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Andrew L. Carey and
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Life Challenges: Learning in All Things

Andy Carey and LeeAnn Eschbach

Professionally and personally, we will all go through many life circumstances that challenge us. Some of us may have an easy time for certain periods of our lives, but at some point, we cannot avoid life events that simply challenge us beyond what we feel we can endure. Columbine, September 11th, and the war currently at hand are some of the more global events that challenge us beyond understanding. At a more personal level, we may encounter a job change, divorce, someone close to us tragically dying, or betrayal and abandonment by a close friend.

When we encounter such events, our ongoing, deeply held convictions and beliefs about how life is supposed to be are often threatened. It is difficult and challenging when life circumstances question our deeply rooted values. In disbelief and confusion, we are confronted with the choice of continuing to defend our conclusions and "shoulds" about life by throwing away current evidence or we can face and learn about what is real such that our iron-clad beliefs may now be altered (Morningstar, 2003). We can remain in our "shoulds, ought tos, and circular questions of why" that repress the real pain or we can fearlessly wrestle with the real grief and loss of not being able to hold on to our previously held convictions (Carey, 1995). Sometimes, it is beneficial to examine reasons for staying with "shoulds", and what aspects of real grief are we not confronting. From a spiritual and developmental perspective, we encounter what we do in life specifically for new growth and learning, and "coincidentally," we somehow continue facing similarly challenging events until we finally learn what we are ultimately to learn before we can move on in life (Jankowski, 2002).

Life lessons can be very difficult, and yet, there are many challenging life lessons that are common to the human experience: learning to accept less than perfection, to accept the reality that someone close to us can hurt us terribly, to accept self when accomplishments are less than desired, to accept the world as far less than our ideal, to accept the things we cannot change, to accept the certain season of life that is before us, to learn to love when someone feels utterly unlovable, to learn to receive instead of constantly giving, and to learn to be still instead of always doing. Take time to reflect on this list; we as helpers in the counseling profession need to address these issues in our personal life if we are to help others deal with some of these issues. Likewise difficult is learning that the lessons we are to learn at a given time are often not the lessons others are learning during that same time, which makes our life journey feel very alone at certain times. It is difficult to accept our uniqueness and to accept when our path is different from those immediately around us. It is difficult to judge whether we are to step in objection to what is occurring because no one else is objecting, or whether we are to accept life at the moment while believing for more.

Life challenges, and hopefully life lessons, often come through changes in our circumstances. While we often meet our difficult circumstances and the unfamiliar with

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resistance, change is good. Change is good in that it places us in situations where we must grow, that otherwise, we would become stagnant and lifeless. As counselors who center on helping clients to change and grow through their life challenges, we are to model that openness and needed flexibility for learning during our own life challenges. Whether it is facing events like September 11th or our occasional personal life changes and challenges, let us as counselors walk forward dealing with life as it is rather than life as we would want it to be.

As JPCA co-editors, we are encountering a period of transition with new learning for each of us. We welcome Ellen Houser as the new incoming co-editor who will replace Andy. While Andy will move on to other life challenges, LeeAnn will readjust some of her JPCA duties and looks forward to Ellen's contributions to JPCA. Likewise, several new reviewers have joined the JPCA staff, and we encourage you to see who they are inside the front cover of this issue. Thank you for being counselors and being representative of those who stand for "learning in all things." Enjoy this issue!

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Counselors, Clients, and Individual Style

Ellen F. Houser

As counseling professionals, we work in a multitude of settings and interact with many different types of people. It stands to reason that a counselor's knowledge of his or her personality and work style can contribute not only to increased self-understanding, but also to that individual's professional effectiveness and efficiency. Understanding clients' personality, work, and learning styles can also be an important step in considering interventions that will be useful for our clients. The use of general personality measures is helpful in our work with clients. This is particularly relevant when we counsel individuals who are experiencing career difficulties, as Spokane (1991) emphasized the overlap between an individual's personality and career.

The Myers-Briggs Type Indicator, a frequently used measure of personality, focuses on normal variations in personality (Thompson & Ackerman, 1994). Katherine C. Briggs and Isabel Briggs Myers used the theory of personality developed by Carl Jung to explain the normal differences between healthy behavior of individuals along four dimensions: (1) where they focus attention (*Extraverts* receive energy from interacting with people, whereas *Introverts* receive energy from reflecting on their own thoughts); (2) how they like to take in information (people who prefer *Sensing* are especially attuned to practical realities, while those who prefer *Intuition* are attuned to seeing new possibilities); (3) how they make decisions (*Thinkers* are more likely to use cause-and-effect reasoning, whereas *Feelers* are guided by personal values); and (4) how they deal with the outer world (people who are *Judgers* prefer living in a planned, orderly way, while people who are *Perceivers* prefer living in a flexible, spontaneous way). In addition to being utilized in some individual and group counseling situations, the Myers-Briggs Type Indicator is also used in work settings for organization development and team building. (Myers, 1998).

We might encourage Extraverts to slow down and really think things through before taking action; we might encourage Introverts to move from the thinking stage to the action stage. Sensors might need assistance in looking at the big picture and long-range implications, while Intuitives might need help with evaluating options and plans realistically. We might encourage Thinkers to consider the human consequences of their decisions, whereas we might encourage Feelers to evaluate options more objectively. Finally, Judgers might need assistance with staying open to new information while Perceivers might need help in staying on task and making decisions when appropriate. As counselors, we should remember that we are likely to understand clients whose types are the same or similar to ours. On the other hand, the more different a counselor's

type is from the client's, the greater likelihood of miscommunication. (Tieger & Barron-Tieger, 1995).

Clients' personality and work styles also influence their learning styles. Even when a counselor is not acting in a formal role as a teacher, knowledge of variability of clients' learning styles is helpful. Expanding on a personality measure such as the Myers-Briggs Type Indicator can help counselors understand how clients learn. This can provide us with important insights when selecting effective interventions for the diverse clients with whom we work. For example, *Sensing learners* like details; they learn facts and solve problems using well-established methods. *Intuitive learners*, on the other hand, dislike repetition and prefer learning through innovation (Royse, 2001).

Recognizing the importance of individual learning style can help us tailor our interactions with others. This is true in both our counseling interactions with clients and daily interactions with colleagues. People who prefer *concrete experiences* might benefit from role-play and feedback from others. Those that are partial to *reflective observation* can be helped through the use of discussion and brainstorming sessions. People who are *abstract conceptualizers* might want to work alone in order to analyze ideas. Those who prefer *active experimentation* will want an opportunity to apply material in order to practice a concept. Even the style in which someone takes in information will have an impact on learning. *Verbal learners* pay more attention to written and spoken words, whereas *visual learners* are likely to remember what they view in terms of charts, films, pictures, and diagrams (Royse, 2001).

How does your personality influence your counseling, work, and learning style? Do you like to participate actively in a variety of tasks, or do you prefer to concentrate without interruption on one project for a long time? Would you rather apply your experience to a standard way of solving problems, or would you be partial to the challenge of solving new, complex problems? Do you enjoy concentrating on tasks and using logical analysis to reach conclusions, or is your preference to concentrate on people and use values to arrive at conclusions? Do you work best when you can plan your work and work your plan, or do you favor flexibility in your work with opportunities for last-minute changes?

Regardless of your professional style, we hope that this issue of The Journal of the Pennsylvania Counseling Association includes ideas to spark your interest on subjects that are related to the type of counseling that you do. We hope that you find the topics covered in this volume to be useful in your work.

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A Concerns-Based Approach to Counselor Supervision

Shirley Devine

Although supervision involves the facilitation of counselor development, data on the change process that occurs with supervision has been slow to emerge. Models of change as opposed to models of supervision are nearly nonexistent in the supervision literature. Informed by the Concerns-Based Adoption Model of change (Hall, 1979), an alternative framework to conceptualize and facilitate counselor development is presented that extends beyond current developmental models of supervision. Numerous authors allude to the existence and pervasiveness of supervisee concerns as a considerable influence on the supervision process. However, concerns have not been formally addressed in the supervision literature nor explored in supervision research. When applied to the context of supervision, the Concerns-Based Adoption Model elucidates the pattern and processes of change that characterize counselor development, and suggests that counselor supervision may be differentially effective depending on the resolution of supervisee concerns.

Change lies at the heart of all supervision practice, and the supervisory relationship serves as both the context and catalyst for change (Jacobs, David, & Meyer, 1995; Watkins, 1995). However, it has been historically difficult to determine which aspects of supervision account for supervisee change and effective supervision (Neufeldt, 1999; Bernard & Goodyear, 1998). Nonetheless, how supervisors facilitate change is one of the most critical concerns confronting the field of supervision (Watkins, 1995).

During the last two decades, developmental models of counselor supervision have been a major theme in the supervision literature (Holloway, 1995). Characterizing counselor development as occurring in "spurts and patterns" (Leddick, 1994, p. 1) as counselors progress from novices to skilled clinicians in stages (Corey, 2000), developmental models generally maintain that "...good supervision depends on the developmental level of the supervisee" (Ronnestad & Skovholt, 1998, p. 303). However, according to Holloway (1995), current developmental models have not effectively described the mechanisms involved in a change process such as supervision, nor how supervisees move from one developmental stage to the next. Consequently, little is known about the nature and pattern of counselor change across developmental stages and the supervisory processes that facilitate or inhibit professional development. Clearly, information of this nature is critical to effective supervision. Consideration of the Concerns-Based Adoption Model (Hall, 1979) addresses this gap in the supervision literature.

Overview of Concerns-Based Adoption Model of Change

The Concerns-Based Adoption Model (CBAM, Hall, 1979) emerged in the education field to describe changes in the nature of teachers' concerns at different stages in their professional development, and the implications that these changes have for assisting teachers' ongoing development. Because the CBAM is developmental in nature and applicable to any change process (Hall & Hord, 1987), it holds significant theoretical potential and practical utility for counselor supervision that extends beyond current developmental models. As a change model, the CBAM offers supervisors a framework to conceptualize and facilitate counselor development that can be integrated into a variety of supervisory styles and orientations.

Three fundamental assumptions underlie the CBAM and illustrate its compatibility with counselor supervision: a) change is a process rather than an event; b) change is a highly personal experience that involves cognitive, affective, and behavioral components; and, c) change entails an unfolding of experience and the gradual development of competence in the use of an innovation (Rogers, 1995). According to Rogers (1995), "innovation" is defined as "an idea, practice, or object that is perceived as new by an individual" (p. 11). With respect to counselor supervision, the "adoption" or refinement of clinical skills and conceptual knowledge can be considered "innovations" to a supervisee.

The concept of concerns is central to the CBAM (Hall & Hord, 1987). Concerns are described as "the composite representation of the feelings, thoughts, preoccupations, and consideration given to a particular issue, task, or new process...depending on one's knowledge and experience, each person perceives and mentally contends with a given issue differently; thus, there are different kinds of concerns" (Hall & Hord, 1987, p. 59). Given the relationship between competence and concerns with respect to an innovation, the emergence and intensity of different types of concerns follow a fairly predictable pattern throughout a change process (Hall, 1979; Hall & Hord, 1987). For example, individuals with little experience with an innovation (i.e., novice counselors) are predicted to experience and express concerns that are qualitatively different from the concerns of individuals who are experienced and competent in the use of an innovation (i.e., advanced counselors). Despite observable differences in concerns between novices and experts, professional development is predicated on the resolution of concerns (Hall & Hord, 1987). In other words, the resolution of supervisee concerns is tantamount to advancement across developmental stages in a change process. This suggests that supervision may be differentially effective depending on the recognition and successful resolution of supervisee concerns.

According to Hall and Hord (1987), seven developmental stages comprise a change process - *Awareness, Information, Personal, Management, Consequence, Collaboration, and Re-Focusing*. These seven stages align to form three clusters of concerns; namely, *self-concerns, task-concerns, and impact-concerns* (Hall & Hord, 1987). According to the CBAM, individuals enter a change process with concerns that are predominantly self-oriented in nature. Self-concerns often are reflected in questions such as: What do I need to learn? What is my role? Can I be successful? How will I be evaluated? Self-concerns reportedly

are most intense during the early stages of change - Awareness, Information, and Personal - when anxiety, self-doubt, and a lack of self-confidence regarding one's competence and experience are greatest (Hall & Hord, 1987). During the early period of professional development, novices characteristically are concerned about gaining information and how using an innovation will affect them personally. The self-concerns described by Hall and Hord (1987) parallel the characteristics frequently ascribed to novice counselors in the supervision literature.

As the individual's need for information and support is addressed and satisfied, self-concerns gradually diminish and give way to the emergence of task-concerns. Task-concerns are reflected in question such as: How should I do this? How can this be conceptualized and managed? How can I go about finding out about this? Characterized as the Management stage or "how-to-do-it" period of professional development, the development of knowledge and skills necessary to manage an innovation and to function effectively in one's role are critical to the resolution of task-concerns (Hall & Hord, 1987). The task-concerns stage of the CBAM may correspond to the intermediate stages of counselor development, and the development of basic counseling knowledge and skills may facilitate the resolution of task concerns during this period of professional development.

When self-concerns and task-concerns are largely resolved, impact-concerns intensify (Hall & Hord, 1987). Manifest in concerns about one's professional impact and effectiveness, impact-concerns are most prevalent during the last three stages of the CBAM - Consequence, Collaboration, and Re-Focusing - when self-awareness tends to be greatest (Hall & Hord, 1987). Impact-concerns are expressed in questions such as: What impact did I have? What alternatives may have greater impact? How can this be improved? How do others experience me? Although the resolution of impact-concerns involves the ongoing assessment and refinement of the skills learned during earlier developmental stages, impact-concerns are never fully resolved and individuals continue in this stage for the duration of one's professional career (Hall & Hord, 1987). Presumably, impact-concerns are most prevalent among advanced-level supervisees.

Applying Concerns Theory to Counselor Supervision

Concerns theory can be applied to the supervision process by assuming the self-, task-, and impact-concerns correspond to the concerns, and thus, supervision priorities, of novice, intermediate, and advanced counselors respectively. For example, novice counselors frequently have been observed to enter the supervisory relationship with fairly predictable anxieties that corroborate the existence of intense self-concerns at the beginning of the supervisory relationship and early stages of professional development. Common sources of anxiety include self-doubt (Borders, 1994), negative self-appraisals about one's competence and ability to be successful (Borders & Fong, 1994), and a preoccupation with the evaluative aspect of supervision (Bernard & Goodyear, 1998). Research suggests that anxiety is likely to remain high until the novice counselor assimilates new information and becomes comfortable in the counselor-supervisee role (Borders, 1994). Data of this nature support a supervisory approach that addresses the novice-supervisee's need for considerable support and information regarding the fundamentals of the counseling and supervision processes (Stoltenberg &

Delworth, 1987), and perhaps most importantly, to effectively resolve the supervisee's self-concerns. Olk and Friedlander (1992) note that unnecessary tension and conflict in the supervisory relationship would be reduced if supervisors devoted sufficient attention to exploring and resolving supervisees' anxieties. Unfortunately, many supervisors focus supervision on client issues rather than address supervisees' concerns (Borders & Fong, 1994). Insufficient attention to self-concerns or dealing with next-level task-concerns prematurely provides an explanation for supervisee frustration or resistance during the early stages of development. Clearly, self-concerns are likely to be enduring and pervasive until they are addressed and sufficiently resolved. As Hart (1994) posits, is it reasonable to expect supervisees to focus on the tasks of supervision if they are struggling with self-doubt and are invested in concealing their anxiety and concerns from their supervisors?

The emergence of task-concerns may coincide with a gradual shift in focus from oneself to client issues as self-concerns are resolved and subside. Ultimately, it is the supervisee's ability to focus on client issues that empowers one to be a more effective counselor (Skovholt & Ronnestad, 1992). Whereas information serves to assuage self-concerns, skill development appears to be critical to address and resolve task-concerns. For example, the acquisition of basic helping behaviors has been shown to reduce counselors' anxiety (Bernard & Goodyear, 1998), especially with regard to how to help clients and manage counseling situations (Teyber, 2000; Williams, Judge, Hill, & Hoffman, 1997). Furthermore, the supervision literature reveals that a broad range of learning is associated with the intermediate stages of counselor development that includes expansion of the supervisee's knowledge base, experiential range, and repertoire of clinical skills (Nelson & Johnson, 1999; Bernard & Goodyear, 1998). However, in addition to the development of technical skill and conceptual knowledge, the formation of a counselor identity may be an important task during this period of development. According to Nelson and Johnson (1999), change is not only influenced by the hours spent in supervision, but also by attending to the supervisee's evolving professional identity. Interestingly, the types of professional development issues associated with the intermediate stages of professional development describe the essence of task-concerns identified by the CBAM.

The emergence of impact-concerns coincides with a progression to advanced developmental stages in a change process (Hall, 1979; Hall & Hord, 1987). Supervision research supports impact-concerns as being most prevalent among advanced supervisees. The supervisor's attention to the emergence of impact-concerns is critical as impact-concerns may imply that a supervisee now possesses a "readiness" and sufficient confidence to benefit from an exploration of issues usually considered threatening at earlier stages, and supports a supervisory focus that extends beyond clinical training to include the integration of technical skills with the development of increasing self-awareness and insight (Bernard & Goodyear, 1998). Compared to novice counselors, advanced counselors have been observed to initiate more critical feedback of their work and to engage in comparatively more self-appraisal than novice counselors (Borders, 1994). Similarly, advanced counselors reportedly are more interested in an exploration of how one's communication style, interpersonal dynamics, and professional commitment interact and affect one's work with clients (Nelson &

Johnson, 1999). To this end, the supervisory relationship may now be a relevant focal point for supervision. Ultimately, an examination of the relationship issues and dynamics that occur within the supervisory dyad may be as significant to the effective supervision of advanced counselors as the development of clinical prowess, and may assist in the resolution of impact-concerns. Essentially, impact-concerns signal when a supervisory shift from a task focus to a relationship focus is appropriate to stimulate and resolve supervisees' impact-concerns. It is important to note, however, that because impact-concerns are never fully resolved (Hall & Hord, 1987), they may serve to motivate advanced counselors to refine knowledge, professional identity, and theory in integrative ways and to develop innovative strategies to deal with difficult client issues throughout their careers.

Conclusion

Despite relatively solid evidence for change across counselor training levels (Stoltenberg, McNeill, & Crethar, 1994), supervision research has yet to determine a direct link between counselor change and supervision. Consequently, a more substantive knowledge base about the change process that accompanies supervision is necessary to identify the salient aspects of effective supervision. However, as a change model, the CBAM addresses some of the criticisms of existing developmental models frequently cited in the supervision literature, and has predictive and prescriptive value for supervisors.

Although the relationship between a supervisee's developmental stage and the supervisor's role is well documented in the supervision literature (Nelson & Johnson, 1999; Bernard & Goodyear, 1998), formal recognition of the relationship that exists between these and supervisee concerns has been neglected in the supervision literature. Nonetheless, an examination of the CBAM reveals that supervisee concerns exert a powerful influence on professional development and the supervisory process, determine the nature of supervisory assistance counselors are likely to perceive as helpful, and are worthy of greater attention in supervision research and practice. Perhaps the greatest strength of the CBAM lies in its emphasis on attending to and resolving supervisee concerns throughout the supervision process. Monitoring change in the nature of supervisee concerns provides valuable data that can be used by supervisors to discern supervisee change and transitions across developmental stages, and to structure and facilitate supervision accordingly. Conceptualizing supervisee concerns as developmental "markers" (and analogous to the supervisee's most compelling supervision needs), the CBAM underscores the importance of providing supervision that is congruent with supervisees' concerns to facilitate and stimulate change (i.e., the emergence of next-level concerns). From a concerns-based perspective, supervisors can anticipate that counselors will progress from novices to experts at different rates depending on the resolution of self-, task-, and impact-concerns.

However, it is insufficient to simply identify supervisee concerns; rather, it is "the responsibility of the concerns-based facilitator or change agent to do something on the basis of the determination - to intervene" (Hall & Hord,

1987, p. 42). Regardless of the supervisor's theoretical orientation, familiarity with concerns theory empowers supervisors to make informed decisions about what, when, and how to introduce material and challenges into the supervision process. Until an instrument is developed to assess supervisee concerns, tracking supervisees across practicum and internship courses would yield data to substantiate the nature and pattern of change identified by the CBAM. In turn, information of this nature could be used to enhance the effectiveness of supervision and enable supervisors to "...keep their fingers firmly on the pulse of the process and permit more effective responses as the change process unfolds" (Hall & Hord, 1987, p. 90).

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Shirley Devine, M.A., is currently an adjunct faculty member and doctoral counseling student at Duquesne University in Pittsburgh, Pennsylvania. Correspondence regarding this article should be sent to Shirley Devine, Counselor Education and Supervision Program, Duquesne University, Pittsburgh, PA 15282.

A Scope of Practice and Professional Disclosure for School Counselors

Kenneth G. McCurdy

Historically, there has been confusion about the roles that school counselors are asked to perform. This paper reviews the literature regarding the various roles and duties of school counselors. It provides a description for a school counselor's scope of practice based on core components in counselor education, the national standards, the national model for school counseling programs, and it outlines how professional disclosure statements can be used to inform others about one's scope of practice.

In 1993 Sears reported on the changing scope of practice of school counselors in the United States. She indicated that school counselors were being asked to assume greater responsibilities in the lives of students and families. This increase is due to the problems students encounter on a daily basis, whereby requiring school counselors to move from a service-oriented approach to a skills-based school counseling program. On an average day in the United States:

- 5 children or teens commit suicide
- 9 children or teens are homicide victims
- 9 children or teens are killed by firearms
- 1 young person under the age of 25 dies from HIV infection
- 180 children are arrested for violent crimes
- 367 children are arrested for drug abuse
- 1,329 babies are born to teen mothers
- 2,543 public school students are corporally punished
- 2,861 high school students drop out of school
- 17,297 public school students are suspended (Children's Defense Fund, 2002)

School age children are being subjected to significant life issues requiring school counselors to be highly skilled and competent counseling professionals. School counselors are the trained human relationship and behavior specialists in schools charged with the task of helping students with academic, career, personal and social development problems (American School Counselor Association [ASCA], 1999; Campbell & Dahir, 1997; Thompson, 2002). The counseling literature is saturated with studies that examine the role and duties of school counselors (Anderson & Reiter, 1995; Baker & Gerler, 2001; Gysbers & Henderson, 2000; Keys & Lockhart, 1999; Matthes, 1992; McCollum, 1996; Murray, 1995; Schmidt, 2003; Thompson, 2002). The majority of these articles examine school counselors' roles based on the needs of certain constituencies within the school community (Drury, 1992; Fitch, Newby, Ballestero, & Marshall, 2001; Gysbers,

Lapan, & Jones, 2000) or based on the allocation of duties that school counselors are asked to routinely perform by school administrators (Ballard & Murgatroyd, 1999; Gade & Houdek, 1993; Partin, 1993; Texas Education Agency [TEA], 1996; Vandegrift & Wright, 1997).

Little attention has been given to how school counselor education and professional training establishes competencies for which the duties constituting the practice of school counseling are uniquely derived. Furthermore, there is a dearth of information in the literature regarding how school counselor training, the national standards for school counselors (Campbell & Dahir, 1997) and the national model for school counseling programs (ASCA, 2003) guide the practice of school counseling to meet the needs of the various constituencies in school settings. Several negative consequences can result from this lack of a definitive understanding of the roles and duties of school counselors. Societal changes and educational reforms have threatened the survival of many school counseling programs due to poorly defined roles of school counselors (Ballard & Murgatroyd, 1997). Furthermore, counselor effectiveness may be hindered by role confusion and a lack of understanding of one's duties (Corey 2001; Partin, 1993; Murray, 1995). Finally, school counselor role confusion contributes to confusion in the minds of school constituents including administrators, teachers, parents, students, and the community, damaging the effectiveness of the school counseling program (Ballard & Murgatroyd, 1999).

The lack of a definitive understanding of the roles and specific duties of school counselors commonly referred to in health related professions as the "scope of practice," has been detrimental to the school counseling profession. Murray (1995) suggests a two part strategy to validate the role of the school counselor; 1) defining the role of the school counselor and 2) establishing better working relationships with administration through effective communication. The first strategy requires school counselors to identify their scope of practice and the second encourages them to find the most effective way to communicate that scope of practice to others in the school. A well defined scope of practice will indicate to administrators and the rest of the school community what is expected of school counselors but also what services they can effectively and ethically provide. The promotion of a school counseling scope of practice through professional disclosure statements may alleviate confusion often felt by others in the school community that may be damaging to the school counseling program. This article focuses on identifying a common scope of practice that school counselors generally perform based on their professional training, national standards, and needs of the school community, within a comprehensive developmental school counseling program. Furthermore, a professionally acceptable method for communicating this scope of practice is discussed through the use of a professional disclosure statement.

Confusion of School Counselor Roles

To meet the needs of children and adolescents in today's complex and troubled school environments, school counselors must be clear and definitive about the duties and services for which they are trained and competent to provide. Historically, there has been confusion about what roles, and more specifi-

cally what duties, school counselors are asked to perform in a school (Anderson & Reiter, 1995; Ballard & Murgatroyd, 1999; Cunanan & Maddy-Bernstein, 1994; Drury, 1992; Fitch et al., 2001; Gysbers et al., 2000; Gade & Houdek, 1993; Partin, 1993; Roberts, Coursol, & Morotti, 1997; TEA, 1996; Vandegrift & Wright, 1997). It is important to understand that school personnel often play many roles within a school. A math teacher may also serve in the role of math club moderator, as well as cheerleading coach. An assistant principal may also be a health teacher and basketball coach. These roles are based on distinct knowledge, skills, training, experience, and sometimes requiring a specific license or certification. School counselors are professionally trained, licensed or certified counselors who complete graduate level training that prepares them to work as human relations specialists in school and educational settings (Council for the Accreditation of Counseling and Related Educational Programs [CACREP], 2001; Schmidt, 2003; Sears, 2002). Since school counselors have unique knowledge, skills and training, why is there such confusion about their roles, and more specifically, the duties that fall within the practice of school counseling?

The roles and duties that school counselors perform can vary from school to school, school district to district, and from state to state. One study conducted in Ohio examined how school counselors spent their time. The results indicate that school counselors' duties include testing and student appraisal, guidance activities (not counseling), individual counseling, group counseling, consulting, resource coordination, administration and clerical duties, and other non-guidance/counseling activities (Partin, 1993). Another study conducted by Ballard and Murgatroyd (1999) surveyed K-12 school counselors in Oregon and Louisiana asking them to define their roles. The data revealed that developmental counseling, crisis intervention, college and career counseling were the major roles of school counselors. Burnham and Jackson (2000) surveyed school counselors in the southeastern United States to assess the roles K-12 school counselors play. These authors found that school counselors perform individual counseling, small group counseling, group (classroom) guidance, consultation, appraisal, and nonguidance activities on a routine basis. Last, the Texas Education Agency (1996) surveyed school counselors in Texas and found that counselor duties included: teaching guidance, assisting teaching guidance, guiding students, interpreting test results, individual counseling, small group counseling, consultation, coordinating resources, referral, planning guidance curriculum, supervising personnel, planning standardized testing, other counseling duties and other non-counseling duties. These studies identify a variety of duties that school counselors perform on a daily basis for which they may or may not be competent. It is important to understand the non-counseling duties that school counselors are asked to perform.

According to Partin (1993) the school counselor's job description has evolved to include numerous non-counseling related duties, from supervising restrooms to conducting school fundraising. The school counseling literature indicates that school counselors spend between four percent to twenty-five percent of their time performing non-counseling related duties. Non-counseling related duties often performed by school counselors include registration, scheduling, achievement / proficiency testing, maintenance of student records, special

education related duties, school discipline, administrative duties, supervising students (lunch, study hall, etc.), teaching and subbing duties, nursing duties, and secretarial duties (Baker, 1996; Burnham & Jackson, 2000; Campbell & Dahir, 1997; Fitch et al., 2001; Hatch & Bowers, 2002; Partin, 1993). School counselors are being asked to perform both counseling and non-counseling related duties by school administrators who may have little or no school counseling experience themselves (Paisley & Borders, 1998). The variety of these duties adds to the confusion that can occur in defining the role of the school counselor in many schools.

In defining the role of a school counselor, the American School Counselor Association (1999b) states that a professional school counselor is "a certified/licensed educator trained in school counseling" who "provides assistance to students through four primary interventions: counseling (individual and group), large group guidance, consultation, and coordination." Presently, the school counseling profession is advocating the duties of the school counselor be incorporated into a comprehensive developmental school counseling program targeted to meet the needs of the entire school community.

Gysbers and Henderson (2000) describe a comprehensive guidance program where school counselors serve several roles including program management role, guidance role, counseling role, consultation role, coordination role, assessment role, and professionalism. Myrick (1993) advocates a similar model focusing on individual counseling, small group counseling, classroom/large group guidance, consultation, and coordination. The national standards for school counseling programs (Campbell & Dahir, 1997) identify the following duties as methods to implement an effective comprehensive school counseling program: counseling (individual and small group), consultation, coordination, case management, guidance, program evaluation and development. These are further incorporated into the newly developed national model for school counseling programs (ASCA, 2003). School counselors are not "the counseling program" but are the competent counseling professionals at the heart of a comprehensive school counseling program (Gysbers & Henderson, 2000; Schmidt, 2003). The school counseling profession is moving from a service-oriented approach to a skills based, comprehensive approach that requires school counselors to be coordinators as well as facilitators of a comprehensive program. Shephard Johnson (2000) states that the new millennium affords transformative opportunities for school counselors to refine their professional identity as highly trained practitioners whose goal is to facilitate all students to become effective learners through provision of a contemporary integrated school counseling program that promotes the achievement of developmentally based competencies across academic, career, and personal/social domains.

To be effective in their positions as highly trained counseling and human development specialists school counselors must be clear about their competencies and scope of practice within a comprehensive developmental school counseling program.

Professional Scope of Practice

What is Scope of Practice?

Coy and Sears (1991) simply define scope of practice as the responsibilities for which one is trained. The term scope of practice seems to be deeply rooted in the medical field and with various medical professions including nurses (Guido, 1997; Trandel-Korenchuck & Trandel-Korenchuck, 1997) and medical doctors (Waring, 1998). More specifically, the term scope of practice is related to professional licensure. Licensure is a legal process by which permission is granted by a governmental entity, usually on the state level, to a qualified individual, to practice the designated skills and services of a specific occupation, in a specified jurisdiction, where practice is not possible without a license (Gladding, 2001; Waker Guido, 1997; Trandel-Korenchuck & Trandel-Korenchuck, 1997). To qualify for licensure can be a rigorous endeavor.

In order to qualify for licensure individuals must meet certain criteria that vary by profession. The criteria for licensure as a professional school counselor also varies by state but some common criteria include specific educational / training requirements, experience requirements, examination requirements, and criminal background checks (Farrell, 1997). All fifty states require that school counselors be licensed or certified to be employed in public schools (Farrell, 1997) indicating that there are specified skills and services that are unique and regulated in the practice of school counseling. These skills and services constitute the practice of school counseling.

Scope of practice is also more comprehensively defined in the literature as the permissive boundaries of practice and identified parameters of professional service usually defined by state statute, rule, or both, and is reserved for those who are appropriately credentialed, usually through licensure or certification (Waker Guido, 1997; Schwab & Gelfman, 2001; Trandel-Korenchuck & Trandel-Korenchuck, 1997). The American School Counselor Association (1999a) supports counselor licensure laws that provide a legal definition of the counseling profession, minimum standards for entry at the master's degree level, and a defined role of professional school counselors. Unfortunately, state laws and school board policies governing school counseling do not clearly define a scope of practice nor do they adequately identify the roles and duties of school counselors (Gysbers et al., 2000; Murray, 1995). As stated earlier, in order to qualify for licensure, individuals must meet certain educational / training and experience requirements. The content of an individual's education, training and experience provides the foundation for a scope of practice that one is permitted to implement upon licensure.

Scope of Practice for School Counselors

Education and training are the first contributing factors to creating a school counselor's scope of practice. School counselors are trained in counselor education programs within colleges and universities. Counselor education programs prepare school counselors in a number of core areas including: professional identity; social and cultural diversity; human growth and development;

career development; helping relationships; group work; assessment; research and program evaluation; foundations of school counseling; contextual dimensions of school counseling; and knowledge and skill requirements for school counselors (ASCA, 1999a; CACREP, 2001). In addition, clinical experiences in counselor education require school counseling students to complete anywhere from 200 clock hours to 700 clock hours of school counseling and related duties in a practicum or internship under appropriate supervision (ASCA, 1999a; CACREP, 2001; Farrell, 1997). School counselor education requirements do vary from state to state but the emphasis on these core areas seems to be prevalent in the practice of school counseling at varying degrees, at the elementary, middle school and high school levels (Sisson & Bullis, 1992). School counselor preparation and training set the stage for school counselors to provide competent counseling services focusing on academic development, career development, and personal / social development as outlined in the national standards for school counselors (Campbell & Dahir, 1997), and within the management system, accountability and delivery system components of the national model for school counseling programs (ASCA, 2003).

Once school counselors understand the strengths and limitations of their training they can then assess their own professional needs, as well as the needs of students, teachers, administrators and the rest of the school community in relation to the practice of school counseling in a comprehensive developmental school counseling program. The core areas of school counselor education focus on human growth and development, understanding the individual differences among students, families and constituencies in the school, and various relationship issues at the core of the educational process relating to students, teachers, parents, administrators, and the community (ASCA, 1999a; CACREP, 2001; Schmidt, 2003) and should serve as the foundation of a school counselor's practice. As stated earlier, the literature outlines numerous counseling duties that school counselors perform that are unique and specific to school counselor education and training, as well as various non-counseling duties that are not part of their training and preparation. Competent school counselors should perform only those duties for which they have knowledge and training, and the duties that they are permitted to practice according to their specific license or certification. It is a school counselor's responsibility to provide a disclosure notice informing counselees about one's counseling approach and techniques, or scope of practice, as well as confidentiality limitations, at the outset of counseling (American School Counselor Association Ethics Committee [ASCAEC], 1997; Corey, Corey, & Callanan, 1998; Schmidt, 2003). School counselors should also inform all constituencies within a school as to their scope of practice to dispel any uncertainty regarding the role of the school counselor. Consequently, school counselors must identify what specific counseling duties fall within their scope of practice.

A thorough understanding of one's preparation and training as a school counselor as well as the development and implementation of a comprehensive school counseling program are crucial to understanding the scope of practice of a school counselor. It is extremely important to objectify what comprises a school counselor's scope of practice and its boundaries. For this purpose, the practice of school counseling can be defined according to professional

training criteria (ASCA, 1999a; CACREP, 2001), the national school counseling model (ASCA, 2003) and national standards (Campbell & Dahir, 1997), and commonly accepted counseling duties in the professional literature (ASCA, 1997a, 1997b, 1997c, 1999a, 1999b; Ballard & Murgatroyd, 1999; Burnham & Jackson, 2000; Cunanan & Maddy-Bernstein, 1994; Gysbers & Henderson, 2000; Hanson, Whitson, & Meyers, 2002; Schmidt, 2003; Sears, 1993, 1999, 2002; Thompson, 2002). The practice of school counseling is providing school counseling services to students, school personnel, families, and members of the community through the auspices of an educational setting involving the application of counseling principles, methods or procedures to assist students in their academic, career and personal/social development and adjustment. Counseling principles, methods or procedures are approaches to counseling that emphasize the school counselor's role in systematically assisting students through implementing the following services:

- Counseling – assisting individual students or groups of students, through the counseling relationship, to develop an understanding of personal problems, to define goals, and to develop a plan of action reflecting his/her/their interests, abilities, aptitudes and needs as these are related to healthy academic, career and personal/social development.
- Guidance – assisting individual students or groups of students through psycho-educational curriculum presentations consisting of broad goals and objectives for a specified target population and is, ideally, integrated cooperatively into classroom instruction by both teachers and school counselors.
- Assessment
 - ❖ Student
 - Objective - selecting, administering, scoring and interpreting instruments designed to assess students' aptitudes, attitudes, abilities, achievements, interests, developmental and emotional characteristics.
 - Subjective - utilizing professional knowledge, credible professional judgement and accepted theory to understand the needs of a student and render a course of action to best meet these needs which may include school counseling services or referral to a specialist.
 - ❖ Program – selecting, administering, interpreting instruments designed to assess the outcomes of a comprehensive school counseling program.
- Consultation – interpreting or reporting fact, theory or credible professional judgement to provide assistance in solving current or potential problems of individual students, groups of students, parents, teachers or administrators.
- Referral - evaluating data and circumstances to identify problems and determine the advisability of referral to other specialists.
- Coordination – providing direction, supportive service or administration to various components within the school setting, the family, and the community at large to positively influence students' academic, career, and personal/social development.
- Supervision/Administration

- ❖ School Counselor – providing direct supervision to other school counselors to enhance their professional development, skills, and abilities, while at the same time assuring the quality of service and safety of the student clientele.
- ❖ Program – managing and administering the daily and yearly operations of the school counseling program.

School counselors are faced with a difficult job, and often one's duties are dictated by principals or other administrators with little or no school counseling experience (Paisely & Borders, 1998) or other factors unrelated to a school counselor's preparation and training (Coy & Sears, 1991). A common scope of practice for school counselors provides a foundation and a direction as to who school counselors are and what role school counselors play in a school setting. This general definition of the practice of school counseling can serve as a template for school counselors to create their own scope of practice unique to their training and the needs of their school, district and state but in line with common school counselor preparation standards, the national school counseling model, and national standards for school counseling programs. Once this is done, school counselors are responsible for notifying counselees (ASCAEC, 1997; Corey et al., 1998; Schmidt, 2003) and the other constituencies (school personnel, administrators, parents, and the community) in schools as to their scope of practice. Professional disclosure statements can assist school counselors with this task.

Professional Disclosure

It is ethically essential for school counselors to communicate their scope of practice to potential and current counselees, school personnel, administrators and the community about professional identity, competencies, and services they can provide. Ultimately, this means that students and other constituencies in the school community can make informed decisions regarding whether the school counselor is the correct person with whom to work for the services and opportunities they desire (Keel & Brown, 1999). School counselors are ethically required to adequately inform counselees about their scope of practice at, or before, counseling begins (Corey et al., 1998; Schmidt, 2003), and a professional disclosure statement can serve this purpose.

A professional disclosure statement is a clear and concise way for school counselors to describe who they are, their scope of practice, the role they play in a school, and a method of professional advocacy to all of the constituencies within a comprehensive developmental school counseling program. It should broadly reflect "the distinctive qualities and characteristics of the individual helper as well as the purpose, goals, techniques, procedures, limitations, risks and benefits of services to be provided" (Keel & Brown, 1999, p. 14). Hackney (2000) provides information and guidelines on the minimal information that should be contained in a professional disclosure statement including information about a school counselor's qualifications, counseling philosophy, counseling methods, assessment procedures, limits to confidentiality, contact information for a school counselor's supervisor and credentialing agency (see Appendix). The American School Counselor Association Ethics Committee (1997) provides an example of a disclosure statement used by an entire school counseling department, identi-

fying pertinent scope of practice information for each school counselor in the department as well as other relevant disclosure information.

Conclusion

School counselors perform various roles and duties. Consequently, there has been confusion as to what duties school counselors are trained and competent to perform. Their duties are often dictated by principals and other school personnel with minimal counseling experience (Paisley & Borders, 1998). School counselors are mandated to practice the designated skills and services stipulated by their license or certification, commonly referred to as their scope of practice.

A school counselor's scope of practice is based on the professional education and training that lead to establishing professional competencies in school counseling. School counselor education standards (ASCA, 1999a; CACREP, 2001), the national school counseling model (ASCA, 2003), the national standards for school counseling programs (Campbell & Dahir, 1997), and the professional literature delineate the scope of practice for school counselors. The school counselor's role includes systematically assisting students through implementing various school counseling services including counseling (individual and group), guidance, assessment (student and program), consultation, referral, coordination, supervision and administration (school counselor and programmatic). These services can provide a foundation for school counselors to create their own scope of practice unique to their training and school environment.

Once school counselors identify their scope of practice, they are ethically bound to inform their counselees of their scope of practice as well as other important disclosure related information (Corey et al., 1998; Schmidt, 2003). Professional disclosure statements are a means of informing counselees, as well as the other constituencies within a comprehensive developmental school counseling program, about a school counselor's scope of practice. They are an ethically succinct way for school counselors to describe who they are, their scope of practice, and the role they play as a member of a diverse school environment. School counselors are obligated to identify and promote their scope of practice to all of the constituencies in a school to limit confusion about their role and help to meet the complex needs of today's children and adolescents.

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Kenneth McCurdy, Ph. D., is an assistant professor in the community counseling program in the department of psychology at Gannon University, Erie, PA. A preliminary version of this article was presented in March 2003 at the American Counseling Association World Conference in Anaheim California. The author would like to acknowledge those in attendance at that poster session for their feedback and input. Correspondence concerning this article should be addressed to Kenneth McCurdy, Department of Psychology, Gannon University, 109 University Dr., Erie, PA 16541 (e-mail: mcurdy003@gannon.edu).

Appendix

PROFESSIONAL DISCLOSURE STATEMENT

Julie Smith, School Counselor

FORMAL PROFESSIONAL EDUCATION

University Attended	Degree Received	Dates
Gannon University Erie, PA	Master of Education in Community Counseling	1993-1996
Ohio University Athens, OH	Bachelors Degree in Education (Special Education)	1985-1989

AREAS OF PROFESSIONAL COMPETENCE

All of the following areas of competence are within my training, experience, and scope of practice as a Professional School Counselor: *assessment, career counseling, child and adolescent counseling, classroom guidance, educational counseling, personal and social counseling, consultation, administration, and counselor supervision.*

My counseling philosophy is based on Adlerian psychology and the belief that there is purpose behind all that we do; equalitarian relationships are built between students and myself; that the road to success in one's life is based on encouragement; there is insight in recognizing of our goals for making mistakes; and we are all in control of our perceptions of achieving life tasks. I ask students to look within themselves and challenge their perceptions of their place in the world, which is rooted at an early age. This can be difficult and may involve challenging one's self-perception and worldview. Students must be open to new perceptions to make meaningful life changes. I may use different assessment methods to aid in the counseling process. Play therapy techniques are often utilized with children and adolescents. Insight oriented modalities are also often used with adolescents. Confidentiality in counseling will be maintained at all times except in situations where a student is a clear and imminent danger to him/herself or others, in cases of where a students reports being abused, or other circumstances mandated by school board policy and law.

If you feel that you have been harmed in some manner throughout counseling, you may contact my supervisor, Mr. Don Allen, Director of Guidance (*or the principal may be appropriate if no supervising counselor*). You also have the right to contact the (*State Licensing Agency; i.e. State Department of Education*).

Address and Phone Number of Your State Licensing/Certification Agency

Counseling via the cognitive approach:

Mind does matter

John McCarthy

Beck's cognitive approach to the change process is a present-oriented, problem-focused model that is centered on a person's interpretation of events. The cognitive model includes various types of beliefs, including core beliefs, intermediate beliefs, automatic thoughts, and the counselor's teaching of the cognitive model to the client is an important part of the counseling process. Teaching clients to monitor their thinking can be enhanced through homework and interventions such as a "Daily Mood Log" (Burns, 1989). Finally, professional counselors may want to consider this approach for its utility with managed care and empirical support for a range of issues.

Developed by Aaron T. Beck in the early 1960s, cognitive therapy is a short-term approach that is structured, counselor-directed, and aimed at modifying a client's thinking pattern so that it is more adaptive in nature (Beck, 1995). It has been empirically supported for a range of mental health issues and psychological disorders and is often used in conjunction with behavior approaches, thereby resulting in a cognitive-behavioral therapy. This article will provide an overview of the cognitive model and outline the counseling process using this approach, including a description of possible interventions.

The cognitive model is largely based on one's personal interpretation of external events. The continual flow of thoughts that run through people's mind—their internal dialogue—is given various meanings, thereby influencing the feelings that arise from outside occurrences. In other words, according to Burns (1999a), "You must understand what is happening before you can feel it" (p. 30). Freeman, Pretzer, Fleming, and Simon (1990) maintained that, in the cognitive model, it is also recognized that "emotions can influence cognitive processes" and that behaviors can shape how a situation is perceived (p. 6).

Three types of beliefs are integral to this model. First, core beliefs represent the deepest, most fundamental ideas that a person holds. Such ideas are perceived as truths that are absolute and held without question. An example of a core belief would be a person's belief of "I'm worthless." Core beliefs are inflexible and can arise in several different situations, and are subsequently overgeneralized and global. Second, intermediate beliefs reflect rules, attitudes, and assumptions that an individual holds. If, for instance, a person's core belief is, "I'm incompetent," then a corresponding intermediate belief may be, "It's terrible to be incompetent" or "I must work as hard as I can all the time" (Beck, 1995, p. 16). Third, automatic thoughts rapidly happen in one's thinking, some-

times so quickly that a person may not even be aware of them. Not a product of conscious thinking, automatic thoughts are generally accepted as being true.

In addition to the focus on mental processes, several important principles are inherent in this approach (Beck, 1995). Because of space limitations, three of these principles are included in this discussion. First, cognitive therapy is more present- and problem/goal-oriented as well as time-limited and psycho-educational. Second, the client-counselor relationship is marked by collaborative empiricism; that is, a working together of the client and counselor in identifying and evaluating the accuracy and utility of the client's thinking. Third, consistent structure and regular feedback are critical ingredients of the counseling sessions. Counseling sessions include reviews of the time since the previous session, agenda-setting for the current session, a review of homework assignments, summaries, and feedback at the conclusion of the meeting (Beck, 1995).

A common approach for counselors using cognitive therapy is to initially focus on clients' automatic thoughts, for they are the closest to a person's awareness. Counselors teach clients to recognize, assess, and modify their thinking (Beck, 1995). Automatic thoughts and cognitive distortions are closely linked, as "When the patient expresses an automatic thought, the therapist notes (mentally, verbally, or in writing) the type of error she [sic] seems to be making" (Beck, 1995, p. 118).

Several common cognitive distortions can be evident in people's thinking, and these can increase individuals' misperception of an outside event or experience. Cognitive distortions can also influence individuals' moods. Such patterns of cognitive distortions include, among others, dichotomous thinking, disqualifying the positive, catastrophizing, and personalization. In dichotomous thinking, outside events are perceived as either one of only two possible ways. For instance, a belief that one is either totally successful or a complete failure with no in-between ground would be reflective of this cognitive distortion. Disqualifying the positive is marked by people's discounting any positive parts of an experience that conflict with their negative views. Anything positive is simply dismissed. Catastrophizing entails negative events becoming unbearable disasters (Freeman et al., 1990). This distortion also has a future-oriented element, as it involves a prediction of what might take place. Catastrophizing can be heard, for instance, in hearing a client talk about his upcoming wedding in saying, "I'll be so nervous that I'm going to pass out. I just won't be able to function!"

In the early part of counseling, it is helpful for the client to have a firm understanding of the cognitive model as well as a clear mutual understanding of the concrete counseling goals that have been set. The process of guided discovery, a critical examination of one's automatic thoughts, is another important element in aiding a client to generate "adaptive alternatives" to such ideas. Client generated adaptive alternatives leads to other views to "counteract the negative impact" of the maladaptive thoughts perceived in the problem situation (Freeman et al., 1990, pp. 13-14).

Paper-and-pencil forms are one commonly used way to help clients to recognize the thinking behind upsetting personal events. An example of one such form is a "Daily Mood Log," a written form that asks the client to identify the feelings and their intensity associated with the occurrence, the automatic thoughts, the distortion associated with those thoughts, and possible rational responses

(Burns, 1989). Burns advocated the use of this Log for 10-15 minutes for five days of a week for at least a month, adding that the regular practice related to one's thinking is analogous to an athlete's physical workout (1999b). The Log can be used both in the counseling session and as a homework assignment.

Though out-of-session client tasks are not essential to the cognitive approach, they are frequently used as an integral part of the change process. The purpose behind them is to offer opportunities for change throughout the clients' weeks as a way to enhance gains of the counseling sessions and perhaps increase self-efficacy. As Freeman et al. (1990) pointed out, clients who do therapeutic work outside of sessions will accomplish more than clients who simply wait to revisit the counselor at the next session. They also added, "...a client, in the course of his or her daily life, is in a position to collect data and test the effects of cognitive and behavioral changes in a way that would be difficult to do within the therapy session" (p. 14). Research among clients in cognitive therapy has found that progress is better among those who perform homework assignments than those individuals who do not (Neimeyer & Feixas, 1990; Persons, Burns, & Perloff, 1988).

Beck (1995) noted that, in the beginning stages of counseling, the therapist takes the lead in offering suggestions around homework. As it progresses, clients are asked to create their own assignments with the idea that those who "set their own homework are more likely to continue to continue doing so when therapy is over" (p. 249).

Assignments can focus on education (bibliotherapy); cognition monitoring, testing, or practice; and behavioral experiments (Beck, 1995). They can also be extensions of interventions used in session. Leahy (2003) offered a range of cognitive therapy techniques, many of which are in paper-and-pencil formats that again can be used both in and outside of the counseling session. His resource categorized techniques by the type of issue raised. For instance, if counselors are intending to evaluate worries, they can ask clients to examine the costs and benefits of worry, using a specific form, or ask them to turn worries into predictions by writing out the specific aspects of their prophecy.

Even though cognitive therapy is not a "new" approach to change, its evolution has brought interesting new applications and ideas to the counseling process, and it may be helpful for professional counselors to revisit this approach in the early 2000's. Managed care companies have increasingly emphasized time-limited, goal-oriented models, two qualities inherent to the cognitive format. Empirically supported approaches have also gained additional attention in recent years, and cognitive therapy is among those that have been shown to be effective with individuals with certain kinds of depression, eating disorders, and anxiety disorders (Rush & Beck, 2000). It has also been used with people whose ages range throughout the lifespan. Finally, Padesky and Greenberger draw attention to the way in which cognitive therapy can be utilized in a culturally sensitive manner, as they offer a reminder that clients will learn skills if they are offered in "a context congruent with clients' culturally acceptable beliefs" (1995, p. 39).

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Using The Sandbox: A Case Presentation Technique

Holly Moore, MS.Ed., NCC, LPC
Antoinette Petrazzi Woods, MA, LPC
Felicia Y. Williams, MS.Ed., NCC, LPC

This abstract describes a type of supervisor led peer group supervision that utilizes the sandbox as a case presentation technique. First, three guiding principles of the supervisory relationship are identified, and the process of implementing the principles into practice is examined. Next, the supervisor-led peer group supervision model is reviewed. Finally, the sandbox case presentation as a supervision technique is discussed. The information is based on supervisory work that the authors conducted in the counselor education program at Duquesne University.

The Supervisory Relationship

Three guiding principles underlie the decision to use a supervisor-led peer group supervision model and the sandbox technique in supervision: intentionality, integrated theoretical orientation, and the Discrimination Model. First, intentionality is the overarching principle of the supervision process. Hockaday, Purkey and Davis (2001) define intentionality as the ability to link consciousness and perceptions with purposes and actions. Additionally, Ivey and Ivey (1999) describe intentionality as the ability to "generate alternatives in a given situation and approach a problem from different vantage points, using a variety of skills and personal qualities, adapting styles to suit different individuals and cultures" (p. 14). Both of these definitions are valuable because they use different lenses to illuminate the process of intentionality. For example, during the sandbox supervision process, the supervisors conceptualized and operated with intention. In essence, intentional supervisors purposefully consider and select responses that are useful during the sandbox case presentation technique.

Second, an integrated theoretical orientation, or combining methods and techniques from several supervisory approaches (Scott, 1995), is key to supervision. This builds on the assumption that a single theoretical approach does not capture the essence of the supervisory relationship. An integrative approach extends beyond the confines and parameters of single theoretical approaches and examines what can be learned from other perspectives (Stricker, 1994). In reaching beyond a single theoretical approach, the authors had the opportunity to intentionally choose from a broad range of options and interventions. For example, using diverse clinical supervision paradigms during the sandbox technique offered the supervisee the opportunity to view the content and process of the sandbox from different theoretical perspectives. As a result, exploring

multiple theoretical perspectives is not only more expansive for the supervisor but also for the supervisee.

Finally, Bernard's (1997) Discrimination Model closely guides the sandbox technique supervision process because it allows for a pluralistic and contextual perspective that considers three supervisor roles (teacher, counselor, consultant) and three foci of supervision (intervention, conceptualization, personalization). Overall, the sandbox supervision technique involves the use of the three roles and foci of supervision. Bernard indicates that the various roles within the discrimination model offer the supervisor the opportunity to act from a multitude of roles with supervisees. First, the teacher role involves the process of the supervisor directly instructing the supervisee about particular techniques, and association of techniques with a theoretical base. Next, the counselor role involves the supervisor discussing the supervisee's issues that may impede the counseling, or supervisory, relationship, as well as the supervisee's professional development. Finally, the consultant role involves a collaborative effort between the supervisor and supervisee.

According to Bernard (1997), the personalization focus of supervision includes elements such as personality, sensitivity toward others, and personal awareness. Conceptualization skills criteria involve covert processes that a competent supervisor examines through observation and interpretation of intervention skills, or through direct inquiry posed to the supervisee (Bernard). Conceptualization criteria take into account the supervisee's ability to make sense of presenting client information and circumstances as well as relevant themes (Bernard). Intervention skills include the counseling skills of greeting, empathy, challenging, blocking, clarifying, and so forth (Bernard). Intervention skills criteria consist of behaviors and skills that are germane to counseling. That is, intervention skills are the skills that distinguish counseling as an intentional, interpersonal, and therapeutic process.

Method of Supervision

A supervisor-led peer group was the supervision method to implement the sandbox technique. Supervisor-led peer group supervision is a process that involves a supervisor overseeing a trainee's professional development in a peer group (Holloway & Johnston, 1985). The supervisor-led group, as the name implies, has a designated leader who is a senior member of the profession (Fall & Sutton, 2001). This method can be productive and valuable for counselors at all experience levels (Borders, 1991).

Borders (1991) discussion of peer group supervision is applicable when the peer group is led by a supervisor. Advantages include the ability to address multicultural concerns, burnout, professional growth, peer support, belonging, validation of feelings, and vicarious learning through increased case exposure. Borders' enumeration of peer group supervision advantages are applicable to peer group supervision with a sandbox as the case presentation technique. According to Borders, limitations of peer group supervision may include reluctance to confront, poor organization, lack of genuine feedback, advice-giving, and unequal training or expertise of members. The sandbox case presentation technique can address confrontation, feedback and advice-giving as limitations

of peer group supervision. Providing feedback with figures in a sandbox may allow for more open feedback as it is less personal than expressing the feedback directly to the peer. Use of the suggested outline of the sandbox technique (See Appendix) can attend to the possibility of poor organization in peer group supervision by structuring the case presentations.

As doctoral students and university supervisors at Duquesne University, the authors facilitated supervisor-led peer group supervision with master's level students participating in either practicum or internship experiences. In the group supervision setting, both practicum and internship students present cases. Some case presentations utilized audio tape or videotape; others did not. Case presentations are followed by feedback including areas for improvement as well as areas of clinical competence.

The Sandbox Technique

A demonstration (Willow, 2002), presentation at a professional conference (Fall & Sutton, 2001), and literature on peer group supervision (Borders, 1991) guided the development of the sandbox case presentation technique. The presentation and demonstration extended Borders' work by adding the sandbox case presentation technique to supervisor-led peer group supervision. Building on these three sources, the first author developed a detailed approach to sandbox supervision.

The sandbox case presentation approach was implemented with a peer supervision group of internship students in a CACREP-accredited master's program in counselor education. The eight group members included students in school, community, and marriage and family counseling. The technique was used on four times during one academic semester. At the beginning of the semester, students gave unanimous verbal agreement to utilize the sandbox technique within supervisor-led peer group supervision. As preparation for case presentations, the first author explained supervisor-led peer group supervision in general, outlined the entire process of the sandbox case presentation technique, identified herself as the moderator, and explained all participant and moderator roles.

Case presentations began with a member volunteering to present a case and providing relevant demographic information about their case. Next, the group determined what key figures in the case need to be represented in the sandbox, and each group member was assigned a role representing one of the key figures. Members placed their figure in the sandbox according to the members' understanding of the case, and the case presenter had the opportunity to challenge any placement. Then, the case presenter rearranged the figures according to their therapeutic goals with the client(s). Other members suggested alternative arrangements for the therapeutic outcome. The moderator then facilitated the group discussion regarding the desired changes, and kept the focus on realistic goals. Summarization occurred at each step. The presentation concluded by processing the experience. The appendix provides a detailed description of the sandbox case presentation procedure utilized during this supervision group.

Student responses to the technique were overwhelmingly positive. Student comments indicated that the sandbox helped to "conceptualize differently" and "remain open to clients." It allowed group members to "see other peo-

ple's perceptions visually," and not "overlook [things] due to frustration". The technique "gets everyone in the group involved" and is "not threatening." As the group facilitator and assigned moderator, the first author experienced the case presentations as powerful and productive. Group members provided feedback about demographic information that had not yet been explored with clients, but also different views about cases. The members accepted feedback openly, as changing a figure in a sandbox is not as threatening as personally disagreeing with a statement. The moderator ensured that advice-giving was minimal.

As with any technique, there are some drawbacks to the use of the sandbox case presentation technique. For the authors, there were two significant potential drawbacks. First, it is critical to encourage group members to provide feedback comments that are "realistic for the job." Moreover, it is important that students are developmentally ready for the sandbox supervision technique. One group member expressed that she was "uncomfortable with presenting cases and getting feedback". Preparation of group members for the sandbox case presentation technique is an important foundation.

Conclusion and Recommendations for Further Exploration

Within this paper, the authors describe key underlying principles of the supervisory relationship, the supervisor-led peer group supervision method, and the sandbox technique. Further examination of the sandbox case presentation technique could include exploration of supervisee developmental levels and learning styles, use of creative modalities and fantasy in supervision, and benefits of sandplay therapy as related to the supervision process.

It is acknowledged that the use of the sandbox technique for peer group supervision has not been subject to the rigors of testing and research and requires further exploration. Such exploration could include the replication of the technique with a larger sample, different groups of students, groups at different developmental levels, or within the context of other academic or professional settings. Student response regarding efficacy of the technique could be gathered in a more systematic manner.

Appendix

1. A group member volunteers to present a case.
2. The member gives demographic information relative to the case.
3. Facilitate opening up the discussion to other group members by soliciting questions to clarify and expand demographic information.
4. Ask if they have all necessary information. (Add anything if they missed it).
5. Summarize information given.
6. Have the group decide what parties involved in the case need to be represented in the sandbox.
7. Have member choose their item and order it in the sandbox. (identified client first, counselor last.)
"Choose an item that represents your party. Place that item in the

- sandbox in a way that represents the situation/problem as you heard it."
8. In the role of their character in the sandbox, have each member speak from the "I" perspective about how they feel about the situation.
 9. From the student perspective, explain why you chose the item that you did to represent your character. Also, explain why you placed the item in the sandbox as you did.
 10. Summarize the representation in the sandbox.
 11. Ask the counselor, "Does this portrayal in our sandbox reflect the situation as you see it, or would you like to make a change?"
 12. Direct a dialogue between the counselor and the person who placed the item. Come to a consensus about the placement.
 13. Say to the counselor, "What is your goal with this client? What would the situation look like in the sandbox if your intervention was successful?"
 14. Say to the counselor, "Move the items in the sandbox to reflect how that goal would look if it was achieved."
 15. Summarize the representation in the sandbox.
 16. Open the discussion up to other group members to make changes about how they would like to see the outcome from their own perspective. Discuss each change as it is made.
 17. Summarize the changes made and discussed.
 18. Say to the counselor, "What could you do to facilitate the move from the present situation to your identified goal? Is this realistic?"
 19. Process the experience.

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Attachment and Conscience Development

*Lois A. Ebrmann
Albert Parrillo*

Attachment refers to the interactive reciprocal relationship that infants and young children experience and develop with their primary caregiver (Bowlby, 1982). Many times this caregiver is the infant's biological mother. In recent times the population of working mothers has increased dramatically. Due to this demographic change, the primary caretaker for a child can also be the biological father, and other relatives such as aunts, uncles, grandparents, older siblings, nannies or daycare providers (Wolff, 2002; Schor, 2002). There are also children in our country who for various reasons find themselves in the care of foster or adoptive parents. Last year, 542,000 children received their primary care in a foster home (US Department of Health and Human Services, 2002). This paper summarizes the effects of healthy functional attachment relationships and then discusses the effects on the individual when an attachment to a primary caregiver is either compromised or nonexistent. In addition some treatment implications are identified.

Bowlby (1982) and followers of Attachment theory (Rothbaum, Rosen, Ujii, & Uchida, 2002; Herring & Kaslow, 2002) believe that the attachment relationship an infant/child develops is of primary importance for normal development. If the attachment is a relatively healthy one, successfully meeting the infant's basic needs for food, protection, and affection with a fair amount of attunement, and reciprocity, the infant thrives and grows to become a productive, functional, stable and loving individual in society. Sometimes an attachment does not develop due to abuse of the child by the primary caretaker or a lack of responsiveness to the infant's many needs (Finzi, Cohen, Sapir, & Weizman, 2000). Other times an attachment may be present between the child and the caretaker but separation of the infant/child from the caretaker causes an interruption in the relationship. Some examples of child/caretaker separation are caretaker hospitalization, child hospitalization, entry of the child into foster care and multiple caregivers such as in daycare centers.

When an attachment is not developed or interrupted, individuals are more at risk for developing unhealthy behaviors such as stealing, lying, substance abuse and violence (Magid & McKelvey, 1987; Cline, 1992; Federici, 1998; Hughes, 1997; Hughes, 1998). In addition, the way an individual approaches or operates in future relationships is based on the relationship he or she experiences with the primary caregiver. If the primary caregiver/child relationship remains unhealthy there is a risk that future relationships involving the individual will also be unhealthy. When a healthy attachment to a primary caregiver has not formed, conscious development and the internal knowledge of right versus wrong also becomes impaired (Magid & McKelvey, 1987; Keck & Kupeckney,

1995).

The Bonding Cycle and its Positive Effects on the Child

Hundreds of times a day a sensitive caregiver, responsible for the protection and nurturance of an infant or small child, goes through a cycle of actions with his or her infant/child based on the child's needs. The need could be that the child feels hungry and needs to be fed or he/she may feel lonely and needs to be held, rocked or comforted in some way. Babies need to have their diapers changed; clothes removed or put on, carried, stimulated, and the list goes on. There are many times in a day when the responsive caregiver will react to the sounds of crying on the part of the infant and thus meet the needs of the small vulnerable human being. When needs are met successfully and sensitively the infant's distress is relieved. Bowlby (1982) postulated that over time and replication of this cycle the child begins to understand and believe that the caregiver is a trustworthy individual and that in this world younger, vulnerable children are cared for and protected by adults. Basic trust in relationships and in the world develops and the child thrives so that he or she begins to experience the energy needed to explore the world beyond him or herself. In healthy circumstances the child develops an internal working model of exploring the world. Bowlby coined the results of this repeated cycle the formation of a "secure base" with the primary caretaker.

There are additional positive consequences for the child because of this healthy trustworthy relationship with the caregiver.

1. The formation of an identity that includes a sense of self worth, competency, and a balance between dependency and autonomy (Keck & Kupeckney, 1995).
2. The ability to self-regulate, which results in effective management of impulses and emotions (Bowlby, 1982; Cole, Michel, & Teti, 1994; Hughes, 1997).
3. The development of a pro-social moral framework that involves empathy, compassion and conscience (Bowlby, 1982; Keck & Kupeckney, 1995).
4. The development of healthy defenses against stress and trauma, incorporating resourcefulness and resilience (Masten & Coatsworth, 1998).
5. The ability to foster positive peer relationships (Lieberman, Doyle, & Markiewicz, 1999).

Attachment Interruption and Its Consequences

Sometimes the cycle delineated above does not occur as frequently or as consistently as needed by the developing infant or child. Factors that could cause attachment interruption between an infant/child and his or her primary caregiver are, parental addiction (Walant, 1999), parental psychiatric disorders (Delaney & Kunstal, 1993), child abuse and neglect (Fahlberg, 1991), inconsistent or multiple caregivers (Magid & McKelvey, 1987), intractable pain from ear infections or other medical issues within the infant/child (Keck & Kupeckney, 1995)

and multiple moves within the foster care system (Fahlberg, 1991; Delaney & Kunstal, 1993; Delaney, 1998). When significant attachment interruptions occur and the infant/child cannot securely attach to a primary caregiver over time, several consequences to the child can potentially occur:

1. Inability to form close, appropriately intimate relationships with a safe adult caregiver as well as difficulty in peer relationships due to a tremendous need to have control over everything (James, 1994; Levy & Orlans, 1998; Gray, 2002).
2. Anger management difficulties (Schore, 1994) with bouts of extremely destructive behaviors to self, others or property (Cline, 1992) and exhibition of high-risk dangerous behaviors with little or no regard for the possible negative or harmful consequences of such behaviors (Thomas, 1997). Neurological deficits may also play a part in these issues (Federici, 1998).
3. Exhibition of pathological or non-rational lying and thought sequences that show distorted reality testing and or thinking as well as impairment in judgment of right versus wrong (Keck & Kupeckney, 1995; Randolph, 2001).
4. Cruel teasing or tortuous behavior of animals (Cline, 1992; Cline & Holding, 1999).
5. Indiscriminate affection to causal acquaintances or strangers (Cline, 1992).

Treatment Implications

There are several psychosocial consequences of significant interrupted or compromised attachment. At worst, attachment difficulties can lead to criminal behavior and chronic mental illness (Gray, 2002). Difficulty maintaining healthy relationships with family and friends is another potential psychosocial consequence (Lieberman, Doyle, and Markiewicz, 1999). Also, Coker and Borders (1991) reported that substance abuse in adolescence may be at least partially related to the quality of relationship between caretaker and child.

Professional counselors need to become educated and aware of the body of research that links attachment difficulties in early childhood with later behavioral and emotional difficulties. Empirical research needs to be done in order to develop safe clinical protocols of treatment that are effective in helping clients who manifest the consequences of attachment difficulties. Much of the literature on treatment interventions has been clinical or anecdotal in nature (Spratt, 2000). Some outcome studies have been done to demonstrate that a form of family therapy that includes nurturing holding techniques may be beneficial to children with attachment disorders (Goodwin, 1996; Meyeroff, Mertlich, & Gross, 1999; Randolph, 2001). The usefulness of these studies have been limited because of design flaws that included lack of standardization on treatment protocols or data collection and lack of reliability for the measuring instruments used.

Some types of treatment interventions show promise for children with attachment issues. Programs that focus on increasing the development of sensitivity and responsiveness of mothers demonstrated increased attachment for

children. This finding holds true for mothers of young adoptive children (Stams, Juffer, Van Ijzendoorn, & Hoksbergen, 2001) and biological mothers of small children (Mukaddes, Bilge, Alyanak, & Kora, 2000). An attachment- focused form of play therapy, "Theraplay", (Jernberg & Booth, 1999; Booth & Wark, 2001) is effective for some children with attachment-related difficulties. More studies in the area of safe effective treatment for attachment disordered children and their families are needed.

Professional counselors are urged to engage in careful assessments of early childhood attachment issues for their clients (Spratt, 2000). Part of that assessment should be to ascertain whether the child has a nurturing and protective environment within which a healthy attachment exists or within which a healthy attachment can be facilitated. This is important because it is within the relationships with healthy trustworthy family members that healing from attachment issues occurs.

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Pathway to Counseling Excellence Certification

Paul L. West
Susan Packard

A fundamental challenge facing public and private counseling agencies and practices today is measuring the effectiveness of the services they provide. With many states facing major fiscal shortages, funding streams for public behavioral health care services are vulnerable to drastic reductions. Likewise, insurance companies and managed care organizations continue to emphasize the need for the behavioral health care field to prove that the services offered actually result in positive client behavior change.

The infusion of valid outcomes research initiatives within the counseling arena continues to be tied to professionalism and growth (Lambert & Cattani-Thompson, 1996; Myers, Sweeney, & White, 2002; Sexton, 1996; and Whitston, 1996). Counselors are not only expected to provide clinical services that "do not harm," but are also expected to offer services that "do some good". Section A.1.c of the American Counseling Association Code of Ethics and Standards of Practice (1995) speaks to the need for professional counselors to "devise integrated, individual counseling plans that offer reasonable promise of success" and that these plans are regularly reviewed "to ensure their viability and effectiveness". The implications surrounding the "promises of success" suggests some reliance on past counseling efforts to determine what will or will not work for particular clients with particular problems. Likewise, pursuit of "effective" counseling plans require some sort of measurement to determine the extent to which clients respond to treatment (i.e., change their behavior).

Common sense suggests that a valid outcomes research agenda will provide the foundation for counselors and counseling agencies to better understand to what extends their counseling efforts contribute to positive client behavior change. Assessing the influence and impact of an intervention provides the foundation for counseling to move beyond "conjecture and hearsay" (Lazarus, 2000). Without valid outcomes measures, professional counselors are limited to "best guesses" to determine which intervention strategies will be the most effective for which clients with which problems. Professional growth occurs when counselors and counseling practices assess their performance over the long run, discover how many of their clients "get well", determine factors contributing to clinical successes and failures, and make systematic, targeted adaptations to clinical programs to improve treatment. The call for greater accountability of clinical services is not only being emphasized by managed care organizations (Bickel & McLellan, 1996; Granello & Witmer, 1998; Whitston, 1996), but also identified by some noted leaders in the counseling field as a significant deficit among practitioners (Gale & Austin, 2003).

To meet this challenge, the Institute for the Scientific Advancement of Counseling Services (ISACS) was formed in 2001 as a nonprofit corporation dedicated to the promotion of performance-based services within the behavioral health care field using real-world research. Central to this mission was the development of three unique and integrated components designed to standardize site-based research activities, establish a support system for research training and technical support, and provide a vehicle for recognition of counseling entities that accept professional responsibility to measure the effectiveness of the services they provide.

Certification

The centerpiece of the ISACS initiative is a formal, peer-reviewed certification available to public and private mental health, substance abuse, and marriage and family counseling agencies and practices that engage in valid, real-world, and outcomes research activities. This three-year certification is based on a formal set of standards that reflect established behavioral research guidelines and principles. The standards require counseling agencies to systematically identify key measurable variables pertinent to their clinical operations, develop a valid data collection process, accurately analyze and interpret the research data, and show evidence that the research results have been reviewed by the clinical staff and subsequent program adaptations initiated to address any deficiencies noted.

The certification process contains two peer-reviewed activities designed to enhance the research process. The first peer review occurs after the development of a research design and before the data collection commences. The second includes a review of the analysis and interpretation of the research data. These peer-reviewed activities are collaborative in nature and seek to promote site-based research activities that adhere to established behavioral research principles.

A site visit is also required as a final review prior to the issuance of a certificate. The site visit includes an examination of the research process to ensure compliance to the submitted research design. Together with the peer-review activities, the ISACS certification serves a formidable quality assurance role for research activities conducted in the behavioral health care field, a role that currently does not exist.

Support

Counseling agencies and practices can find research support features within the ISACS system. First, ISACS, Inc. is structured to provide on-line and telephone technical support for counseling agencies seeking certification. Several on-line courses are currently in production as well as a small assortment of publications that will provide outcomes research guidance. ISACS has also developed a Professional Partners program that includes linkages to 16 university training programs in 15 states willing to assist counseling agencies engage in valid outcomes research activities. A listing of the Professional Partners is listed on the ISACS web site. ISACS serves as a conduit for counseling agencies and

graduate training programs with faculty trained in behavioral research methodology and application to develop working relationships around a common goal: certification.

ISACS has also formed a Professional Affiliated program that includes professional organizations represented in the behavioral health care field dedicated to performance-based counseling. Professional Affiliated are encouraged to establish technical assistance and training components within their organizations to assist counseling agencies seeking certification. Professional Affiliates are also listed on the ISACS web site.

Promotion

ISACS is committed to promoting counseling agencies that successfully negotiate the rigors of certification. This commitment includes a consistent flow of information to funding and referral entities within the behavioral health care field as well as to national and state political leaders, corporate leaders across America, and to the general public through state/national media outlets. It is believed that the independent verification of the research activities of certified counseling agencies will be a prominent feature eventually influencing counseling agency funding and referrals.

All certified counseling agencies and practices, along with contact information will be listed on the ISACS web site for public access. A current listing of certified counseling agencies on the Internet will provide immediate information that will meet many different objectives. For example, insurance companies, managed care organizations, United Way, and state funding agencies might be interested in determining which agencies engage in valid outcomes research for financial reasons. Clergy, school counselors, human resource managers, union stewards, and judges might be interested in referring clients to counseling agencies that can demonstrate that they strive for counseling excellence through applied research.

The comprehensive features of certification, support, and promotion in a real-world atmosphere include elements of collaboration with professional membership organizations, higher education and political entities around the center theme of greater accountability within the behavioral health care field. These features are anchored in ethics, professionalism, and common sense and constitute a long overdue emphasis on performance-based counseling.

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The Journal of the Pennsylvania Counseling Association is a professional, refereed journal dedicated to the study and development of the counseling profession. The Editors invite articles which address the interest, theory, scientific research, and innovative programs and practices.

Generally, authors may expect a decision regarding a manuscript within 2 months of acknowledgement of receipt. Following are guidelines for developing and submitting a manuscript.

Specific Requirements

1. Manuscripts should not exceed 20 pages.
2. Manuscripts should be typewritten, double-spaced (including references and extensive quotations) on 8 1/2 x 11" nontranslucent white bond with 1 1/2" margins on all sides.
3. The title page should include two elements: title, and author affiliation. Identify the title page with a running head and the number 1 typed in the upper right-hand corner of the page.
4. Begin the abstract on a new page, and identify the abstract page with the running head and the number 2 typed in the upper right-hand corner of the page. The abstract should be approximately 125 words.
5. Begin the text on a new page, and identify the abstract page with the running head and the number 3 typed in the upper right-hand corner of the page. Type the title of the text centered at the top of the page, double-spaced, and then type the text. Each following page of the text should carry the running head and page number.
6. Reference style should be that of the Publication Manual of the *American Psychological Association, Fourth Edition*.
7. Authors should avoid the use of the generic masculine pronouns and other sexist terminology. See "Gender Equity Guidelines" available from the American Counseling Association (ACA).
8. Once a manuscript has been accepted for publication, **authors must provide two hard copies of the manuscript in its final version as well as a copy on microcomputer floppy diskette of 3 1/2" which is IBM or IBM compatible.** Disks are not to be submitted until requested. The disk must be clearly labeled with the name(s) of the author(s) and the hardware and software program in which it was written.
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Co-Editors

LeeAnn Eschbach

Associate Professor
Department of Counseling and Human Services
800 Linden Street
The University of Scranton
Scranton, PA 18510-4523

Andy Carey

Assistant Professor
Department of Counseling
1871 Old Main Drive
Shippensburg University
Shippensburg, PA 17257-2299

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