	6.7/0.0	66.7/66.7	0.0/26.7
14. Avoids giving pseudo-support	6.7/0.0	53.3/6.7	40.0/93.3
15. Able to confront	6.7/0.0	13.3/73.3	13.3/73.3
OUTCOMES			
1. Felt pressure to disclose	93.3/86.7	6.7/13.3	0.0/0.0
2. Nervous about disclosing	40.0/46.7	53.3/33.3	6.7/20.0
3. Concerned about criticism	60.0/53.3	26.7/46.7	13.3/0.0
4. Knew how much to disclose	6.7/20.0	53.3/33.3	40.0/46.7
5. Difficult to stick to issues	80.0/86.7	20.0/13.3	0.0/0.0
ATTITUDES			
1. Felt like I had a choice	40.0/40.0	20.0/33.3	40.0/26.7
2. Violated personal boundaries	100.0/93.3	0.0/6.7	0.0/0.0
3. Had strong reservations	73.3/80.0	6.7/6.7	20.0/13.3
4. Was uncomfortable	86.7/86.7	13.3/13.3	.0/0.0
5. Upset about participating	86.7/93.3	13.3/6.7	0.0/0.0

Appendix

TABLE 4

Group Process Pre-Post Test Means and Standard Deviations

Items	Pre/Post Test Means	Pre/Post Test SD
1. Ready to trust in group	2.20/2.47	.56/.64
2. Group trusts me	2.60/2.67	.51/.49
3. Self disclosure	2.07/2.53	.46/.52
4. Formulate goals	2.40/2.80	.63/.41
5. Active participant	2.13/2.53	.52/.52
6. Express feelings	2.20/2.60	.68/.51
7. Listens to others	2.60/2.67	.51/.49
8. Doesn't give in to group pressure	2.27/2.60	.96/.63
9. Gives/ receives feedback	2.47/2.60	.52/.51
10. Thinks about achieving goals	2.13/2.40	.74/.63
11. Avoids monopolizing time	2.13/2.67	.92/.62
12. Avoids storytelling	1.93/2.47	.59/.74
13. Avoids questioning & makes direct statements	1.67/2.20	.49/.56
14. Avoids giving pseudo-support	2.33/2.93	.62/.26
15. Able to confront others	2.07/2.73	.46/.46

TABLE 5

Wilcoxon Signed Rank Test Pre-Post Group Process Differences

Items	Z-value	N minus ties
1. Ready to trust in group	1.75	9*
2. Group trusts me	1.41	6
3. Self disclosure	2.33	10*
4. Formulate goals	2.11	12*
5. Active participant	2.24	9*
6. Express feelings	2.45	10**
7. Listens to others	1.41	6
8. Doesn't give in to group pressure	2.27	10*
9. Gives/ receives feedback	1.76	5*
10. Thinks about achieving goals	1.41	9
11. Avoids monopolizing time	2.07	9*
12. Avoids storytelling	2.31	13*
13. Avoids questioning and makes direct statements	2.53	11**
14. Avoids giving pseudo-support	2.71	12**
15. Able to confront others	2.71	12**

* p ≤.05, one-tailed   **p ≤.01, one-tailed