Table of Contents

DSM TR-4, School Counselor Training and Perceptions, and Multicultural Awareness
Jobie L. Skaggs and Robert Davison Avilés ........................................ 1

An Interactive Practice Model for Using the Diagnostic and Statistical Manual of Mental Disorders
(4th ed. text revision)
Patrick J. McDevit ................................................................. 3

Expanded Use of the Autobiographical Cultural Life Story Assignment
Sara Schwarzbaum and Anita Jones Thomas .............................. 16

School-based conflict management programs for middle school students: A consideration of participation
Adam P. Zagelbaum and Larry Gerstein .................................. 30

Illinois School Counselors’ Perceptions of Training and Preparation: A Quantitative and Qualitative Study
Richard C. Henriksen, Edward Hamann and Kate Reed .............. 48
DSM TR-4, School Counselor Training and Perceptions, and Multicultural Awareness

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It has been sometime since an Illinois Counseling Association Journal (ICAJ) has been issued. The biggest reason for this is due the few manuscripts that have been submitted. Consequently, the IJAC editors, as well as the Illinois Counseling Association leaders, are focusing on strategies to both increase the submission frequency of quality manuscripts and raise the stature of our journal. Tentative discussions include a call-for-papers at a national level (i.e., Counseling Today), improving the aesthetics of the ICAJ jacket toward branding Illinois Counseling Association, transitioning to on-line submissions, among other things. In the meantime, the ICAJ editors would like to elevate and broaden ICAJ by asking our readers to consider submitting manuscripts that focus on a number of neglected areas. Our intent is to not discourage manuscripts with a focus outside of our list, for we welcome all quality submissions. However, broadening ICAJ’s utility to all of ICA’s membership is needed. Therefore, we are calling for manuscripts that focus on issues related to: veterans and families, the economic downturn (i.e., unemployment, homelessness), brain injury and other physical disabilities, assessment, substance abuse, suicide, and private practice.

As ICAJ begins growing, we are proud and thankful for past and current contributions. This current issue brings together a collection of articles that many readers will find useful.

**An Interactive Practice Model for Using the Diagnostic and Statistical Manual of Mental Disorders (4th ed. text revision)** (McDevitt, 2009) describes how to facilitate the systematic use of the DSM TR-4. While it is geared toward counselors in training, practicing professional counselors will find his practice model useful as a refresher as well as invaluable when supervising neophyte counselors.

Henrickson, Hamann, & Reed (2009) share their results of a study, funded by the Illinois Counseling Association, examining school counselors’ perceptions of their master’s level preparation. Both School Counselors and School Counseling Programs will find Illinois School Counselors’ Perceptions of Training and Preparation: A Quantitative and Qualitative Study Henrickson et al. a worthwhile article.

Schwarzbaum & Thomas (2009) focus on a method to enhance counseling students’ multicultural awareness through autobiography. They make a strong case for the expanded autobiography by pointing out limitations of alternative teaching strategies. Aiming toward effective cultural sensitivity, Schwarzbaum & Thomas’ approach strengthens student awareness within multiple contexts, while at the same time, increases students’ counseling skills and strategies.

Zagelbaum & Gerstein (2009) broadly explore school-based management programs and ultimately focus on reasons that middle school children choose do not participate in conflict management programs. School counselors, along with other school personnel, will find School-Based Conflict Management Programs for Middle School Students: A Consideration of Participation in-depth review helpful when modifying or selecting conflict management programs.

**References**


An Interactive Practice Model for Using the 
Diagnostic and Statistical Manual of Mental 
Disorders (4th ed. text revision)

Patrick J. McDevitt, DePaul University

Abstract—Adequate training for utilizing the American Psychiatric 
Association’s Diagnostic and statistical manual of mental disorders (4th ed. 
text revision) (DSM-IV-TR) is essential for counselors beginning with 
classroom experiences, and continuing through practicum, internships, and 
ultimately in clinical practice. Many find learning to use the DSM-IV-TR a 
daunting experience because of the technical language, the density 
of material, and its organizational complexity. An interactive practice model 
created, by the author, provides a streamlined methodology for counselors 
to acquire the skills needed for making Axis I diagnoses. This article will 
provide counselors with a practical method for making assessments and 
and establishing diagnoses by affectively using the DSM-IV-TR in clinical practice.

Counselors need to be adequately trained in using the DSM-IV-TR in 
their classroom experiences, practicum and internship placements, and 
clinical practice. Counselors find learning the DSM-IV-TR a daunting 
experience because of the technical language, the density of material, 
the complex way the DSM-IV-TR is organized. The interactive practice 
model provides a methodology and format for counselors to acquire the 
skills needed for making Axis I diagnoses. This article will help counselors 
learn a method for making assessments and diagnoses and how to better 
use the DSM-IV-TR in their clinical practice.

The Interactive Practice Model (practice model) was developed by 
the author for graduate counselors-in-training. The practice model 
presents a framework for making assessments, diagnoses, treatment plans, 
interventions, and providing referral services (Appendix A). The rationale 
for developing the practice model was to provide a simple step-by-step 
method for counselors-in-training so they might learn how to conduct 
assessments, use the DSM-IV-TR, and to formulate diagnoses. The ‘practice’ 
of the model is done within the context of a graduate psychopathology 
course. The graduate students in the course view video vignettes of clients 
and use the practice model steps to formulate their assessment and 
diagnosis of the client. After the students work through the practice model 
steps alone, the class as a whole walks through the steps and discusses 
the case together. This sort of repetition, along with viewing two or three 
vignettes each class, reinforces the methodology and structure of the 
practice model. The result of the practice model is shown by students 
integrating the method to such an extent that they no longer need the 
aid of the diagnostic worksheet.

The review of the literature shows a need for more extensive assessment 
and diagnostic training for counselors-in-training. Frances, First, and Pincus 
(1995) state that “great diagnosticians are partly born, partly trained, 
partly tempered in the crucible of clinical experience” (p 67). To acquire 
necessary diagnostic skills, the counseling professional must have adequate 
knowledge of psychopathology, as well as a method for collecting data and 
applying clinical judgment, and an understanding of the American 
Psychiatric Association’s Diagnostic and statistical manual of mental 
disorders (4th edition, text revision) (Meyer, 2000). It is important that a 
diagnostic method helps counselors formulate clear goals, develops a 
comprehensive list of symptoms, and is attentive to the dynamics of 
the therapeutic relationship (Carson, Butcher, & Mineka, 2002). It is 
also imperative for non-medical and non-prescribing mental health 
 professionals to make diagnostic assessments and offer the proper 
referrals for appropriate treatment.

Counselors need to be adequately trained beginning with their 
graduate classroom experiences, followed by their practicum and 
internship placements (MacCluskie & Ingersoll, 2001). Counselor 
educators can improve the accuracy of counselors’ skills in clinical 
assessments, evaluations, and judgments through the introduction of 
specific competency-based methods in training counseling diagnosticians 
(Dziegielewski, 2002; Whiston & Coker, 2000;).

DSM as Emerging Necessity for Counselors

Counselors find understanding and using the DSM-IV-TR a daunting 
experience because of the technical language, density of material, and the 
complex way the manual is structured. Historically, counselors have not 
focused their attention on psychopathology and working with the DSM. 
The counseling profession has distinguished itself among other mental 
health professionals as providing services to clients with developmentally 
normal or age appropriate problems (Hohenshil, 1993b). Counseling 
education programs in the past espoused a strong humanistic-existential 
and person-centered theoretical perspective which viewed diagnoses as a 
denial of clients’ uniqueness as individuals (Waldo & Broterton, 1993). 
Consequently, the early counseling education programs offered little
Developing Need for Stronger Diagnostic Skills

In 1991, Ritchie and Piazza were concerned that counselor preparation programs taught the language and theory of diagnostic assessment but not the practical skills for students to become proficient in making diagnoses, treatment plans, and referrals. Diagnostic skills enable counselors to better conceptualize clients’ problems, formulate treatment plans, make referrals, and access resources. Such skills allow counselors to be proficient and respected among other mental health professionals. Ultimately, a counselor’s diagnostic training insures that clients will receive the best possible care (Downing & Paradise, 1989; Othmer & Othmer, 1989; Seligman, 1983, 1986; Waldo & Brotherton, 1993).

Development of a Two-Stage Teaching Model for the DSM-III-R

Fong (1993) introduced a teaching model for the DSM-III-R that provided synthesis of information, knowledge of symptoms, judgment about how symptoms are presented in different people, and an awareness of diagnostic alternatives. Fong’s teaching model outlined a two-stage method in teaching assessment and diagnosis using the DSM-III-R. In the first stage, worksheets were used to organize behavioral observations into four areas: cognitive, affect, behavior, and physiological functioning. Students viewed videotapes of interviews and used the worksheets to write their observations. The worksheets help the counseling students see symptom patterns, cluster the symptoms, and categorize symptoms into diagnoses.

The second stage helped students develop skills in organizing information by either confirming or disconfirming diagnostic hypotheses. Counselors placed the symptom patterns into one or more of the five diagnostic areas of the DSM: (1) psychotic symptoms (2) mood disturbance (3) organic problems (4) irrational anxiety, avoidance behavior, increased arousal, and (5) physical complaints. Finally, the counseling student used the DSM-III-R decision trees to determine whether to rule-in or rule-out different diagnoses. The decision trees ensured that the hierarchy of diagnosis was followed.

Essential Diagnostic Skills for Today’s Counselor

The changing nature of the mental health field, with licensure in almost all states and increased access to 3rd party reimbursement, has made it necessary for counselors to make clinical assessments, diagnoses, treatment plans, and referrals as a condition of employment in many agencies, based on the expectations of health insurance companies (Hohenshil, 1993a, Ritchie & Piazza, 1991). School counselors also need to use diagnostic skills in working with K-12 students with severe learning, behavioral, and emotional difficulties. Acquiring good diagnostic skills can assist both school counselors and community counselors in knowing when and where to refer clients, and provides a common nomenclature to more effectively communicate with other mental health professionals (Geroski, Rodgers, Breen, 1997; Waldo & Brotherton, 1993).

The ability to diagnose clients is a professional skill-set that requires appropriate clinical training. The 2009 Standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) for Clinical Mental Health Counseling requires knowledge of the principles of the diagnostic process, differential diagnosis, the use of current diagnostic tools, and an understanding of the diagnostic criteria for mental and emotional disorders in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Counseling education programs that integrate assessment and diagnostic training into the curriculum contribute to the overall professional development of counseling students (Waldo & Brotherton, 1993).

The Interactive Practice Model

There are both similarities and differences between Fong’s DSM-III-R teaching model and the interactive practice model for the DSM-IV-TR. Both models use video vignettes, case studies, structured worksheets, symptom lists, and the placement of symptoms into broad homogeneous categories. The interactive practice model differs from the Fong method in how to organize symptoms, how to rule-out the diagnostic hierarchy, how to utilize self-directed questions when making an assessment, and how to make a diagnosis using the DSM-IV-TR.

The method of learning for the practice model is built on the premise that repetition is the mother of all learning. The practice model is literally “practiced” during training to help counselors internalize the method when working in actual clinical settings.

The interactive practice model provides an experience whereby counselors interface with actual cases through video vignettes and written case studies. Counselors need practice and experience in using the method for making assessments and diagnoses (Hernandez & Seem, 2001). The practice model necessitates that counselors work together and collaborate in groups as they work through the practice model format (Fong, 1998). This educational process of learning diagnosis strategy has been described as a group working together to assemble a puzzle, where the client has the
First Step in the Interactive Practice Model: Familiarization with the DSM-IV-TR

The first step in the interactive practice model is to become familiar and comfortable with the DSM-IV TR. For example, counselors are instructed to simply browse through the manual, becoming familiar with Diagnostic Criteria Boxes, and noticing the unique structure of each major diagnostic category. Special attention should be given to the disorders that have a format that requires ruling-out a general diagnostic criteria before making a diagnosis, i.e., substance-related disorders, psychotic disorders, mood disorders, anxiety disorders, and personality disorders. Counselors are encouraged to create tabs or markings in their DSM-IV TR for each diagnostic category: the Global Assessment of Functioning (GAF), Global Assessment of Relational Functioning (GARF), Social and Occupational Functioning Assessment Scale (SOFAS), and Decision Trees, which will provide easy access to the different areas in the manual. This exercise helps the students understand the DSM-IV TR as a tool in their diagnostic practice.

Second Step of the Interactive Practice Model: Listing Symptoms

The second step of the interactive practice model is to list symptoms that a client reports and the observed behaviors of the client. For example, counselors indicate each symptom and syndromes by: (1) “Duration” (How Long?); (2) the “Frequency” (How Often?); and (3) the “Severity” (Mild-Moderate-Severe) as defined in the DSM-IV TR (p. 2). The practice model also considers if the symptoms are the result of the client being in “proximity” to a trauma, either by being involved or near a traumatic event (Appendix A).

Third Step of the Interactive Practice Model: Rule Out the Diagnostic Hierarchy

The third step in the interactive practice model is the necessity to first assess, and then rule-out the diagnostic hierarchy of the organic disorders of cognitive disorders, general medical conditions, substance-related disorders, and psychotic disorders (Appendix A). The hierarchical structure of the DSM-IV TR offers an organizational principle whereby the more severe symptoms of organic disorders are considered before assessing the lesser non-organic symptoms. The hierarchical structure also helps in working with diagnostic overlap and considering differential diagnoses.

Fourth Step of the Interactive Practice Model: Define the Theme of Symptoms

After symptoms have been listed and the hierarchy ruled-out, the fourth step of the practice model instructs the counselor to ask: Are the symptoms and signs more associated with: (1) disorders usually diagnosed in infancy, childhood, or adolescence; or (2) a mood disturbance (either depression or mania), or (3) with anxiety, or (4) are the symptoms more associated with physical or behavioral problems? (Appendix A). The DSM-IV TR has twelve non-codable criteria that need to be assessed and criteria met before making a codable diagnosis. The following groups of disorders include non-codable criteria as part of the assessment: mood disorders, anxiety, substance-related disorders, schizophrenia, and personality disorders. Mood disorders include four non-codable episodic criteria: major depressive episode, manic episode, mixed episode, and hypomanic episode. Anxiety disorders list panic attack and agoraphobia as two non-codable criteria. Substance-related disorders: dependence, abuse, intoxication, and withdrawal have four non-codable general diagnostic criteria. There is one non-codable general diagnostic criteria for schizophrenia and one general diagnostic criteria for personality disorders. The interactive practice model’s diagnostic worksheet (Appendix A) will assist the counselor in a step-by-step process in assessing the non-codable criteria and the codable diagnoses.

Mood disturbance symptoms observed in step four.

When symptoms are about a mood disturbance, the counselor needs to first consider the non-codable mood episodes listed in the DSM-IV TR: major depressive episode, manic episode, mixed episode, and hypomanic
episode. If a client meets criteria for a major depressive episode, it points to the codable diagnosis of a major depressive disorder. The manic and mixed episodes will direct the counselor to consider a bipolar I diagnosis. Finally, when meeting the criteria for a hypomanic episode, a client will be considered for a bipolar II diagnosis. In the event that a client does not meet criteria for any of the above episodic criteria, the counselor will consider and rule-out dysthymic disorder, cyclothymic disorder, and adjustment disorder with depressed mood.

Symptoms of anxiety observed in step four
Symptoms of anxiety must be first assessed by the criteria of panic attack and agoraphobia. If the panic attack non-codable criteria is met it directs the counselor to panic disorder (non cued) or one of the phobia disorders if the attacks are cued or situational predisposed. The agoraphobia non-codable criteria will help to specify if panic disorder is with or without agoraphobia, or if a client has agoraphobia without a history of panic disorder. If a client does not meet the criteria for panic attack and agoraphobia then the following anxiety disorders can be assessed: obsessive-compulsive disorder, posttraumatic stress disorder; acute stress disorder; general anxiety disorder; adjustment disorder with anxiety.

If symptoms are related to physical problems or behavioral difficulties, the counselor should consider the following disorders: somatoform disorders (DSM-IV-TR p. 485), dissociative disorders (DSM-IV-TR p. 519), sexual and gender identity disorders (DSM-IV-TR p. 555), eating disorders (DSM-IV-TR p. 583), and sleeping disorders (DSM-IV-TR p. 597). When considering the “physical or behavioral problems,” the counselor must assess symptoms along three channels of behavior: cognitive, behavioral, and physiological (Adams, Luscher, & Blinot, 2001).

The ‘DIAGNOSTIC WORKSHEET’ (Appendix A) provides an outline and a format for using the interactive practice model. Counselors are encouraged to be repetitive in addressing the steps of this model until it becomes a regular part of their assessment routine. Counselors are urged not to deviate or skip the steps in the practice model discipline. The practice model provides a simple and easy to use format in successfully making AXIS I diagnoses.

Conclusion
The Interactive Practice Model was developed and implemented by the author over the last ten years.

The model has used primarily in training graduate counselors-in-training. The research on the effectiveness of the model has been primarily through anecdotal student and former students’ comments (both verbal and written) about the practice model. Most student comments viewed the practice model as beneficial in their clinical work. According to one participant, “What I valued most from practice model is that it forces the practitioner into a regularized method for making a diagnosis. The same steps are used every time- this means that there is no chance to overlook a possible diagnosis as the full sequence is used.” And another student commented, “I think it takes so much information and allows me to make sense of it all. I feel that it works, is reliable, and a process I use when I am uncertain about a client’s diagnosis. It organizes and provides a structure of a very complicated manual (DSM-IV-TR).”

Finally, student participants stated that the practice model helped them make effective and accurate assessments and diagnoses. One participant stated, “The practice model was highly effective in teaching how to correctly use the DSM-IV and what factors to consider when diagnosing. The practice model also helped develop more effective and appropriate questions to ask of clients.” And a second participant said, “The diagnostic practice model is extremely accurate in assessing and treating patients (based on my “practice” cases). I will use it in my clinical work in the years to come.”

The Interactive Practice Model is a simple and straightforward structure and method that affords counseling students the confidence they need in making assessments, formulating diagnoses, and conducting referrals. The qualitative data available shows that the Interactive Practice Model is an effective teaching method, learning tool, and means for counselors to make diagnoses and utilize the DSM-IV-TR. There are limitations to this qualitative data on the effectiveness of the practice model. There has not been a formal qualitative or quantitative study on the practice model.

Future research needs to include quantitative and longitudinal studies on the effective of the model. There is a need for more development and research with training more veteran clinicians in the practice model. Also, further research is needed in measuring any significant differences between the diagnostic skill levels of (1) counselors trained and (2) counselors not trained in the practice model method. The practice model can become a more widely used tool with more research and development.

References


APPENDIX A

The Interactive Practice Model

DIAGNOSTIC WORKSHEET

1. LIST SYMPTOMS (what the client reports), DURATION, FREQUENCY, SEVERITY, and PROXIMITY (if a traum has been reported)

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>DURATION</th>
<th>FREQUENCY</th>
<th>SEVERITY</th>
<th>PROXIMITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

2. RULE OUT THE DIAGNOSTIC HIERARCHY (Check off the Disorder category if you rule it out as a diagnostic possibility)

☐ Cognitive Disorders DSM-IV-TR p.135
☐ Mental Disorders due to a General Medical Condition DSM-IV-TR p. 181
☐ Substance-related Disorders DSM-IV-TR p. 197
☐ Psychotic Disorders DSM-IV-TR p. 391
☐ Factitious Disorders DSM-IV-TR p. 513
☐ Malingered DSM-IV-TR p. 730

3. RULE OUT CHILDREN AND ADOLESCENT DISORDERS

4. PRIMARY THEMES OF THE SYMPTOMS

Are the symptoms and stressors more associated with Disturbance in Mood?

☐ R/O Major Depressive Episode (DSM-IV-TR p. 356)
☐ R/O Manic Episode (DSM-IV-TR p. 367)
☐ R/O Mixed Episode (DSM-IV-TR p. 365)

☐ R/O Hypomanic Episode (DSM-IV-TR p. 368)
☐ R/O Major Depressive Disorder; Bipolar D/O; Dysthymic Disorder; Cyclothymic D/O; Adjustment D/O with depressed mood

Are the symptoms and stressors more associated with Anxiety?

☐ R/O Panic Attack (DSM-IV-TR p. 432)
☐ R/O Agoraphobia (DSM-IV-TR p. 433)
☐ R/O Panic D/O w/ or w/o agoraphobia; Agoraphobia w/o hx of panic d/o; Social or Specific phobia; OCD, PTSD, Acute Stress; General Anxiety D/O; Adjustment D/O w/ Anxiety

Are the symptoms and stressors more associated with Physical or Behavioral Problems?

☐ R/O Somatoform Disorders (DSM-IV-TR p. 485) – physical symptoms not explained by a General Medical Condition
☐ R/O Dissociative D/O (DSM-IV-TR p. 519)
☐ R/O Sexual and Gender Identity Disorders (DSM-IV-TR p. 535)
☐ R/O Eating Disorders (DSM-IV-TR p. 583)
☐ R/O Sleep Disorders (DSM-IV-TR p. 597)

CONSULT THE APPROPRIATE “DECISION TREE FOR DIAGNOSIS” in the DSM-IV-TR p. 745-757

5. MULTIAXIAL DIAGNOSES

AXIS I ________________________________

GENERAL CRITERIA FOR PERSONALITY DISORDER

YES or NO

Does the client meet at least 2 of the general criteria for a personality disorder?

☐ 1. Persistent and pervasive disturbance in self-image

☐ 2. Apparent changes in emotions, perceptions, and patterns of thinking

☐ 3. Interpersonal functioning

☐ 4. Impulse control

Does the client have an enduring pattern of inflexibility, clinically significant distress or impairment in social, occupational, or in other areas of functioning?

If all the above are YES, please continue.
Expanded Use of the Autobiographical Cultural Life Story Assignment

Sara Schwarzbaum Northeastern Illinois University
Anita Jones Thomas Loyola University Chicago

Abstract—An exploration of the limitations of the use of popular movies, case vignettes, and other simulation techniques, is followed by a description of the expanded use of the autobiographical cultural life story, which may contribute to the preparation of counselors-in-training in all specialties. After writing their autobiographical cultural life story, students are asked to share their stories with their classmates who subsequently read each of the stories in preparation for classroom discussions. These discussions can be used to facilitate the development of multicultural competencies, including self-awareness, awareness of intra-group differences, assessment and intervention skills, and awareness of reactions to diverse stories.

The development of a pedagogically sound curriculum poses several challenges to the instructor of a multicultural counseling course (Arredondo, Toporek, Brown, Jones, Locke & Sanchez, 1996; Pedersen, 2000; Reynolds, 1995; Sadler, Suh, Cobia, Middleton & Carney, 2006). What is the best way to avoid cookbook approaches, prevent stereotyping and promote the awareness of intra-group differences? What classroom tools enhance the development of culturally sensitive counseling skills? How is it best to help students understand the interactional effects of cultural dimensions in shaping an individual’s identity?

Notwithstanding the lack of consistency in measuring outcomes of the effect of curriculum on counselor skills (Eriksen & McAuliffe, 2006), and that there are difficulties pertaining to measuring the growth, performance and actual counseling skills of counselors as they attempt to gain multicultural competency (Pope-Davis, Liu, Toporek, Brittan-Powerill, 2001), instructors provide numerous anecdotal accounts of their efforts to integrate the different multicultural competencies, i.e. counseling skills with knowledge, awareness and skills (Arredondo et al., 1996; Kerl, 2002). Instructors in multicultural counseling courses often supplement textbooks and articles that cover theoretical didactic material with popular movies (Hudock & Worden, 2001; Toman & Rak, 2000), case vignettes (Pedersen, 2000), simulation techniques (Kim & Lyons, 2005) or cultural interviewing (Berg-Cross & Chinen, 1995). Positive results may be obtained with these experiential methods. Popular movie clips encourage the examination of
cultural group differences; simulations techniques are an excellent tool to introduce the development of clinical skills; case vignettes, cultural interviewing and cultural presentations are helpful examples of the variety of possible life experiences. However, each of these exercises also presents limitations. The length of exposure of these experiential techniques (a 30-minute movie clip, a two-paragraph case vignette or a 15-minute role play) lacks the characteristic of a real-life counseling encounter and may promote stereotyping. Cultural interviewing or cultural presentations not followed by classroom activities may limit the development of culturally sensitive assessment and intervention skills. These limitations might make it difficult for the students to grasp the complexities of the interactional effects of multiple cultural variables on identity and personality and of the development of the self in its multiple simultaneous contexts (Thomas & Schwarzbaum, 2006). The use of textbook material, often focused on one dimension (race or ethnicity or religion or social class) at a time, with the addition of case vignettes or movie clips may do little to invoke the self-awareness of the future counselor and the development of counseling skills and strategies (Arredondo et al., 1996).

One way of surmounting some of these challenges is with the autobiographical cultural life story (ACLS) (Harris, 2006; Phillion & He, 2004). Utilization of the ACLS followed by specific classroom activities can contribute to the understanding of the multiple contexts in the development of cultural identity, to the development of multiculturally relevant counseling skills, and to the awareness of intra-group differences. Classroom activities include sharing students’ stories with their classmates and classroom discussions derived from reading the stories. The use of the ACLS can be implemented with students of all counseling specialties, in specific multicultural counseling courses or in any other course that infuses its curriculum with multicultural theory.

In spite of the existence of scholarly literature relevant to the prevalent use of narrative approaches in the fields of anthropology, history, sociology, gender and ethnic studies, there is limited scholarly research devoted to the use ACLS in the multicultural counseling literature (Kerl, 2002). Until recently, life stories were considered too subjective and not easily susceptible to quantification, measurement and operationalization (Harris, 2006). The field of teacher education presents examples of increasing use of life narratives in the preparation of multiculturally competent teachers (Phillion & He, 2004).

Assigning an ACLS story, sharing a student’s story with classmates, and following the reading of each story with structured classroom activities can be useful both for the writer and for the reader of the story (Harris; Kerl).

While there is abundant anecdotic evidence of the widespread use of autobiographies in the field of counseling and psychology education, the scholarly literature is scant (Harris; Kerl) and no scholarly articles were found that discussed classroom applications of this assignment after students finish writing.

The remainder of this paper will explore learning objectives of the assignment, the preparation of the students for the assignment, the questions the students can select in order to write their life story, and finally, the classroom activities that can be implemented following the reading of the story. This assignment has been used extensively by the authors, in a CACREP Accredited Counselor Education Program that prepares students for careers in school, family, rehabilitation and community counselors, in the context of a semester long non elective multicultural counseling course that students in all programs take.

**Learning Objectives of the Assignment**

The assignment of ACLS involves two distinct steps with differing learning objectives. In the first step, students are invited to write their own story. This step is intended to raise students’ awareness of their own cultural background (Arredondo et al., 1996; Pedersen, 2000) and cultural socialization (Thomas, 1998). In the second step, a copy of student’s story is distributed among all classmates as a reading assignment. Each student is assigned to read the stories that his/her classmates have written and have agreed to share. Classroom discussions follow the reading of the stories. This second step is intended to develop counseling skills, including assessment and interventions skills (Arredondo et al., 1996). It is also intended to develop awareness of within group differences and the complexity of dimensions involved in the development of human identity (Hays, 2001; Thomas & Schwarzbaum, 2006).

**Preparing Students to Write**

It is necessary to take several steps to prepare the students prior to ask them to write their ACLS. First, the students need the exposure to theoretical material, including the multiple dimensions of culture, components of oppression, acculturation, prejudice, models of identity development, within and between group differences regarding cultural groups, and any other theoretical material the instructor deems appropriate for a multicultural course or multicultural related topics within a course. It is recommended that the writing not be started until later in the course, after exposing the students to the aforementioned theoretical material. In the process of exposing students to theoretical
material in the first part of the course, they can be encouraged to keep a journal of reactions to the material, and write about what the theoretical material is eliciting on a personal level and how the material is helping them to think about themselves. Second, it is important to have conversations with the students prior to engaging in the process of writing regarding the steps the classmates need to take to make it safe for personal disclosure. Students can be told that writing their ACLS and subsequently sharing it with their classmates might be a challenging but rewarding experience since it constitutes an excellent tool for learning about self and other cultures (Harris, 2006) and for acquiring counseling skills. Third, it is important for students to agree to sign consents on the first day of class, following ACA ethical guidelines of informed consent (ACA, 2005), specifying that attendance in this course implies that students agree to share their cultural life story with their classmates. Clearly, students cannot be forced to disclose, but they are encouraged to write as candidly as their personal level of comfort allows. Instructors can discuss the appropriateness of disclosures of a very personal and intimate nature, and the utilization of discretion regarding the amount of exposure (Harris, 2006). Students need to know that they will be given the opportunity to be heard with the respect of an open mind (Harris). Fourth, instructors can clarify that the academic grade for the paper is independent from the nature and amount of their disclosures. The academic grade can be based on other grading criteria, based on a well developed grading rubric.

Once these preliminary steps are in place, students are invited to write their ACLS. This may include discussion of students’ family socialization and socio-historical context, their understanding of their own gender and identity development, including descriptions of race/ethnic, social class, religious and sexual orientation socialization and identity. The students are given questions to be used as guidelines for writing the story of their lives but they decide how to write and what to include. The questions help students to think about their cultural background, the effect of their culture on their development and their present cultural identity. Some of the questions are intended to invoke ideas about the general aspects of the students’ identity including their race, ethnicity, social class, geographic origin, religious/spiritual background and the relationship of these dimensions to each other in the person’s life. Other questions address the challenges, resources, difficulties, and coping mechanisms used by the students in the course of their lives. The questions are designed to help the students write how they perceive themselves currently and how they understand how they became who they are. The guidelines for writing the ACLS can be given with the syllabus at the beginning of a course and students are asked to begin thinking about the assignment but not to start writing until the theoretical material is covered. Once students are ready to write, they can choose to answer the questions that seem more relevant to their lives and that they are most interested in sharing with the classmates and the instructor. In the next section, possible questions are included.

**Cultural Life Story Questions**

- What are the ethnicities of your family members and how do you identify yourself with them?
- What is your family history of immigration and how has it contributed, if at all, to your cultural identity?
- What behaviors, characteristics, beliefs and values are defined by your gender, but not your ethnicity?
- Has your cultural identity served as a strength, challenge, difficulty, or deterrent in your life? If so, how?
- What role/meaning does Socioeconomic Status (SES) have on your ethnicity, family members, and your personal identity?
- What is your family’s religious history? Has it changed or evolved, if so, how?
- If your family members differ according to religious orientation, how so and why?
- What is your most distinguishing cultural factor? Does it differ from the most important? If so, how? Why?
- Does your most distinguished cultural factor affect your spirituality, SES, sexual orientation, physical functioning ability? How? Why?
- What strengths, if any, do you associate with your cultural identity?
- What are the areas of pride associated with them?
- Has your view of the strengths associated with your cultural identity changed overtime or did it remain the same?
- Does your cultural identity present any challenges for you in your life? Which ones?
- How are they a challenge for you? Has your view of the challenges remained the same or did it change overtime?
- What resources have you encountered to help you cope with your cultural identity?
What experiences have you had/continue to have that were/are not helpful to you or your family?

Instructors can add their own questions and students are encouraged to write about items that may not be on this list that may seem relevant to their lives. Students do not need to answer all the questions on the list. For additional questions see Thomas (1998), Thomas & Schwarzbaum (2006) and Berg-Cross & Chinen (1995).

**Possible Reactions to the Assignment Guidelines**

Upon receiving the description of the assignment guidelines at the beginning of the course, students may exhibit a variety of reactions. Some may state that they know exactly what they are going to write about; others may express hesitation, stating that they do not know what to write about. It is not uncommon for White students to think that they do not know what their cultural identity is, and may temporarily experience difficulties connecting their current lives with the sociocultural factors that have influenced their identity (McGoldrick, Pierce & Giordano, 1996). That attitude may be related to the erroneous assumption that cultural identity only means racial or ethnic identity. For African American students and other students of color, the process of writing their own ACLS can have positive effects of self-concept and awareness of identity (Harris, 2006) but they may also espouse the erroneous belief that cultural identity is only racial or ethnic in nature. Students of color may fail to write about experiences that elicit feelings of anger and rage and may choose, instead, to relate experiences associated humility or forgiveness (Harris). Immigrants’ reactions to the assignment instructions vary according to whether they are first or second-generation immigrant and according to their levels of acculturation; reactions to the assignment guidelines also vary according to the level and nature of students’ identity development (Helms, 1995) and experiences with oppression, racism and discrimination.

Once instructors complete the presentation of theoretical material, students’ awareness of the dimensions of their own identity may increase and they may ready to articulate what and how they will write their ACLS. At this point they can be encouraged to think about the application of theoretical material covered in class to their lives and to take into account all dimensions of identity (Hays, 2001) and all range of emotional experiences (Harris, 2006) as they write. For that part of the process they can be aided by the journals they have been keeping since the beginning of the course.

**Writing the ACLS**

In their writing, students often include descriptions of their childhoods, their family life, their experiences in school, in their neighborhoods and their choice of career, which makes this assignment suitable for counselors of all specialties. The autobiographies may also contain issues of loss, mourning, trauma, marginalization, resilience to loss and trauma and many other possible content involving painful or hostile experiences. It is important for students to apply the previously learned theoretical material to their understanding of their own life story. For example, as students learn the theoretical material, they become aware of how their gender, religious, ethnic or social class socialization affects their worldview, career, relationships or values; they may also learn to what extent their family life struggles are a reflection of their acculturative processes. As they write, they can begin to weave together the theoretical ideas with their own story. Students are encouraged to write several drafts before turning in the finished ACLS.

**Assigning the Reading of each ACLS**

Once the students complete the assignment, the ACLS can be photocopied and distributed among classmates. Each student receives a copy of the other stories that students consented to disclose; the collected stories now become part of the assigned readings for each student. The rest of the course can be devoted to class discussions based on the reading of the stories. Each story can be discussed separately, one at a time. The instructor can assign a discussion of as many stories as can fit in a class period and students need to be prepared to discuss the assigned stories during each class period. For the remainder of the course, students’ stories become the focus of the class discussions as explained in the next section.

**Classroom Activities**

For the purposes of the sections that follow, the storytellers are defined as the students who wrote the ACLS and the classmates are defined as the students who read them. Focusing on one story at a time, the activities that follow the reading of the stories can take the form of discussions between the storyteller and his/her classmates, and between the instructor and the classmates, in any combination. This is part of the course that aids in the development of counseling skills. The discussion regarding each individual ACLS needs to be conducted in a safe and respectful environment that demonstrates students and instructor’s efforts to understand the message in the autobiographical life story (Harris, 2006), just like a counselor would in a real-life counseling situation. Students
can then continue with the exploration of the themes, the assessment questions, the interventions and the reactions by imagining they are in a counseling situation with a client who tells them a similar story and to begin to think about the questions they might be interested in asking.

Following are examples of four different categories of classroom activities that can be introduced regarding each story. Each category is described separately and is introduced by questions an instructor the might want to ask.

**Naming the Themes of the Story**

The discussion of the content themes present in the stories is a good way to relate the theoretical material previously presented in class with the content of the stories. The relationship between themes and the effect of different cultural themes on the personality, lifestyle, and values of the storyteller becomes apparent for the classmates. This enhances the understanding of intra-group differences because the description of the content themes makes it easier for a classmate to connect how the contextual dimensions of the storyteller’s life affected his/her cultural identity.

The instructor can facilitate a discussion eliciting the answers to the following questions from classmates.

- What themes do you see emerging in this story?
- What is the relationship between the themes?
- Do different classmates come up with different themes in the same story or are most classmates describing similar themes?
- How would the life of the storyteller have turned had she/he been of a different race/ethnicity, religious background, age, gender, immigration status, social class?

**Eliciting Assessment Questions**

Coming up with good assessment questions is a skill that future counselors need to develop. The storyteller might share what questions he/she may have needed or welcomed at the time of the some of the events described in the story. Instructors and classmates alike can share their ideas for assessment questions. A discussion can ensue about different scenarios that might elicit different assessment questions. This activity helps classmates to articulate real questions to the storyteller, as in a real counseling situation and helps in the development of assessment skills.

Instructors can elicit from classmates the answers to the following questions.

- What questions would a counselor ask related to the content themes of this story?
- Might other counselors ask different questions based on the same themes?
- If there are differences in the assessment questions, to what can those differences be attributed?
- How are the assessment questions similar to or different from the questions asked about other life stories or by other classmates?
- (To the storyteller) What questions would you have liked a counselor who learned of your situation to have asked you?
- (To classmates) What questions would be helpful to ask of someone in a similar situation.

**Eliciting Clinical Interventions**

This discussion may increase a repertoire of clinical interventions because classmates are exposed to a variety of circumstances and events, to the ideas of other classmates and to input from the instructor. The storytellers can share with their classmates what interventions would have been helpful to them at different times in their lives, the instructor can add examples of interventions from his/her experience as a counselor, and from previous class readings, and the rest of the students can share similar or different interventions based on their own personal experience in a counseling situation or their own professional experience. Following are some of the questions that can be asked.

- What interventions could you have used in this situation?
- What interventions could you have used at different ages of the storyteller? (Childhood, adolescence, early adulthood)
- What interventions could you have used at different stages of identity development of the storyteller?
- What interventions would not be warranted in this case based on age, stage of identity development or acculturation process? Why?
- (To storyteller) Can you give examples of what would have been helpful at the time of the events described? What interventions would not have been helpful?

**Eliciting Awareness of Reactions**

This discussion can be based on each classmates’ reactions to the
stories. Some of the reactions may be universally shared by all the classmates and some may be idiosyncratic to a individual classmates. It is important to explore the shared as well as the personal reactions to increase classmates’ awareness of the effect of their own personality and experiences on their reactions to a story. Classmates may begin to understand that their personal reactions to the stories had an effect on the assessment questions they asked and the interventions they proposed. Feelings of sadness, sympathy, empathy, impatience, annoyance, boredom, or sorrow may emerge that are helpful to connect to possible similar reactions in future counseling encounters along with the possible ways of dealing with them. Often classmates’ reactions to stories will vary according to whether they share the same cultural background than that of the storyteller or a different one. These differences can lead to fruitful discussions regarding counselor/client ethnic match, goal setting, and other counseling issues, which mimics the issues they will have with real clients once they graduate. Following are some of the questions instructors can ask

(To classmates) What reactions are you aware of that are being elicited by the story?

Are there differences among classmates with respect to their reactions to the story? To what can those differences be attributed?

What are the differences in each classmate in terms of reactions to this particular story and how they reacted to other stories? To what can those differences be attributed?

Discussion, implications, and limitations

The use of the autobiographical cultural life story with the classroom activities described above can contribute to the process of acquiring multicultural competency of students in all counseling specialties. The process of writing a cultural life story and the exposure to other life stories, followed by discussions among classmates about content themes, assessment questions, interventions, and reactions can anticipate the real life stories that counselors-in-training will encounter when they start to work with real clients in all settings. The utilization of the ACLS in the classroom can serve several purposes simultaneously. As an activity for the storyteller, it may elicit self-awareness about his/her own cultural identity. But awareness alone may not lead to the development of skills. To expose students’ to numerous stories can be useful to learn culturally sensitive assessment and intervention counseling skills, to increase awareness of their reactions, to promote understanding of interactional effects of cultural dimensions on identity, and to understand intra-group differences.

An additional challenge presented to instructors of multicultural counseling courses is that they may be tempted to operate under several limiting assumptions. One assumption is that the main objective of a multicultural counseling course is to educate the White middle class counselor on how to become multicultural competent with clients of color or immigrants (Arredondo et al., 1995; Terry, 2005). Another assumption is that the instructors themselves have the awareness of beliefs, worldview and the clinical skills and can, therefore, give them to their students, who do not have those skills (Arredondo, Terry). When stories are used as reading assignments and then used in class discussions as if they were real clients, multicultural competency is not something that only the instructor has which he/she then gives to the students, but rather it is acquired through the dialogue among students and between students and the instructor.

There are possible variations on the expanded use of the ACLS. Each individual storyteller can read aloud to the rest of the class his/her own story, or student can take turns reading each other’s stories. Also students’ stories can be assigned as readings anonymously, without classmates the identity of the storyteller. In classrooms with a culturally a homogenous group of students, the reading of literary life based narratives (Phillion & He, 2002) or previously published real life stories (Thomas & Schwarzbaum, 2006; Schwarzbaum & Thomas, 2008) can be used to supplement stories written by the students. Each variation would involve adjusting the classroom activities, changes in allotment of classroom time, and other possible adjustments.

Variations of this method can be used successfully in other courses, i.e., during Practicum and Internship seminars, in Family Counseling courses, and in others.

Limitations of the expanded use of the ACLS as described in this paper include that an evaluation of this method has not been obtained. In the future, researchers could attempt to operationalize outcome measures to evaluate whether the use of pseudo-clients (the students’ stories) translates into the acquisition of counseling skills with real clients. Another limitation is that the assignment is more difficult to implement with culturally homogeneous student groups. Also the lack of anonymity may affect students’ level of personal disclosure.

References


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School-based conflict management programs for middle school students: A consideration of participation

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Abstract-Issues of school-based violence and conflicts remain significant issues within society. There are numerous proposed conflict management and resolution programs which help students and school professionals deal with these matters. However, students are not necessarily motivated to participate in these programs in a consistent manner. This paper considers some of the issues that may affect middle school students’ willingness to participate in such programs and what these issues mean for school professionals and researchers.

School-based conflict management programs for middle school students: A consideration of participation

The issue of school-based conflict is not new to American culture, but the number of children and adolescents involved continues to increase (Bell, Coleman, Anderson & Whelan, 2000). The greatest increase in violent crime rates is occurring at the elementary school level, with a majority of these crimes happening in or around school campuses (U.S. Department of Health and Human Services, 2000). The attitudes toward school-based violence and conflict expressed by schoolchildren are also changing; a significant number of students express emotional detachment as they commit violent acts and engage in school-based conflicts (Orpinas, Parcel, McAlister, & Frankowski, 1995; Opotow, 1991). The current study thus attempts to address factors believed to be overlooked by three sources: existing school-based conflict management programs, individuals providing such services, and the children who deal with them on a daily basis.

Taking the emotional and motivational needs of schoolchildren into account can lead to school members and employees developing and implementing more effective and comprehensive ways to deal with school-based conflict. This account also supports the educational objectives of ‘leaving no child behind’ and reinforces the importance of a safe learning environment. Educators, parents, community members, and researchers can consider ways of further improving interventions that address the school-based conflicts that have been disrupting the steady academic progress of numerous middle school children.

The frequency of student conflicts with peers, school officials, and community members has increased exponentially within recent years (Pietrzak, Petersen, & Speaker, 1998), negatively affecting the psychological and educational performance of schoolchildren (Orpinas et al., 1995). Children are engaging in violent conflicts not only with other children (Marr & Field, 2001), but also with adult teachers (Texas Classroom Teacher Association, 2004). The intensity of these conflicts also increases precipitously each year (TCTA, 2004). This phenomenon has highlighted a need to establish full-service guidance programs within school systems (Adelman & Taylor, 2000). Research has suggests a positive correlation existing between school-based conflict and student violence (Orpinas et al.). Violent students are also four times more likely to drop out of school than children expressing disagreement with peers and teachers but not overtly engaging in conflict-based behaviors (Pruett, Davidson, Ward, & Griffith, 2000). School-based conflict has a negative effect on children’s prosocial skills that often leads to poor cognitive, verbal, and communication skills regardless of whether children complete school (Bell et al., 2000; Erhard, 1999).

The potential for maladaptive behavioral patterns to surface is enormous when children must deal with the pressure of performing well academically, establishing a variety of peer connections and teacher contacts, and contending with issues of conflict and violence (Adelman & Taylor, 2000). Such patterns typically involve conflict-based thinking, antagonistic demeanor, and physical fighting/violence (Adelman & Taylor, 2000; Pietrzak et al., 1998). Although school-based conflict is a natural and potentially constructive phenomenon, the lack of guidance, supervision, and discipline is a concern that needs to be better addressed by the mental health community.

The stressful pace of middle/high school, where students are usually expected to participate in de facto obligatory academic and social activities, often results in disagreements and arguments between peers, school faculty, and school staff (Johnson & Johnson, 1996). Twelve to nineteen-year-old students are likely to express conflict-based behaviors to peers more often than to school administrators and teachers (Erhard, 1999; Opotow, 1991). Such behaviors occur more often between students due to the amount of time and opportunity schoolchildren have to interact with one another during the school day (Schmidt, 2000). Teachers and students do communicate on a personal level. However, student-teacher ratios and
different classroom configurations often used to lessen interactions between students and teachers make social contact impersonal for most school attendees (Opotow). School-based conflict-related behaviors are more likely to occur in cases with less personal social interactions (Dishion, McCord & Poulin, 1999; Fine, 1991). These interactions are also harmed when teachers are feeling overburdened by school-based responsibilities that impact their job satisfaction and workplace conditions (National Center for Education Statistics, 1997).

Studies among educators have shown that teachers who feel unsafe and not in control of their students become dissatisfied with their work, contribute to feelings of tension within the workplace, and lose support of administrators and parents (National Center for Education Statistics, 1997). Teachers and school officials have a need to resolve school-based conflicts quickly, so that order and safety can be ensured within the school environment (TCTA, 2004). However, such need for rapid resolutions does not usually end school-based conflicts (Johnson & Johnson, 1996). Students engaged in conflicts often need time to explore the origins of these matters before resolutions can be conceived (Johnson & Johnson, 1996). In addition, school officials and schoolchildren often do not treat school-based conflicts with the same goals or timeframe in mind. In order to recognize how differently school-based conflict-related behaviors are often treated, it is first important to understand the general definition of conflict and explore the basic generalities of adolescent conflict as connected to school-based violence.

Conflict defined
Conflict only appears simple to define. There is no consensus on a definition of conflict, but a review of existing literary resources provides parameters. Conflict can be considered an inevitable part of the human experience (Johnson & Johnson, 1996). Maurer (1991) defined conflict as “a disagreement resulting from incompatible demands between or among two or more parties” (p. 1). Conflict can become unhealthy, chaotic, and destructive when expressed as overtly aggressive and/or violent behavior. Such manifestations are thought to be the result of a lack of self-control over anger (Gentry & Benenson, 1993; Lochman, 1985). Unfortunately, self-control often presents more difficulty for children than adults (Orpinas et al., 1995; Pruitt & Rubin, 1986). The diverse relationships endemic to school environments also seem to provide greater opportunity for children to lose self-control (Elliott, 1994; Weinhold, 1999). Students constantly interact with peers, teachers, school officials, and other community members during the school day, allowing for a large number of potential conflicts. Because all these relationships are in the school, a student-teacher dispute may also affect relationships between other school members (Weinhold, 1999). Students often engaging in violent and/or aggressive on-campus acts have numerous disciplinary problems with school faculty and staff (Orpinas et al., 1995; Weinhold, 1999). However, many people do not consistently link a student’s disciplinary issues to acts of violence and/or physical aggression (Elam, Rose, & Gallup, 1992). Instead of being directly addressed, problems of school-based conflict and violence are often treated as a secondary issue affecting most schools (Johnson & Johnson, 1996). Numerous school-based conflict management approaches exist as a result of this thinking.

Program implementation and its effect on participants
Despite the many models and strategies relating to school-based conflict management, existing literature and research do not specify which models and methods are preferred by most participating children. Within the school counseling discipline, there appears to be an understanding that mirrors the Dodo bird hypothesis (Whiston & Sexton, 1993) in the Counseling Psychology discipline. Because there are numerous intervention programs available for dealing with school-based conflict management, determining those preferred by children has become a lower priority for counseling researchers and practitioners. Assuming all programs work in an equally effective manner, regardless of the thoughts and feelings of 12-19 year-old participants, does not appear to be efficacious for school counselors, counseling psychologists and counselor educators (Clayton, Balif-Spanvill & Hunsaker 2001; Opotow, 1991).

Educators and psychological researchers have witnessed serious truancy, academic decline, and school phobia becoming common with the transition to middle school (Espelage & Asidao, 2001; Opotow, 1991). There is evidence that some children involved with school-based conflicts are not making the academic and psychological adjustments that allow them to fulfill the expectations of the ‘no child left behind’ platform. Asking middle school students to express ideas about what would enhance their willingness to participate in school-based conflict management programs can bring school stakeholders closer to enhancing such programs, thus ensuring all schoolchildren have the chance to better themselves psychologically, academically, and personally.

Conflict management
For nearly the past decade, public attitude polls toward American public schools have consistently listed discipline as one of the largest
problems for administration, education, and guidance personnel to address (Benson & Benson, 1993; Lewis & Lewis, 1996). The public is also increasingly concerned by school-based fighting, violence, and gangs (Orpinas et al., 1995), and a perceived lack of moral standards, crime, and vandalism (Benson & Benson, 1993; De Becker, 1997). It appears the escalation of problems with discipline and conflict-related violence is a concern among many educators, parents, students, and community members.

Because violence typically involves more than one party (Erhard, 1999; Johnson & Johnson, 1996), many individuals have proposed intervention strategies involving comprehensive components of the school and community environment (Gass, 1991; Goldstein, 1995; Johnson & Johnson, 1996). Over 8,000 programs have been created to manage conflicts in the schools (The National Association for Mediation in Education, 1994). The majority of these programs are groups designed to address conflicts children may be having with others, as well as ways in which they experience these conflicts. Such groups can involve school officials, teachers, school counselors, community members, and peer mediators.

All such groups appear to share the same goals: having children address personal feelings and behaviors associated with conflicts, constructively articulating feelings and beliefs to others, and finding alternative ways to manage future conflicts (Deutsch, 1993; Johnson & Johnson, 1994). Most interventions also focus on a combination of psychological and educational techniques, incorporating the use of bibliotherapy, role-playing, game-playing, lecturing, testing and assessment of presented material, behavioral reports of client progress, and/or homework assignments (Adelman & Taylor, 2000; Goldstein & McGinnis, 1990; Johnson & Johnson, 1996). These groups collectively appear to improve clients’ experiences with conflict, reducing the occurrence of reported conflicts by a significant margin after intervention (Goldstein & McGinnis, 1983; Johnson & Johnson, 1996; Pruitt & Rubin, 1986).

Research connected to complying with the principles and/or concepts presented in these programs, however, is somewhat limited. Compliance denotes dedication to following an intervention’s rules and guidelines, as well as using these guidelines once the intervention has been terminated (Goldstein & McGinnis, 1983; Johnson & Johnson, 1996). Some students’ experiences with conflict management groups can impact their likelihood of compliance once these groups are terminated (Dishion et al., 1999; Erhard, 1999). This issue of compliance, which can also be viewed as willingness to participate in a school-based conflict management program, appears to be significant for a variety of school-based conflict management programs (Opotow, 1991). A description of these programs may help to better explain this issue.

**Peace Education**

Peace Education is a teaching system that has been on record since about the late 1700’s when Immanuel Kant (1932) proposed to a worldwide audience that people could achieve peace through the formation of structured societies and legal systems. After World War I and World War II, educators such as Montessori and Reed believed that school systems in the United States and overseas that were using an educational approach that highlighted authoritarian dynamics between students and teachers. Considering the political and social pressures at the time, these dynamics were believed to be creating further conflict and violence among students, teachers, school officials, and community members because disagreements or failings toward following directions could not be settled in an amicable fashion. Certain educators and students departed from this particular mode, and established an academic system based on principles of healthy and effective communication, mediation, and peaceful negotiation strategies. In 1948, Manchester College (Indiana) became the first academic peace studies program on record. It would soon catch the attention of government officials, citizens, and other educators interested in raising the social consciousness of peaceful tactics that could be used to resolve human conflicts (Salomon & Nevo, 2002).

As interested parties at the university level became more invested in peace education, so did public school officials. Psychologists also became more unified under the humanistic approach to human growth and development, which further assisted the peace education movement within the majority of schools. The authoritarian approaches to education were challenged, as were other social and political issues stemming from the authoritarian perspective. With the focus of the public and the scientific community centered around the idea of promoting the need to care about, have concern for, and actively promote a more humane way of dealing with others, a push for school-based programs to further emphasize these notions became a dominant force (Salomon & Nevo, 2002). Though conflicts and delinquency among youths were still occurring, peace educators would help establish school-based conflict management programs to better address these matters.

**School-based conflict management programs**

School-based conflict management programs were developed out of perceived concerns regarding the juvenile justice system and public school
It seemed that in many states, the juvenile justice system had been dealing with the incarceration of numerous 16- and 17-year-old children who were engaged in unlawful behaviors associated with dropping out of school due to conflicts with students, teachers, and other community members (The Department of Justice and Education, 1996). Violence prevention and peace education programs were implemented as a way of attempting to reach such children earlier, around the elementary and middle school years, so that the individual change for responsible citizenship and the systematic change necessary for a safe learning environment could be promoted. The results of certain programs were not only found to be successful in reducing the amount of children incarcerated within an otherwise bankrupt juvenile justice system, but also in developing a sense of community and unity in some areas of the nation where conflict and violence among children, peers, and authority figures would otherwise be the norm (The Department of Justice and Education, 1996). The specific programs deemed effective for accomplishing these goals are as varied as the individuals who participate in them. A brief description of the main types of school-based conflict management programs follows.

**Peacemaker model: Use of mediation**

One type of specific school-based conflict management program that thrived during the early 1990's was the mediation model. One of the most popular forms of this model is Johnson and Johnson's (1996) Peacemaker model. Specifically, it is a conflict resolution education program in which selected individuals are trained in the principles of and foundation abilities of conflict resolution and in the mediation process to provide neutral third-party facilitation to assist those in conflict to reach a resolution (The Department of Justice and Education, 1996; Johnson & Johnson, 1996). Curricula and classroom instruction were found to be effective methods by which students and teachers could work together to learn specific steps of negotiation, retain them, and apply them to future school-based conflict-prone situations on an as needed basis (Stevahn, Johnson, Johnson, Green, & Laginski, 1997). However, concerns regarding how well this model could be applied to all students surfaced (Magen, 1998; Opotow, 1991).

The fact that only certain children could be trained as credible negotiators proved to be a challenge in certain schools where popularity and perceived credibility went hand-in-hand instead of the appreciation of a student's ability to learn and comprehend the model (Erhard, 1999; Opotow, 1991). Furthermore, many follow up studies of the retention and application of the negotiation model did not extend beyond the scope of one or two years (Stevahn et al., 1997). Peer mediation was and continues to be an effective model for some conflict-prone adolescents, helpful young adults, and interested school officials to use for school-based conflict management, but the need for specific programs to address entire classrooms of students regarding conflict management skills remained.

**Skillstreaming model: Use of process curriculum**

Another type of school-based conflict management program involving process curricula provided a student body-wide approach to conflict management. This type of program was well received by several school districts around the United States (The Department of Justice and Education, 1996). One of the most popular models representative of this program is McGinnis and Goldstein's (1990) Skillstreaming model. Specifically, this approach to conflict management involved devoting specific times to teaching the foundation abilities, principles, and one or more of the problem solving processes of conflict resolution as a separate course, distinct curriculum, or daily lesson plan (The Department of Justice and Education, 1996; McGinnis & Goldstein, 1990). Conflict resolution methods under this model could also be incorporated into the core subjects of school curricula and classroom management strategies. Thus, instead of reaching a selective audience of appropriate mediators and those who trust said mediators, Skillstreaming proved to be an effective way to reach the entire student body regarding school-based conflict management issues and create peaceable classrooms (McGinnis & Goldstein, 1990). However, similar concerns regarding retention and application of this model still remained (Rahill & Teglas, 2003).

Most studies of Skillstreaming and social skills training that demonstrated their effectiveness, for example, did not extend beyond the scope of one to two years (Goldstein, 1995; Kamps, Tankersley, & Ellis, 2000). Furthermore, when assessing the ability for schoolchildren to learn and apply this model, teacher reports and self-reports from students were the main methods used (McGinnis & Goldstein, 1990). There was not a specific way to assess the effectiveness of this model for all students, especially because it was and remains unfair to judge the ability and comprehension level of all students in the same manner. Some students, who would claim that this model was ineffective or uninteresting to learn, expressed a desire for a program that would tap into creative ways of dealing with conflict and utilize resources that extend beyond the scope of the school system (Magen, 1998; Opotow, 1991). The Peaceable
School model of school-based conflict management is thought to address these concerns.

**Outdoor Adventure model: Use of the peaceable school**

The Peaceable School model of school-based conflict management was developed as a way of incorporating numerous school and community stakeholders into the development of conflict management principles (The Department of Justice and Education, 1996). One specific program representative of this model is the Outdoor Adventure program (Gass, 1991). The Outdoor Adventure model is actually a comprehensive whole-school methodology that builds on the peaceable classroom approach by using conflict resolution as a system of operation for managing the school as well as the classroom (The Department of Justice and Education, 1996; Gass, 1991). Students are exposed to people inside and outside of the school environment such as librarians, teachers, counselors, students, principals, parents, and community volunteers. The use of different settings such as public parks, police stations, and recreational facilities also incorporate metaphoric messages of peace and conflict resolution techniques that the otherwise unchangeable boundaries of a school could not otherwise utilize (Gass, 1991). Just like the other models of school-based conflict management, the Outdoor Adventure model demonstrated effectiveness with many students, school officials, and community members who were able to retain the principles and lessons of the model (Bodine, Crawford, & Schrumpf, 1994; Gass, 1991). However, there remain criticisms of this approach to conflict management.

Similar to the aforementioned models of conflict management, there are no studies that support the lasting effects of the Outdoor Adventure model beyond the scope of one to two years (Dishion et al., 1999). Dishion et al. (1999) also reported that some students are not responsible enough for retaining the knowledge and lessons learned through Outdoor Adventure. These students can actually become more conflict-prone after such interventions take place if adults do not remain in close contact with these students once the intervention is over. For some students and adults, taking conflict management outside of the school boundary may result in an absence of attention and focus, because participants do not have a salient method to remind them of rules, protocol, and the need to learn. The rigid structure and school boundaries may actually enhance the conflict management program for these types of students (Dishion et al., 1999). However, the Outdoor Adventure model continues to thrive in many school districts. It remains one of the more popular models of school-based conflict management (The Department of Justice and Education, 1996).

Because the Peacemaker, Skillstreaming, and Outdoor Adventure models are effective short-term methods in which children and adults appear to learn principles of school-based conflict management, it appears necessary to find ways of increasing their long-term benefits. Perhaps bolstering these strengths would help schoolchildren develop greater and longer retention of conflict management models. To simply say that the construction of brand new conflict management programs would be the solution to this matter does not appear to address this issue. Reports indicate that there are approximately 8,000 school-based conflict management programs in existence (National Association for Mediation in Education, 1994), so the creation of more programs would seemingly contribute to more of the conflict over why these programs are not always maintained after their initial implementation. Many researchers instead suggest focusing on factors that contribute to students' willingness to participate in school-based conflict management programs (Magen, 1998; Opotow, 1991). Such a suggestion appears to reflect the current attitude toward school-based conflict management programs.

**Current attitudes toward school-based conflict management:**

**The willingness to participate**

Opotow (1991) concluded schools would generally benefit from an assessment of the types of conflicts they experience, the procedures used for handling them, and the costs of the implemented procedures. Students' attitudes toward these programs also need to be studied. Students often have several unconsidered and non-violent alternatives for handling disputes. Conflict can be resolved by various methods, e.g., asserting power and rights, mediation, negotiation, and arbitration (Ury, Brett, & Goldberg, 1988). However, schools often lack empirically based guidelines for matching conflict types with resolution methods. This lack of research may suggest to students that adults are often unconcerned with many school conflicts. It may also perpetuate a cycle of further conflict as students attempt to resolve disputes on their own, without grasping prosocial lessons (Fine, 1991). Regardless of intensity and/or duration, many school-based conflicts have strong personal meanings for students who experience them. It is thus necessary for future school-based interventions to provide children with a chance to convey their attitudes and beliefs about handling them (Fine, 1991). However, most school-based conflict management programs are used to examine and
recondition students’ school behaviors and do not consider students’ attitudes (Opotow, 1991).

School officials often implement conflict management programs as ways to control aggressive and/or violent behavior on school grounds (Opotow, 1991). Teacher referrals, parental consent, and/or peer suggestion, place middle schoolchildren into these programs with the expectation that disruptive school and classroom behaviors will be terminated when the interventions are complete (Dishion et al., 1999). Some children actually increase their deviant school behaviors by participating in some of these programs, suggesting that mandating attendance is not enough (Dishion et al., 1999). If given input about what factors would increase their likelihood of participating in these interventions, children may not only feel more motivated to participate in these programs, but also may believe they have the ability to learn and apply principles of conflict management. There is also some expectation that children contributing to the design and implementation of such intervention programs will view themselves as more positive agents of change, as opposed to helpless individuals commanded by authority figures who assume they know the precise methods by which to deal with student conflicts (Opotow, 1991; Seligman, 1995). Therefore, to approach issues of design and implementation, it is important to examine one of the core components of school-based conflict management programs. This component is the influence that group leaders of these programs have on their participants.

The influence of group leaders

Research suggests group leaders influence messages and principles conveyed in groups (Petty & Cacioppo, 1984). Conflict resolution groups are often formed by teachers and school administrators who mandate children attend these programs. Children referred to these groups may possess negative beliefs about joining them (Dishion et al., 1999). When these groups are led by teachers and/or school officials, children may thus attribute these negative attitudes toward the group leader(s). Students may not adhere to the messages presented in these groups because of such distracting negativity (Opotow, 1991; Petty & Cacioppo, 1984). Examining children’s willingness to participate in school-based conflict management programs could provide valuable insight into how they experience these interventions. In order to better understand the influence of group leaders, it is important to examine the types of people who generally lead school-based conflict management programs.

Types of group leaders

The types of group leaders most commonly used for school-based conflict management programs include teachers, school counselors, social workers, and community volunteers (Baker, 2000). These individuals usually serve as leaders because of their direct or indirect affiliation with the school system, which has bearing on their perceived credibility when it comes to presenting information regarding school-based conflict management (Petty & Cacioppo, 1984). Although individuals such as teachers, school counselors and social workers are directly affiliated with schools because they work within the school campus confines in most cases, children have biased views towards these individuals due to past experiences (Magen, 1998), unknown details about what their roles are within the school (Baker, 2000), and general attitudes toward authority (Dishion et al., 1999). These views can be biased in either a positive or negative fashion (Fiske & Taylor, 1993). However, without first understanding the general views of how most schoolchildren feel about these types of group leaders, it is difficult to predict how effectively participants will receive the messages of these group leaders (Petty and Cacioppo, 1984).

For example, schoolchildren are seen frequently by teachers during the course of a normal school day. The usual effect of this frequent contact normally has a positive effect in terms of how children respect teachers for their knowledge, believe in their credibility as individuals who are interested in educating them, and follow their directions as authority figures (Pintrich & Schunk, 2002). Especially when teachers volunteer for conflict management program intervention training, they can effectively disseminate conflict management principles to children who are willing to participate in these programs. Aber and Brown (2003) demonstrated that children whose teachers taught more lessons regarding conflict resolution during class were less likely to make hostile attributions to peers in provocative but ambiguous social situations, were less likely to be aggressive in interpersonal negotiations, reported fewer conduct problems, depressive symptoms and aggressive fantasies as well as fewer teacher-reported aggressive behaviors. However, these results occurred when teachers were monitoring the children. In situations where leaders were not present, children were not always as willing to engage in the school-based conflict management principles disseminated by teachers and other leaders, including those perceived by these same children as credible (Dishion et al., 1999).

Aber and Brown (2003) discussed the fact that the teachers involved in their conflict management program varied in the amount of classroom instruction they provided to children over the course of a single school
Conflict management programs and middle school students’ willingness to participate

Middle school students are not often asked to reveal their attitudes toward group leaders and/or conflict management interventions because of how they are referred to such programs. School officials often place students into these programs due to parental and teacher requests (Adelman & Taylor, 2000; Erhard, 1999). Middle school students usually attend these programs without being allowed to give input concerning what would make these programs more desirable for participation (Opotow). Violent conflict between students remains a major issue within American public schools, suggesting students’ attendance in conflict management programs may not be enough to reduce the amount of destructive conflict-based behaviors (Adelman & Taylor; Johnson & Johnson, 1995; Opotow). Students’ willingness to participate in these programs can influence whether they learn and apply conflict resolution techniques (Goldstein, 1995; Petty & Cacioppo, 1984). Students are expected to benefit from the intervention process by virtue of their presence. However, the conflict-related attitudes and behaviors originally causing placement into the intervention may significantly impact their desire to engage in the learning process (Opotow). To determine effective ways of intervening, it thus appears important to first determine pre-existing attitudes students may harbor toward individuals involved with the intervention process. Negative attitudes toward certain types of group leaders and types of programs could indicate students will not be aptly able to understand and apply principles of conflict management with the same level of effectiveness as attained without these pre-existing biases (Chaiken & Trope, 1999; Fiske & Taylor, 1993; Petty & Cacioppo).

Providers of school-based conflict management programs also need to be aware of the importance of addressing the conflict(s) and not just the behaviors needed to resolve these conflicts. This type of thinking can convey a message to children that their personal issues are not of concern when dealing with conflict. Rather, it is only their conflict-related behaviors that need to be dealt with (Opotow, 1991). Students are especially likely to withdraw from school-based conflict management programs when they believe their personal feelings and issues are not being taken seriously (Dishion et al., 1999; Opotow). They are also less likely to contribute to
open discussions about personal conflicts, engage in role-playing activities designed to simulate conflict and prosocial ways of dealing with conflict, and ask questions about ways in which they can effectively handle future conflicts (Goldstein, 1995; Opotow). Such actions are considered to be vital parts of participating in school-based conflict management programs (Johnson & Johnson, 1996; Johnson & Johnson, 1995). Thus, by attempting to study factors that are believed to affect students’ willingness to participate in school-based conflict management programs, it is believed valuable insight will be gained. This insight will allow for more comprehensive interventions to be designed and implemented in various school systems.

References


Illinois School Counselors’ Perceptions of Training and Preparation: A Quantitative and Qualitative Study

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Abstract-The results of a state-wide survey of randomly selected Illinois Certified School Counselors who evaluated their training are presented. The results of the study suggest that many counselors were satisfied with the effectiveness of their training and preparation. Discussion of the different training criteria studied and implications for training and preparation as well as recommendations for future research are presented.

Counselor Education programs in general and school counseling programs in particular, are charged with the responsibility for providing graduate students with the preparation and skills necessary for competent practice. Effective training and preparation is in part determined by students’ satisfaction with program components. Counselor educators are responsible for meeting the realistic training needs of future school counselors, which can be determined through feedback received from practicing school counselors. Consistent with the American School Counselor Association (ASCA, 2003) framework for school counseling programs, counselor educators are also responsible for preparing future school counselors for effective practice within a wide range of counseling duties.

A review of recent literature found only a few studies related to students’ assessments of their training. According to Perusse, Goodnough, & Noel (2001b), publication of the National Standards for School Counseling Programs (Campbell & Dahir, 1997) should have provided school counselors with a “significant resource to help restructure and improve counseling programs” (p. 149). Perusse, Goodnough, & Noel


investigated the extent to which the national standards were being used in the preparation of school counselors. Implications of that study are that (a) the National Standards for School Counseling Programs are not consistently used by school counselor preparation programs, and (b) respondents confused the National Standards with either ethical standards or the Council for the Accreditation of Counseling and Related Education Programs (CACREP) Standards.

Schmidt & Ciechalski (2001) also referred to the Campbell & Dahir (1997) publication of the National Standards for School Counseling Programs. However, they examined and compared standards of each of four student service components: school counseling, school social work, school nursing, and school psychology. Although important, Schmidt & Ciechalski did not address graduate training and preparation specifically.

In her study, Transforming School Counseling: A National Perspective, Martin (2002) examined “the status of school counseling in the United States, the gap between preparation and practice, and how school counselors work needs to connect to student achievement and education reform” (p. 148). Regarding the component of preparation and practice, Martin referred to the Education Trust, a Washington DC based nonprofit organization. In 1996, the Education Trust began examining graduate level preparation programs combined with the work of K-12 practitioners. Specific to graduate level preparation, and among many findings, Martin summarized these from the Trust:

1. Change in graduate level school counselor preparation was largely...the ‘adding on of courses’ – usually with a mental health or personal/social focus.

2. Most counselor educators have little or no ongoing involvement with K-12 institutions except when arranging practica or internship experiences.

3. Graduate level preparation programs provide insufficient opportunities for field practice of skills and knowledge.

4. Many universities/colleges provide a large block of ‘generic counseling’ courses as the core learning for all types of counselors. ...These courses often make little or no connection to school, learning, children, adolescents, and youth.

5. Counselor training programs providing early and frequent practice along with theory were considered by practitioners to be the best models for preparation for working in schools. (p. 150)

It appears that graduate counseling programs, which adhere to guidelines of CACREP, provide clarity and direction for training and preparation. Perusse, Goodnough, & Noel (2001a) reported that CACREP outlines eight core areas for all students in accredited counseling programs, regardless of area of specialization. Students pursuing a school counseling specialization must demonstrate knowledge in four additional areas. Even with this structure, Perusse et al. report that variation in training exists within CACREP accredited programs. These programs differed in “number of credit hours required, screening methods, previous faculty experiences in school settings, specific course offerings, and fieldwork requirements” (p. 261).

Most closely related to the study being described in this article is the study conducted by Sisson and Bullis (1992). That study surveyed practicing school counselors in Oregon to identify their opinions of educational priorities for graduate training programs. Study participants responded to questions in the domains of knowledge and information, counseling skills, abilities related to counselor role and function, consultation skills, and personal and professional issues. The Sisson and Bullis study suggested that there is a need for continued input from school counselors that could inform counselor educators of changing needs in counselor education programs. The purpose of the present study was to assess Illinois School Counselors’ perceptions of their graduate training and preparation and to identify challenges faced by school counselors as well as to identify needed changes in school counselor preparation programs.

**Method**

**Survey Questionnaire**

The survey questionnaire was developed using the CACREP (2001) core training requirements for school counselors and the school counselor training requirements of the Illinois State Board of Education (2002). The researchers also included questions they felt were relevant to this study but not covered by the above requirements. The research questionnaire was based on the questionnaire developed for similar studies in Texas and Illinois involving Licensed Professional Counselors (Watts, Trusty, Erdman, & Canada, 1996) and Licensed Clinical Professional Counselors (Henriksen, Hamann, & Holland, 2003). No research surveys were found in the literature involving school counselors and their perceptions of their training and preparation.

Survey participants were asked to respond to the following statement: “Based on my experience as a Certified School Counselor, I believe I was well prepared by my college/university course work/training in the
following areas.” The following 21 areas included: (1) Developing and Managing Comprehensive School Counseling Programs, (2) Developmental Counseling, (3) Lifestyles and Career Development, (4) Classroom Management, (5) Assessment Techniques in Counseling, (6) Methods in Research, (7) Theories of Counseling and Development, (8) Counseling Across the Lifespan, (9) Group Counseling, (10) Marriage, Family and Relationship Counseling, (11) Orientation to Counseling, (12) Counseling Children and Adolescents, (13) Counseling/Helping in a Multicultural Society, (14) Legal and Ethical Issues: School Counseling, (15) Psychopathology and Maladaptive Behavior, (16) Substance Abuse, (17) Crisis Assessment and Counseling, (18) Consultation and Referral, (19) Techniques of Counseling: Pre-Practicum, (20) Practicum, and (21) Internship. The participants’ ratings were based on the following five-point Likert scale: (1) strongly disagree, (2) disagree, (3) uncertain, (4) agree, and (5) strongly agree. Study participants also answered the question: My overall perceptions of my counselor preparation is that it was (a) Excellent, (b) Above Average, (c) Average, (d) Slightly Unsatisfactory, or (e) Unsatisfactory. A five-point Likert scale was used to evaluate the responses to this question with five corresponding to Excellent and one corresponding to Unsatisfactory.

The survey questionnaire included two qualitative questions: What do you believe is the biggest challenge facing school counselors? and How can school counselor preparation programs improve the training and preparation of school counselors? These questions provided insight into school counselors’ perceptions of the most significant challenges they face and their perceptions of what is needed to improve school counselor preparation programs.

Participants

A random sample of 500, Type 73, Illinois State certified school counselors were selected through a systematic process. The researchers used the statistics program, SPSS 11.5 (2003), to conduct the random selection. SPSS was used to select 500 school counselors from a list of all current state certified school counselors in Illinois. Of the 500 mailed questionnaires, 208 (41.6%) were returned. Of the 208 returned survey questionnaires, 199 (39.8%) were usable. Two of the usable survey questionnaires were completed by doctoral level school counselors. Because the survey questionnaire was based on masters-level academic criteria for CACREP school counselor programs and the Illinois State Board of Education, the authors decided to remove those doctoral-level respondents from the study. Therefore, 197 masters-level school counselor responses were used for this study. The number of actual responses used in this study was compatible with the studies of LPC and LCPCs in Texas and Illinois, which used 212 responses and 207 responses respectively (Henriksen, Hamann, & Holland, 2003; Watts, Trusty, Erdman, & Canada, 1996).

Procedure

Each counselor selected for the study was sent a cover letter that included the studies’ informed consent, the survey questionnaire, and a pre-paid stamped envelope (used to return the questionnaire). To ensure participant confidentiality, participants were not required to supply any personally identifying information (e.g., name, address, phone, etc.) upon the return of the survey questionnaire. A postcard reminder was sent to all participants 30 days following the initial mailing.

Results

Participant Characteristics

The 197 usable surveys were all from masters-level school counselors with teacher certification, which was required in Illinois (Illinois has an alternative school counselor certification process that was implemented in 2004), with a mean graduation date of 1986 and a median graduation date of 1988. Participants had a mean and median certification date of 1988 in the State of Illinois. Participants consisted of 139 (70.2%) women and 58 (29.3%) men. The racial makeup of the participants included 174 (87.9%) Caucasian school counselors, 15 (7.6%) African American school counselors, 4 (2.0%) Asian American school counselors, and 3 (1.5%) Hispanic school counselors. Eighty-four percent of the participants indicated that they received their master’s degree in Illinois, 15.5% indicated that they received their degree in another state, and one participant did not answer the question. Participants indicated 46 different institutions where they obtained their degrees with no one college or university dominating the results. Participants indicated four different majors; with School Counseling (96%) providing the greater number of degrees reported. The variety of degrees also included School Social Worker, School Psychologist and other. In reference to work settings, 64.6% reported 7-12 School Setting, 24.7% indicated K-12 School Setting, and 1.5% (3 participants) did not respond to the question. In regards to counseling specialization, 94.4% indicated School Counseling, 2.0% indicated Other, 1% indicated College/Student Affairs Counseling, 0.5% indicated Agency/Community Counseling, and 2.0% (4 participants) did not respond to the question. Additionally, of the respondents, 53% indicated that they attended CACREP programs, 25.8%
The qualitative results indicated several areas participants noted as challenges and issues that need to be addressed in the ongoing preparation of school counselors. Participants responded to the question, *what do you believe is the biggest challenge facing school counselors*, with the following outcomes. School counselors identified nine areas that they believed provided the greatest challenges faced by school counselors in the following order: School Counselor Roles (59), Counselor/Student Ratio (46), General School Counselor Issues (26), Student Issues (21), Family Issues (20), Finances (15), No Child Left Behind (6), Multicultural Issues (4), and School Resources (1). School counselors identified six areas that they believed could be improved as a result of changes in school counselor training programs based on their answers to the question, *how can school counselor preparation programs improve the training and preparation of school counselors?* The identified areas included: Course Work (104), Realistic Preparation (27), Constituent Services (20), Counselor Definition (7), Experience (6), and Professional Membership (2).

**Discussion**

The first goal of this study was to identify certified school counselors’ perceptions of training/preparation in 21 domains. As seen in Table 1, participants were generally satisfied with their overall training/preparation and were generally satisfied with their training in 13 domains. Participants were basically neutral concerning their training in the remaining domains. The results suggest that school counselors feel confident in their ability to perform the following functions: Developmental Counseling, Career Counseling, Assessment, Counseling Research, and the use of Counseling Theories, Group Counseling, the use of Counseling Techniques, and Child and Adolescent Counseling.

**Implications for School Counselor Preparation**

Results from the study imply the need for curricula changes in the following low rated areas: classroom management, marriage, family and relationship counseling, psychopathology and maladaptive behavior, and substance abuse. The latter three are not necessarily associated with the practice of school counseling; however, the following are justifications for their emphasis in school counselor training.

Counselor Education training programs need to emphasize hands on experience in the planning, organizing, and evaluation of school counseling programs. Counselors must be able to demonstrate leadership skills in the implementation of these class room developmental counseling activities. Curriculum emphasis of these skills needs to be found in both specialized

**Survey Questionnaire Results**

Results of the school counselors’ ratings of their perceptions of the 21 areas of preparation are presented in Table 1. Means and standard deviations found in Table 1 were created from the total sample (197 participants) of masters’ degree level school counseling professionals.

The overall mean perception of training/preparation among the sample was 4.00, which suggests that participants were basically satisfied with their training preparation. The results of this study also contained a great deal of variability, with a mean standard deviation of 0.829. Differences in perceptions may be due to the wide variety of universities attended (46, including both CACREP and non-CACREP institutions), and the wide variety of ways in which school counseling curricula are approached. The overall perception of training of CACREP graduates was 4.09 (SD = .834) and for non-CACREP graduates was 3.86 (SD = .878). This small variance between graduates was not statistically significant.

School Counselors indicated highest levels of satisfaction with training/preparation (M<4) in the areas of Assessment Techniques, Theories of Counseling and Development, Group Counseling, Orientation to Counseling, Counseling Children and Adolescents, Techniques of Counseling (Pre-practicum), Practicum, and Internship. These areas represent a major portion of the foundation for most counseling programs and are emphasized throughout training, which could account for the high levels of satisfaction. Classroom Management, Marriage, Family and Relationship Counseling, Psychopathology and Maladaptive Behavior, and Substance Abuse were rated lowest by study participants suggesting that participants were uncertain about their preparation in these areas.

Interestingly, School Counselors rated Counseling/Helping in a Multicultural Society 3.57. This may have occurred because the majority of the participants (87.9%) were Caucasian while the student demographics in Illinois have been changing during the past 15 years.

In the areas of Substance Abuse (M = 3.20), Classroom Management (M = 3.12), and Psychopathology and Maladaptive Behavior (M = 3.15), participants were generally neutral concerning their training/preparation in these areas. The authors are concerned that these areas were rated so low considering the high number of students who present for services that include substance abuse, psychiatric and behavioral problems, and disruptive behavior in the classroom. The results suggest the need for increased emphasis on training/preparation in these areas.

The overall perception of training among the total sample was 4.00, which suggests that participants were basically satisfied with their training preparation. The results of this study also contained a great deal of variability, with a mean standard deviation of 0.829. Differences in perceptions may be due to the wide variety of universities attended (46, including both CACREP and non-CACREP institutions), and the wide variety of ways in which school counseling curricula are approached. The overall perception of training of CACREP graduates was 4.09 (SD = .834) and for non-CACREP graduates was 3.86 (SD = .878). This small variance between graduates was not statistically significant.
courses and in practicum and internship. It is particularly important that these skills be taught in counselor education programs in states where teacher certification is no longer required.

Counselor Education training programs need to emphasize theoretical knowledge of marriage, family, and relationship counseling and the implications of this knowledge for working with students' personal concerns. Implicit in the teaching of these theories is the incorporation of multicultural family dynamics. While specific clinical intervention of family systems theories may not be appropriate in the school setting, an understanding of how family systems dynamics impact students is essential.

Counselor Education training programs need to emphasize the understanding of psychopathology and maladaptive behavior from a diagnostic perspective. A clearer understanding of diagnostic criteria by school counselors would be important to (a) understand and identify student's symptom behavior related to preexisting mental health conditions the student brings into the school setting, and (b) assist in making appropriate referrals to community mental health practitioners.

Counselor Education training programs need to emphasize understanding of principles and practices of addictions. As with marriage, family, and relationship counseling, it will not be the school counselor's responsibility to provide treatment for addictions. It is important, however, that school counselors have knowledge of alcohol and drug addictions in order to (a) help identify symptom behaviors in students, (b) provide preventive educational programs, and (c) make appropriate referrals to community addiction treatment programs.

Summary
Professional counselor preparation is a complex process due to the complexity of human behavior and the need to meet accreditation and certification standards. The results of this study suggest that there are several areas of training and preparation that should be improved. This study also points out the need for additional research. An understanding of the perceptions of school counseling preparation by students who complete degrees in counseling related fields is vital to counselor supervisors' understanding how those students perceive their training to become professional counselors and whether or not their training is equivalent to training/preparation in counselor education programs. Additionally, studies that include professional counselors who have received degrees from counseling programs that are CACREP accredited and non-CACREP accredited need to be conducted to gain a better understanding of counselor perceptions of their training. This study provides the basis for continued research.

Limitations
Several limitations of this investigation should be noted. Minority representation was limited in this study due to two factors: response rate and the low numbers of minorities who are certified teachers in Illinois, which was a requirement for certification as a school counselor at the time of this study. Demographic data such as educational attainment level (e.g., master’s plus additional course work) were not included. Conditions relating to school size and the location of the counselor's school (e.g., rural vs. urban) were not included and could have enhanced the analysis of data. Finally, this study was conducted in Illinois and the results may not be generalized to other states. This study does provide a representative sample of Illinois school counselors and does provide implications for school counselor training. The results of this study provide both predictable and unpredictable outcomes that could impact school counselor education programs.

References


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**Survey Item** | **M SD Overall** | **M SD CACREP** | **M SD Non-CACREP**
---|---|---|---
Overall Perception | 4.00  0.82 | 4.09  0.83 | 3.86  0.78
Develop and Manage School Counseling Program | 3.88  1.05 | 3.92  0.92 | 3.45  1.68
Developmental Counseling | 3.95  0.93 | 4.13  0.86 | 3.82  0.66
Lifestyles and Career Development | 3.82  1.00 | 3.92  0.92 | 3.72  1.14
Classroom Management | 3.12  1.77 | 3.13  1.93 | 3.66  1.50
Assessment Techniques | 4.05  0.91 | 4.10  0.90 | 3.92  0.96
Research Methods | 3.94  0.87 | 4.06  0.81 | 3.70  1.07
Counseling Theories | 4.62  0.56 | 4.69  0.54 | 4.55  0.70
Lifespan Counseling | 3.52  1.07 | 3.69  1.08 | 3.33  1.63
Group Counseling | 4.24  0.80 | 4.33  0.81 | 4.14  0.77
Marriage, Family, Relationship Counseling | 3.23  1.24 | 3.30  1.27 | 3.12  1.15
Counseling Orientation | 4.32  0.74 | 4.43  0.73 | 4.12  0.84
Children and Adolescent Counseling | 4.30  0.75 | 4.32  0.80 | 4.24  0.62
Multicultural Counseling | 3.57  1.73 | 3.84  1.14 | 3.38  1.20
Legal and Ethical Issues | 3.81  1.62 | 3.99  1.07 | 3.49  1.23
Psychopathology and Maladaptive Behavior | 3.25  1.22 | 3.21  1.25 | 3.18  1.29
Substances Abuse | 3.20  1.18 | 3.12  1.20 | 3.22  1.16
Crisis Assessment and Counseling | 3.40  1.10 | 3.49  1.13 | 3.20  1.09
Consultation and Referral | 3.66  1.07 | 3.72  1.04 | 3.62  1.06
Counseling Techniques | 4.36  0.74 | 4.38  0.72 | 4.33  0.82
Practicum | 4.45  0.77 | 4.55  0.66 | 4.25  1.63
Internship | 4.33  1.00 | 4.50  0.76 | 4.17  1.81

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2. Include an electronic copy (RTF, Word, or WordPerfect) of initial and subsequent manuscripts and the cover letter.
3. Manuscript titles are not to exceed 50 letters and spaces.
4. Materials are to be well organized, concise, and logical. Aim to communicate clearly.
5. Avoid footnotes.
6. Double-space all materials, including references.
7. Author's names with position, title, phone, e-mail, place of employment and address are to appear only on the cover page.
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