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Andrew L. Carey and
LeeAnn Eschbach, Editors

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The Journal of the Pennsylvania Counseling Association

Contents

Apology to Author

To Dr. David J. Tobin 2

Message from the Co-editors

A Case for Spirituality: Beyond the Human Level 3
Andy Carey and LeeAnn Eschbach

Article

Promoting Cultural Competence in School Counselors 7
John McCarthy and Angelina T. Santus

Research

Vocational Rehabilitation Acceptance and Unsuccessful Closures after the Initiation of the Individual Plan for Employment (IPE): Are there Really Differences? 13
Keith B. Wilson

Campus Wide Alcohol Use Compared to Students Seeking Services 25
Donald A. Strano, Riley H. Venable, and Jason L. Charney

Guidelines for Authors.....inside back cover

Apology to Author

We want to extend our sincere apologies to Dr. David J. Tobin for our omission in the previous issue of JPCA (Volume 5, Number 1, Winter, 2003) of his biographical material that normally follows an author's article. Dr. Tobin's article was "Countertransference and the Hidden Client in Counselor Training and Supervision." The biographical information that was to follow the article is: Correspondence concerning this article should be addressed to Dr. David J. Tobin, Ph. D., Community Counseling, Gannon University, 109 University Square, Erie, PA 16412. Again, we are sorry for the oversight and appreciate his valuable contribution to JPCA.

A Case for Spirituality: Beyond the Human Level

Andrew L. Carey

LeeAnn Eschbach

Within the last decade, counseling professionals have increasingly acknowledged the need for counselors to be able to deal effectively with client spirituality as seen by the results in Kelly's national study (1992, 1994), Pate and High's national study (1995), and by the inclusion of spirituality in the Council for the Accreditation of Counseling and Related Educational Program's (CACREP, 2001) standards. When client belief systems are significantly intertwined with their spirituality, as the above national studies have indicated, counselor effectiveness depends upon counselors' abilities to deal with spiritual beliefs. As this spiritual trend continues, we, as counselors and as persons, must continually open ourselves to more of who we are and who we are to be. How can counselors effectively help clients explore their spirituality if counselors have not explored and faced their own? The more whole we are as counselors, the more effectively we can facilitate client wholeness.

Observations from two major figures in the counseling field, Carl Jung and Irvin Yalom, provide impetus for learning more about our spiritual and existential existence as humans. These observations bring to the table some basic questions as stimuli for counselors to confront within themselves and for them to assist clients in dealing with life's difficulties at a spiritual-existential level if they so desire. Carl Jung, founder of Jungian Therapy, observed a spiritual instinct or need that exists in all people's psyche, a need that is not derived from any other need, but exists inherently as part of being human. He believed that to deny the existence of that need is to deny part of one's ability to heal and to become fully functioning and whole (Douglas, 2000; Jung, 1957).

Yalom, an advocate of Existential Therapy, in his work, *The Yalom Reader* (1998), observed conflict at the core of people's difficulties. This conflict he saw, from his intense work with the terminally ill, as centering on four life issues: death, freedom, isolation, and meaning. While Yalom did not directly connect these areas of human conflict to spirituality or God, by the mere fact that these human conflicts are inherent and apply to all people, wholeness and meaning do not seem fully attainable or explainable at a rational, human level alone. In essence, it appears that Yalom's four areas of ongoing human conflict (addressed below) are not fully resolvable unless wholeness and meaning are sought through spirituality, a Higher Power, or God, as Carl Jung observed is necessary.

On death, if we merely live and die here on this earth, much of life makes no sense at all. Many people late in life experience great despair about whether or not anything they did in life really made any difference. Life, at those times, makes little sense. And death makes no sense. In particular, people with no sense of spirituality or God find no purpose or rationale for death,

or death-related events. Without seeking a greater purpose for the existence of death and life's darker events, death has no chance of making sense. For instance, while it is inevitable that we die, Yalom saw that we still desire the control and power to be able to live. He noticed that only when people fully faced this issue of death did they find peace and a clearer understanding of their meaning in life. How can this meaning be found at a human level alone when we will eventually leave humans on this earth and go beyond their awareness and understanding? How can meaning for death be found with humans as the end point?

Our conflicts about freedom are also central to being human. People fight for freedom and typically rebel when someone even communicates with them in a way that leaves them no choice. Desiring freedom is inherent within us. Yet, people seldom behave with a freedom in life, a freedom that is free from concern of acceptance and approval from others. While some gradually grow in their freedom, no one is totally free. We react either by doing what others want so as to be accepted by them, or by doing the opposite as a way of rebellion. As long as we have people as our standards of whether or not we are acceptable, we will remain in this bondage of reacting to others in life as opposed to acting freely. When we do not believe in anything beyond the human level, how can our frame of reference be anything but humans for how we judge ourselves, and therefore, how we react. How can the freedom to act, instead of react, be obtained at a human level alone? How can this drive for freedom that is inherent within us be fully found with humans as the standard and end point?

Isolation is another conflict inherent to being human. We want to be free to be who we are and to have our own identity, and yet, we long to be connected relationally. Even from our mother's womb, we were made dependent upon another (our mothers) as a source of life. Dependence upon a source of life beyond us is instilled in us even before birth. Then, upon leaving the womb, we continue with an inherent desire to have a connectedness with a source beyond us. Without this connectedness, we are dissatisfied and feel alone. We are created in such a way that we *need* connectedness with someone apart from ourselves, and at the same time, ironically, we are never fully satisfied with our connectedness with people in life. We live with a deep longing for a connection with others that always seems to be unsatisfied in life. Others, invariably, disappoint us at times and cannot fully give us the sense of connection and completeness we need. Emptiness, every so often, creeps up on us. Somehow our connectedness at a human level does not really fulfill us or allow us to grow with the freedom we need to become whole in life. How can this inherent need for connection be fulfilled at a human level when people are imperfect? How can this compelling need within us for connectedness to an other beyond us as a source of wholeness or completeness, given to us even before birth, be achieved with fallible humans as the end point?

Yalom's observation of the importance of meaning also seems unattainable at a rational, human level. Each of us experience many relentless, painful, and confusing events throughout life that, no matter how much we strive for understanding at a human level, logical understanding cannot touch or help. A loved one who dies from cancer, a tragic accident, family who hurts us beyond belief, a child in an extremely painful situation that cannot be altered no matter who tries to help, and ongoing, heart-wrenching suffering in general are only a few examples that demonstrate the futility of finding meaning at a human level. In a world of seemingly senseless events, how can meaning be found at a rational, human level? How can the possibility of mean-

ing even begin in a world full of chaos, confusion, and pain with mere human understanding as the end point?

Yalom's observations of these normal, inherent human conflicts make obvious the futility of trying to find wholeness and meaning apart from spirituality or God. If all humans suffer and are stuck in these core conflicts to one degree or another, then who is really capable or qualified to answer these conflicts for others? We are really all in the same mess that was designed that way for some bigger purpose. These ongoing and unavoidable human conflicts themselves would seem to be a bad joke on humankind if we were somehow supposed to find meaning at a human level. Understanding seems impossible apart from going to a realm or level beyond humans. Yalom's observations very much support Jung's premise that finding wholeness must come from satisfying one's inherent spiritual needs. These observations also indicate that, apart from seeking beyond self and humankind to satisfy our spiritual needs, we may find ourselves constantly restless and distracted in life with our futile strivings at the human level to rise above conflicts that appear to be inherent in design for one purpose . . . finding Greater Meaning.

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Promoting Cultural Competence in School Counselors

*John McCarthy
Angelina T. Santus*

The changing demographics of the nation offer clear changes in the ethnic and racial cultures of students in today's schools. Being a multiculturally competent professional is an increasingly important role for school counselors, and the benefits and importance of such training are outlined. Models of multicultural graduate training for school counselors can include, but are not limited to, separate courses on the subject, integration of multicultural issues throughout the graduate curriculum, and self-assessment instruments.

Introduction

With the rapid increase of ethnic and racial minority cultures in last part the 20th century and continuing into the present century, it is imperative for schools in America to prepare students for healthy interactions, communication, and productivity in order to function in a multicultural society. This article outlines the importance of training for school counselors and methods and ideas through which they can become more multiculturally competent via graduate training, the result of which would add greater insight and knowledge to both them and their students regarding cultural issues.

Background

Brislin (1993) defined culture as consisting of "values, ideals, and assumptions about life that are widely shared among people and that guide specific behaviors" (p. 4). The inherent challenge in understanding culture—one's own or others—is that this concept has an element of "invisibility" (p. 4). That is, many assumptions and ideals are rarely clear, as they reside in a person's mind and are not often open for others to see and hear. Furthermore, Brislin also pointed out that many people do not get ample opportunities to explore their cultural backgrounds.

Two benefits to such self-examination, however, are plainly evident. First, exploring one's cultures enables individuals to increase insight into the assumptions and values that Brislin mentioned. In addition, cultural exploration can lead to a greater understanding of a family's traditions, community orientations, and spiritual/religious beliefs. Second, having a sense of oneself culturally can lead to a greater understanding of and perhaps willingness to explore other cultures. In far too many cases, people either judge or seek to examine other cultures without having a clear idea of their own cultural beliefs, and the result is often one of confusion and anger, which in turn can lead to prejudice, discrimination, and intolerance.

In school settings, for instance, enculturation—the learning of one's own cultures—takes

Promoting Cultural Competence in School Counselors

place for students from the dominant culture. In a country with the social and cultural diversity that our country possesses, acculturation—learning others' cultures—is also an integral part of the educational process (Pai, 1990). What is imperative in such institutional settings is that the various behavioral and thinking patterns of children from ethnic and racial minority cultures not be viewed as a deficit or weakness. Pai continued, "...unless these children are taught about the differences between the dominant and their own cultures and what standards of behavior are appropriate in school, they are likely to be treated as problem cases requiring disciplinary... measures" (p. 39).

For those coming from traditionally dominant cultures, such as European-American culture, the learning of minority cultures is a process that has received more attention in recent years. Prompted by changing demographic patterns among other factors, the need for multicultural training and sensitivity is vitally important for school counselors, and many counseling programs, though not all, require at least one course in this area. Within the past decade, the American School Counselor Association (ASCA, 1993) indicated that professionals should have the "skills necessary to foster increased awareness and understanding of cultural diversity existing in the school community" (Holcomb-McCoy, 2001, p. 196).

One danger in the absence of multicultural training is the use of approaches that may not be consistent with students' cultures. Often, common goals of counseling with European-American, middle-class clients include outcomes such as self-reliance, individuality, and independence (Gladding, 1997). It is important for counselors to understand that goals and techniques based on "basic" values are not acceptable and/or will not be successful with clients of other ethnic backgrounds. Yagi (1998) pointed out specific concerns of various ethnic groups, as he suggested that children and youth of Hispanic descent are more affected by cultural issues of acculturation, immigration, and economic variables, while youths of African-American descent are concerned with social issues of racism, economic deprivation, religion, and family roles. Yagi also added that students of Asian-American descent have "strong cultural elements of family, extended family, gender differentiation, role delineation, religion, tradition, custom, language, and identity" (p.2).

Not only do different cultural groups have distinct beliefs and values, but also each has counseling approaches that may be more effective than those assuming or based on European-American culture. Hispanic adolescents work well with counseling methods that include language acquisition, school achievement, and career development, while, when counseling African-American students, techniques that include group counseling, mentoring, and role modeling work effectively. Counselors also need to be well educated on Asian culture when working with Asian-American students, due to their cultural variables and communication styles having the potential to be different from those of European-American, middle-class youth (Yagi, 1998). Counselors often report utilizing counseling methods such as group counseling, family counseling, and creative arts activities when working with students of Asian descent (Yeh, 2001).

Whether school counselors have received academic training to facilitate such awareness, Hobson and Kanitz (1996) warned that they will inevitably face increasing demands to work with students from culturally diverse backgrounds. This challenge requires counselors to "reassess their professional attitudes and behaviors and take action to ensure that they have the awareness, knowledge, and skill to deliver services to all students" (Lee, 1995, p. 189). For school counselors then, the issue becomes one of ethics. To be ethical in the school setting, counselors must

ensure that they have sufficient multicultural training (Hobson & Kanitz, 1996).

How well this ethical dilemma is being met, however, is unclear, for a paucity of data is available on school counselors' multicultural competence. Those counselors without training may not have developed required multicultural skills. The amount of multicultural coursework taken by an individual has been found to be predictive of perceived competence among female school counselors. With others, however, the lack of multicultural training may be a limitation in working with students who are ethnically and racially diverse (Constantine, 2001).

Holcomb-McCoy (2001) found high self-perceived levels of multicultural competence among elementary school counselors. Areas of highest competence were in multicultural terminology and awareness, while multicultural knowledge and racial identity dimensions were rated lowest. She pointed out the importance of this finding, noting, "...it is critical for school counselors to begin conceptualizing multicultural competence in dimensions rather than one entity" (p. 199). Finally, another noteworthy finding is that years of professional experience had no significant effect on the participants' perceived multicultural competence.

Regardless of training, it is imminently clear that the promotion of cultural diversity is one vital role of school counselors. Harris (1999) called it among the most significant of responsibilities, adding that a positive learning environment is created when all racial and ethnic groups are valued and honored. This responsibility is shared with school administrators, and both groups can be aided in this area by conducting a cultural self-analysis, a challenging process by which cultural-self awareness can be built and heightened. A possible first step could be growth in awareness of other cultures, which would take careful analysis and involve an investigation of a racial development identity model (Atkinson, Morten, & Sue, 1993). A myriad of such models exist that are specific to various racial/ethnic backgrounds. Such models can include (but are not limited to) identity development for those of African-American (Cross, 1971, 1995), Asian-American (Lee, 1991), and Hispanic-American decent (Ruiz, 1990). Taken together, these models suggest five common stages in racial identity formation, which can include: conformity; dissonance and appreciating; resistance and immersion; introspection; and finally, integrative awareness (Atkinson, Morten, Sue, 1998). It is also important to note that White racial identity development models have been developed. The Helms model consists of two main phases: abandonment of racism and defining non-racist White identity (Helms, 1995).

In addition to helping with cultural self-awareness on the part of school professionals, awareness of and familiarity with such models can also assist them in better responding to culturally diverse students and their specific psychosocial needs. In essence, these professionals must become cultural brokers who have the duty to develop connections among the cultures of students, parents, and the school itself (Harris, 1999).

Multicultural Training for Counselors

Various ideas and methods have been proposed as ways to enhance cultural competence among counselors. The concept and direction of multicultural training is admittedly a challenge. As Pedersen (2003) pointed out, "Just as multicultural schools are complex but not chaotic, so should multicultural training in schools be guided by a sequence of learning objectives that reflect the needs of both the student and the multicultural context" (p. 193). Furthermore, the training needs to be thorough enough to include perspectives that are both general and specific to cultures, while experiential and didactic avenues must be incorporated (Pedersen, 2003). A

Promoting Cultural Competence in School Counselors

five-stage approach is highlighted by activities based on awareness, knowledge, and skills. The process is one of 1) an initial needs assessment to prioritize goals; 2) the setting of appropriate objectives; 3) the development of a program to show how objectives will be met; 4) implementation of the plan; and 5) evaluation of the objectives on awareness, knowledge, and skill (Pedersen, 2000).

Though not addressing school counselors specifically, Herring (1998) outlined four ideas, the first of which was the development of a uniform typology for school counselor training programs. No standardized plan currently exists for educating professionals on multicultural counseling, though models in counselor education presently exist. They include the offering of a single course or the blending of multicultural content throughout the curriculum (Lee, 1999). Universal agreement on a specific model would be ideal, yet perhaps is impossible because of the difficulties of the standardization of one particular model and/or format.

Herring also emphasized the need for faculty at training programs to engage in a self-examination process to assess the "cultural appropriateness and relevance of the training program's policies and practices" (p. 5). A part of this process can include the Multicultural Competency Checklist, a practical guide in multicultural curriculum development for use in counseling training programs (Ponterotto & Alexander, 1995). This Checklist, consisting of 22 items with 6 categories, is to be completed either by a director or the faculty as a whole.

In addition to examining training programs, it can be equally important to assess professionals in the counseling field on their multicultural competency. Two methods of multicultural competency instruments used to self-assess are the Multicultural Awareness/Knowledge/Skills Survey (MAKSS) and the Multicultural Counseling Inventory (MCI). The MAKSS is a measure that consists of two sections: a demographic segment regarding sex, age, race, cultural background, education, occupation, and income; and a portion containing 60 items to assess self-reported proficiency in multicultural awareness, knowledge, and skill (Steward, Wright, Jackson, & Jo, 1998). The MCI, on the other hand, is composed of 43 statements within 4 subscales that measure multicultural counseling competence (Ponterotto & Rieger, 1994). Much like the MAKSS, the MCI also assesses capabilities in multicultural awareness, knowledge, and skill. A distinctive feature of this instrument is its fourth subscale, Multicultural Counseling Relationship, which represents the counselor's stereotypes and comfort level with minority clients.

Third, Herring (1998) offered the idea of continual assessment as another way for counselors to improve upon their cross-cultural counseling. Ways to implement this possibility include the use of comprehensive examinations, case studies, and presentation of ethical dilemmas.

Last, some methods of incorporating diverse experience into professional skill may include having students attend professional workshops, counseling multicultural clients, and having access to cross-cultural supervision and internship experiences (Lee, 1999). Integration of experiential activities and minority guest speakers are also highly effective means of stimulating multicultural awareness.

When counseling students, professionals, and counselor educators address multicultural competencies in the field, they are making an ethical decision to take action against multicultural ignorance. They are ensuring that they will deliver their highest level of competence possible to

clients of all cultural backgrounds. As this country's demographics continue to change, counseling professionals will experience an increased need for furthering their education and experiences in order to be cultural connectors in their services.

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A Comparison Between African Americans and European Americans in the Vocational Rehabilitation System after the Initiation of the Individual Plan for Employment (IPE): Are there Really Differences?

Keith B. Wilson

The purpose of this study was to identify reasons for closure among accepted African Americans and European Americans after their Individual Plan for Employment (IPE) was completed. The author used a Chi-square test of independence to examine the reasons for unsuccessful closure after being found eligible for vocational rehabilitation (VR) services among African Americans and European Americans with disabilities. The study utilized the Cramer's V to test the strength of the association between independent and dependent variables. Using these test statistics, the author found race and reason for closure to be significant and only slightly associated. African Americans were more likely to be categorized "failure to cooperate" and European Americans were more likely to appear in the "other" category. The author concluded by discussing practical implications for not only VR counselors, but other related professionals in counseling as well.

Introduction

As researchers continue to debate the reasons racial minority groups encounter more Vocational Rehabilitation (VR) ineligibility than other groups seeking VR services (Atkins & Wright, 1980; Bolton & Cooper, 1980; Feist-Price, 1995; Wheaton, 1995; Wilson, 1997; Wilson, 2002), a consensus accepts that more African Americans tend to have different experiences before they enter human service organizations than European Americans (Atkins & Wright, 1980; Baker & Taylor, 1995; Hacker, 1995; Thomas and Sillen, 1972; Wilson, Harley, McCormick, Jolivet, & Jackson, 2001). As a whole, many of the experiences that racial minorities face prior to entering the VR system are not viewed as positive. African Americans, in particular, seem more likely to have suffered underemployment, unemployment, undereducation, and miseducation than any other ethnic group (Atkinson, Morten, & Sue, 1989; Bennett, 1995). Hacker (1995) provided support for this observation by suggesting that African Americans are more likely to encounter discrimination in educational and vocational areas than other racial and ethnic groups in the United States. Although there are several explanations as to why people tend to be treated differently before they enter human service organizations, one constant seems to be that African Americans and other racial minorities lag behind their European American counterparts in employment and educational opportunities. Further support regarding possible discrimination on people of color is recently provided by Wilson (2002).

Juxtaposed with disability, minority status, particularly African Americans, tends to compound the inequalities certain groups experience before they enter the VR system (Wright & Leung, 1993). As Baker and Taylor (1995) reported, "one possible factor among the multifac-

A Comparison Between African Americans and European Americans in the Vocational Rehabilitation System after the Initiation of the Individual Plan for Employment (IPE): Are there Really Differences?

tored environment for African American persons with disabilities is racial [in] combination with disability discrimination" (p. 49). Despite a need for rehabilitation providers to be sensitive to cultural differences between themselves and the customers they serve, too many providers still lack a sensitivity to customers different from themselves, particularly if the counselor is European American and the customer is a person of color (Atkins, 1988; Baker & Taylor, 1995; Dziekan & Okocha, 1993; Wilson et al., 2001).

Meanwhile, as we start the new millennium, the changing U.S. demographics promise to influence population trends and consequently, will influence the future caseload make-up of state-federal VR counselors (Hershenson & McKenna, 1998). The Rehabilitation Act Amendments of 1992 and 1998 underscore the need to accommodate underserved groups seeking VR services (Hershenson, 1988; Wilson, 2000). More recently, if the demographic projects are correct by Henderson (2000), the United States will undergo a demographic transformation that will change the way more health care facilities carry out customer service. For example, the number of Hispanics are projected to triple from 31.4 million in 1998 to 98.2 million in 2050; and the African Americans will increase 34.9 million to 59.2 million during the same time period. Asians and Pacific Islanders and other groups will share similar population increases. Finally, because the initiation of the Individualized Plan for Employment (IPE) has become an essential step in the rehabilitation process in the United States, this article explores what happens to African Americans and European Americans found eligible then subsequently closed without being rehabilitated after an initiation of the IPE (Status 28). Status 28 is the category reserved for customers found eligible for VR services but whose cases were closed unsuccessfully after the initiation of the Individualized Plan for Employment (IPE). Essentially the IPE is a contact between the customer and the VR counselor.

Literature Review

As part of a comprehensive national study in 1980, Atkins and Wright investigated VR case closure patterns among both African Americans and European Americans. They reported race and reason for closure to be statistically significant after customers were accepted for VR services, but whose cases were closed unsuccessfully after the initiation of the IPE. Although statistically significant, Atkins and Wright neglected, however, to specify particular reasons for closure among African Americans and European Americans closed within this Status 28 category.

Following the Atkins and Wright (1980) study, Ross and Biggi (1986) explored access to rehabilitation services at referral while observing outcomes using classification statuses 08 (closed not accepted for VR services), 26 (rehabilitated), 28 (closed for other reasons after the Individual Plan for Employment [IPE]), and 30 (closed for other reasons before the IPE) among African Americans, European Americans, Indians/Alaskans, and Asians and Pacific Islanders. With regard to Status 28 closures, refusal of services emerged as the most cited reason among European American customers for closure when found eligible for VR services, while African Americans were more likely to be closed for failure to cooperate. In rank order (highest to lowest), Ross and Biggi reported (1) refused services (2) unable to locate, (3) failure to cooperate, (4) handicap too severe, and (5) "other" to be the principal reasons noted for Status 28 closures for European Americans. African Americans were more likely to be closed (1) failure to cooperate, (2) unable to locate, (3) refused services, (4) handicap too severe, and (5) other. They also reported that Indians/Alaskans were more likely to be closed for (1) failure to cooperate, (2) handicap too

severe, (3) other, and (4) refused services. Finally, Ross and Biggi's research relative to unsuccessful closures among other racial groups revealed that Asians/Pacific Islanders were more likely to be closed (1) unable to locate, (2) handicap too severe, and (3) failure to cooperate. Ross and Biggi failed, however, to produce statistically significant results regarding reasons for unsuccessful outcomes among African Americans and European Americans respectively, once they were accepted and closed in the Status 28 category. From 1980 to 1986, two research teams reported findings regarding Status 28 closures; however, an obvious pattern by race had yet to emerge.

Like Ross and Biggi (1986) before them, Herbert and Martinez (1992) sought to determine whether the ethnicity--Anglo (White) and non-Anglo (Black)--in any way influenced case service outcomes at Statuses 08, 26, 28 and 30. Contrary to prior investigations, albeit inconclusive (Atkins & Wright, 1980; Ross & Biggi, 1986), Herbert and Martinez found no differences between African Americans and European Americans in Status 28 closures. In short, as of 1992, African Americans and European Americans appeared to differ slightly in reasons for closures once IPEs were initiated. Findings regarding Status 28 closures, however, were still inconclusive according to the results of the Herbert and Martinez study.

Three years later, Feist-Price (1995) investigated closures statuses 08, 26, 28, and 30. Feist-Price reported differences in cases "closed for reasons other than successful rehabilitation" (p. 124). Her research, in fact, began to reveal a conceptual pattern based on race. 'Inability to locate,' which Ross and Biggi (1986) had reported as the second reason under the Status 28 closure, appeared to be cited most by African Americans whose cases were closed for reasons other than successful rehabilitation, whereas 'refusing services' was the reason cited most by European Americans. It remained unclear, however, whether the particular results Feist-Price reported belonged in Status 28 or 30 (closure before the initiation of the IPE and after eligibility). Although it was not clear what closure category these results belonged, African Americans and European Americans increasingly revealed different experiences once they were accepted for services.

Finally, in a study that examined participation, progress and outcomes of Nevada VR customers from diverse racial and ethnic backgrounds (namely, African Americans, European Americans, American Indians, Eskimos or Aleuts, Asians or Pacific Islanders, Hispanics, and "others"), Peterson (1996) found no differences between African Americans and European Americans in the Status 28 closure, results similar to what Herbert and Martinez's (1992) reported four year earlier. As these inconsistent findings suggest, reliable research on whether African Americans' and European Americans' experiences differ once members of these groups are accepted for VR services and closed after the initiation of the IPE remains elusive.

The study reported here differs from earlier investigations in two ways: (1) it examines only Status 28 closures and (2) it correlates Status 28 closures by race. An increasing need for accountability now affects such social service organizations as VR with the reauthorization of the Rehabilitation Act and various similar legislative mandates (Hershenson, 1988). Thus, explorations of rehabilitation outcomes continue to attract attention. Moreover, because customer motivation strongly influences VR eligibility and job placement endeavors, practitioners should be able to predict with some certainty who will be VR customers and why these customers disengage from the rehabilitation process after the initiation of an essential part of their overall rehabilitation program has been put in place.

A Comparison Between African Americans and European Americans in the Vocational Rehabilitation System after the Initiation of the Individual Plan for Employment (IPE): Are there Really Differences?

The Research Question

This study examines the following research question: Do African American and European American VR customers whose cases are closed unsuccessfully (Status 28) after their Individual Plans for Employment (IPE) are completed reveal differences in their reasons for closure?

Method

Data Collection

The author drew the data from the Rehabilitation Services Administration (RSA) 911 records that were produced by a state agency where VR counselors recorded the opening and closing of each case. The coding procedures for this RSA-911 data conformed to federal guidelines the RSA established. Since this study relied on archival data, an element of miscoding may have contaminated the collection and the subsequent data analysis. To reduce the possibility of coding errors, however, the RSA has developed 18 crosschecks (RSA, 1995). In any event, the author assigned any coding errors as random and unbiased. Lastly, to decrease the possibility of further coding errors, descriptive statistics were generated and examined for outliers and suspicious patterns. None were observed in the present investigation.

Participants

The population selected included 62,178 customers who sought VR services in a large mid-western state. The subsample included 42,574 African Americans and European Americans who were provided services during fiscal year 1996 (October 1, 1995 through September 30, 1996). The author's first step in this selection process was to identify persons with no missing data on the independent and dependent variables of race and Status 28, respectively. The final subsample included all African Americans (n=115) and European Americans (n=283) with no missing values whose cases were closed unsuccessfully (Status 28).

Variables

Racial/ethnicity status. Racial/ethnicity status is a categorical variable with two levels (African American or European American). "Race" is defined as the race reported by customers on their application for VR services. The author modified the federal labels for race, for example White and Black, to reflect current usage, which tends to include a person's geographical area of origin. Consequently, "Blacks" became African Americans and "Whites" became European Americans. The author excluded Asian Americans and Native Americans because of inadequate sample sizes, which is normal when one uses RSA-911 state databases (see Wheaton, 1995; Wilson, 1997). Presently, a multiracial category does not exist.

Reasons for closure. Reason for closure is a multichotomous variable with 12 levels which are (1) unable to locate, (2) handicap too severe, (3) refused service, (4) death, (5) client institutionalized, (6) transfer to another agency, (7) failure to cooperate, (8) no disabling condition, (9) no vocational handicap, (10) transportation not feasible, (11) client declined order of selection on waiting list, and (12) other.

Test Statistics

Because of the multichotomous independent and dependent variables in the investigation, the Statistical Package for the Social Sciences (SPSS) (1997) recommends both the Chi-square and Cramer's V as the appropriate test statistics. Cramer's V is used when one has other than a 2 x 2 contingency table with categorical variables (SPSS, 1997). The author adopted the Chi-square test of independence to examine the reasons for unsuccessful closures after the initiation of the IPE between African Americans and European Americans. The Adjusted Standardize Residual (ASR) determined whether any cells departed from the null hypothesis of independence. Because the ASR is normally distributed with a mean of 0 and a standard deviation of 1, these scores can be interpreted as z-scores. ASRs of ± 2 are considered statistically significant. Positive ASRs (z-scores) indicated that the proportion of African Americans were greater than European Americans. Negative ASRs (z-scores) indicated that the proportion of European Americans was greater than African Americans (SPSS). The Cramer's V was used to measure the association between the independent and dependent variables.

Results

An initial cross tabulation analysis revealed that the chi-square test violated two of the basic assumptions reported by SPSS (1997) (a cell having less than an expected value of 1 and more than 20% of the cells had expected values of less than 5). Consequently, (4) death, (5) client institutionalized, (6) transfer to another agency, (8) no disabling condition, (9) no vocational handicap, (10) transportation not feasible, and (11) client declined order of selection on waiting were collapsed into the other category. Deleting the aforementioned variables was not considered because data loss would have occurred. Subsequent analysis found no assumption violations in the test statistic.

Race and reason for closure after the initiation of the IPE proved statistically significant: $\chi^2(2, n=398)=11.087; p < .05$; Cramer's $V=.167$. Particularly, 'failure to cooperate' (African Americans) and 'other' (European Americans) were the only cells found to be statistically significant in the cross tabulation table. Table 1 presents the reasons for closure for African Americans and European Americans after the initiation of the IPE.

Table 1

Reasons for Unsuccessful Closure (Status 28) and after the Initiation of the Individual Plan for Employment by Race/Ethnicity

	n (Column Percent) Adjusted Standardize Residual (Status 28)				
	European Americans		African Americans		Total %
	n (Column %)	n (Column %)	n (Column %)	n (Column %)	
Cannot Locate	20 (7.1)	13 (11.3)	4 (3.5)	8.3	1.4
Handicap Too Severe	16 (5.7)	4 (3.5)	37 (32.2)	5.0	-0.9
Refused Service	104 (36.7)	2 (1.7)	2.3	35.4	-0.4
Institutionalized	7 (2.5)	44 (38.3)	29.4	2.3	-0.4
Failure to Cooperate	73 (25.8)	15 (13)	19.6	29.4	2.5*
Other	63 (22.3)	115 (100)	100)	19.6	-2.1*
Total	283 (100)	115 (100)	100)	100)	

Discussion

* $p < .05$. Note. $\chi^2(2, n=398)=11.087; p < .05$; Cramer's $V=.167$. Positive z-scores indicate that

the proportion of African Americans were greater than the proportion of European Americans.

Negative z-scores indicate that the proportion of European Americans were greater than the proportion of African Americans.

A Comparison Between African Americans and European Americans in the Vocational Rehabilitation System after the Initiation of the Individual Plan for Employment (IPE): Are there Really Differences?

The results of this study confirm that race and reason for closure after the initiation of the IPE was statistically significant and only slightly associated. These results challenge the results reported earlier by Herbert and Martinez (1992) and Peterson (1996), who found no consistent differences in unsuccessful closures after the initiation of the IPE among African Americans and European Americans with disabilities. The results of this investigation do, however, conform to the conclusions of Atkins and Wright (1980) and Feist-Price (1995) who found race and Status 28 closures generally dependent (statistically significant) from each other. Interestingly enough, 'failure to cooperate' materialized as a primary reason why African Americans are closed after the initiation of the IPE. Similarly, 'failure of cooperate' was also the primary reason for closure for African Americans after the initiation of the IPE in the Ross and Biggi (1986) study. On the other hand, European Americans appear more likely to be closed for 'other' reasons. Because the author collapsed seven variables into the 'other' category to maintain chi-square assumptions, there is no definite explanation for unsuccessful closures for European Americans after the initiation of the IPE emerged in this investigation. In fact, the futility here increases when one analyzes earlier findings, virtually all of which failed to produce clear patterns among European Americans for unsuccessful closure after the initiation of the IPE. This obvious knowledge gap signals a need for additional research in this vital area of VR outcomes; however, given that a pattern appears to emerge for African Americans unsuccessfully closed in the VR system, namely 'failure to cooperate' once African Americans are accepted and have initiated the IPE, the author will explore possible explanations for the 'failure to cooperate' closure pattern among African Americans with disabilities in the VR system.

Herbert and Martinez (1992) suggested four considerations for understanding customer outcomes: (1) the customer's culture may be misunderstood by the counselor; (2) the assessment phase may indicate values opposite from the societal norm; (3) the counselor may ignore a customer's experiences during the counseling session; or (4) all of these. To help customers who possess different racial and ethnic backgrounds, vocational rehabilitation providers must remain open to new ways of assessing potentially biased attitudes within themselves. Adopting this attitude, they can expect more understanding among customers from diverse backgrounds, which will eventually improve the experiences of African Americans and people of color in the VR system. Recently, Wilson et al. (2001) adduced that understanding the cultural backgrounds of racial minorities may improve the experiences of racial minorities within the VR system.

The assessment theme Herbert and Martinez presented in 1992 appears promising because much of what is documented in an IPE may be guided by such assessments before the IPE write-up, including customers who may consider themselves unfairly evaluated and directed. In any event, disgruntled customers may decline to cooperate with the VR counselor once the IPE is completed, resulting in Status 28 closures, after they were accepted for VR services. This illustration appears congruent with the results found in this investigation if one looks at the apparent discrepancy in termination rates between African Americans and European Americans, as Sue and Sue reported in 1990. Worldview may be considered when one looks at the discrepancies of the majority cultural and racial and ethnic minorities. "Ethnocentrism, or the belief that one's worldview is reality, has pervaded human history" (Dana, 1998, p. 23). More recently, Mahalik, Worthington, and Crump (1999) revealed that racial minorities tend to have different

worldviews than therapists' (African Americans and European Americans). Additionally, Mahalik et al. adduced that this worldview tends to be most like that of the European American middle class. For the African American customer, the 'failure to cooperate' theme reported in both the present and prior investigations seems problematic, especially when viewed in the present context of potentially differing worldviews for both customers and counselors within the VR system. Perhaps, African Americans are being closed 'failure to cooperate' because their worldview is different than the VR counselor, and that these different worldviews will inherently create a certain level of stress within the customer-counselor dyad. Of course, it is more productive for the customer-counselor dyad to work through any misunderstandings to produce a favorable outcome, not only for African American customers in the VR system, but for all customers within the VR system. Being open and realizing one's biases and stereotypes are only two ways to start this most important therapeutic counseling process. As Dana (1998) recently asserted: "It is now politically correct to assert that cultural sensitivity is necessary because multicultural clients may be found in any service delivery setting, and consequently an openness to new cultural learning is required" (p. 15). Assessment bias may be another reason for the apparent difference for Status 28 closure between the two groups.

As Baker and Taylor (1995) reported, "Multiple opportunities for assessment bias to underestimate the work potential of the African American person with a disability may be present in the evaluation part of the first phase" (p. 46). In 1988, a study by Geller reported that after using identical patient data except for race and I.Q., that African American patients were rated less able to benefit from psychotherapy, as opposed to European American patients. While the potentially biased VR counselor may reflect rehabilitation counseling professionals relying on Eurocentric evaluation instruments and intervention approaches and on previously held negative or positive stereotypes about various diverse customers, special attention to assessment protocols is warranted. For example, assessment instruments may reflect the values and beliefs of the majority and underrepresent the values and beliefs of other cultures and backgrounds (Cayleff, 1986; Pape, Walker, & Quinn, 1983; Pedersen, 1991; Sue, Arredondo, & McDavis, 1992; Walker, 1991; Wright, 1988). As Frey (1984) noted, "All of what we do in rehabilitation depends upon our abilities to make appropriate, reliable, and valid assessments of those variables that facilitate the rehabilitation process. These assessments serve as a basis for all professional activity" (p. 12). Unnecessarily negative results will contaminate the appraisal process if counselors remain unaware of societal influences on themselves and on VR customers. Those who assess African Americans with disabilities must employ a variety of techniques aimed at including them in the rehabilitation process (Atkins, 1988). In particular, Parham (2002) recently mentioned strategies to facilitate the counseling process with African American clients. Alston and Mngadi (1990) suggested that a major responsibility for rehabilitation professionals is client placement, and an assessment of the customer's vocational potential. Therefore, in the phrasing of Gordon and Hsia (1994), "Lack of awareness and skill in evaluating clients of differing cultural backgrounds may hinder the ability to provide accurate information. It is critical that all rehabilitation professionals recognize the cultural implications for service provision" (p. 40). Lastly, communication between the customer and the counselor promotes an accurate and realistic appraisal of the appropriateness of stated goals written in the IPE. In other words, facilitating openness can lead to the overcoming of harmful stereotypes between racial minorities with disabilities and

A Comparison Between African Americans and European Americans in the Vocational Rehabilitation System after the Initiation of the Individual Plan for Employment (IPE): Are there Really Differences?

rehabilitation providers.

Limitations of the Study

Because this study used archival data, an obvious weakness appears in the non-manipulation of the independent variable within the investigation. The only variables the author controlled for were race and Status 28 closures, a condition that might also limit the generalizability of the results. While the author feels confident in generalizing the results to the state the data was collected, other researchers in other states might usefully replicate this investigation to see whether their results conform to the results reported in the present study.

Future Research

Variables uncontrolled for in this investigation included education, disability severity, and customer earnings, to name only a few. Future research might want to control for other variables to see whether outcomes remain consistent across region, if a national database can be employed. Because the preponderance of past research into Status 28 closures primarily drew upon African Americans and European Americans for samples, future research might include additional races in the research design to see whether outcomes appear to differ by race. Although their results appeared to lack statistical significance, Ross and Biggi (1986) observed that after that the initiation of the IPE, most groups were closed for similar reasons. Nevertheless, a consistent pattern may emerge regarding Status 28 closures, particularly for European Americans with disabilities. The author suggests, however, that including additional racial ethnic groups in the use of RSA-911 data may be more difficult than it sounds. For example, the reason other racial and ethnic groups were absent from the present investigation was the severely limited number of, for example, Asian customers in the RSA-911 database, a practical consideration that may hinder expanded inquiries focused on the inclusion of other groups. Conceivably, the changing demographics may eventually increase the inclusion of other racial ethnic groups in research employing the RSA-911 database, but that opportunity seems unlikely to appear soon.

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**Campus Wide Alcohol Use Compared to
Students Seeking Counseling Services**

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From a sample of 350 college students, drinking patterns of students seeking counseling services were compared to those in the general student population. No significant difference was found between the counseling services group and the general student population regarding heavy versus light drinking. Overall, no significant difference was found between males and females regarding heavy versus light drinking within both the counseling services group and the general student population. The general student population, when examined as a whole, revealed significantly more heavy drinkers than light drinkers. The results suggest that alcohol use among college students seeking counseling services may not differ from the general student population. Therefore counselors and administrators in college and university settings may need to further investigate appropriate approaches for addressing alcohol issues with their clients.

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The prevalence of heavy drinking on college campuses has been well documented (Wechsler & Kuo, 2000; Presley, Millman & Cashin, 1996; Perkins, 1995; Wechsler, Davenport, Dowdall, Moeykens, & Castillo, 1994; Johnston, 1992) with current research indicating a rise in alcohol abuse among 4-year college students. This research reports that up to 31.6% of college students meet DSM-IV diagnostic criteria for alcohol abuse, and 1 out of every 20 college students participates in behaviors consistent with a 12 month diagnosis of alcohol dependence (Knight, Wechsler, Kuo, Seibring, Weitzman, & Schuclit, 2002). Recent surveys also confirm drinking rates as profiled by gender; heavy drinking is higher among male students as compared to female students, with prevalence at 50% and 33% respectively (O'Malley & Johnston, 2002).

Although alcohol use has been significantly correlated with a wide variety of mental health issues (Kessler, Crum, Warner, Nelson, Schulenburg, & Anthony, 1997), few researchers have begun to investigate the unique relationships between alcohol use and co-occurring mental health problems among college students. O'Hare and Sherrer (2000) examined associations between co-occurring stress and substance abuse behavior, verifying significant comorbid relationships. Colder (2001) found that college students with higher rates of "negative emotionality" are at a greater risk of self-medicating. Other research points to drinking rationale, behavior, environment, and pre-collegiate characteristics which influence drinking patterns (Knight et al., 2002). Still, no research was found that specifically looked at co-occurrence between specific disorders and alcohol disorders among a sample of college students.

However, there have been national research initiatives such as the National Comorbidity Study (NCS) and the Epidemiologic Catchment Area (ECA) study, which detail the prevalence of comorbidity between DSM-III-R mental disorders and alcohol disorders among general populations, as well as the British Psychiatric Morbidity Survey (BPMS), which

Campus Wide Alcohol Use Compared to Students Seeking Counseling Services

assessed data obtained and evaluated using the Clinical Interview Schedule – R (CIS-R). Kessler, Nelson, McGonagle, Edlund, Frank, and Leaf (1996) present compelling comorbid associations gathered from NCS figures. Of respondents, 33% with an alcohol abuse disorder and 45% with an alcohol dependence disorder had at least one other co-occurring mental health disorder diagnosis. Analysis of earlier ECA data shows 47% of individuals classified as having alcohol abuse / dependence problems had other co-occurring mental health disorders (Helzer & Pryzbeck, 1988). Also, when comparing BPMS subjects, Farrell, Howes, Bebbington, Brugha, Jenkins, Lewis, Marsden, Taylor, and Meltzer (2001) classified 30% of alcohol dependent individuals as having another co-occurring psychiatric disorder and determined that alcohol dependence was most prevalent among those classified as a ‘heavy drinker.’

Furthermore, Tsuang, Crowley, Ries, Dunner, and Roy-Byrne (1995) suggest that half of those diagnosed with anxiety disorders or depression have coexisting (and frequently hidden) substance use disorders. Decker and Ries (1993) and Miller (1994) found that most depressed individuals with alcohol abuse problems are free of depressive symptoms within 2-5 weeks of abstinence. Also Beaty and Cipparrone (1993) discovered that most men diagnosed with depression, anxiety, and obsessive compulsive disorders along with co-occurring alcohol abuse, no longer met DSM-III-R criteria for their psychiatric diagnoses after four weeks of alcohol abstinence. Earlier work suggests that individuals assessed with anxiety problems, impulse control problems, self-destructive ideation, and social skills deficits had underlying alcohol abuse issues (Scaturro & LaSure, 1985).

Gender differences among individuals show that alcohol dependent females were more likely to be appraised as having co-occurring psychiatric disorders than males (Farrell et al., 2001; Kessler, McGonagle, Xhao, & Nelson, 1994). All lifetime co-occurring alcohol abuse / dependence and lifetime NCS / DSM-III-R disorders diagnoses were higher among females, except for conduct disorder, adult antisocial behavior, and antisocial personality disorder (Kessler et al., 1997). Helzer and Pryzbeck (1988) report a 44% comorbid rate among male alcoholics as opposed to a 65% comorbid rate among females. Pettinati, Rukstalis, Luck, Volpicelli, and O’Brien (2000) found ‘years of alcohol use’ to be a significant covariate for gender and comorbidity. Gender differences among college students show that males report drinking to relieve social anxiety, while females report drinking to relieve emotional pain (Thombs, 1993). Although different in rationale, both illustrate attempts to self medicate.

Furthermore, individuals with co-occurring alcohol and other mental health diagnoses utilize services at higher rates than single disorder diagnosed individuals (Wu, Kouzis, & Leaf (1999). Kessler et al. (1996) found that alcohol dependent respondents utilized mental health services at a rate of 19% whereas comorbid respondents utilized services at a rate of 41.2%. This co-occurrence or comorbidity is often referred to as a “dual diagnosis,” which “denotes individuals in whom a psychiatric disorder(s) and a substance abuse problem(s) *coexist and are equally important, independent disorders*” (Doweiko, 2002, p. 271). Occasionally the term dual diagnosis is used more loosely and may include alcohol disorders which co-occur with problems like spousal abuse or AIDS (Doweiko, 2002). However many researchers abide by a definition that includes the diagnosis of a separate psychiatric illness (Phillips & Johnson, 2001).

Understanding the elevated rates of co-occurrence associated with alcohol disorders becomes meaningful when planning prevention strategies, during assessment, and throughout

treatment - especially when service is confounded by approaches that neglect to address the idiosyncrasies of comorbidity (Modesto-Lowe & Kranzler, 1999) or result in misdiagnosis. In their study of over 200 clients diagnosed with alcohol use disorders or depression, Hanna and Grant (1997) found that women diagnosed with depression frequently have an undiagnosed alcohol problem and that men diagnosed with alcohol use disorders frequently have undiagnosed major depression. Clinicians need to routinely consider and account for possible comorbidity (Kessler et al., 1996).

With this review of the literature, the following patterns emerge: alcohol abuse among college students continues to be a problem, mental health problems and alcohol abuse are associated, co-occurrence between mental health problems and alcohol problems is greater among females than males, and the presence of multiple mental health disorders increases service utilization. It is believed that these patterns will also be seen among a college student population. In particular it is hypothesized: (a) proportionally, the number of college students classified as heavy alcohol users will be greater among students who utilize university counseling services as compared to the general student population; (b) more males than females will be classified as 'heavy drinkers' in the general student population; (c) because of higher comorbidity rates among women, and higher service utilization rates among comorbid, there will be no difference between male and female's heavy alcohol use among students who utilize university counseling services.

Method

Instrument

The "Core Alcohol and Drug Survey, Long Form" (Presley et al., 1996) was utilized. The "Core Alcohol and Drug Survey, Long Form" is a self-administered questionnaire that includes questions measuring demographic characteristics; use of alcohol, tobacco, and other drugs; perceptions of student and campus norms about alcohol and drug use; problems associated with alcohol and drug use; and expectancies about alcohol. Content-related validity for the Core survey has been reported at .90 with test-retest reliability at .89 (Presley et al., 1996) showing it to be a stable, reliable instrument.

Procedure and Sampling

Undergraduates at a medium sized, urban, doctoral granting university in the South were surveyed. This university is a typical urban commuter institution.

The "Core Alcohol and Drug Survey, Long Form" (Presley, et al., 1996) was administered to students in the general population using a stratified cluster sample of classes at the beginning of the Spring semester. Clusters were identified by developing a two-way matrix of classes reflecting the proportion of students in each year and college. Individual classes representative of each cell (e.g., sophomore engineering students) were selected. All students were informed of the anonymous and voluntary nature of the survey. 655 surveys were distributed, completed, and returned during class. All surveys were returned. The sample was found to match the university population on ethnic origin, gender, class, and college.

During the same semester, surveys were completed using intake data from all students who presented for counseling at the university's office of counseling services. The intake form used in this service contained a self-report alcohol and other drug survey patterned after the "Core Alcohol and Drug Survey, Long Form" survey, as well as relevant demographic data. A

Campus Wide Alcohol Use Compared to Students Seeking Counseling Services

total of 175 cases contained sufficient information to complete the surveys. Only students presenting for mental health related issues were included in this data set (the most frequent presenting problems were relationship issues and depression).

The final sample of 350 participants included 175 students randomly selected from the general student population data set and the 175 students from the counseling population data set. Due to missing data the number used in each analysis varies slightly. The two groups were similar on most demographic characteristics. They did not differ on age. The mean age for the total sample was 25.30, with a range of 17 to 56. The groups did not differ in ethnic origin (72% white, 13.3% African American, and 5.6% Asian), or in employment (59% worked full or part-time). There were a higher number of freshmen in the general population, more sophomores and juniors in the counseling group, and significantly more females in the counseling population.

Results

Based on responses to question 17b “Within the last year about how often have you used...Alcohol (beer, wine, liquor)” students were categorized into either a light drinking category (never to twice a month) or heavy drinking (weekly to daily). This dichotomous variable was used as the dependent measure. Independent variables were group (counseling vs. general population) and gender. This approach was taken because the response options on the Core survey are categorical (with the exception of one response to “number of drinks per week”). Therefore Chi-square comparisons were made for: (a) group by level of drinking for the entire population, (b) gender by level of drinking for the general student population, and (c) gender by level of drinking for counseling services students only. Individual comparisons were then made between cells when significant differences were indicated.

Hypothesis A

The number of college students classified as heavy alcohol users will be greater among students who utilize university counseling services as compared to the general student population - was not supported. However, the overall chi-square was significant (see Table 1). Further analysis indicates that although there is no difference in classification among the counseling population ($X^2(1, N=168) = .595$), or between the counseling group and the general population in either light drinking ($X^2(1, N=161) = 1.795$) or heavy drinking ($X^2(1, N=182) = 3.165$), the general population has significantly more heavy drinkers than light drinkers, $X^2(1, N=175) = 5.49, p=.019$.

Table 1

Gender by level of drinking for the entire college population

		Frequency of Light drinkers	Frequency of Heavy drinkers
Counseling	Observed	89	79
	Expected	78.9	89.1
General population	Observed	72	103
	Expected	82.1	92.9

Pearson $X^2=4.819$, $df=1$, $p=.028$

Hypothesis B

More males than females will be classified as ‘heavy drinkers’ in the general student population – was not supported; no significant difference was found between males and females in heavy versus light drinking.

Table 2

Gender by level of drinking for the general student population

		Frequency of Light drinkers	Frequency of Heavy drinkers
Males	Observed	29	47
	Expected	31.8	44.2
Females	Observed	40	49
	Expected	37.2	51.8

Pearson $X^2=.776$, $df=1$, $p=.378$

Hypothesis C

There is no difference between the number of males and females classified as heavy drinkers among students who utilize university counseling services – was supported (see table 3).

Table 3

Gender by level of drinking for counseling service students

		Frequency of Light drinkers	Frequency of Heavy drinkers
Males	Observed	22	30
	Expected	27.5	24.5
Females	Observed	67	49
	Expected	61.5	54.5

Pearson $X^2=3.44$, $df=1$, $p=.064$

Discussion

Although it was hypothesized that the group seeking counseling would have more heavy drinkers, no difference was found between the counseling services population and the general student population. It was predicted that the hypothesized disparity between male and female student's heavy alcohol use in the general student population would not be present among students who utilize university counseling services. This hypothesis was supported. However, there was no difference between male's and female's heavy drinking in the general student population as found in previous studies. This makes support of the final hypothesis difficult to interpret.

It should be noted that although females did not differ significantly from males in heavy drinking group membership, neither did males differ from females in light drinking group membership. This is contrary to popular perceptions of consumption. Surprisingly, a high percentage of males were in the light drinking group.

Wechsler and Isaac (1992) noted an increase in abstinence both in males and females as well as a drinking pattern that follows a more infrequent heavy drinking course. When Perkins (1992) looked at perceptions of the distribution of drinking patterns for men and women on college campuses, he found that most people perceive a distribution skewed toward light drinking for women and toward heavy drinking for males. Although this perception is relatively accurate for females it is not accurate for males. In fact males' drinking patterns tended to fall into a bi-modal distribution in his study, with males' and females' distributions parallel except for a second peak on the heavy drinking end for the males.

It seems likely that alcohol use within a college population is different than use within the general population. If that is so, common models of explanation, prevention, and treatment may not be applicable. Perkins (1995), looking at reasons for drinking, found that college drinking occurred more for social reasons while post college drinking was more for stress relief. Furthermore, Wechsler and Isaac (1991) found general behavior discrepancies; college students partake in higher risk drinking behavior yet have a lower prevalence of smoking, are less likely to be overweight, and use seatbelts more often than non-college cohorts.

It is possible that there is a much broader mythology of "the college student" that influences drinking behavior, roles, and norms than typically considered. The development and maintenance of this mythology goes far beyond the individual student's drinking behavior to the organization and attitudes of the larger group, culture, and system. Drinking behavior has not only become socially acceptable within the college culture but also attractive. Wechsler et al. (1994) noted that alcohol has traditionally held a unique place in campus life, suggesting that colleges may create and unwittingly perpetuate drinking cultures through selection, tradition, and policy. Both Perkins (2002) and Treise, Wolburg, and Otnes (1999) described a collegiate drinking culture that has created rituals around drinking where the influence of social norms maintain a perceived status quo.

Becvar and Becvar (1993) suggested that humans construct reality through stories, and in fact, history can be viewed as a story. This is similar to May's (1991) discussion of myth around which humans pattern their lives. The fact that few students identify themselves as having a drinking problem (Wechsler et al., 1994) may be considered "denial" in other mythologies (traditional treatment models); however, it may be behavior consistent with campus norms (or storied reality). Wechsler and Kuo (2000) found that what most clinicians would define as high risk drinking is not viewed as abnormal by the majority of college students. Students consider higher risk drinking behavior, which outside of the university community would be seen as problematic, as normal within their context or "culture." The students are personifying the role of "college student" and behaving appropriately as handed down through an oral history. They are following tradition and partaking in ritual. Thus, prevention programs that target the individual are not likely to succeed.

Implications for Professional Practice

Sue and Sue (2003) have written extensively on the need to understand the client's worldview prior to proceeding with counseling. Although they apply this principle to counseling clients from racial or ethnic minorities, understanding a client's worldview seems relevant when counseling the heavy drinking college student. It can be argued that college students live in a culture separate from the mainstream, especially related to the use of alcohol. Within the myths, norms, and oral history of the "college culture" the heavy use of alcohol is accepted, and at times expected. Vik, Culbertson, and Sellers (2000) in a study of stages of change (Prochaska & DiClemente, 1983) applied to heavy drinking college students found that only 13% of college students who drank heavily were in the action stage, and over two thirds were in the precontemplation stage. Again, these findings would lend credence to the idea of heavy drinking being "normal" within the cultural context. Clearly some intervention is needed. However, the nature of this intervention given the campus culture is less clear.

Even if identified as heavy drinkers, college students do not seem to be motivated to change. Wolfson (2000) has linked this lack of motivation to students' overestimation of alcohol use among peers, and their own use to be normal in the context of commonality. Steenbarger (1998), in a review, applies a disease metaphor to describe alcohol problems on campus. However, the consistent finding that after college most students return to drinking patterns parallel to their non-college peers implies that most of these heavy drinkers are not alcohol dependent. If one accepts this assumption, it would seem that classical approaches to problem drinking (e.g., mainstream 12-Step based treatment) would yield less than optimal results on a

college campus.

It may be that practitioners need to be more proactive in influencing social norms (i.e., storied realities) in the campus culture. Perkins (2002) and DeJong (2002) argue that prevention efforts need to focus on communicating a more accurate picture of actual student drinking attitudes in order to reduce the overestimation of alcohol use that many students have with regard to their peers. Both maintain that “Social norm campaigns” and advocacy efforts challenge the status quo of the college culture by providing students with an alternative and more accurate frame of reference, and these efforts work toward recreating college rituals. As Steenbarger (1998) suggests, counseling services also need to do a better job assessing alcohol use on all students presenting for counseling. However, treatment for those who present with alcohol problems may best be approached from a model that incorporates the storied realities of the campus culture. The Solution Focused model (Berg & Miller’s, 1992; Berg & Rues 1998) is an example of one such approach. This model shifts focus from a disease/problem orientation to one that capitalizes on clients’ unique outcomes and successes. This approach and others based on an epistemology that incorporates a social constructivist view may work well within the student’s storied reality.

Limitations and Recommendations for Future Research

This research is clearly limited by the nature of the instrument. The categorical variables in the Core survey prevent the investigation of actual differences in levels of drinking between the general population and those seeking counseling services. In addition, because the data collected on the counseling population was archival in nature (transcribed from intake forms), it limited the number of variables that could be considered in the comparison between populations (e.g., perception of others’ use, reasons for their own use).

Alcohol use is an extremely important issue for counselors to address in college and university settings. Not only are these counselors facing students with alcohol use intertwined with other presenting issues but they are often called upon to lead prevention efforts on campus. While there has been an emerging body of knowledge on overall college student alcohol use, there is little research available to guide counselors on working with clients in this setting. Further research needs to be done investigating what role alcohol plays for this unique client population and how these clients’ use of alcohol may differ from a non-college cohort as well as other college students not seeking counseling services.

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