

SACES Newsletter

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If you would like to contribute anything to future editions of the SACES Newsletter, please contact Kelly L. Wester, 2005-2006 SACES Newsletter editor at klwester@uncg.edu



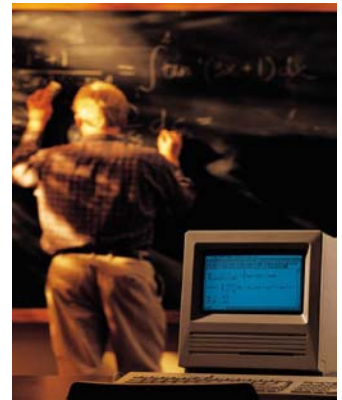
Online Site Supervisor Training

By Kenyon Knapp

Counselor Educators usually have their hands quite full between teaching classes, advising students, participating in various association memberships, and more. When we find a qualified site supervisor who does a good job, sometimes there is a tendency to feel a sense of relief...and then not do much more, unless there's a problem with the site supervisor. However, that is not enough. The 2005 ACA Code of Ethics states on F.2.a that "prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and

supervision topics and skills." This is where ACES is such a great organization- where we can get this continuing education and training. Yet, the majority of us who were in Pittsburgh at the last ACES conference were professors, not the site supervisors who work day in and day out with our interns.

How can we accomplish our Code of Ethics mandate to train our site supervisors? One method that we developed at Troy University-Dothan was a compressed video CD-Rom. We developed it through the use of Adobe's Macromedia Flash software. The good thing about this software is that the user does not need to download any new program to view the content; it just loads and



plays when they place it in their disc drive. I set it up with our I.T. department to use their digital video camera, and then had our entire faculty do 2-3 minute video clips related to each of our majors—Community Counseling, School Counseling, Psychometry, School Psychology, as well as discuss specific requirements for the practicum and internships. The faculty also recorded video clips on ethical behavior, supervisor issues and support, and useful links,



“Orientation, assistance, consultation, and professional development opportunities are provided by counseling program faculty to site supervisors”

CACREP 2001, standard 3F

Online Site Supervisor Training, continued

including ACA, Chi Sigma Iota, ASCA, CACREP, NBCC, NASP, APA and APA div.16, as well as our department website. The CD-Rom was user friendly, convenient, and very well received.

Although the CD-Rom worked well, it was not inherently motivating. Many colleagues tell me that they get their site supervisors to attend meetings at various colleges and universities by offering them free food. If that is the best marketing method for your program, feel free to continue it. However, let me present another option for you. In Alabama, once you get your LPC, you must also get another twenty-four CEU hours specifically related to supervision to become a LPC supervisor. LPC supervisors are in short supply in this area, so our faculty at Troy University-Montgomery decided to supply more LPC supervisors and create a desirable perk for our site supervisors. We set up an eight-week

online training course using our Blackboard software (you can use Web-CT, Microsoft Frontpage, Macromedia’s Dreamweaver, or other software also). Our online training has numerous articles related to supervision that the participants read, discussion board questions, weekly responses to be emailed to the faculty, and more. During the online training, participants learn about various supervision models and theories, roles of the supervisor, multicultural issues related to supervision, counselor development theories, and various technologies that the supervisor can use during the supervision process. At the end of this training, participants receive their CEU certificate for twenty-four hours, which they can submit to the state LPC board to apply for their LPC supervisor certification. The site supervisors receive this free training as a reward for their faithful service to our interns and

to the furtherance of quality counselors entering our profession.

This online training, like the CD-Rom, has been very well received. As you read this, participants are finishing their eight-week course, and they are quite pleased.

Our entire Counseling department developed this training and contributed many helpful ideas to make it more practical and meaningful to our site supervisors. Let’s keep being creative by using technology to enhance our training and ultimately, our counseling profession.

Questions/comments may be sent to:

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The “Falling Into” Phenomenon: Implications for the Counseling Profession

By Megan Seaman and Elizabeth Weaver

Before entering the field of counseling, I was only aware of the discipline of psychology. Thus, I originally set out to be a clinical psychologist - by applying to doctoral programs - only to fall into the field of counseling. After starting my master's program in Counselor Education, I was amazed to find that most of my fellow classmates also had “fallen into” the field. I never heard of this phenomenon happening to psychology students, and wondered why this was happening to counseling students.

In order to search for the answer to this question, Elizabeth and I set out to

determine if others wondered about the “falling into” phenomenon. We examined the previous literature published about counseling in comparison to psychology and other mental health disciplines. What we found was interesting. Researchers found that although counseling was equally effective, it was not as highly esteemed or recognized as other mental health professions (Zimpher, 1993; Randolph, 1990). Additionally, researchers hypothesized that the field of counseling may not be distinguishable from other mental health fields because the character-

istics that differentiate it are not clearly defined (Zimpher, 1993; Randolph, 1990).

Finding this information out from the literature, we wondered what other counseling students knew about their field. We focused on examining the possible implications of the lack of undergraduate programs in counseling. To determine the nature of the “falling into” phenomenon, we conducted a pilot study of undergraduate knowledge and perceptions of counseling and other mental health disciplines. We surveyed 358 undergraduate students from three public universities in

“I originally set out to be a clinical psychologist—by applying to doctoral programs—only to “fall into” the field of counseling”

SACES Women's Interest Network

The SACES Women's Interest Network (S-WIN) is being revived! Kelly Wester from the University of North Carolina at Greensboro and Heather Trepal from the University of Texas at San Antonio are working hard to create new energy and a revitalization of the S-WIN. They are interested in hearing your ideas, thoughts, recommendations, and interest—what

would YOU as SACES women in the field of counseling be interested to gain out of this network? Feel free to email either co-chair or stop to chat when you see them at the ACA conference!

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Look out for the empty plate project and programs at the ACA conference, sponsored by SACES Multicultural Interest Network.

The “Falling Into” Phenomenon, continued

North Carolina.

The results of our study were compelling. We compared undergraduate responses of counseling to psychology and found that significantly more students knew about psychology compared with counseling ($\chi^2 = 17.155, p < .01$).

Interestingly, 22.9% of undergraduates reported they did not know anything about counseling as compared with only 1.4% reporting they did not know anything about psychology. We further examined whether or not undergraduates considered counseling as a career option. Not surprisingly, we found that students who were aware of counseling as an opportunity were significantly more likely to consider it as a career option than those who were not aware of it.

Additionally, we looked at undergraduate understanding of counseling. Students responded on an 11-item scale of principles related to counseling versus psychology. They rated each principle's level of importance on a scale rang-

ing from one to ten, '1' = 'Not Important' to '10' = 'The Utmost Importance'. Principles were chosen based on common values and themes described for each profession in introductory counseling and psychology textbooks (e.g., wellness philosophy, medical model). We found that in general, students responded similarly for both counseling and psychology, regardless if they were aware of the counseling profession or not.

The findings of our study must be considered in light of its limitations, such as small convenience sample size ($N = 358$), from only three universities from North Carolina, and this was a pilot study collecting demographic type information. As a result, we could not determine the quality of information obtained about counseling versus psychology.

Although there are limitations to our findings, they do not override the implications of undergraduate students' lack of knowledge and understanding of the

counseling profession. Conflict exists between their awareness of counseling and their thinking of it as a career option. There is a need to assess whom the profession targets to promote the field as a career choice and a need to better understand what messages or knowledge students are receiving about counseling. Counselors and counselor educators need to mediate the relationship between the sources of information and the types of messages and knowledge about the profession being passed onto undergraduate students – potential counseling professionals. Additionally, professionals need to understand how counselor identity is impacted by the lack of differences people see between counseling and psychology. Our data showed that significantly more people heard about psychology than about counseling, which provides some evidence supporting the argument that counseling is not as recognized as psychology; however, when asked about philosophy of the field and important

aspects, students were unable to separate the two distinctly.

The importance of our research lies as much in the questions it leaves unanswered as the questions that it answers. We now have some evidence that the majority of undergraduates may not know about the field counseling. How can we as counselor educators inform undergraduates? Do we need to offer more introductory counseling courses

in undergraduate universities? Do we need to market our profession among universities? Further, we know that there is little understanding about the difference between counseling and other mental health disciplines. How can we establish this difference? Do we need to advocate for the distinction to be made in undergraduate textbooks? The larger question is how does this lack of understanding within the mental health

field affect the process of counseling and is it adequate for future counselors and counselor educators to “fall into” the profession?

☺ Submit 3 copies of nominee's vita along with a letter of nomination

☺☺ Submit 3 copies of membership documentation for the last two years, and 3 copies of your newsletter, program flyers/agendas, or any other materials as evidence of service to members, along with a letter of nomination

Call for SACES Awards Nominations

The SACES Awards Committee is seeking nominations for four areas of service. Awards will be presented at the 2006 SACES Conference in Orlando, Florida (Sept. 7-9, 2006).

Awards & Criteria

Individual Achievement: Individuals nominated for this award should demonstrate consistent service to the counseling profession through publications (scholarly works), leadership and administration (service), and on ongoing research agenda. Four categories: (a) pre-tenure counselor educators, (b) tenured counselor educators, (c) graduate student-master's level, (d) graduate student-doctoral level. ☺

Outstanding State ACES Award: States nominated for this award should demonstrate consistent membership or a substantial percentage increase in membership within the last year, and evidence of service to members (i.e., newsletters, conferences, workshops). ☺☺

Outstanding Program Supervisor: Individuals nominated for this award should demonstrate efforts towards extending and strengthening counseling services to recipients, developing standards for service delivery systems, improving the quality of services delivered, developing and implementing in-service programs which improve counselor skills and knowledge, developing and implementing assessment and evaluation of counselor competence and program implementation. ☺☺☺

Outstanding Counselor Education Program: Programs nominated for this award should demonstrate outstanding pre-service and in-service training in areas such as: counseling and technology, career development, counseling supervision, practicum and internship, evaluation and training methods, and counseling exceptional populations. Two categories: (a) master's counselor education programs, (b) doctoral and master's counselor education programs. ☺☺☺☺

ALL NOMINATIONS & SUPPORTING MATERIALS MUST BE RECEIVED BY JULY 1, 2006 (see side panel for mailing information and SACES website for more information)



☺☺☺ Submit 3 copies of a letter detailing nominee's efforts in each of the five areas along with a letter of nomination

☺☺☺☺ Submit 3 copies of your program catalog, brochure, or any other supporting documents along with a letter of nomination.

Send letters of nomination and supporting documentation to:

Dr. Glenn Lambie
SACES Awards
Committee
University of Central
Florida
Dept of Child, Family, &
Community Sciences
Orlando, FL 32816-1250



SACES goes to Disney World! Because of the location of the 2008 SACES conference, we are hoping to offer SACES members an opportunity to come together and share ideas about teaching and supervising all while having some fun. We hope that this SACES conference energizes you and allows you to remember what is fun and exciting about counselor education and supervision!

Call for Proposals

General Instructions: Please submit the following: (1) five printed copies of the program proposals following the format specified below; (2) a 3 1/2 floppy disk or CD using MS Word 2000 or higher; (3) two self-addressed stamped envelopes. Each presenter must limit participation to no more than two proposals. Due to the cost, no A/V equipment (e.g., overhead projector, digital projector, etc.) will be provided. Please make arrangements with the hotel for personal use of any equipment.

Submit program proposal materials to:

Kathy M. Evans, PhD
Associate Professor
Dept of Educational Studies, College of Education
254 Wardlaw
University of South Carolina
Columbia, SC 29208

DEADLINE: Submission must be postmarked and/or received by April 15, 2008.

Program Proposal Format:

Program Title: Limit title to 80 characters for inclusion in the conference. Your title should clearly and accurately describe the focus of your presentation.

Key themes for your presentation: Provide one to two key words or terms that identify the key focus of your proposal (e.g., supervision, technology, gender issues, etc.).

Indicate type of session: (1) 50 minute content session; (2) poster session; (3) 50 minute roundtable discussion session

Format Flexibility: Please indicate whether you would be willing to present your program in an alternative format if space does not allow for acceptance in the format you have proposed.

Chair (contact person): Provide complete contact information for the program chair (main presenter), including name, institutional affiliation, primary mailing address, day and evening phone number, and email address.

Co-presenters: Provide complete contact information for each co-presenter for the program, including name, institutional affiliation, primary mailing address, day and evening phone number, and email address.

Note to student presenters: Please list your college or university as your institutional affiliation

Reminder: Your name can only appear on two presentations.

Synopsis of Program: Provide a 200 word (maximum) synopsis of the content of your program. Be as clear and concise as possible, with the goal of providing participants with a brief overview of goals, objectives, content, and presentation format of your program. This will appear in the conference program.

Effective Counseling with Latino Clients

By Patrick W. Cleveland, Jeff Logue, Justin Harley, Agatha Parks-Savage at Regent University

Counseling Needs of Latinos

In general, Spanish speaking clients tend to underutilize mental health services (Santiago-Rivera, 1995) although they have high levels of symptom severity and prevalence of anxiety, depression and affective disorders (Cooper et al., 2003; Martsolf, 2004; Novy, Stanley, Averill, & Daza, 2001). Suggested reasons for this limited use are cultural insensitivity, ignorance by mental health professionals (Picken, 2004), and the lack of quality mental health services for this population (Santiago-Rivera). Because cultural barriers exist between the Hispanic population and the field of mental health, it is important for the counselor to recognize attributes of the Hispanic client that will determine the effectiveness of the counseling relationship. The U.S. Census Bureau (2005) uses the term "Hispanic" as an ethnicity description referring to people who trace their origin or descent to Mexico, Puerto Rico, Cuba, Central or South America, or Spain (Talamantes, Lindeman & Mouton, 2005). Although Hispanics are the largest U.S. minority group, subgroups have different countries of origin, values, and reasons for coming to the U. S.

The culturally sensitive counselor takes into account psychosocial and diversity considerations while treating the needs of Latinos. Therapists must recognize the roles of acculturation and ethnic identity and the interplay of traditional and modern family values while working with Latinos. An effective counselor will demonstrate keen insight regarding issues of gender roles and the client's place and responsibilities in the family. Counselors need to assess characteristics for each client individually, rather than developing assumptions from the Latino culture as a whole (Smith, 2004). Some clinicians suggest that the term Latino be used in lieu of the word Hispanic because it is

more inclusive (Delgado-Romero, 2001). Many Latinos will prefer more precise terms when referring to themselves such as Chicano, La raza, Cubano, Puerto Rican, or Mexicano (Lopez & Carrillo, 2001). Counselors should be perceptive of language and accent in evaluating acculturation.

Acculturation & Identity

Acculturation is the process by which values and beliefs of the minority change as a result of exposure to the new culture (Harper & McFadden, 2003; Miranda & Umhoefer, 1998). Latinos progressing through the acculturation process must grapple with issues relating to their relationships with the majority culture, maintaining a connection with their heritage and the subsequent stresses arising from the acculturation process (Rogler, Cortes, & Malgady, 1991). Individuals that are more highly acculturated have integrated the language and belief systems of the dominant culture into their lifestyle and may have similar views as the dominant culture about the causes and treatments of mental health disorders and, as a result, may be more responsive to traditional American forms of therapy. Low acculturation minorities tend to adhere strongly to the practices and ideals of their native culture (Miranda & Umhoefer). These individuals often have little knowledge of the host culture's language. Their beliefs about the causes and treatments of mental health and familial problems are different than the majority culture and they may be more resistant to traditional treatments (Miranda & Umhoefer). Modernistic views suggest





Inside Story Headline

Latinos should embrace the dominant culture, invite change and accept early separation from the family. Traditionalism emphasizes a resistance to change and values interdependence on family and community (Smith, 2004). During the acculturation process, Latinos begin to blend traditionalism and modernism into their identity. The individual must maintain a delicate balance between the old and the new.

Addressing the Language Barrier

Although Delgado-Romero (2001) argued that counselors need not be bilingual nor Latino to effectively counsel Latino clients, Muir, Schwartz, and Szapocznik (2004) stated that counselors who work with Latino clients and families should speak fluent Spanish. While physicians may use blood tests, vital signs, and other methods to evaluate clients, mental health professionals primarily use language. For Latinos, the Spanish language is a way of learning and transmitting values, beliefs, and norms. Through language, a collective consciousness develops (Altarriba & Bauer, 1998). A client's dominant language assists them in recollecting and reporting crucial life events. Research indicates that Latino clients can express emotion and affect better when speaking Spanish (Weinick, Jacobs, Stone, Ortega, & Burstin, 2004) and disclose at a lower level when speaking English (Altarriba & Bauer). Spanish speaking clients may be more concerned with grammar and pronunciation than accuracy or relevance of information when speaking English (Santiago-Rivera, 1995). Furthermore, language usage can also affect appropriate diagnosis and use of psychological services. Spanish language versions of neuropsychological assessment and intelligence tests should be provided (Greenfield, 1997; Gasquoine 2001; Ponton, 2001; Naglieri, Booth, & Winsler, 2004) when the key variables of language and acculturation are considered. There are currently over 20 Spanish language assessments available.

Because the Latino culture is so diverse, merely being able to speak Spanish is not enough. The counselor must be familiar with the specific culture of the client as well (Muir, Schwartz, & Szapocznik, 2004). Older Latino adults are usually not as fluent in English as younger Latinos. For this reason, alliances could occur between the English only speaking counselor and the younger family members. Second, the counseling center must demonstrate respect for the community and culture of the client by becoming culturally syntonic. The University of Miami Center for Family Studies employs counselors that are of the same race and/or ethnicity of the client population, many times from the same neighborhood as the clients so that the center will have a familiar face in the community (Muir, Schwartz, & Szapocznik).

Treatment and Social Action to Serve the Latino Client

Bicultural Effectiveness Training (BET), an effective therapeutic technique, assumes that the acculturation process changes in Latino families as new generations of children are born (Muir, Schwartz, & Szapocznik, 2004). Because younger Latinos may be more acculturated than older Latino, intergenerational conflict often increases in Latino families. BET



therapy forces families to contrast and compare American values with Latino values and encourages families to view problems as cultural as opposed to generational (Muir, Schwartz, & Szapocznik). Since Latinos underutilize counseling services, counselors may wish to engage in social action to provide services to this population. These counselors may begin by connecting with agencies that work with Latino families in need: public school systems, health centers, juvenile offender's offices, public defender's offices, and the department of family and children services (Muir, Schwartz, & Szapocznik). Once a local community understands that a counseling agency is committed to the needs of Latinos and is sensitive to their language and cultural nuances, therapeutic services will be pursued more actively.

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