COUNSELING FOR SPECIAL POPULATIONS
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CONTENT

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Gifted Students with Learning Disabilities: Implications and Strategies for School Counselors

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In the past, many educators saw learning disabilities and giftedness as mutually exclusive, although today it is generally accepted that an individual can exhibit characteristics of both (Brody & Mills, 1997). However, students who are gifted and have learning disabilities still are often not identified and frequently are under served in school systems (Dix & Schafer, 1996; Hishinuma & Tadaki, 1996; Rosner & Seymour, 1983). For these reasons, such students have been referred to as being "invisible in many school settings" (Rosner & Seymour, 1983, p. 77). Appropriate identification of these students can be difficult for educators, because the learning disability often inhibits or masks the giftedness (Maker & Udall, 1985; Silverman, 1989). Conversely, the giftedness can also mask the learning disability, as many of these students, because they are gifted, are often able to compensate for the learning deficiencies imposed by the disability (Maker & Udall, 1985; Silverman, 1989).

Moreover, identifying gifted students with learning disabilities for placement in appropriate educational programs can be problematic because of the ambiguity of the definitions for giftedness and learning disabilities (Hannah & Shore, 1995). Educators currently attempting to identify those students must often rely on the separate definitions for giftedness and learning disability, but these definitions are almost always inadequate for accommodating students who exhibit the characteristics of both groups simultaneously" (Brody & Mills, 1997, p. 283). One definition that includes the characteristics of both exceptionalities is critically needed for appropriate diagnosis and placement (Brody & Mills, 1997).

Intelligence tests such as the Stanford-Binet and the Wechsler Intelligence Scale for Children (WISC) are often used to identify gifted individuals (Kirk, Gallagher, & Anastasiow, 2000). An intelligence quotient of 140 and above, first proposed by Terman in 1925, was the accepted definition for giftedness for many years (Milgram, 1991). However, the Marland (1972) definition, adopted by the U.S. Department of Education and most state education departments and school districts (Brody & Mills, 1997), recognized that giftedness included a broader conception of other abilities. The gifted and talented are those who demonstrate high achievement or potential in "general intellectual ability, specific academic aptitude, creative or productive thinking, leadership ability, visual and performing arts ... compared with others of their age, experience, or the environment" (Kirk et al., 2000, p. 118). Most recently,

the U.S. Department of Education (1993) has acknowledged that these talents can be present in individuals who come from all cultural groups and economic conditions.

Students with learning disabilities can experience a variety of learning problems, most notably in the areas of language acquisition and usage (Kirk et al., 2000). Students exhibiting these cognitive-processing problems tend to achieve below their intellectual ability (Hannah & Shore, 1995). A learning disability has been defined as a discrepancy between a child's academic achievement and his or her capacity to learn (Brody & Mills, 1997; Marsh & Wolfe, 1999). A discrepancy greater than one standard deviation below the mean on an achievement test is typically indicative of a learning disability (Mendaglio, 1993). This discrepancy between achievement and intelligence is critical for the purpose of diagnosis (Brody & Mills, 1997). Prior to establishing a diagnosis, however, alternate reasons for low achievement should be examined and excluded (H. Rosenberg, personal communication, September 28, 1999).

For counseling purposes, researchers have contended that students with both these exceptionalities can be viewed as underachieving gifted students (Gallagher, 1997; Mendaglio, 1993; Silverman, 1989). These students appear to have significant intellectual potential yet academically are functioning at the average level or below (Gallagher, 1997). School counselors can assume important roles in helping these students succeed in the schools. This review provides a discussion of the following: (a) the issues associated with appropriate identification and educational placement of gifted students with learning disabilities; (b) the characteristics of these students; and (c) academic strategies and counseling interventions for working with this special group in the schools.

Identification and Educational Placement

Being able to identify gifted students with learning disabilities is of importance to school counselors for several reasons. First, these students need to be identified so they can be referred for psychological testing and diagnosis. Approximately 80%-85% of all referrals are made by regular classroom teachers, many of whom do not have the necessary training and time needed to distinguish these students from others in their classrooms (Hishinuma & Tadaki, 1996). Teachers are also less likely to refer students with learning disabilities for giftedness testing, as most teachers consider them ineligible for gifted placement (Minner, 1990). Counselors, familiar with the characteristics of these dual exceptionalities, can assist teachers in accurate identification of these students and development of effective classroom learning strategies for them. Second, the services provided by school counselors can help gifted students with learning disabilities cope with the interpersonal, emotional behavioral, and academic issues they face. Third, parents also have problems understanding their children's dual diagnoses and can benefit from consultation with

school counselors on the unique qualities and educational needs of their children (Mendaglio, 1993). Finally, school counselors participating in child-study team meetings will be better prepared to understand the needs of these students and to recommend vital interventions (Van Tassel-Baska, 1990).

Gifted students with learning disabilities can be grouped into three categories: (a) identified gifted students with subtle learning disabilities; (b) unidentified students who struggle to maintain average achievement; and (c) identified students with learning disabilities who are later discovered to be gifted (Baum, 1990). Conservative estimates indicate that between 2% and 10% of all children enrolled in gifted programs have learning disabilities (Dix & Schafer, 1996). The students who maintain average achievement often go unnoticed and are the ones who discover later in life, usually in college, that they have learning disabilities (Baum, 1990). Approximately 41% of gifted students with learning disabilities are not diagnosed until college (Ferri, Gregg, & Heggoy, 1997).

Additionally, difficulties identifying gifted students with learning disabilities are compounded in the primary grades because students are often able to compensate for their disability (Norton, 1996). Elementary age students may demonstrate higher-order thinking skills and contribute to class discussions but fail to submit written assignments (Tallent-Runnels & Sigler, 1995). They may be performing at acceptable levels initially; however, they may begin to falter in the secondary grades as the task demands increase, and they are no longer able to compensate for their disability with their giftedness (Tallent-Runnels & Sigler, 1995).

The effects of misdiagnosis for these students can be quite severe. An unidentified or misdiagnosed student will not be able to benefit from much-needed special instruction. Furthermore, students who qualify for one program should not necessarily be excluded from the other (Brody & Mills, 1997). For example, a student could score a full scale IQ of 130 or higher on the WISC III, but have achievement test scores that differ by more than 1.5 standard deviations. This student may qualify for a gifted program but may also need special educational programming for the learning disability. Special instruction in both areas of giftedness and learning disability must be provided. Without appropriate diagnosis and placement, the discrepancy between achievement and intelligence may not be reduced and may result in low self-esteem, boredom, anxiety, disruptive behavior, and poor social acceptance for these students (Norton, 1996).

Even when properly identified and diagnosed, some state policies do not permit school districts to be reimbursed twice for one student, and many of these students fail to qualify for multiple services (Brody & Mills, 1997; Fox, Brody, & Tobin, 1983). Furthermore, few school districts have dedicated programs for this under-served population, and those that are successful provide intensive and consistent interventions over extended periods (Gallagher, 1997; Johnson, Karnes, & Carr, 1997). One effective, dedicated program is an adaptation of Renzulli's, "Enrichment

Triad Model" (Baum, 1988). This program provided opportunities for students to learn new information and develop academic skills by participation in cooperative, small-group learning activities based on their interests and academic strengths. It required the use of a district resource room, a teacher, an intern, a university professor, a museum curator, several consultants, and a computer mentor. After studying seven students identified as gifted with learning disabilities who participated in this program, Baum (1988) concluded that the program was successful, with only one student failing to complete a project, and with most students, teachers, and parents reporting improved academic achievement in other areas. While it is clear that such integrated, holistic, and challenging programs are needed, the usefulness of these programs are often hindered by costs, which are likely to be prohibitive for nearly all school districts (Gallagher, 1997; Johnson et al., 1997).

Characteristics of Gifted Students With Learning Disabilities

Gifted students with learning disabilities may have extensive vocabularies, which are much more advanced than that of their peers (Deshler & Bulgren, 1997; Ferri et al., 1997). They tend to exhibit good listening comprehension and are able to express themselves well (Hishinuma & Tadaki, 1996). They can reason abstractly and solve problems; many demonstrate a sophisticated sense of humor (Rivera, Murdock, & Sexton, 1995). They often prefer creative activities and usually have keen interests or hobbies outside of the school setting (Baum, 1988).

Divergent thinking and novel approaches to problem solving are often present (Ferri et al., 1997). These students may become bored and frustrated with grade-level reading or simple rote memorization in mathematics (Dix & Schafer, 1996). Hyperactivity, inattentiveness, or impulsivity may be evident (Dix & Schafer, 1996). They often have poor handwriting and spelling skills (Rivera et al., 1995). On the WISC-III, these students usually obtain higher scores on the block design, object assembly, picture arrangement, mazes, similarities, and comprehension subtests, but lower scores on the vocabulary, information, arithmetic, picture completion, coding, and digit span subtests (Dixon cited in Ferri et al., 1997). Typically, there will be more discrepancies and variability on the WISC-III subtests than that of a student who is only gifted or only has a learning disability (Ferri et al., 1997).

Gifted students with learning disabilities were found to have lower self-concepts than were gifted students (Van Tassel-Baska, 1991). They were also found to have lower opinions of their high school education and fewer out-of-class achievements (i.e., in leadership, athletics, arts) than their higher-achieving classmates (Gallagher, 1997). Moreover, in one study, teachers perceived them to be more asocial, less popular, quieter, and less accepted by others than were gifted students (Waldron, Saphire, & Rosenblum, 1987). This same study also supported Whitmore's (1980) contention that

these students are at more risk of having lower self-concepts and of facing rejection by their peers than are gifted students.

For gifted students with learning disabilities, confusion about their mix of special abilities and sharp deficits can lead to feelings of frustration, unhappiness, and isolation (Baum & Owen, 1988; Norton, 1996; Silverman, 1989). These conflicted feelings may also result in anger and resentment toward others, which may affect relationships with peers and family members (Mendaglio, 1993). Erratic behavior in the form of aggression, withdrawal, and lack of impulse control may be manifested at home and in school (Van Tassel-Baska, 1991).

Guidance and Counseling Interventions

Gifted students with learning disabilities can benefit from guidance and counseling interventions provided by school counselors. Counselors can conduct individual and group counseling to help students improve classroom behavior, increase self-esteem, and develop positive interpersonal relationships (Gallagher, 1997; Myrick, 1997; Wittmer, 2000). Including these students in peer facilitation programs can encourage peer interaction and help to foster social acceptance and self-confidence (Myrick, 1997). In addition, counselors can promote awareness and an understanding of the unique needs of this population by advocating on their behalf to school and community representatives (Van Tassel-Baska, 1990). A multidimensional approach that includes students, teachers, parents, and other school professionals has been found to be most effective in counseling these students (Mendaglio, 1993; Van Tassel-Baska, 1990).

Consultation With Parents

Parents of gifted students with learning disabilities often present themselves to school counselors with concerns. The concerns may include, "Everyone says my child is bright, but she doesn't seem to be performing up to her level at school," or "My child is really smart, but the teachers do not seem to be able to challenge him. He is bored, lacks interest, and is not working up to his potential in the classroom." Parents of these children perceive discrepancies between their children's intellectual abilities and school performance, and seek answers to help their children learn. Professional school counselors can help by consulting with the parents to provide information on the diagnosis and to suggest strategies that help support the educational process of their children (Snyder & Offner, 1993). Counselors should work to reduce the tension that may exist between parents, teachers, and students, and to facilitate development of appropriate emotional responses (Mendaglio, 1993). Counselors can advise parents that it will be counterproductive to the results they seek to embarrass or belittle these children in front of their peers (Snyder, 2000). Instead, school counselors can gently

encourage parents to speak to these students in private to discipline them and correct their behavior (Snyder, 2000).

It is important for parents to develop an accurate picture of the child's giftedness and learning disability (Whitmore, 1985). Therefore, they can benefit from special meetings planned for the purpose of providing opportunities to vent and discuss feelings of anger and frustration that often result from parenting these special children (Daniels, 1983). Support groups can be created so interested parents can meet on a regular basis outside the school setting. In these groups parents can (a) share similar concerns regarding the parent-child relationship (b) gain competence and confidence in parenting, and (c) discuss strategies for implementing change in the family system (Orton, 1996). Parents appreciate it when their opinions are valued; therefore, counselors need to invite them to participate in the planning process. When introducing the concept of forming a support group, it is important for counselors to emphasize to parents that the group will benefit their children as well as other parents (Orton, 1996).

Sharing Academic Strategies With Teachers

Despite economic constraints that preclude the development of specialized programs for gifted students with learning disabilities in every school, a challenging curriculum can be designed to stimulate their interests (Baum, 1988). This curriculum should focus on discovery; investigative and exploratory learning, and should have provisions for students' individual learning styles (Young & McIntyre, 1992). The use of photography, drama, art, and other unconventional and progressive learning methods should be encouraged (Baum, 1988). Rote memorization and drill activities should be kept to a minimum (Whitmore, 1985). The use of educational games in language and math enhances learning without frustration, boredom, or complaints. Students should participate in self-directed activities of special interest to them, and they should be allowed and encouraged to be creative (Silverman, 1989; Silverman, 1993; Whitmore, 1985).

The use of computers for word processing can improve language and writing skills (Baum, 1990; Waldron, 1991). Individualized instruction via computers allows students to make mistakes without fear of ridicule (Waldron, 1991). Also, these students will benefit from the visual nature of the computer that entertains as well as challenges their superior intellect (Waldron, 1991). Calculators and tape recorders can also be used as teaching aides (Maker & Udall, 1985). Written material can be taped for students by parents, teachers' aides, volunteers, or other students.

The curriculum should assist in the development of these students' talents, as well as remedy those areas in which they are deficient (Silverman, 1989). Educational activities and assignments that focus on students' strengths and interests and highlight

abstract thinking and creative outcomes help develop their giftedness (Baum, 1988; Silverman, 1989). Overemphasis on students' deficiencies will often lead to low self-confidence; consequently, reinforcing positive academic behavior and achievement is highly recommended (Baum, 1988).

Students with these dual exceptionalities rely on alternative ways of learning (i.e., visually, orally, and kinesthetically); therefore, it is important for them to be seated where they can clearly see and hear the teacher (Maker & Udall, 1985). Teachers should try to make eye contact before giving instructions, and to limit the number of directions presented at one time (Silverman, 1989). It may be helpful to also write the directions on the board or on a piece of paper for the student. Realistic deadlines for completing assignments should be given (Maker & Udall, 1985). These students may need additional time to complete assignments. For students who experience difficulty in completing tasks, counselors can help teachers develop behavioral contracts with specific outcomes, timelines, and reinforcers (Thompson & Rudolph, 1996).

In addition, counselors should advise teachers that it is very important to provide emotional encouragement and assurance that conveys to these students they can be successful. Exposing them to role models of successful gifted individuals with learning disabilities through films, videos, books, guest speakers, and class discussions will help them realize that others have been able to overcome their deficiencies by focusing on their strengths rather than their weaknesses (Silverman, 1989).

School counselors can develop collaborative relationships with the gifted teacher facilitator, or coordinator who usually spends more time with such students (Van Tassel-Baska & Baska, 1993). These teachers, because of their specialized training, can provide support to counselors in meeting the social and psychological needs of gifted students with learning disabilities. They are also able to conduct small-group counseling and behavior-modification interventions right in the classroom, reducing the need to take students out for these activities.

Finally, regular classroom teachers need to know how to identify gifted students with learning disabilities so they can be referred for psycho-educational testing and placement. This population has its own set of defining characteristics, many of which parallel those exhibited by students with learning disabilities and attention-deficit / hyperactivity disorders. Teachers should be able to distinguish differences between these types of students (Dix & Shafer, 1996). It is critical that they view gifted students with learning disabilities as gifted (Whitmore, 1985). School counselors can help increase teachers' understanding and knowledge by facilitating and coordinating workshops that include guest speakers who can provide expert information and resources (Snyder, 2000). Counselors can prepare informational materials for teachers that focus on the special needs of these students and on learning strategies that have proven helpful. Opportunities for dialogue and discussion of teaching strategies

should be a major consideration during development of educational seminars for teachers.

Individual and Group Counseling With Students

The paradox for gifted students with learning disabilities is that they must accept their intelligence while recognizing they may be less capable in certain academic areas than are their less intelligent peers (Daniels, 1983). Adults often tell these gifted students that the students are bright, but lazy, and are not living up to their potential (Daniels, 1983). These students face multiple expectations and pressure to excel, which they may feel inadequate to fulfill (Kaplan & Geoffroy, 1993; Whitmore & Maker, 1985). These paradoxical feelings can place these students at more risk of stress, burnout, self-blame, and suicide than their peers are (Delisle, 1986; Hayes & Sloat, 1989; Kaplan & Geoffroy, 1993). Since they grow up dealing with adjustment issues, gifted students with learning disabilities often are not aware that they can behave and think in different ways. Cognitive-behavioral interventions are designed to help them change their thinking, feelings, and behaviors (Vernon, 1990). While there seems to be no specific research on the use of cognitive-behavioral interventions with gifted students, this approach has been successful in reducing anxiety and in increasing leadership, initiative, and internal locus of control in adolescents with learning disabilities (Omizo, Lo, & Williams, 1986).

When applying a cognitive-behavioral approach, counselors can begin the counseling process with a discussion about the concept of having a learning disability while also being bright. Students need to understand and accept that both can exist simultaneously, and that inadequacy in one area or skill (e.g., spelling, organization) does not mean inadequacy in all areas. Negative self-talk must be discouraged, and counselors can teach these students to rephrase negative thinking and self-talk into positive verbalizations. Counselors can use and teach students Ellis' (1995) A, B, C, D, and E approach to dispute negative thinking. A, B, C describe how the problem develops and D, and E are the steps that will be taken to correct it (Thompson & Rudolph, 1996). It is important for counselors to reinforce rational, positive verbal expressions, belief systems, and behaviors as they are exhibited. Other cognitive-behavioral strategies such as stress-reduction techniques (e.g., relaxation training, imagery) can be included in individual counseling (Kaplan & Geoffroy, 1993).

Art therapy is another technique that can be incorporated in both individual and group counseling with this population. Art will appeal to many of these students' creative nature and can provide an outlet for self-expression, especially for those children who are withdrawn and feel isolated from their peers (Orton, 1996). Art therapy is goal oriented, and symbolism is used to release painful feelings that may have been passively withstood by the student for years (Kellogg & Volker, 1993). The artwork provides a medium by which to discuss problems and begin to set goals. While appealing to all grade groups, art can also be used to assess student needs, solicit diagnostic information, and to build the counseling relationship (Orton, 1996). Art

techniques are ideally conducted in a room with a sink (for clean-up), plenty of art materials and supplies, easels, and other mediums of artistic expression (i.e., clay; play dough, finger paints). However, counselors who are on a budget and have limited office space need only to have construction paper, crayons, markers, and clay available for students to use in art interventions.

Counselors can allow students to draw freely with limited structure, or they can ask them to draw specific objects, things, or events. For example, students can be asked to draw themselves, their families, homes, schools, and special events in their lives. It is important to listen and observe students carefully as they draw. Counselors will be able to gauge students' progress by observing the hostility and anger demonstrated while drawing or pounding on clay, or by the intensity and change in the colors of the paintings (Orton, 1996). The role of the counselor is to accept students' artwork and to encourage expression of feelings, problems, and conflicts based on the drawings. As the student tells the counselor what has been drawn, the counselor begins to draw out feelings, thoughts, and values by using a facilitative, person-centered approach such as that used in nondirective play therapy (Ryan & Wilson, 2000).

A problem-solving approach can be another effective technique to use in individual counseling. In this intervention, attention should be given to helping the student identify personal and academic strengths and weaknesses. Counselors can present weaknesses or areas for improvement as conquerable challenges that can be mastered (Silverman, 1989; Whitmore & Maker, 1985). In counseling, students can generate strategies and solutions to alleviate weaknesses. It is also for school counselors to help students focus on their strengths, talents, and gifts and ways to further develop them (Silverman, 1989). Therefore, counselors should seek out information regarding students' hobbies, interests, and extracurricular activities (e.g., sports, music, art) and should inquire about the relative progress made in these activities. Students who are not engaged in these activities should be encouraged to do so and should be provided with information on how they can participate. Gifted students with learning disabilities need to know that participation in sports and hobbies has been found to improve the abilities and academic performance of students with similar difficulties (Whitmore & Maker, 1985). If agreeable to the student, the counselor can, at some point during the counseling process, facilitate a conference between the child and his or her parent(s) to provide opportunities for sharing and discussing the options and solutions generated in individual counseling.

Counselors can teach study skills individually or in groups to promote self-discipline and positive study habits. Information on effective methods for note taking, summarizing reading content, memorizing, and reviewing and studying for examinations should be provided (Van Tassel-Baska & Baska, 1993; Walker, 1982). Students with learning disabilities experience problems with organization, especially organizing for learning activities (de Bettencourt, 1987). Essential to the counseling intervention is a discussion of strategies to help students organize and later be able to

retrieve information (Whitmore & Maker, 1985). Counselors should encourage the use of compensation strategies such as writing down all class assignments in a specific notebook that is color-coordinated by class, using worksheets and study guides, and checking for spelling errors before turning in assignments, (Baum, 1990; Skinner & Schenck, 1992).

Group counseling with this population should include a focus on self-esteem building, positive peer interactions, and identity formation (Mendaglio, 1993). Groups focused on stress reduction and healthy coping behaviors are also recommended (Kaplan & Geoffroy, 1993). Small groups can be formed with both gifted students and gifted students with learning disabilities so that both groups can share similar experiences and develop new friendships (Mendaglio, 1993; Whitmore, 1985). Similarly, groups with a focus on social skills development should include students who demonstrate these skills and behaviors appropriately, as they can act as role models for others (Mendaglio, 1993). Many gifted students with disabilities will be relieved to know that, similar to many students with special needs, they may need assistance adapting to their new learning environments (Snyder & Offner, 1993).

Groups that emphasize teaching goal-setting and problem-solving skills will also be of benefit to gifted students with learning disabilities. However, goals must be kept specific and short-range so that the students can recognize immediate achievement and success (Daniels, 1983). College and career guidance information should be made available, especially at the high school level, although career exploration and guidance activities should really begin as early as elementary school (Van Tassel-Baska, 1990). College-bound students need instruction on the purposes and uses of the Scholastic Assessment Test-I (SAT-I) and the ACT assessment (Van Tassel-Baska, 1990). They also will need information on the best time to sit for these exams and on how to access information about test items and practice tests they can complete. Students need to know that if documentation of a learning disability is provided to the testing service, special testing accommodations (e.g., more time, computer testing) may be allowed (Skinner & Schenck, 1992). They also need assurance that once in college they can be successful. Consequently; counselors advising college-bound gifted students with learning disabilities should inform them of the varied types of college programs available to assist them (Skinner & Schenck, 1992).

Advocacy

Advocacy for gifted students with learning disabilities can consist of several types of activities. One significant way counselors can advocate for these students is to communicate with other school personnel on problems and general issues regarding the needs of this population (Van Tassel-Baska, 1990). Counselors can also assist students by monitoring their progress through appropriate and successful school

experiences (Parke, 1990). This oversight can involve ensuring that academic classes are consistent with students' career goals and encouraging students' participation in extracurricular school activities that enhance academic learning and development of social skills. Counselors can also set up tutorials in academic subjects for which students need assistance. Peer facilitators can act as tutors and buddies to these students (Myrick, 1997).

School counselors can inform parents about the process of evaluation and educational placement and encourage them to be active participants in the process. Through their team participation in child study teams, counselors can help influence others to ensure that gifted students with learning disabilities receive appropriate services (Van Tassel-Baska, 1990). Referrals to outside agencies or school specialists may be necessary; therefore, counselors should have a list and network of resources available to share as needed (Lombana, 1992).

Conclusions

Gifted students with learning disabilities are misdiagnosed, under served, and invisible in our schools. These students have special needs that require appropriate educational programs and curricula. They must be identified early and placed in specialized programs to enhance their giftedness, while remedying or compensating for their learning deficiencies. School counselors can be facilitators and collaborators to ensure that these students then have positive, successful academic, personal, and social experiences. Counselors are advocates and mediators among students, parents, teachers, and other school professionals. A multidimensional guidance and counseling approach that focuses on the strengths and interests of gifted students with learning disabilities is recommended to serve this special population.

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02
Applying The ASCA National Model to Elementary School Students Who are Homeless: A Case Study

Professional School Counseling, Dec, 2004 by Jennifer Baggerly, Tammilyn Borkowski

This case study of an African American elementary school female who is homeless illustrates how ASCA's National Model meets the needs of students who are homeless. The needs of children who are homeless and the rationale for school counseling interventions--including assessment, classroom guidance, group play therapy, and consultation--are described. Outcomes reveal a decrease in the child's anxiety and behavior problems and an increase in self-concept. Implications and recommendations for school counselors are discussed.

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School counselors must meet the challenge of providing the American School Counselor Association (ASCA) National Model for a rapidly growing diverse student population, including children who are homeless (Strawser, Markos, Yamaguchi, & Higgins, 2000). According to the Institute for Children and Poverq, (2002), more than 1 million U.S. children per year are homeless. The number of children and families who are homeless continues to grow because of limited affordable housing, shortages in jobs that pay a living wage, and welfare reform (National Coalition for the Homeless, 1999b). Families with children are the fastest growing segment of the homeless population, currently representing 40% of people who are homeless (National Coalition for the Homeless, 1999a).

The Stewart B. McKinney Act (1994) mandates that school counselors provide services for children who are homeless. A review of the professional literature reveals guidelines and interventions for school counselors to address the barriers and needs of children who are homeless. Strawser et al. (2000) described legislative provisions, current barriers, effects of homelessness on children, and strategies such as accessing basic needs and malting referrals to medical and social agencies. Walsh and Buckley (1994) recommended addressing the social stigma of homelessness through developmental counseling. Daniels, D'Andrea, and Morioka (1991) and Daniels (1992) identified developmental needs and barriers of children who are homeless and recommended strategies such as providing food to satisfy children's hunger and creating a sense of safety within a developmentally based counseling group. Later, Daniels, D'Andrea, Omizo, and Pier (1999) described a group counseling approach designed to reduce conflicts and enhance problem-solving skills for adolescents who were homeless.

In addition, two empirical research studies have validated effective interventions that school counselors should consider. Nabors, Proescher, and DeSilva (2001) found significant improvement in parents' perceptions of their children's positive behavior and grades after participation in the Empowerment Zone project, which provided parent training, children's small groups, and classroom-guidance mental health prevention activities for elementary school-aged children who were homeless. Perry (2000) found that children who were homeless and received structured problem-solving training significantly improved in problem solving and coping flexibility and had lower anxiety than did children in control and comparison groups.

Although previous literature has provided guidelines for addressing the general needs of children who are homeless, a detailed, personalized description of a child who is homeless has not been provided. In addition, school counselors are now encouraged to apply the ASCA National Model, a comprehensive approach to program foundation, delivery, management, and accountability, for every student (ASCA, 2002). Thus, school counselors must conceptualize interventions for students who are homeless in light of ASCA's National Model.

In this article, we will (a) discuss the rationale for providing school-based counseling to children who are homeless; (b) provide a detailed, personalized description of a child who is homeless; (c) describe an application of ASCA National Model interventions for this child; (d) report and discuss results; and (e) provide recommendations, identify implications in light of ASCA's National Model, and give future directions.

RATIONALE

Elementary school-aged children who are homeless are confronted with a variety of unique challenges. Socially, children living in a homeless shelter are hindered in the development of their social skills due to the shame of their homelessness and frequent family moves (Buckner, Bassuk, Weinreb, & Brooks, 1999; Walsh & Buckley, 1994). Children who are homeless were found to have less social support and coping behaviors than children who were either never homeless or previously homeless (Menke, 2000).

Emotionally, children who are homeless tend to experience more depression and anxiety than children who are housed (Buckner et al., 1999). Approximately 47% of children who were homeless were found to have clinically significant internalizing problems, such as depression and anxiety, compared to only 21% of children who were housed (Buckner et al.). Menke and Wagner (1997) also found depression and anxiety were significantly higher in children who were homeless compared to children who were never homeless. Other researchers (Homeless Children, 1999)

found that one fifth of children who were homeless had severe emotional difficulties that warranted clinical intervention, although these children seldom received the interventions. Many children who are homeless have experienced domestic violence. Approximately 80% of mothers who were homeless compared to 66% of mothers who were housed reported domestic violence (Buckner et al., 1999).

Behaviorally, children who are homeless tend to exhibit more externalizing problems, such as delinquent and aggressive behavior, than the normative sample (Buckner et al., 1999). Increased behavioral problems of children who were homeless compared to children who were not homeless were identified as early as preschool (Koblinsky, Gordon, & Anderson, 2000).

Academic achievement problems also have been reported for children who are homeless (Masten et al., 1997). Rubin et al. (1996) found elementary school children who were homeless performed significantly more poorly on academic tests than children who were not homeless. Biggar (2002) found that a lifetime history of homelessness negatively predicted students' academic performance as measured by grade point average. Other research indicates children who were homeless were diagnosed with learning disabilities at double the rate of children who were not homeless (Homeless Children, 1999).

Given the impact of homelessness on children, there are three reasons for providing school-based counseling to children who are homeless. First, as described above, the intense social, emotional, behavioral, academic, and familial problems of children who are homeless hinder their ability to achieve success in school (Buckner & Bassuk, 1997). Second, parents who are homeless have difficulty obtaining counseling and psychological services due to limited energy., and resources (National Law Center on Homelessness and Poverty, 1995; Torquati & Gamble, 2001). Third, the McKinney Act mandates that state and local education agencies remove barriers to school success of children who are homeless (National Coalition for the Homeless, 2002). Therefore, it is incumbent upon school counselors to implement school-based mental health interventions to promote the academic, career, personal, and social success of children who are homeless.

CASE DESCRIPTION OF A CHILD WHO IS HOMELESS

Regina (alias) was a 7-year-old African American female who resided with her mother and 10-year old brother in one dormitory-like room at a homeless shelter in a southeastern metropolitan city. After several months in the shelter, Regina's mother married and her new stepfather moved into the room with the family. Regina's mother reported a family history of homelessness and poverty, frequent moves, past domestic violence, and a lack of recent contact with the children's biological father.

Regina was enrolled in the first grade in a general education K-2 classroom at the on-site charter school in the homeless shelter where they resided. Her mother and the school cumulative folder provided only a small amount of useful family and academic background information. Regina's mother suggested her daughter had no known academic deficiencies but did have social and behavioral problems. Her teachers reported Regina's academic performance in the classroom was on grade level, despite learning gaps in basic achievement skills (e.g., reading, writing, and math).

According to her teachers and mother, Regina's problem behaviors at home and school included excessive dependency and attention seeking from adults (e.g., repeatedly asking, "Do you love me?" and constantly approaching and interrupting); peer difficulties (e.g., making and keeping friends); low frustration tolerance (e.g., raising voice and talking out of turn); and stealing, lying, and denying responsibility for her actions. In addition, her teachers reported a history of somatic complaints, poor self-concept, impulsivity, depressed mood, distractibility, oversensitivity, anxiety, and irritability. Regina's strengths included being friendly, helpfulness, an attractive appearance, and an active energy level.

COMPREHENSIVE SCHOOL COUNSELING PROGRAM PROCEDURES

The following four program components of ASCA's National Model, based on Gysbers and Henderson's (1994) Comprehensive School Counseling Program (CSCP), were provided to Regina.

Education/Prevention

For large-group classroom guidance, a weekly social skills training program entitled "Stop and Think" (Knoff; 1999) was implemented in Regina's class. The major components of the "Stop and Think" model are (a) discussion of social skills, (b) modeling, (c) role playing, (d) performance feedback, and (e) transfer of training via application in an everyday environment (Knoll). During weekly large-group guidance lessons, a part-time school psychology graduate assistant presented the following "Stop and Think" steps (Knoff): (a) identify a problem and verbalize "stop and think"; (b) activate decision making by asking, "What are my choices?"; (c) evaluate options and ask, "Do I want to make a good choice or a bad choice?"; (d) select an option and state "just do it"; and (e) conduct a self-evaluation and encourage self by saying "good job." The teachers reviewed these steps on a daily basis with Regina and other students in her classroom.

In addition, the school psychologist encouraged teachers to implement a classroom-wide behavior management system that entailed a token economy using a behavior

monitoring chart with written stars as a secondary reinforcer (Cooper, Herron, & Heward, 1987). If Regina tact her individualized behavior goals of being honest rather than lying, asking to borrow items rather than stealing, cooperating with teachers by raising her hand or waiting her turn rather than interrupting, and completing her assigned tasks, then she was rewarded with a star on her behavior monitoring form at the end of each day. At the end of the week, if she earned 5 stars, she received a primary reinforcer of a grab-bag toy or school supplies. In addition, teachers were encouraged to give her frequent praise and to reward her with extra stars for positive behavior.

Individual Student Planning

To assess Regina's behavioral and emotional progress, the following three assessment instruments were administered. These instruments were selected based on prevalent use in other studies of children who are homeless (Buckner et al., 1999) and based on availability, which was limited by the homeless shelter's budget.

The Child Behavior Checklist Parent Report Form (CBCL-Parent Report), developed by Achenbach (1991), is a 113-item scale through which parents rate their child's behavior. Results are described in two domains, Internalizing Behavior and Externalizing Behavior, and nine subscales. This instrument was chosen because it has good test-retest reliability, of .89 for internalizing behavior problems and .93 for externalizing behavior problems and good construct validity with analogous scales on the Conners Parent Questionnaire (Conners, 1973) and the Quay-Peterson Revised Behavior Problem Checklist (Quay & Peterson, 1983).

The Child Anxiety Scale (CAS), developed by Gillis (1980), is a 20 item questionnaire specifically designed to measure anxiety in children ages 5 to 12 years old. It was chosen because it has good test-retest reliability ranging from .82 to .92 and good construct validity of .81 ($p < .01$) with Krug, Schcier, and Cattall's (1976) Institute for Personality and Ability Testing Anxiety Scale.

The Joseph Pre-School and Primary Self-Concept Screening Test (JPPSST), developed by Joseph (1979), is a 1 S-item test that measures the self-concept of children ages 3 to 9 years old. Scores are based on the child's identification with either a negative or positive picture of a child doing different activities. The child's self-concept is rated on a global index scale of 0 (low) to 30 (high) and is categorized as "High Risk Negative," "Poor," "Watch List," "Moderate Positive," or "High Positive." The JPPSST has good test-retest reliability' of .87, good internal consistency ranging from .59 to .81 with a medium correlation of .73, and good construct validity of .51 (Joseph).

Responsive/Intervention Services

Based on Daniels (1992) and Walsh & Bucklev's (1994) recommendations for a developmental counseling approach with children who are homeless, the responsive service intervention selected for Regina was play therapy, due to its proven effectiveness with children (Bratton & Ray, 2000; Ray, Bratton, Rhine, & Jones, 2001). When play therapy was applied to children who were homeless, Hunter (1993) reported that it empowered children to manage family crises, resolve conflicts, make sense of their world, and develop strength for long-term growth. Baggerly (2003) identified perspectives and procedures of child-centered play therapy with children who were homeless as well as their unique play themes of "eviction" and "I am rich!" Because group work with children who are homeless was recommended (Daniels et al., 1999; Davey and Neff; 2001; Nabors et al., 2001; Strawser et al., 2000), group play therapy was implemented for the extra benefit of helping children assume responsibility in interpersonal relationships (Landreth, 2002).

The first author, who is a Licensed Mental Health Counselor Supervisor and a Registered Play Therapist Supervisor, provided 10 weekly sessions of child-centered group play therapy to Regina and Twanda (alias), another female student in her class. We followed basic child-centered play therapy principles of following the child's lead; avoiding judgmental statements; creating a safe, accepting atmosphere; reflecting feelings; facilitating decision making; enhancing self-esteem; and setting therapeutic limits (Landreth, 2002). We conducted sessions in a private room with play therapy tote-bag toys such as a doll family, plastic dishes, handcuffs, toy soldiers, an inflatable plastic punching toy, Play-Doh, paper, and crayons (Landreth).

We provided another responsive service, parent consultation, based on recommendations by Nabors et al. (2001). Through parent consultation, we provided Regina's parents with positive feedback about her, such as, "Regina responds well when limits are set in a friendly but firm way and when she is given choices." In addition, we encouraged the parents to use a more effective, democratic parenting style of encouragement and problem solving within flexible limits rather than an authoritarian parenting style of harsh commands and corporal punishment (Steinberg, Lamborn, Darling, Mounts, & Dornbusch, 1994). Unfortunately, Regina's mother and stepfather were distracted by meeting more basic needs and thus did not choose to implement a more positive approach to parenting at that time.

Program and System Support

Because teacher training in mental health prevention activities was suggested by Nabors et al. (2001), we provided consultation to Regina's teachers. We encouraged the teachers to consistently implement the behavior management system for Regina

and provided them with an alternative understanding of her behavior, such as, "She is motivated by a desire to please peers and adults."

RESULTS

After implementation of these CSCP interventions during the 12 weeks that Regina attended the charter school and the family resided at the homeless shelter, the following results were noted in Regina's assessment scores and behavior.

Regina's preassessment on the CBCL-Parent Report revealed a total t score of 74, which indicated clinical significance of behavior problems. Her internalizing score (t = 66) and externalizing score (t = 74) also were in the clinically significant range as they are a standard and a half deviation above the norm. Specifically, the anxious/depressed subscale score (t = 69) was in the borderline clinical range whereas thought problems (t = 73), attention problems (t = 78), delinquent behavior (r = 71), and aggressive behavior (t = 76) subscale scores were in the clinically significant range. On this preassessment, specific concerns reported by Regina's mother included "not understanding that she have [sic] to stay in her seat," "always writing notes because she knows she be [sic] wrong," "hides her food as if someone going [sic] to take it," "wants to grow up to [sic] last," and "wants to be the boss." To determine the integrity of the mother's responses, we reviewed individual items on the protocol and found no pattern of extreme ratings and found that scores were not skewed in either direction.

Although Regina's mother was asked to complete the postassessment CBCL-Parent Report, she did not comply, as she stated that she was preoccupied with moving out of the homeless shelter. However, Regina's mother did give a verbal report that her daughter's behavior improved in that she demonstrated less dependency, lying, and stealing in the last few weeks of treatment. Since the post-CBCL-Parent report was not completed, the validity of Regina's behavior change is questionable.

Anxiety

Results measured by CAS indicate a decrease in Regina's anxiety. Regina's preassessment standard Sten score of 10 on the CAS placed her in the 99th percentile for a child of her age, indicating that she experienced more anxiety than 99% of the normative group. Her postassessment standard Sten score of 8 on the CAS placed her in the 91st percentile. Although Regina's posttest Sten score of 8 still indicates a significant departure from the norm, her anxiety score was a full standard deviation lower than her pretest score.

Self-Concept

Results measured by JPPSST indicate an increase in Regina's sell-concept. Her JPPSST pretest global self-concept score was 4, which is in the "High Risk Negative" category, whereas her posttest global self-concept score was 22, which borders on the "Poor" category. Specific questions reveal improvement in Regina's self-concept. For the question, "One of these girls is a bad girl and the other girl is a good girl. Which one are you?" Regina answered "I'm a bad girl" in the pretest but "I'm a good girl" in the posttest. For the question, "One of these girls is smiling and the other girl is crying. Which one do you do the most?" Regina answered "cry" in the pretest but "smile" in the posttest.

Behavior

Based on reports from Regina's teachers and review of behavior monitoring charts by the school psychology graduate assistant, Regina demonstrated substantial improvement in her classroom behavior by the end of treatment. Unfortunately, due to personnel changes within school staff; behavior monitoring charts were misplaced at the end of the school year and thus specific data are not available to indicate when and at what rate Regina's behaviors changed. However, teachers verbally reported that Regina's lying, stealing, and interrupting had decreased and that she completed more of her weekly assignments by the end of treatment. Teachers also verbally reported that several days before Regina and her family were to move out of the shelter and away from the school, her behavior regressed back to stealing and lying once a day.

Observations of Regina's behavior during group play therapy sessions suggest that Regina understood and integrated the concepts of the behavior management system. For example, during session 7, she played teacher and said, "Don't do that. Sit down. Good. You earned a star." Hence, she appeared to associate behavior with the reward of earning a star on the behavior monitoring chart. Regina also began to integrate social skills such as "stop and think" into her daily routine. For example, during one play session while trying to make a decision, she verbalized, "Stop and think. What are my choices? Do I want to make a good choice or a bad choice? Just do it. Good job!" She demonstrated the accompanying hand signs for each step. She also stated frequently, "I'm supposed to make good choices."

In addition, Regina demonstrated more collaboration with Twanda during the last few play sessions. For example, instead or insisting that she be the boss, she was more likely to yield to Twanda's suggestions for play. In the classroom, Regina's teachers and the school psychology graduate assistant anecdotally observed Regina exhibiting less attention getting and dependent behavior. They observed Regina demonstrating more appropriate social skills to gain attention, such as volunteering in role plays, and increased her participation in peer activities.

Group Play Therapy Behavior and Themes

Variations in Regina's play therapy themes throughout the 10 sessions were observed by using the Benedict Play Theme Analysis System (Benedict et al., 1995). During the first four play sessions, Regina's play themes predominantly entailed nurturing themes, such as feeding the baby doll, and dependency themes, such as repeatedly asking "How do you do this?" Beginning at session 6, Regina began displaying mastery themes, such as adding restaurant prices on her own and stating "let me do it," and positive power themes, such as playing an encouraging teacher. In addition, observations of Regina's play revealed a shift toward positive self-perception throughout the sessions. For example, in group play therapy session 3, Regina wrote, "I'm sorry for doing bad," while in session 6 she wrote, "I'm being a good star." During the last session, Regina maintained play themes of mastery and positive power but also displayed conflict related to moving out of the shelter.

Parent and Teacher Response

Before program interventions began, Regina's parents and teachers expressed frustration and exasperation with her dependency, lying, and stealing. Both her parents and her teachers attempted to address her behavior with an authoritarian discipline approach of harsh words and punishment. Although neither her parents nor her teachers consistently implemented a more positive, democratic approach to discipline, both parents and teachers verbally indicated satisfaction with the group play therapy and social skills training and decreases in their own frustration. They also reported decreases in Regina's dependency, lying, and stealing toward the end of treatment.

DISCUSSION

As ASCA (2002) suggests, school counselors must answer the question, "How is Regina different because ASCA's National Model was implemented?" The difference in Regina after the implementation of the National Model is noted on several counts. Regarding her personal and social development, Regina's anxiety decreased and her behavior and self concept improved. Each CSCP intervention appeared to have contributed to Regina's personal and social development in a unique manner. Classroom guidance of social skills training seemed to help increase Regina's acceptance by peers and adults and thus made collaboration for learning more likely. The classroom behavior management system appeared to help Regina regulate her own behavior, be more attentive to schoolwork, and be less disruptive to other children's learning.

Responsive services of group play therapy seemed to help Regina identify and sort through intense feelings, evaluate old and new social skills in light of immediate peer responses and therapeutic feedback, gain a sense of mastery over troubling experiences, and enhance her self-concept. These findings were consistent with Hunter's (1993) report of group play therapy empowering children who were homeless and with Holmberg, Benedict, & Hynan's (1998) report of nurturing and mastery themes in children with traumatic histories. Parent consultation appeared to increase her parents' awareness of a more positive approach to discipline and perhaps increased the likelihood of their implementing a positive approach in the future. System support of teacher consultation seemed to facilitate teachers' acceptance of and positive persistence with Regina.

Regarding academic development, Regina's improvement in personal and social dimensions would likely reveal increases in her academic achievement, although Regina's abrupt move from the school prevented the verification of this hypothesis. However, because teachers reported that Regina was less disruptive, more attentive, and more cooperative, her readiness to learn appeared to have increased. Regarding career development, Regina's career exploration was facilitated in group play therapy when she played various occupations such as storekeeper, restaurant manager, and teacher. Play therapy interventions of encouragement, esteem building, and facilitating responsibility during her career-related play may have increased her self-concept related to having a successful career.

Recommendations

Based on this case study, we make the following four recommendations for improving interventions for students who are homeless. First, school counselors should train teachers on behavior management rationale, concepts, objectives, procedures, and record keeping. Second, school counselors should help create a positive, democratic school environment by securing administrators' support and providing training to all staff on specific skills such as encouragement, positive communication, active listening, and conflict resolution. Third, school counselors should enhance community resources by offering training to homeless shelter staff and recruiting parent mentors to guide and encourage parents who are homeless. Fourth, school counselors should regularly meet with school psychologists, parents, and teachers to monitor the progress of students who are homeless, adjust intervention strategies as needed, and reinforce positive approaches.

Implications for School Counselors

When this case study is considered in light of ASCA National Model: A Framework for School Counseling Programs (ASCA, 2002), several implications for school

counselors as they work with homeless students are salient. First, school counselors can demonstrate the qualities of leadership, advocacy, and collaboration to lead systemic change for students who are homeless by (a) informing teachers about the intense needs of students who are homeless, (b) leading school staff and community members in developing a systematic plan to meet those needs, and (c) collaborating with homeless shelter staff; community leaders, and parents in leveraging resources.

Second, school counselors can promote academic achievement, career planning, and personal/social planning of students who are homeless through the integrated components of ASCA's National Model. The foundation of beliefs and philosophy as well as mission should include promoting students' success, whether or not they are homeless. The delivery system, as described in this case study, should include guidance curricula such as social skills training; individual student planning of academic, behavioral, and emotional assessments; responsive services such as group play therapy and parent consultation; and systems support of teacher consultation and resource referrals. The management system should include agreements between school administrators and homeless shelter staff; the use of data on the academic, social, and emotional progress of students who are homeless compared to those who are not homeless; and action plans to accomplish expected results of students who are homeless. Accountability should be demonstrated by results reports that link program interventions with the achievement of students who are homeless and a program audit to guide future action for students who are homeless.

Finally, ASCA (2002) student competencies of knowledge, attitudes, and skills for academic development, career development, and personal/social development should be maintained for students who are homeless. Communicating these expectations to students, parents, and teachers will help prevent a lower expectation for students who are homeless and will ensure appropriate effort on everyone's part. In so doing, students who are homeless will be encouraged to develop to their full potential in academics, career, and personal/social issues, thereby giving them the needed skills to help break the cycle of homelessness.

Limitations of the Case Study

Like all case studies, this one has several limitations (Heppner, Kivlighan, & Wampold, 1998). The lack of experimental control prevents the findings from being generalized to other children who are home less. It is possible that the student, her teachers, and her parents felt compelled to indicate positive changes in an effort to please the counselor. The student's improvements may have been temporary, and conditions other than the interventions described may have caused the changes.

Future Directions

Due to these limitations, future empirical research studies are needed. A quasi-experimental study applying the above described interventions with recommended revisions to a larger sample size is warranted. An experimental study that compares treatment groups' and control groups' academic scores, anxiety, depression, and behavior problems also is needed. Finally, comparison studies between the interventions described in this article and other approaches will provide further direction in effective interventions for children who are homeless.

Although it is imperative for school counselors to focus on interventions that improve academic achievement and behavior for the majority of students (Brigman & Campbell, 2003), we must not forget the individual student. Corsini and Wedding (2000) identified a common counseling mantra as "what specific therapeutic interventions produce specific changes in specific patients under specific conditions" (Strupp & Bergin, 1969, p. 20). This reminder will motivate school counselors to provide responsive intervention services such as child-centered play therapy for a few students with numerous needs, such as those who are homeless.

Fortunately, the ASCA National Model (ASCA, 2002) provides the framework so that counselors can deliver interventions of classroom guidance for large groups of students and additional responsive services for individual students. This case study "puts a face on" the individual student who is homeless and compels us to provide the powerful four components of the ASCA National Model (ASCA, 2002). (Those components are education/prevention through large-group guidance, individual student planning through assessment, responsive/ intervention services through child-centered group play therapy, and system support through teacher consultation and resource development.) In doing so, school counselors will become advocates and change agents (Kiselica & Robinson, 2001) for students who are homeless. School counselors should implement the ASCA National Model (ASCA) to provide interventions to improve the personal, social, and academic achievement of students who are homeless, thereby helping to break the cycle of homelessness.

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03
Four-Fold Prevention: Strategies to Prevent Substance Abuse Among Elementary School-Aged Children

Professional School Counseling, Oct, 2001 by J. Kelly Coker

Education to prevent child and adolescent substance abuse has been the focus of a variety of school-based programs and approaches through the last three decades (Kreft, 1998). In the early days of prevention education, young people were shown what drugs looked like, with warnings about what evil would befall them if these drugs were taken. In the 1980s, peers and adults were portrayed as vicious culprits exposing innocent children to drugs in the "just say no" campaigns. The more recent focus has been on concurrently teaching refusal skills and bolstering self-esteem with the belief that these will suffice to prevent experimentation with drugs. The problem with all of these prevention approaches is that there is no firm evidence that they work (Kreft, 1998; Lynam et al., 1999). Kids continue to use drugs, and at earlier and earlier ages. The use of alcohol among teens has remained relatively stable in the past few years, with 51.3% of high school seniors, 38.8% of 10th graders, and 24.6% of 8th graders reporting some use in the last 30 days. In addition, the use of cigarettes among girls has risen sharply, and the use of marijuana has more than doubled since 1991 (St. Pierre, Mark, Kaltreider, & Aikin, 1997).

The professional school counselor is left to search out effective and proven prevention programs for addressing substance-abuse issues in the schools. Research has suggested that prevention programs that include an examination of relevant social and environmental factors may be more effective at preventing alcohol and drug use than programs that focus primarily on refusal skills (Homonoff, Martin, Rimpas, & Henderson, 1994).

In a prior study (Coker & Borders, 2001), the author and a colleague examined trend data gathered from the National Education Longitudinal Study (U. S. Department of Education, 1996) in an attempt to identify those environmental and social factors that appeared to guard against substance-using behavior, specifically problem drinking. The results identified four salient features: (a) positive, supportive relationships with parents; (b) involvement in community-based activities; (c) a positive school climate; and (d) relationships with positively influencing peers. Scales (1998), in a study through the Search Institute, found comparable features.

The 4-Fold Prevention Program

This article describes a substance-abuse prevention program, 4-Fold Prevention, designed to specifically focus on four primary areas of social support--parents, schools, communities, and peers. This program enhances positive and supportive

relationships among children and influencing adults and peers by opening the lines of communication about attitudes and beliefs regarding alcohol and other drug use. The 4-Fold Prevention program is nested in recent and relevant research suggesting that enhancing relationships with positively influencing adults and peers during pre-adolescence significantly impacts derisions to not use alcohol and drugs (Homonoff et al., 1994; Weishew & Peng, 1993).

A lesson plan and a student workbook provided the structure of the program. (See Table for an abbreviated lesson plan for the six sessions.) The lesson plan included group activities centered around discussions of family relationships, community opportunities, positive peer relationships, feelings about school and drug information. The program also contained outside-group activities in which the students interviewed parents, school faculty, community members, and other peers about drug attitudes and beliefs. In addition, students completed guided activities with their identified team, which consisted of a family member, a school member, a community member, and a peer member. A student workbook was provided to each participant and was used to help guide students through both the in-group and outside-group activities.

Program Evaluation

The author completed a pilot test of the 4-Fold Prevention program with elementary school-aged students from an urban, at-risk elementary school (K-5) in the southwestern United States. Two fourth grade classrooms were selected for participation. Nine students participated in the program over a 6-week period and completed pre- and posttest instruments. Thirteen students from the two classrooms acted as a control group and also completed the pre- and post-test instrument. The efficacy of the program was evaluated through the collection of both qualitative data and quantitative data. Qualitative data were gathered through observation, interviews, and examination of student responses in the student workbook. Quantitative data was gathered from a pre- and post-test instrument.

Qualitative Evaluation

Ongoing observational data were gathered after each group meeting with participants. Participants were also interviewed after the program for their reactions to the experience, and their responses and writings in the student workbook were examined for relevant information.

Participants were asked to interview a teacher or counselor at their school regarding perceptions about youth alcohol and drug use [Lesson 2]. The majority of students chose their classroom teacher. Most participants indicated they enjoyed talking to their teacher about something other than "schoolwork." Many students also expressed

an interest in having their teacher focus more on alcohol and drug issues in the classroom. As part of their examination of school climate, participants were asked to brainstorm ideas to share with the principal on how to make their school more "kid friendly." Participant ideas for enhancing school climate at their school included: creating peer mediation groups so older students could help younger students resolve conflicts; addressing issues of violence, gangs, and "bullies"; and having small group discussions within classrooms about drugs, alcohol and violence. Student suggestions were consolidated in a letter from the group members to the principal. The participants were excited about their ideas being seen and considered by their principal.

The component of the program that was perceived as most beneficial by a majority of the participants was the family member interview and designing the family alcohol and other drug policy [Lesson 3]. Student interviews with parents about drug and alcohol issues seemed to open the door to further communication between participants and their parents. Several parents indicated their concern over drug use in the neighborhood, and their child's potential exposure to such use. Parents also showed enthusiasm about creating a family drug and alcohol use policy with their children. Most of the completed policies were comprehensive in nature and were signed by all family members living in the household.

The community involvement component was the most difficult of the 4-Fold features to complete for participants in the program [Lesson 4]. Students had a hard time identifying a trusted adult in their communities. In addition, the majority of students did not have much contact or access to adults outside of their families. Most of the participants were not aware of opportunities for community-based activities in their neighborhoods. Since the elementary school where the program was implemented serves a lower socioeconomic neighborhood, community-based resources were not readily available. It would be important in future examinations of the program to help provide stronger links to community resources for students.

None of the participants identified drug use as a problem among peers [Lesson 5]. This experience is consistent with nationally reported experiences of children at this age (Guthrie, Loveland-Cherry, Frey, & Dielman, 1994). During pre-adolescence, it is still the experiences and perceptions of the parents that seem to account for greater influence among youth. During early adolescence, however, use among peers accounts for greater influence on drug-using behavior (Guthrie et al., 1994).

Overall, there was a strong connection and sense of belonging among participants. The students were engaged, interested, and excited about their participation in the groups. There was a general openness and willingness to talk about families, experiences with alcohol and drug use, and personal perceptions of alcohol and drug use among the participants, which could speak to the benefits of conducting such a program in a small group setting. The students adhered to the confidentiality agreement and stressed the importance of keeping discussions "private."

Students were asked during the final session what they found most helpful during the program. The two most salient features included opening the lines of communication with parents about drugs and alcohol and having a safe, confidential setting at school during which discussions about drugs and alcohol were encouraged.

Quantitative Evaluation

The pre- and post-test instrument consisted of a subset of questions from the National Education Longitudinal Study questionnaire that were reworded to reflect the younger age of the participants (U. S. Department of Education, 1996). Questions were selected to assess perceptions of parental support, parental control school climate, opportunities for involvement in community-based activities, and exposure to drug and alcohol use.

Given the small size of both the participating group (N = 9) and the control group (N = 13), quantitative results should be regarded with caution. Some pre-post test comparisons of specific responses, however, did support findings generated in the qualitative analysis of the program. In reference to the feature of the 4-Fold program involving community-based activities, the participant group reported an increase from 9% to 22% for involvement in team sports between pre- and post-tests. For the control group, the corresponding percentages decreased over the 6-week period of this program from 63% to 14%.

For the feature regarding relationships with parents, the percentage of students in the participant group who indicated they had talked to their parents about school-related activities increased from 18% to 33%, and the percentage of students who indicated they count on their parents to help [hem solve problems rose from 18% to 55%. In contrast, the percentage of students in the control group who indicated they had talked to their parents about school-related activities increased only from 13% to 14%, and the percentage of students who indicated they count on their parents to solve problems dropped from 63% to 57%.

In the participant group, the number who indicated that their parents have set appropriate limits and boundaries (e.g., checking homework, making sure chores are done, limiting TV time) increased from 27% to 44%. In the control group, this percentage decreased from 63% to 43% between pre- and post-tests.

Student perceptions of school climate have also been identified in the literature as impacting decisions about substance abuse (Coker & Borders, 2001). With regard to positive school climate, positive perceptions of school (e.g., there is real school spirit; rules are fair at my school; teachers praise my efforts) increased from 45% to 55% in the participant group and remained constant for the control group, with percentages of 88% for both the pre- and post-test response.

Future implementation of the program with larger sample sizes is expected to yield more salient quantitative results. Nonetheless, this preliminary examination of the efficacy of the 4-Fold Prevention program supports its potential as a viable prevention alternative.

Implications for School Counselors

School counselors are often the gatekeepers of substance-abuse prevention in schools. Mainstream counselor duties such as group counseling and classroom guidance provide counselors with opportunities to implement prevention programs. The 4-Fold Prevention program holds promise as a new prevention approach for both classroom and small group settings.

With chemical experimentation and exposure to alcohol and drugs occurring at younger and younger ages, the elementary school counselor is in a perfect position to begin implementing proactive programs that provide students with a better foundation from which to make decisions about alcohol and drug use. Given further examination of its potential efficacy--including follow up with current project participants, implementation across grade levels, and implementation with larger sample sizes--the 4-Fold Prevention program could serve as an effective prevention alternative for school counselors.

Abbreviated Lesson Plans for 4-Fold Prevention Program

Purpose	Procedure
LESSON 1	1. Give out student workbooks.
Gain an understanding of the definition of "drug" and successfully identify substances that can be defined as "drugs."	2. Define drugs/effects. 3. Discuss why people take drugs. 4. Discuss different attitudes about drugs. 5. Identify members of social support team.
LESSON 2	
Gain an understanding of the definition of a "student friendly	1. Share the names of social support team members and positive qualities

school."	of team members. 2. Generate a list of the characteristics of a "student friendly" school. 3. Add to the list the names of people who work at their school who help to make it "student friendly."
LESSON 3.	
1. Generate letters to the principal outlining suggestions for a student friendly school. 2. Gain an understanding of the importance of communicating with parents about drugs and alcohol.	1. Have small groups pick three ideas to make their school more student friendly and put them in one letter to the principal. 2. Discuss the experience of working with their school team member. 3. Discuss the importance of talking about drugs and alcohol with parents
LESSON 4.	
1. Identify opportunities in the community for involvement in "safe fun" activities. 2. Identify people in the community who can be of help.	1. Discuss assigned activities with family member. 2. Have volunteers share family drug use policy. 3. Have small groups do the scenes for the class. After each scene, the class determines if the activity was "safe" or "unsafe." 4. Generate a list of "safe" and fun activities they can

be a part of in their communities.

LESSON 5

1. Discuss attitudes about drugs with a peer in class.	1. Share the community activities discussed with their team member.
2. In small groups, prepare a poster, skit, or research presentation on some aspect of substance use as a final project.	2. Have students work with a partner in conducting the friend interview.
	3. In small groups, students decide if their presentation will be a skit, a poster, or a lecture on some aspect of drugs or alcohol.
	4. Make available to the groups information fact sheets as well as creative materials.
	5. Have groups spend the remainder of the time preparing their projects.

LESSON 6

1. Work cooperatively to convey important information about drugs and alcohol.	1. Ask students to introduce any team members who are attending the presentations to the class.
2. Synthesize experiences during the 4-Fold Prevention program.	2. Have groups present their final projects to the rest of the class.
	3. Thank students for

	participating in the program, and ask them to fill out the evaluation form. 4. Remind students that they will be completing a post-test instrument the following week. 5. Take up student journals.
Purpose	Homework
LESSON 1 Gain an understanding of the definition of "drug" and successfully identify substances that can be defined as "drugs."	Gain an understanding of the definition of "drug" and successfully identify substances that can be defined as "drugs."
LESSON 2 Gain an understanding of the definition of a "student friendly school."	1. Interview school team members about their attitudes about drugs and alcohol. 2. Have school team member help generate ideas to make their school more student friendly.
LESSON 3. 1. Generate letters to the principal outlining	Complete the family member interview and the family drug

suggestions for a student friendly school. 2. Gain an understanding of the importance of communicating with parents about drugs and alcohol.	use policy.
LESSON 4.	
1. Identify opportunities in the community for involvement in "safe fun" activities. 2. Identify people in the community who can be of help.	1. Interview community team members about drug/alcohol attitudes. 2. Generate list of community activities with team member.
LESSON 5	
1. Discuss attitudes about drugs with a peer in class. 2. In small groups, prepare a poster, skit, or research presentation on some aspect of substance use as a final project.	Invite team member to pre-sentations for next week.
LESSON 6	
1. Work cooperatively to convey important information about	

drugs and alcohol.

2. Synthesize

experiences during

the 4-Fold Prevention

program.

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04
Helping HIV-Positive Persons to Negotiate The Disclosure Process to Partners, Family Members, and Friends

Journal of Marital and Family Therapy, Jul 2000 by Serovich, Julianne M

For people who have been diagnosed with a chronic illness, one inevitable issue to be addressed is whether and how to share this information with others. For persons who are HIV positive, disclosure presents an especially arduous task. The purpose of this article is to offer a strategy to assist marriage and family therapists in facilitating client disclosure of an HN positive status to partners, family members, and friends. In addition, suggestions for setting the stage for disclosure to occur and recommendations for client follow-up are proposed.

INTRODUCTION

For people who are diagnosed with a chronic illness, one issue inevitably to be addressed is whether to share this information with others. Researchers have documented that some people disclose information when they feel distressed and obtain some benefit by doing so (Derlega, Melts, Petronio, & Margulis, 1993; Greenberg & Stone, 1992; Pennebaker & Beall, 1986). For instance, those who disclose freely visit physicians less frequently, demonstrate unimpaired immune function, and exhibit autonomic nervous system regularities to greater degrees than their nondisclosing counterparts (Pennebaker, Colder, & Sharp, 1990). Researchers have also demonstrated that suppressing thoughts or communication about burdensome experiences can increase the likelihood of stress-related difficulties (Greenberg & Stone, 1992). Given these findings, the relationship between disclosure and mental health is important for both therapists and researchers to explore.

Although disclosure when one is distressed has potential benefits, persons with a chronic illness may be in a difficult situation when the information is stigmatizing or potentially damaging. This is especially true for HIV positive persons because sharing their diagnosis can provoke anxiety and perceived threats to personal well-being. As Bolund (1990) stated in regard to cancer, "There is only one disease, AIDS, that has a similarly strong attribution of dread" (p. 13). For HIV positive persons, anxiety or stress may center around fears of impending physical deterioration or lack of quality and availability of medical treatment. In addition to physical stressors, broad social stressors are associated with and HIV/AIDS diagnosis, such as fear expressed by others, ostracism, and degradation, as well as stressors within the individual's family network, such as denial, anger, guilt, and uncertainty (Frierson, Lippman, & Johnson, 1987; Herek & Glunt, 1988; Macklin, 1988). Emotional consequences of disclosure including rejection, abandonment, and isolation have been

extensively documented (Lovejoy, 1990; Stulberg & Buckingham, 1988; Zuckerman & Gordon, 1988). These negative consequences are exacerbated if disclosure also leads to an admission of particular sexual or drug-using behaviors. Similarly, physical, social, and emotional stressors associated with the disclosure of an HIV positive diagnosis can be confounded by fear of or actual loss of employment, insurance, housing, medical services, child custody, or right to an education (Anderson, 1989; Herek & Glunt, 1988; Zuckerman & Gordon, 1988).

With these anticipated repercussions, telling family members of one's HIV positive status is likely to be tenuous, difficult, and tension filled (Kimberly, Serovich, & Greene, 1995; Walker, 1991). In studies of HN disclosure to family members, friends, and community associates, rates of disclosure varied from family member to family member and were typically lower than rates of disclosure to sexual partners (Hays et al., 1993; Mansergh, Marks, & Simoni, 1995; Marks et al., 1992; Mason, et al., 1995). The family members most likely to learn of an HIV positive diagnosis were mothers (Mason et al., 1995) and sisters, while fathers were the least likely (Hays et al., 1993; Marks et al., 1992). Typically friends were more likely to receive HIV information over all possible family members (Hays et al., 1993; Mansergh et al., 1995; Marks et al., 1992a; Mason et al., 1995).

Disclosure to significant sexual or drug-sharing others appears to be different than to family and friends. Rates of reported disclosure to sexual partners vary and, in some studies, have been remarkably low. For example, although Hays et al. (1993) reported that 98% of their sample disclosed to lovers/partners, other studies have reported disclosure rates to sexual partners of 89% (Schnell1 et al., 1992), 76.3% (Marks, Richardson, Ruiz, & Maldonado, 1992b), 66% (Perry, Ryan, Fogel, Fishman, & Jacobsberg, 1990), 65% (Marks et al., 1992a), and 48% (Marks, Richardson, & Maldonado, 1991). Researchers have attempted to explain these variations by reporting correlates with demographic variables such as ethnicity (Mason et al., 1995), degree of symptomatology (Mansergh et al., 1995), level of relationship commitment (Perry et al., 1994), or number of sexual partners (Marks et al., 1992a). For example, the likelihood of disclosure decreased in direct proportion to the number of partners (Marks et al., 1991). Similarly, Perry et al. (1994) reported that individuals were less likely to inform casual partners of their HIV status than steady partners. From this research, individuals with HIV appear to be selective about disclosing their serostatus and tend to inform significant others more frequently than nonsignificant others (Greene & Serovich, 1996; Marks et al., 1992a).

The purpose of this article is to offer a strategy to assist marriage and family therapists (MFTs) who work with HIV positive clients to help them disclose their status to partners, family members, and friends. This strategy has been informed by research (Greene & Serovich, 1996; Hays et al., 1993; Mansergh et al., 1995; Marks et al., 1992a; Mason et al., 1995; Perry et al., 1994; Serovich & Greene, 1993; Serovich, Greene & Parrott, 1992), numerous research interviews (see Kimberly, et

al., 1995; Serovich, Kimberly, & Greene, 1998), and clinical work with HIV positive individuals.

STEPS TOWARD DISCLOSURE OF AN HIV-POSITIVE DIAGNOSIS

This section presents a detailed description of one strategy for assisting HIV positive persons in disclosing their serostatus. A few caveats should be noted. First, individuals should be selective in deciding whom to tell. Clearly, an HIV diagnosis should not be uniformly revealed to everyone in a social network. Advocating disclosure without careful consideration of each individual person and potential consequences is unprincipled and can be harmful. Second, although many HIV positive persons choose to disclose to their close social network members at once so as to "get it over with," others prefer not to. Typically those diagnosed with HIV have time to consider potential consequences, weigh them carefully, and make thoughtful decisions concerning disclosure. Encouraging clients to wait and complete the proposed exercises, however, is not appropriate if disclosure has not occurred with a sexual- or intravenous drug-using partner with whom risk behaviors are occurring. In these cases, clients should be counseled about the responsibility to disclose, or at the very least, to use safer sexual and needle-sharing strategies.

Third, the strategy presented here is designed to help persons who may be undecided regarding whom or how to tell. It should be used as a guiding procedure and not a rigid template. This approach can be employed with individuals who have recently been diagnosed as well as those who have known their serostatus for years. In addition, although this approach was developed from the direct experience of persons who are HIV positive (or have AIDS), it could be applied to anyone who shares the burden of disclosing this information to others. Therefore, mothers, fathers, sisters, brothers, or friends of HN positive individuals might benefit from considering the following issues and exercises. Further, although these exercises are written primarily for MFTs, these activities and ideas could be utilized by a range of helping professionals such as doctors, nurses, support-group leaders, volunteer "buddies," and others who work with persons struggling with disclosure. It should be noted that the steps or exercises are described in a sequential order and while it is preferable that these steps or exercises follow this progression, adding, skipping or deleting steps along the way might be beneficial for some.

Before beginning, therapists should always assess the physical and emotional well-being of their clients to ensure that any serious medical or emotional needs are met immediately. As with other crisis situations, the most significant needs should be addressed first. For HIV positive clients, issues to be assessed include the level of depression that might block the person from following through on tasks, as well as signs of disease progression that might interfere with exercise completion. In addition, professionals should assess the size of the social network, level of

satisfaction with sources of support, current relationship status, and type or extent of unmet medical or physical needs. Because disclosing an HIV positive diagnosis can be difficult and emotionally laden, professionals should be knowledgeable about existing and potential support structures, including support groups, community organizations, partners, friends, and family to whom the client already has disclosed or with whom he or she has an association. These supports may be drawn upon to assist the client as he or she proceeds in the disclosure process.

Step 1: Making a Disclosure List

The first step is to encourage the client to take an inventory of all persons to be considered for disclosure. Developing a thorough list of possible recipients serves a number of purposes. First, this process allows the individual and therapist to assess the size and composition of the client's social network. Even if disclosure does not occur to many or most individuals on the list, these people may be available to provide other assistance. Second, assessing the social network can be a validating experience for clients who have an adequate network by offering the opportunity to reflect on the depth or breadth of preexisting support. Even clients with few identified persons in their social network can feel empowered if these relationships are of high quality. In fact, during research interviews in which social support networks were assessed, it was not unusual to hear participants comment on how the exercise enlightened them to the extent of their available social network. Therapists should, however, be prepared for situations in which clients have very few social contacts and express distress at this revelation. Such situations present opportune times to introduce clients to formal support groups.

The list should include persons who are important to them, those with whom they interact regularly, those with whom they socialize, and those they consider to be family, friends, acquaintances, associates, or even enemies or adversaries. It is important to make this list exhaustive, including those persons who already know of the HIV positive status of the client, those who would not understand if told (e.g., very young children), those the client believes they would never tell (e.g., elderly grandparent, grocer, clergy, or neighbor), those to whom they are unsure about telling (e.g., boss, coworker, or parents), and those whom they want to tell most (e.g., children, partners, or spouses).

This exercise is meant to ensure a thorough list; therefore, therapists might assist clients in identifying possible recipients with questions such as "with whom do you work?" or "where do you shop, dine, play, or visit?" The construction of a family genogram (see McGoldrick, Gerson, & Shellenberger, 1999) might offer the most comprehensive view of biological or extended family members to be considered. Furthermore, it may be helpful for clients to carry a pad and pencil for a week or two

and write down the names of persons with whom they regularly interact. This exercise might be especially useful for those reporting limited social networks.

During the list-making stage, an HIV positive person should be encouraged to refrain from making a firm decision not to disclose to any one particular person. It is helpful if everyone is initially considered as a possible recipient of disclosure to avoid prematurely eliminating any one. With the steps and exercises described here, concrete reasons for nondisclosure may present themselves. By allowing such reasons to be fully explored, ambivalence, hesitancies, or feelings about disclosing can be more adequately addressed.

Step 2: Evaluating the Nature of Each Relationship

Next, MFTs should encourage individuals to evaluate the nature of the relationship and the level of satisfaction with each person. This step is important because although the initial reaction of the recipient might be that of shock, surprise, or even anger, researchers have found disclosure of an HIV positive condition typically does not damage strong, intact relationships (Kimberly et al., 1995). In fact, in many instances HIV positive persons report that relationships deepen or are brought to a more intimate level after disclosure. At the same time, a poor relationship is rarely strengthened and may be worsened by such news. Having this information, therapists can assist clients to prepare appropriately for potential reactions.

Researchers have found that individuals evaluate the consequences and rewards of disclosure before deciding to tell (Marks et al., 1992a). Typically these are idiosyncratic to the relationship between the recipient of the information and the person disclosing it. Therefore, clients should be encouraged to evaluate the nature of their relationship with each potential recipient. A Likert-type scale might serve to rate the relationship in terms of satisfaction: 1= very dissatisfied, 2 = dissatisfied, 3 = neither dissatisfied or satisfied, 4 = satisfied, 5 = very satisfied. Whether or not such a scale is used, respecting client context is important, and the best strategy is for the therapist and client to develop a relevant means of assessing the strength of each particular relationship. For example, "strong" or "intimate" may be more fitting for some relationships than "satisfied."

Using this type of scaling technique, individuals can better decide if the relationship quality is substantial enough for disclosure to occur. Again, the decision is purely subjective but a score of 4 or 5 might indicate that the relationship is strong or important enough for disclosure to occur. If this is the case, the client may choose to proceed in the decision-making process. If, however, the relationship quality is rated as a 1 or 2, clients have two options. The first is deciding not to disclose at this time. If individuals choose this option then they should decide if or when they will deal with the problematic relationship issues. However, even though the relationship quality may be poor, disclosure may still be desired for reasons such as obligation or

a desire to avoid perpetuating secrets. In this instance, the client may proceed in the decision-making process.

Step 3: Assessing a Recipient's Special Circumstances

The next step is to assess other special circumstances that might preclude disclosure, such as the recipient's mental stability, physical health, age, or personal crises. The location of the recipient (e.g., jail) may, for some, be a deterrent. Additionally, a client may refrain from telling a person if he or she fears they may tell others without consent. Special circumstances affecting the decision to disclose may include whether or not the potential recipient's condition is chronic or one that will dissipate quickly. In some cases disclosure can wait while the recipient recovers from a short-term illness or crisis situation. Other circumstances may persist or worsen and may be obstacles to disclosure. These distinctions are important as clients might choose to make different decisions about disclosure based on the nature of the special circumstances.

In the case of HN disclosure, one particularly important circumstance for many is the age of the recipient. Age may also influence who should do the disclosing and how it should occur. For example, it may be more appropriate for very young children to be told by a parent with or without the HIV positive person present. In addition, the actual content disclosed, or the level of explicitness about the illness may depend on the child's age. For example, young children may be given modified information (` Aunt Joan is very sick" instead of "Aunt Joan has kaposi sarcoma associated with the HIV virus") and updated in a developmentally appropriate manner. Each particular case should be discussed, as children of a similar age may have differences in developmental maturity.

Individuals commonly question whether or not to tell the elderly of an HIV positive diagnosis. Typically, these are grandparents, aunts, or uncles; however, for some, these may be older parents or older siblings. Commonly expressed fears include whether they will understand the nature of HIV, or if the news will be too shocking for a frail elder and will result in worsened health. Little research has been conducted on disclosure of HIV status to the elderly but anecdotal evidence from research interviews and work with clients suggests that the elderly are no more or less affected by HIV disclosure than others. In fact, one young man revealed during therapy that his elderly family members handled his disclosure better than most of his family. His explanation for their reaction was that given their age they had "seen it all" and were not surprised by bad news.

When a potential recipient's circumstances are an issue, two options are available: (1) that person can be placed in a "wait and see" category, as in the case of a transient psychological or physical illness, or (2) that person might be placed in a "not to be told" category, as may be the case in extreme illness. If persons are placed in the

"wait and see" category it may be fruitful to continue to evaluate disclosure. If they are placed in the "not to be told" category, reassessment should occur in the future.

Step 4: Assessing HIV Knowledge and Anticipated Reactions

Individuals who are knowledgeable about HIV or who know someone with HIV may be more accepting; therefore, it may be helpful for clients to consider others' level of HIV knowledge or attitude. First, do potential recipients know others who have been infected? If so, how did they react? What does that relationship look like now? How has the person reacted to news broadcasts or medical updates about HN/AIDS? If it is unclear whether they know other HIV positive persons, then how have they reacted to other bad news or difficult information? In addition, how opinionated are they about issues related to sexual orientation, sex, drugs, race, gender, and ethnicity? Does the client think the potential recipient suspects the diagnosis? Researchers have found that reactions to an HIV disclosure are less intense if family members already suspect the individual is HIV positive because they have had time to adjust even without direct knowledge (Serovich, et al., 1998).

HIV positive persons may be frightened by the expected reactions of others. In research interviews, anticipated reactions perceived as poor or rejecting were the primary reasons for not disclosing (Kimberly, et al., 1995). Statements Like "They would disown me if I told them" were common. If the client has little information about a potential recipients' knowledge or likely reactions, others who know them can be asked to assess their possible reaction. Such a step can serve to either validate their concerns or cast aside unfounded fears. If consultation with others is not possible, clients might be prompted to recall if they have witnessed the persons exhibiting past prejudicial or discriminatory behaviors. The crucial issue is that if the potential recipient has little background or knowledge of HIV, the client may have to educate them. This could entail offering educational material or information about support resources available to partners, family, or friends. Using those to whom one has already disclosed as a "barometer" for reactions can also be beneficial in garnering support. In addition, therapists may suggest clients "test the waters" with those anticipated to be the most supportive. This is beneficial because studies have suggested that telling others becomes easier with experience and practice (Kimberly, et al., 1995).

When HIV knowledge and anticipated reactions of potential recipients are not an issue, the client can proceed in the decision-making process. In the event that they are a significant issue, the options described above are available.

Step 5: Why Disclose?

The final step is to assess the reasons why disclosure to potential recipients is important. Researchers have indicated that reasons for disclosure are varied and include receiving instrumental and expressive support and feeling a sense of obligation to warn others (Kimberly, et al., 1995). Instrumental support can take the form of help with child care, running errands, or acquiring accurate disease information. Expressive support could include needing to vent feelings, being supported, or feeling loved. For some, disclosure results from a sense of obligation--a desire to warn or help another person, or a need to protect them from infection. It is helpful for individuals to identify why they are disclosing so they can request needed assistance or meet desired goals.

Step 6: Making a Decision

After information about each person in the social network has been assessed, each person can then be placed into one of three categories: (1) to be told now, (2) to be told later, and (3) wait and see. Those placed in the "to be told later" list should include individuals who are deemed appropriate for future disclosure but are not presently appropriate recipients due to special circumstances. These persons may be young, or may be experiencing physical, emotional, or other transient crises. Persons placed in the "to be told later" category might also include individuals with whom the HIV positive individual has a poor or problematic relationship. Clients might wait to tell these persons until the situation is improved. Those placed in the wait and see" list should include individuals with an uncertain illness duration, a poor or absent relationship, or strong biases against HIV positive persons. These persons might not be told now, but remain on the social network list for possible future disclosures. Finally, those placed in the "to be told now" list might be included in the next series of exercises.

DISCLOSING AN HIV-POSITIVE STATUS

Once a decision to disclose has been made, the following suggestions may be helpful. First, individuals should be encouraged to pick the time and place for disclosure carefully as these factors can make a difference in response. Disclosure is not advisable late in the evening or when recipients are tired, experiencing stress, or emotionally unavailable. Disclosure is also not advisable in hurried, crowded, noisy, or distracting situations. Helpful questions for clients considering disclosure include, "If you have a choice of where to tell this person, where would you both feel most comfortable? When would be a good time of day?" Not surprisingly, many situations are not conducive to disclosing, such as being outside in a public place, in a bar or crowded restaurant, or under the influence of alcohol or drugs. A relaxed atmosphere with minimal distractions is optimal. For example, one might choose to tell a partner after going out to lunch or taking a walk together.

Next, clients should decide how much information they will share about activities that led up to the infection. In one study, Kimberly et al. (1995) found that family members typically reacted to HIV disclosure with questions such as, "how did you become infected?" "how long have you been infected?" and "do you have HIV or AIDS?" Therefore, clients should be prepared for such inquires. Clearly, this information, although it may be requested, does not have to be part of the disclosure. A simple, "I prefer not to discuss that right now," or "I'm not comfortable discussing that at this point" should suffice. Whether or not more information is shared is the choice of the person disclosing it, but this should be decided beforehand to help ease his or her anxiety. Clients should be encouraged to practice the disclosure. Therapists can assist by introducing role-play scenarios. Enactments can be an especially helpful exercise in a support-group setting. Rehearsals can also be performed with therapists, supportive friends, other family members, or alone.

AFTER DISCLOSURE

It is important to underscore the fact that disclosure is not an event but an unfolding process. This process should include follow up conversations to answer questions, assess any delayed reactions, or to normalize the relationship and clarify concerns that may have been unexpressed at the time of initial disclosure. For example, clients might be encouraged to reconnect with the friend or family member shortly after disclosure to ask "what concerns do you have?" "how are you feeling about all this?" or "how can I help you cope?" This might be especially true if the disclosure also leads to an admission of sexual or drugusing behaviors that have not otherwise been acknowledged. Double disclosures are more likely to need extra follow-up attention.

Frequently, individuals continue to negotiate their interpersonal relationships by working with MFTs during the difficult adjustment periods. For example, family members often have difficulty handling this information. Therefore, it is not uncommon for HIV positive persons to find themselves taking care of the emotional needs of others. It is important that therapists and helping professionals continue to be available to answer questions, provide support and guidance as these difficult circumstances are negotiated. ff HIV positive individuals cannot assume the burden of taking care of the family member after disclosure, arranging for someone close to the recipient (i.e., friend or other family member) to be available may be advised.

Regardless of the reaction, clients should not allow the issue of HN infection to dissipate and not be revisited with the recipient. One sometimes complicated situation that arises is the need of family members to talk about the disclosure with others. In this event, ground rules or limits on such discussions should be discussed and decided upon. If family members need to talk with someone, clients should be prepared to give them permission, though, for the sake of privacy some limits may be placed on who these support people might be. Therapists and helping professionals should also

encourage clients to be patient with the process. For some family members and friends, the disclosure is a shock requiring time for adjustment.

CONCLUSIONS

Disclosure of an HIV positive diagnosis can be difficult and anxiety provoking. Individuals fear negative reactions in the form of rejection, shunning, abandonment, or fear. However, because disclosure is often important for the acquisition of supportive services, it almost becomes inevitable. The steps and exercises presented here were designed to assist HIV positive persons to make clear choices around disclosure so that it can be a positive experience.

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05
Eating Disorder Intervention, Prevention, and Treatment: Recommendations for School Counselors

Professional School Counseling, Dec, 2004 by Angela D. Bardick, Kerry B. Bernes, Ariana R.M. McCulloch, Kim D. Witko, Jennifer W. Spriddle, Allison R. Roest

School counselors are in daily contact with the highest risk group for developing eating disorders--children and adolescents. School counselors are in a position to identify at-risk individuals, implement effective school-based prevention programs, make appropriate referrals, and provide support for recovering individuals. An overview of a theory of recovery for eating disorders reinforces the importance of early intervention.

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Eating disorders need to be taken seriously because they are potentially life-threatening conditions that affect an individual's physical, emotional, and behavioral growth and development, and they may lead to premature death. Eating disorders may be seen as a slow form of suicide because self-starvation is an attempt to destroy one's body. Seemingly innocent dieting, exercise, and weight control behaviors in children and adolescents may lead to dangerous disorders such as anorexia nervosa, bulimia nervosa, muscle dysmorphia, and other disordered eating or exercise behaviors.

Girls as young as 9 years of age are concerned about their weight (Cavanaugh & Lemberg, 1999). Anorexia nervosa affects approximately 2% of the North American population, and bulimia nervosa affects approximately 4%, of which 10% are males (American Psychiatric Association, 2000a). There is a significantly high mortality rate among individuals with eating disorders--more than 12 times higher than any other cause of death in females 15 to 24 years old (Cavanaugh & Lemberg).

Early intervention is crucial to the prevention and recovery of an eating disorder. There is a relatively good prognosis for childhood and adolescent eating disorders if they are treated soon after onset. However, if these disorders are not treated, they may become chronic conditions with devastating physical, emotional, and behavioral consequences (Lask & Bryant-Waugh, 1999).

Eating disorders are of particular concern for school counselors because they are in contact with the highest risk group--children and adolescents. School counselors are in a position to provide early intervention by recognizing at-risk individuals,

implementing effective school-based prevention programs, making appropriate referrals, and providing support for students recovering from eating disorders.

The primary eating disorders referred to in this paper are anorexia and bulimia. This paper is divided into two sections and is structured as follows: The first section discusses the implications of eating disorder treatment and intervention for school counselors, with practical suggestions for implementing effective prevention programs in schools, identifying at-risk individuals, and making appropriate referrals. The second section provides an overview of a theory of recovery and a continuum of treatment for eating disorders, including practical suggestions for school counselors to support individuals who may be recovering from an eating disorder.

IMPLICATIONS FOR SCHOOL COUNSELORS

School counselors play a critical role in the prevention and early identification of eating disorders. They are in a unique position to detect students' changing attitudes around food, weight, and body shape; act as role models for students; positively influence a wide range of the at-risk population for developing eating disorders; and convey important messages about healthy behaviors and stress management (Powers & Johnson, 1999; Russell & Ryder, 2001a, 2001b; Smolak, Harris, Levine, & Shisslak, 2001).

An awareness of diagnostic criteria, medical complications, causes, warning signs, and risk factors is important for school counselors; however, knowing what to do when faced with an individual at-risk for developing an eating disorder is imperative. Therefore, it is necessary to discuss the school counselor's role in the prevention, identification, and intervention processes for the treatment of eating disorders.

Prevention of Eating Disorders in Schools

Prevention efforts focus on populations who are at-risk of developing eating disorders, eliminate risk factors, and seek to enhance mental health and well-being (Russell & Ryder, 2001a). However, the danger of current eating disorder prevention efforts in schools is that they may bring undue attention to the signs and symptoms of eating disorders with a limited emphasis on healthy attitudes and behaviors (Russell & Ryder; Steiner-Adair, 1994). Russell and Ryder assert that eating disorder symptomatology should not be addressed in school programs because of the high risk of teaching dangerous eating disordered behavior to impressionable youth. As well, practices such as weighing students, comparing athletic ability, and discussing caloric and fat content of food in school classes need to be eliminated to prevent the development of negative thoughts and behaviors in regard to body image and food intake.

School counselors, teachers, coaches, and parents need to explore their own values, beliefs, and practices about weight, dieting, and body image to identify, how their attitudes may inadvertently affect children (Graber, Archibald, & Brooks-Gunn, 1999; Powers & Johnson, 1999; Russell & Ryder, 2001a). Well-intentioned comments about a child's appearance or physical ability, and/or ill-considered comments about weight or laziness have the potential to cause serious damage to a child's emerging body image and self-concept. Impressionable youth may internalize such comments, which in turn may trigger harmful dieting and unhealthy, compulsive exercising (Beumont, Arthur, Russell, & Touyz, 1994). Adults who work with children are role models who can cushion the blow of negative societal messages about body image, perfectionism, and achievement as well as encourage and reinforce positive attitudes and behaviors (Russell & Ryder; Vitousek, Watson, & Wilson, 1998).

The primary goals of school-based eating disorder prevention programs are to develop critical thinking abilities (i.e., decoding media messages about the ideal body), challenge the glorification of thinness, develop a healthy body and self-image, increase self-confidence and autonomy with peers, improve communication skills, and learn how to effectively use media for the promotion of healthy body image messages (Levine, Piran, & Stoddard, 1999). Smolak (1999) and Steiner-Adair (1994) assert that discouraging weight- and shape-related teasing and sexual harassment is important in eating disorder prevention programs. "If girls and boys in first grade can be taught that it is hurtful and unjust to exclude someone because of a color, religious background, or physical challenges, then children can be taught that weightism is equally harmful" (Steiner-Adair, p. 388). School counselors may encourage students to develop a healthy resistance to eating disorders by discussing the importance of self-acceptance, positive body image, healthy eating, and good exercise behaviors as well as critically examining perspectives of unhealthy behavior (Russell & Ryder, 2001a).

Despite prevention efforts, some individuals may slip through the cracks and develop eating disordered thoughts and behaviors. When this occurs, the identification of at-risk individuals is critical to prevent further damage.

Identification of At-Risk Individuals

Individuals with an eating disorder may present as highly organized, fully functional, enthusiastic, perfectionistic, and intelligent individuals involved in a wide range of activities (Vitousek et al., 1998). There is a tendency to look for extreme bingeing and purging behaviors to detect an eating disorder; however, these often are private behaviors that may be well hidden from family and friends. A large number of more

readily observable behavioral, psychological, and social behaviors may signal a potential eating disorder that requires immediate assessment by a professional.

Dieting is a primary trigger of the downward spiral into an eating disorder (Thompson & Sherman, 1993). Other than dieting, behavioral warning signs may include, but are not limited to, excess intake of low-fat or "healthy" foods (e.g., diet drinks, protein shakes, energy bars, herbal or nutritional supplements); counting calories and fat grams; vegetarianism (Lindeman, Stark, & Latvala, 2000); fasting; obsessive rumination about food; skipping meals or refusing to eat; avoiding food in social situations; complaining of food allergies or hypoglycemia; substance abuse; and becoming the family cook without eating what he or she has made (Kilbourne, 1999; Thompson & Sherman). Other behavioral signs may include wearing oversized clothing (due to thinking that one requires that size or having a desire to hide one's body); exercising excessively and/or in a solitary manner; exercising while ill or injured (Davis, 2000); participating in competitive sports, especially where appearance is important (Noden, 2002; Ryan, 1995; Thompson & Sherman); reading fitness and health magazines and books; weighing oneself several times each day; repeatedly touching one's stomach or arms or feeling the amount of "fat" under one's chin; and spending an excessive amount of time in front of a mirror (Weiner, 2000).

Psychological warning signs of eating disorders may include perfectionism, competitiveness, a sense of overresponsibility, emotional distress, criticism of self and others, conformity, external locus of control and low self-esteem, mood swings, complaining of "feeling fat," an inability to express emotions, and demonstration of "black-and-white" thinking (Andersen, 2001; Kaye, Klump, Frank, & Strober, 2000; Rogers & Petrie, 2001; Vitousek et al., 1998).

Social warning signs may include isolation or withdrawal from friends and family because of excess work or preoccupation with exercise, avoidance of social or recreational activities due to a compulsive need to maintain exercise and dieting schedules, and a desire to hide one's compulsive behaviors from family and friends (Vitousek et al., 1998).

Once an at-risk individual has been identified, it is important to intervene as soon as possible.

Early Intervention

When a child's health is at risk, early intervention is crucial to recovery. There is a greater chance for an individual to recover completely from an eating disorder if significant others intervene to combat the illness as early as possible (Lask & Bryant-Waugh, 1999; Peterson & Mitchell, 1999; Powers & Johnson, 1999; Vitousek et al.,

1998). Early intervention efforts attempt to identify individuals at the beginning stages of developing an eating disorder and are intended to prevent the development of more serious symptomatology (Russell & Ryder, 2001a).

Difficulties arise when the problem has been hidden for a long period of time and obsessive behavior is mistaken for "dedication and strong character" (Thompson & Sherman, 1993, p. 17). Individuals with eating disorders have a strong tendency to deny that there is a problem, to resist treatment efforts, and to insist that their behavior is legitimate and necessary (Vitousek et al., 1998). The more resistant the individual and the stronger the individual circumstances meet the criteria relative to the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text revision), the more likely that intervention is required (American Psychiatric Association, 2000b). Significant others need to take the responsibility for treatment away from individuals under the age of 18 because the effects of starvation may render them unable to make decisions concerning their health and well-being (Lask & Bryant-Waugh, 1999; Vitousek et al., 1998). This responsibility may begin with a school based resource person.

Establishing a school-based resource person. The presence of a school-based resource person alleviates difficulties of not knowing what to do when a student seems to be on the verge of an eating disorder. Smolak, Harris, Levine, and Shisslak (2001) posit that every school will likely have at least one person interested in eating disorders, negative body image, and dieting, and that this person may be willing to dedicate extra effort to addressing these problems in school. A school-based resource person would have an understanding of how to confront the at-risk individual, discuss concerns with parents, and make a referral to an appropriate professional source (Smolak et al.).

Talking to at-risk students and parents. Communicating concern to an individual who may have an eating disorder is extremely difficult because people often do not know what to say and may be afraid of offending the individual. However, people who keep their concerns to themselves may be creating a conspiracy of silence that enables the individual with an eating disorder to continue with unhealthy behaviors and thus prolong the illness, perhaps endangering his or her life (Thompson & Sherman, 1993).

Demonstrating support and concern, expressing empathy and understanding, and telling the truth are three important factors to remember when confronting an at-risk individual (Bock, 1999). Expressing concern for a child's health and well-being begins with honest, objective statements defining the behaviors of concern followed by insisting on obtaining the opinion of a trained professional. The following nonjudgmental, empathetic, and truthful statements may be useful when approaching

an at-risk individual and his or her parents: "I'm sorry, Chris, you are not fine. You are alone all the time, you never have fun, and you seem tense and worried"; "Jennifer, I can't keep this a secret. Throwing up your food is dangerous. Can I go with you to talk to your parents, or do you want me to tell them myself."; "Susan, you seem so tired and exhausted, and you know I care about you. ... I need to insist that you are not well. ... Please let us take you for some help" (Bock, p. 44).

If honest statements from a eating and concerned individual fall on a ready heart, the journey to recovery may begin. Unfortunately, denial is often the first reaction to expect when an individual with a potential eating disorder is confronted.

Dealing with denial. When an eating disordered individual is first confronted about his or her condition, denial and resistance frequently are inevitable (Rogers & Petrie, 2001; Vitousek et al., 1998). The individual may insist that everything is fine and that his or her weight loss is rational and/or necessary. Symptoms may be defended out of fear and helplessness because the possibility of gaining weight during treatment is extremely threatening. Starvation also makes it difficult for individuals with an eating disorder to rationally appraise their condition (Vitousek et al.).

School counselors need to recognize that denial and/or resistance is not directed against them. It is directed against the fear of irreversible weight gain, losing control, feelings of helplessness, and fear of change (Vitousek et al., 1998). Knowing that denial will likely be the individual's first response when initially confronted should not stop a concerned adult from expressing concerns to the student, and his or her parents, as well as referring the individual to a professional trained in the assessment and treatment of eating disorders.

Making a referral. Referring an at-risk individual to professionals who are capable of assessing and treating eating disorders is essential to beginning the recovery process. Treatment of an eating disorder may be beyond the capabilities of school personnel, and therefore a school counselor's responsibility lies in working with the family to make a referral for assessment and treatment (Russell & Ryder, 2001 b). Suggesting a consultation or assessment (e.g., "I am concerned about your/your child's health and well-being and recommend further assessment by a professional") may be more acceptable to an at-risk individual and his or her parents than explicitly stating, "You have a problem and need help."

A school-based eating disorder resource person should have names and phone numbers of eating disorder specialists at his or her immediate disposal to ensure that the at-risk individual has access to appropriate help. A local hospital or mental health facility may be an excellent reference for obtaining the names and phone numbers of local specialists.

Referral for specialized treatment is important because often a treatment team is required to address the multifaceted nature of an eating disorder. The treatment team may involve a medical doctor, a nutritionist, a mental health professional (i.e., psychologist or psychiatrist) who specializes in eating disorders, and/or a family therapist. Together, the treatment team will make decisions about assessment, treatment options, resources for treatment, and when to involve the family and school staff (if necessary).

RECOVERY AND TREATMENT

Recovery from an eating disorder involves a continuous balancing and rebalancing of the self. It is an ongoing process even when unhealthy behaviors are diminished and a stable weight is established (Garrett, 1997; Pike, 1998; Reindl, 2001). The primary focus of treatment for any eating disorder is to restore the individual to a more normalized, moderate, and functional lifestyle while reducing the fluctuation between extremes of behavior and thought (e.g.., "If I'm not thin, I must be fat").

Treatment for eating disorders is highly specialized. A highly focused, systematic, and often multi-modal approach is used to facilitate a more organized and predictable lifestyle for individuals who may feel chaotic. Treatment plans are likely to coordinate and integrate a variety of approaches depending on the specific needs of each individual based on age of onset, severity, and longevity of the eating disorder.

After a thorough assessment, three primary phases are addressed in the treatment of eating disorders: (a) restoration of a healthy weight and/or normalization of eating, (b) significant changes in thought and behavior, and (c) relapse prevention (Garner, Vitousek, & Pike, 1997; Mehler & Crews, 2001; Russell & Ryder, 2001a; Vitousek et al., 1998; Wilson, Fairburn, & Agras, 1997). Although these phases appear to center on different goals, they require varying degrees of focus due to the interrelated and cyclical nature of eating disorder recovery.

Assessment

A thorough assessment is required to determine the severity of the disorder and to provide a framework for treatment. School counselors may find self-report questionnaires and/or structured interviews useful in identifying the presence and severity of eating-related symptomatology in individuals at risk for an eating disorder. A sample of well-researched and valid structured interviews and self-report questionnaires for the assessment of eating disorders includes the Clinical Eating Disorder Rating Instrument, the Eating Disorder Examination, the Interview for Diagnosis of Eating Disorders, the Structured Interview for Anorexia and Bulimia Nervosa, the Eating Attitudes Test, the Eating Disorder Inventory-2, the Bulimia Test

Revised, and the Binge Scale (Crowther & Sherwood, 1997). Individuals with eating disorders are notoriously unreliable when initially reporting the severity of their symptoms (Vitousek et al., 1998). Individuals with anorexia tend to falsify information for self-protective reasons and individuals with bulimia may omit information because of an overwhelming sense of shame (Vitousek et al.). Therefore, a thorough clinical interview and a client history conducted by a trained eating disorder therapist are crucial to understanding the depth of the disorder and informing the next stage of treatment.

Treatment

Researched and proven treatments for eating disorders include cognitive-behavioral therapy (Garner et al., 1997; Peterson & Mitchell, 1999; Williamson & Netemeyer, 2000; Wilson et al., 1997), a psychoeducational approach (Vitousek et al., 1998), pharmacotherapy (Kaye et al., 2000; Peterson & Mitchell), nutritional counseling (Kahm, 1999), guided imagery (Hutchinson, 1994), interpersonal therapy (Fairburn, 1997; McIntosh, Bulik, McKenzie, Luty, & Jordan, 2000; Peterson & Mitchell; Wilfley, Dounchis, & Robinson-Welch, 2000), family therapy (LeGrange, 1999), feminist therapy (Tantillo, 2000), group therapy (Davis, Olmsted, Rockert, Marques, & Dolhanty, 1997; Tantillo) and narrative therapy (Garrett, 1997; Pale::, 2000; Reindl, 2001). Although primary care for the treatment of an eating disorder is with trained professionals, school counselors may become an important part of the treatment team. Examples of cognitive-behavioral therapy (CBT), guided imagery, and narrative therapy will be discussed as useful interventions for school counselors.

Cognitive-behavioral therapy. CBT is a widely researched and highly effective treatment for eating disorders (Garner et al., 1997; Williamson & Netemeyer, 2000; Wilson et al., 1997). CBT addresses the behavioral, cognitive, and affective areas of an eating disorder, including strict dieting, unhealthy weight loss behaviors (e.g., binge eating, purging, self-induced vomiting, excessive exercise), concerns about shape and weight, low self-esteem, and maladaptive and self-defeating thoughts and behaviors (Wilson et al.). CBT examines contradictions in thought and behavior, specific purposes of eating disordered symptomatology, advantages and disadvantages of beliefs and behaviors, as well as the costs and benefits of change (Vitousek et al., 1998).

Phase 1 treatment for eating disorders (i.e., stabilization of weight and normalization of eating and exercise habits) is non-negotiable, especially with anorexia (Garner et al., 1997; Mehler & Crews, 2001; Vitousek et al., 1998). Stabilization of body weight must be obtained before underllying issues can be addressed effectively. Hospitalization and specialized medical treatment may be required at this point if the individual is severely malnourished and unwilling to begin Phase 1 treatment on an

outpatient basis (Mehler & Crews). School counselors are not responsible for Phase 1 treatment of eating disorders (e.g., monitoring food intake). However, they may provide support for individuals at this phase of treatment by reinforcing the importance of becoming healthy, helping to plan manageable course loads at the school level, and providing reassurance that an individual will be better able to meet academic demands when he or she is healthy.

Once weight becomes stabilized, other issues may begin to take precedence over eating disordered behaviors, thus moving the treatment into Phase 2. A psychoeducational approach is recommended to provide objective information to challenge the irrational thinking associated with eating disorders. Issues likely to be addressed during this phase are teaching problem-solving skills and new coping strategies, cognitive restructuring (identifying and specifying problem thoughts, disputing validity of thoughts, shifting the thinking), addressing shape and weight concerns, self-esteem, self-concept, perfectionism, impulse regulation, affective expression, family conflicts, and interpersonal functioning (Garner et al., 1997; Wilson et al., 1997). Self-monitoring is an important aspect of eating disorder recovery that helps individuals to develop a sense of control over their thoughts and behaviors. Individuals learn to self-monitor food intake, exercise, activity levels, and other eating disorder-related behaviors (Crowther &Sherwood, 1997; Garner et al.; Tantillo, 2000; Wilson et al.).

At this stage, school counselors may be better able to address daily concerns that arise for individuals recovering from an eating disorder by offering different points of view to counteract the black-and-white thinking (Wilson et al., 1997) that often accompanies an eating disorder. School counselors may encourage individuals to monitor their daily activities to develop a balance between work and relaxation (e.g., playing on one sports team versus three), and academically challenging courses and optional courses, as well as to meet socialization needs. Continued support is crucial at this stage to encourage the student to continue developing healthy cognitive and behavioral changes, to deal with the process of change, and to address occasion al setbacks appropriately.

Phase 3 of eating disorder treatment involves the exploration of relapse prevention strategies (Garner et al., 1997; Reindl, 2001; Wilson et al., 1997). Relapse is common in eating disorders, even 4 to 12 years after recovery (Schneider & Irons, 1997). Individuals with eating disorders may continue to show signs of weight and dieting preoccupation, obsessive thoughts and behaviors, emotional restraint, a drive for thinness (especially with anorexia), a psychopathology related to eating habits, perfectionism, and negative affect (Kaye et al., 2000; Pike, 1998). Symptoms may be less intense after recovery, but concerns are likely to remain the same.

Future difficulties and potentially stressful circumstances must be anticipated (e.g., stress related to graduating, leaving home, going to college), because an individual with an eating disorder may be vulnerable to a recurrence of eating problems, feelings of inadequacy, emotional and physical dysregulation, and dissatisfaction with body weight and shape (Garner et al., 1997; Reindl, 2001). A maintenance plan includes continual self-awareness and self-monitoring, practicing problem solving strategies, recognizing the onslaught of irrational thinking, utilizing cognitive restructuring strategies, and setting short-term, realistic goals (Wilson et al., 1997). School counselors max' contribute to maintenance plans by helping individuals prepare for inevitable challenges by exploring an individual's stress triggers and encouraging him or her to develop rational and healthy plans for action.

Guided imagery. Guided imagery may be a useful clinical tool for the treatment of eating disorders (Hutchinson, 1994). The use of guided imagery is a subtle, respectful, and nonintrusive intervention that may be used with individuals who lack a solid sense of self. Relaxation through guided imagery is healing, and the use of imagery has a strong connection to shaping reality (Hutchinson). Specific examples of guided imagery may include imagining enjoying a relaxing meal with friends, allowing one's body to become nourished and healthy, and viewing a problem from multiple perspectives. Guided imagery may be a useful intervention tool for school counselors to use with a student recovering from an eating disorder by helping the student to imagine different outcomes for stressful situations, develop relaxation techniques, and diminish anxiety.

Narrative therapy. Narrative therapy, or the retelling and rewriting of personal narratives as therapeutic process, may be a useful intervention in eating disorder recovery (Garrett, 1997; Reindl, 2001). Rizzuto (1998) notes that individuals with eating disorders "believe that their words have no impact on other people" (p. 370) and thus require permission to experience their authenticity and to speak their truth. School counselors may encourage individuals to share their personal truth openly, honestly, and without judgment to develop self-acceptance and to begin to narrate a positive outcome to their personal story. This may be a precursor to goal-setting, as individuals may imagine the life story they would like to have and begin to set goals to create the desired outcome--a balanced and healthy life.

School counselors may implement the suggested interventions to support a student recovering from an eating disorder, keeping in mind that recovery is often a long and difficult process that requires continuous monitoring by trained professionals. School counselors also may implement other interventions as suggested by specialists to more effectively meet the needs of the recovering individual.

CONCLUSION

School counselors play an important role in the prevention, identification, and treatment of eating disorders. The recommendations in this paper are meant to provide school counselors with an awareness of how to identify at-risk students, implement school-based prevention programs, make appropriate referrals, and support students who may be recovering from an eating disorder. Early intervention and prevention efforts implemented by school counselors are important to increase positive body image and encourage children and adolescents to develop healthy lifestyles, free from the physical and psychological dangers of eating disorders.

APPENDIX

Additional Resources

Grades 1-6 Suggested Resources

Russell, S., Ryder, S., & Marcoux, G. (2001). BRIDGE: A resource collection for promoting healthy body image, grades 1-3, grades 4-6. Available from Alberta Mental Health Board, www.amhb.ab.ca

Grades 7-12 Suggested Resources

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Burby, L. (1998). Bulimia nervosa: The secret cycle of bingeing and purging. New York: The Rosen Publishing Group, Inc.

Davis, B. (1998). What's real, what's ideal." Overcoming a negative body image. New York: The Rosen Publishing Group, Inc.

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Smith, E. (1999). Anorexia nervosa: When food is the enemy. New York: The Rosen Publishing Group, Inc.

Recommended Websites

About Face: Combating Negative and Distorted Images of Women

www.aboutface.org

Anorexia Nervosa and Related Eating Disorders

www.anred.com

Calgary Regional Health Authority: School Health and Eating Disorders

www.crha-health.ab.ca/schoolhealth/eating.htm

Dads and Daughters

www.dadsanddaughters.org

Eating Disorders Awareness and Prevention

www.edap.org

National Association to Advance Fat Acceptance

www.naafa.org

National Eating Disorder Information Center

www.nedic.ca

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Fairburn, C. (1997). Interpersonal psychotherapy for bulimia nervosa. In D. Garner & P. Garfinkel (Eds.), Handbook of treatment for eating disorders (2nd ed., pp. 278-294). New York: The Guilford Press.

Garner, D. M., Vitousek, K. M., & Pike, K. M. (1997). Cognitive-behavioral therapy for anorexia nervosa. In D. Garner & P. Garfinkel (Eds.), Handbook of treatment for eating disorders (2nd ed., pp. 94-144). New York: The Guilford Press.

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06
Body Image Disorder in Adolescent Males: Strategies for School Counselors

Professional School Counseling, Dec, 2004 by Eric J. Stout, Marsha Wiggins Frame

In recent decades, men have been bombarded with images in society that depict the "ideal" male: strong, muscular, lean, with perfect features. What many adolescents do not realize is that most of the male bodies that they idealize can be acquired only with the use of anabolic steroids. Thus, many adolescent boys find themselves pursuing a body type that is impossible to obtain. By the time these boys reach adulthood, mare, have developed an eating disorder, such as bulimia, or an image disorder, such as muscle dysmorphia. In this article, the authors describe body image disorders in adolescent males and offer intervention strategies for school counselors.

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Seth, a 17-year-old wrestler, is worried about his upcoming weigh-in for a match. Although he has taken various over-the-counter products to help him gain muscle mass, and has lifted weights 6 days a week for the past 4 months, he is now worried about weighing too much to qualify today. After spending the night sleeping in garbage bags to help him "sweat off" any excess weight he can, Seth, clad in two layers of sweatpants and three layers of sweatshirts, is running full-speed on a treadmill one hour before his weigh in. After the match, Seth will go out eating and drinking with his friends, and the next day the cycle will start again.

Brian, a high school freshman, dreads going to gym class each day. At 6'2" and 130 pounds, Brian feels that his muscle development is well below other boys his age. Spending each night feeling his arms and counting his ribs in front of the mirror, Brian refuses to go to the gym, too afraid that others will make fun of him, and instead overeats constantly in an attempt to gain weight. Today

in physical education, the all-male class is playing "shirts and skins" basketball. Knowing that he will be on the "skins" team, Brian is trying to think of a way to get out of class.

A UNIVERSAL PROBLEM

For years, the public has been aware of eating disorders in women, especially the conditions of anorexia nervosa and bulimia. We have learned that one's body image is a complex configuration of the physiological, psychological, and sociological sell; and that a woman's eating disorder affects all of these areas until it eventually consumes her life (Parks & Read, 1997). Research results show that body concerns, usually the belief that one is too fat, are much more prevalent in women than in men (Cohn & Adler, 1992; Davis, Dionne, & Lazarus, 1996; Hoyt & Kogan, 2001). Thus, counselors have developed a sensitivity to women with body image disorders, but they largely have neglected men.

The recent public exposure of female body image and eating disorders has led women to confront society's demanding and often impossible ideas of beauty and perfection. As a result, women are being empowered to speak openly about such issues. However, men, who also receive their cues about societal expectations communicated through the media, often believe it is taboo to talk about their feelings. They are painfully aware of the cultural proscription regarding insecurity about their looks (Pope, Phillips, & Olivardia, 2000). Regardless of this silence, contemporary researchers on body image and ideals are reporting a growing trend toward male body obsession (Pope et al., 2000). The purpose of this article is to raise the issue of adolescent male body image concerns and, by way of case illustrations, to provide strategies for school counselors to address these issues.

THE IMPOSSIBLE DREAM

The current understanding of the etiology of body image disorders in boys and men is incomplete, restricted by limited research (Philpott & Sheppard, 1998). We do know that the preference in society is toward mesomorphic (muscular) males, and there is an aversion toward endomorphic (fat) and ectomorphic (thin) males (Weinke, 1998). Therefore, many boys and men who fall into the endomorphic or ectomorphic category recognize that they do not fit the ideal and thus strive to obtain the more mesomorphic body that they see in television and movies, in magazines, and on romance novel covers. Additionally, and perhaps more harmful, are the mesomorphic males who strive to become even more muscular, looking at a body type that, for most, is impossible to attain without the use of anabolic steroids (Pope et al., 2000). These men are doomed either to spending their lives chasing an impossible dream or to taking supplements and drugs that have very negative effects on overall health.

Hoyt and Kogan (2001) discovered that, on average, men tend to emphasize physical attractiveness in relationships more than women do, which might imply that, even though a woman may accept her partner for how he looks, the man may continue to be dissatisfied with himself.

THE INFLUENCE OF THE MEDIA

In spite of the "impossible dream" and the harm that can come from pursuing a Mark Wahlberg- or Fabio-type physique, men continue to hold up those figures as the ideal for what makes a man. Grogan and Richards (2002) found that the adult ideals for the male body include "perfect pecs," "defined stomach muscles," and being "healthy and fit," "toned," and "athletic." It is no surprise that the ideal man has been reduced only to a physical image. For example, the Charles Atlas ads that ran in the 1940s revealed a 97-pound weakling who had sand kicked in his face on the beach by muscular "real men" until he finally built up his own body. The message was that to be a "man," one had to have a powerful presence in the world, a masculinity represented by muscles, conveying power and control (Weinke, 1998).

Current magazine advertising has become equally damaging in promoting this male image. Kolbe and Albanese (1996) conducted a study to evaluate portrayals of men when appearing alone in magazine ads. Examining samples from six different male-audience magazines, the researchers found that the majority of the men in the advertisements represented the male icon as strong and muscular. Several of the sampled magazines, such as Rolling Stone and Sports Illustrated, appeal to a large adolescent male population, which means boys are being bombarded with these images at the very age when they are deciding for themselves what kind of man they should be.

The rise of the male ideal as a sex symbol also has become prevalent in magazine photographs. For example, in 1958, Cosmopolitan magazine had only 6% of its male models undressed in some way (compared to 17% of female models), but in 1998 it had 32% of its male models undressed (compared to 27% of female models). Many of these photographs were used to sell products that had nothing to do at all with the human body (Pope et al., 2000). Pope et al. also found that the Playgirl centerfold has shed an average of 12 pounds of fat and gained an average of 27 pounds of muscle in the past 25 years. With the increasing emphasis in the media of a lean yet muscular male body as the ideal, it is no wonder that so many boys and men are becoming dissatisfied with their own bodies and are paying incredible costs to achieve the "perfect" body.

Finally, even toys have changed over the years to promote an ideal male physique. Pope, Olivardia, Gruber, and Borowiecki (1999) noted that the increase in

muscularity of American action-figure toys over the past 30 years exhibits a greater level of muscularity than even the top bodybuilders! For example, one can consider the evolution of the G.I. Joe figure. In 1964, G.I. Joe was 5'10" tall, had a 32" waist, a 44" chest, and 12" biceps, which was a figure reasonably attainable by most fit men. By 1974, G.I. Joe had developed quite defined abdominal muscles, sporting the now-popular "six-pack" look, and by 1991, G.I. Joe had slimmed down to a 29" waist and increased to a 16 1/2" bicep (Pope et al., 2000). With young boys exposed to a G.I. Joe who looks like that, it is no wonder that they are becoming worried about their own bodies at younger ages. What these boys and men do not know is that most of these figures are not the result of healthy eating and working out, but rather the result of anabolic steroid use, dehydration, and other unhealthy habits.

ADOLESCENT MALES AND BODY IMAGE ISSUES

Regardless of the limited research on the topic of male body image disorders, Sondhaus, Kurtz, and Strube (2001) found a positive correlation between body attitudes and self-concept, and these attitudes were prevalent as early as adolescence, the pivotal period when boys are strengthening their self-concepts and searching for identity. In interviews with adolescent males, Grogan and Richards (2002) learned that boys viewed the ideal man as having "muscular legs" and a "good tan," who usually is a "bodybuilder" or a "boxer," and whose muscles are contained in the "arms," the "chest," and the "back, biceps, and triceps." Thus, boys learn early on that their identities are closely tied with the physical characteristics that they see in bodybuilders and athletes. These high standards cause many young men to become dissatisfied with their own appearance in pursuit of this ideal.

Muscle Dysmorphia

When people think of eating disorders, many tend to consider anorexia nervosa and bulimia to be the two main labels under which all people fall. The popular conception is that eating disorders result front people thinking that they are "too big" or "too fat." However, a third disorder, which is becoming more and more prevalent among adolescent and young adult males, is muscle dysmorphia. Muscle dysmorphia (colloquially known as "bigorexia nervosa" or "reverse anorexia") occurs when one has an excessive preoccupation with body size and muscularity, even if he already has a toned and muscular body (Pope et al., 2000). Consider the earlier case of Seth the wrestler, who probably spent hundreds of dollars on supplements and hundreds of hours at the gym to make himself bigger, when he very likely already had a healthy and desirable physique. Remember also the case of Brian, who became consumed with thoughts of inadequacy about his body but felt powerless to make healthy changes. Instead, he relied on overeating to gain what he saw as the ideal male physique, probably continuing to foster an unhealthy self-concept that will follow

him into adulthood. What is even more distressing is that these boys will suffer in silence (Keel, Klump, Leon, & Fulkerson, 1998), adhering to what William Pollack (1998) called the "Boy Code of Silence," rather than seeking out help from the caring adults in their lives.

Peer Pressure

Peer pressure is also a problem for adolescent boys. As more boys become attuned to the male ideal presented to them in society, they also become more adept at identifying the shortcomings in themselves and, when that process becomes too painful, they begin to point out the physical shortcomings in others. On the flip side, boys who themselves do not fit into the concept of the ideal male image feel a silent peer pressure that they begin to enforce on themselves. In a series of interviews with 16-year-old boys, Grogan and Richards (2002) spoke with a boy named Tom, who said, "If you've got friends who are, like, quite big in build, you want to be the same as them. Although you might not be able to do anything about it, it's on your conscience all the time. You want to be that sort of size" (p. 229). Tom represents the voices of so many other teenage boys who see the men with bulging biceps and rippling abdominal muscles and ask themselves, "What's wrong with me?"

Health Problems

Many people--including parents, teachers, counselors, and coaches who observe boys obsessing over their bodies--perceive that these boys are just trying to be healthy. However, overall health barely fits into the picture for boys who are developing body image disorders. Their reasons for wanting to look good are mostly cosmetic rather than health related (Grogan & Richards, 2002). Adults need to make themselves aware that the eating and body disorders that boys face are very similar in etiology to those that girls face. Eliot and Baker (2001) questioned and reviewed the charts of 40 adolescent males in the Eating Disordered Clinic in Boston and discovered that the courses and outcomes of the disorders were quite similar to those of females. Keel et al. (1998) reported that, like their female counterparts, males have disordered eating and dietary habits that many times occur in the absence of significant weight problems, and that disordered eating in males, like in females, appears to be more psychological than physical. Finally, Keel et al. reported that eating-disordered boys experience great body dissatisfaction, depression, and perfectionism, as do eating-disordered females.

Language Bias

Anderson, Cohn, and Holbrook 2000) also pointed out that the descriptive words society uses to describe human body shapes are prejudiced against boys. For

example, when describing a thin woman, people tend to use words like "svelte," "slim," and "willowy"; in describing a thin man, however, people tend to use words with a much more negative connotation, such as "pencil-neck," "stick," and "twerp." Based on the semantics, being a big man is preferable to being thin, because big men are referred to in less negative terms, such as "big daddy" "monster," and "hulk." Indeed, empirical studies suggest that being thin is hardly the ideal (Dittmar et al., 2000). LeDoux (1993) reported that 10.1% of the adolescent boys surveyed thought themselves to be too thin, compared with 4.2%

of the surveyed girls. Also, in a survey of 44 adolescent male football players and 30 adolescent male cross-country runners, Parks and Read (1997) found that 80% of the football players desired an increase in their weight, and 43% of the cross-country runners desired an increase in their weight. Boys, then, hear body types described in a pejorative way every day, and it does not take them long to figure out which type is the one to which they should aspire.

Coping Strategies

Adolescents construct their own methods for coping with body image disturbances. In his interviews with 20 college males, Weinke (1998) discovered three coping strategies that males used when faced with the ideal male image. The most harmful coping strategy, and, sadly, the most common, was the reliance on the popular muscular images for how a man should look. These young men saw the ideal male as realistic and either spent their time trying to achieve that image or berated themselves for not fitting it. A second coping strategy was the reformulation of the male body ideal; that is, boys modified the ideal and addressed it on their own terms. Although these young men may not have been totally consumed with thoughts of their own physical inadequacies, they still constructed the image to fit in their own schema and may have attempted to change themselves to fit this new image. The final coping strategy was the rejection of the ideal male image, which may have resulted in one's accepting himself for whom he currently was. Not surprisingly, this strategy was the most rare. When looking at these three strategies, one can see two common themes emerge. One is that males tend to view the image of the ideal man based on the images found throughout society. Even if they eventually reject the image, they still see the image as the ideal to some degree. The second theme, and perhaps even more damaging, is that these males tend to cope alone with their conflicts with the ideal male body image, without support.

STRATEGIES FOR SCHOOL COUNSELORS

School counselors are in a unique position to help adolescent boys address issues of body image that may be eroding their self-esteem and jeopardizing their physical and

emotional health. Because of their presence in secondary schools, counselors may be pivotal people in increasing awareness among their peers of adolescent male body issues. In addition, they have access to parents and to individual boys who may be struggling with these issues. Several strategies for school counselors are described below.

Providing Individual Counseling

The first major hurdle to offering individual counseling to boys with body image disorders is the societal stigma for males seeking psychological assistance. Moreover, among males there is a greater taboo against revealing a body image problem because these problems largely have been associated with girls and women. Also, a boy might be feeling a sense of isolation, believing that he is "the only one" who feels this way about his body. Becoming an approachable, trustworthy adult in a male adolescent world is the first step toward providing individual counseling for boys with body image disorders.

Despite the limited opportunities some school counselors have for providing individual counseling, those who are able to utilize this option may find a cognitive behavioral approach useful (Pope et al., 2000). Rational emotive behavior therapy (Ellis, 1994, 1998, 1999) consists of confronting a client's faulty belief through a disputing intervention, replacing the faulty belief with a new belief and creating a new feeling in the client. Corer (2001) offered the following diagram to show how this form of cognitive behavioral therapy (CBT) works for the client:

A (activating event) [left arrow] B (belief) [right arrow] C (emotional and behavioral consequence)

[up arrow]

D (disputing intervention) [right arrow] E (effect) [right arrow] F (new feeling)

Let's return to the case of Brian. Imagine that Brian were to be caught for skipping class (A--activating event), and his response would be to "come unglued" and veil at the principal who asked him why he skipped class (C--emotional and behavioral response). The principal might then refer Brian to the school counselor. The counselor, through his or her listening skills and ability to draw Brian out, might discover Brian's negative feelings about his body. The counselor's realization that Brian's outburst had little to do with the principal's questions and more to do with Brian's unwillingness to admit his own insecurities about his body (B--belief) would be a significant aspect of applying CBT to this case. The counselor would then challenge Brian's beliefs about himself (D--disputing intervention) by asking Brian

what proof he had that his body was terribly inadequate or by showing Brian images of the various body shapes that real men truly have. If the counselor can begin to change Brian's thinking about the way he looks, Brian might experience a new effect (E) and then a new feeling (F) about himself.

Of course, this example is a simplified version of what might happen, as it is very likely that a counselor would have to work with Brian for some time to get him to change his ideas about himself. However, such an approach would help Brian begin to get past the filtering (ignoring all the positive aspects about himself while choosing to focus on the negative) and polarized thinking he is doing, making it possible to create a change (Pope et al., 2000).

Providing Group Counseling

Group counseling in the schools also can be an effective way to change adolescent boys' opinions about their own bodies. Akos and Levitt (2002) suggest that the peer groups of middle- and high-school students can have strong positive effects on adolescents' self-concepts, including body image. Because many boys with body image disorders suffer in silence, learning that other boys in their peer group suffer from the same insecurities and receiving support from those peers can be quite beneficial to adolescent boys working within a single-gender support group.

An effective counselor facilitator is key to the efficacy of these groups. Rhyne-Winkler and Hubbard (1994) give several recommendations for counselors to make these groups a success, such as using materials that build self-esteem and maintaining current information on eating and body image disorders. For many adolescent boys, however, just knowing that an adult is aware of and cares about what they are going through can be the beginning of rebuilding a positive self-image.

Working with Parents

Arguably the most influential adults in a boy's life are his parents, who are likely to be the most accessible instruments for change in a boy's ideas about himself. School counselors can be important bridges between parents and their adolescents. Counselors can offer informational groups and support groups for the purpose of raising awareness among parents of the seriousness of body image problems for adolescent males. Pope et al. (2000) outlined the following simple interventions that parents can do when they suspect that their son might be suffering from a body image disorder. Counselors can assist parents with these interventions individually or in support groups.

First, counselors can alert parents to the value of listening to their sons. Many times personal insecurities emerge when least expected, such as when a parent and a son are doing an activity, together. It is when the boy is active that he might feel most comfortable about opening up. Second, parents can be intentional about talking to their sons about the prevailing and unrealistic male body ideals in society. They can let their sons know that having muscles is not the only way to be a real man. Third, counselors can caution parents to express their concerns to their sons without blaming. It is important for parents to let boys know that they care about their well-being but are not judging them from their mistakes. Fourth, counselors can remind parents to refrain from criticizing their sons' appearance. Counselors can help parents to see that although they want their sons to be healthy, putting undue pressure on them to conform to a certain body type can cause more harm than good. Fifth, although most parents want to offer their sons reassurance, it must be done wisely. Counselors can help parents remember not to dismiss their sons' concern about their bodies by saving, "Oh, I think you look great!" Such a response might keep the boy from opening up again, thinking that his parents just do not understand what he is experiencing. Finally, counselors can assist parents in helping their sons look for other sources of self: esteem. If a boy's only source of self-esteem is his body, parents need to point out other strengths that he has and encourage him to use those strengths in positive ways.

Overall, parental support and encouragement not to conform to societal images of the perfect man can do a lot to help a boy who might have a mild body image disorder. Having parents acting as the role models also speaks volumes to adolescent boys.

Consulting with Teachers and Coaches

Next to parents, teachers and coaches exert significant influence on adolescents. Often, however, they themselves may ascribe to some of the media-driven notions of what constitutes the "ideal" male physique. These adults have the potential to reinforce the cultural norm or to become open opponents of it. School counselors, by virtue of their role as both staff members and student advocates, have a special opportunity to influence the thinking and behavior of their colleagues. By conducting in-service and even pre-service training for teachers and coaches, school counselors can increase awareness of the growing body image disorders among adolescent males. Such training requires helping colleagues confront and address the ways in which they have accepted the prevailing views of masculinity as muscularity. Exposing the tactics of the media through a review of television commercials and magazine advertisements will help teachers and other school personnel understand the unrealistic goals they may set for themselves and, concomitantly, the adolescent boys they mentor. Engaging the support of school administrators and other officials will lend credibility to such training programs.

Organizing Consciousness-Raising Campaigns

Once there is grassroots acknowledgment of the body image disorder problem among adolescent males, and when teachers, coaches, and other school personnel commit themselves to providing alternative, healthy perspectives on body image, school counselors can spearhead a consciousness raising campaign in the entire school. Such a program would involve seeking volunteers from the community as well as colleagues to hold forums, to host informal focus groups, and potentially to infuse alternative ideas into the curriculum in health and physical education classes. Inviting local celebrities, athletes, and medical personnel to speak in school-wide assemblies to counter the existing cultural messages about the ideal body could be effective. Such a program could be the vehicle to break the silence about adolescent boys' body image problems. It could be a turning point for changing young people's unrealistic goals and attitudes about attaining the "ideal" in physical appearance.

Making Outside Referrals

Sometimes a boy's body image disorder can be severe enough that he needs to seek more intensive professional help. Family therapy is an important treatment option, given the known reciprocal impact of a family on disease and recovery (Anderson et al., 2000).

In addition, antidepressants prescribed by psychiatrists have been shown to be an effective treatment for bulimia nervosa. They can treat the symptoms of bulimia even if the patient is not depressed (Pope et al., 2000). Especially in the more extreme cases of body image disorders, a medical evaluation by a physician would be essential in the boy's healing process.

CONCLUSION

Boys in America are in a crisis over their bodies. Although it might be firmly entrenched in many minds that masculinity and muscularity go hand in hand, much can be done to put an end to that perspective. School counselors can be important catalysts for parents, educators, coaches, and other adults to become aware of the damaging effects that society's conception of the ideal male body image are having on adolescent boys. School counselors can provide work with individual boys on body image issues when time and circumstances permit this approach. They can provide information and support to parents as they work intentionally with their sons to combat the prevailing notions of masculinity in the culture. School counselors can function as consultants to teachers and coaches who may unwittingly participate in

perpetuating the harmful and skewed beliefs about what it means to be "perfect man." School counselors can organize consciousness-raising campaigns in their schools to increase awareness of the problem and to minimize the stigma of boys seeking help. In cases of severe body image disorders, school counselors can make outside referrals to appropriate mental health providers. Moreover, school counselors can work to educate boys on what it truly means to be a man. Counselors can assist other adults in an adolescent boy's world to model the notion that being a man is about love, responsibility, tenderness, work, dependability kindness, and respect, all of which can be attained regardless of one's body shape. The sooner we can emphasize those important inner qualities over the outer appearance, the sooner we will see adolescent boys become happy, healthy, real men.

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07
How to Help a Bully: Recommendations for Counseling The Proactive Aggressor

Professional School Counseling, Dec, 2007 by Charles R. McAdams, III, Christopher D. Schmidt

Initiatives to stop school bullying often prescribe counseling for the bullies. However, specific strategies for the counseling of bullies are not well defined. To succeed in stopping the aggressive behavior of bullies, school counselors must first understand the needs and motivations behind the behavior. This article distinguishes the characteristic type of aggression displayed by bullies--proactive aggression. Type-specific recommendations are presented for maximizing school counselors' effectiveness in their direct efforts to help bullies change.

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Bullying is one of the most widely practiced forms of aggression in American schools. It is broadly defined as the actual or attempted infliction of injury or discomfort by one student on another student that is intentional, abusive, and based on an imbalance of power between bully and victim (Olweus, 1994; Sullivan, Cleary, & Sullivan, 2004). According to the National Center for Education Statistics--2002, almost one third of public schools have reported daily to weekly occurrences of student bullying (Hall, 2006). Research suggests that nearly half of today's students will experience some form of bullying during their education; however, rates of bullying as high as 81% for school-aged males and 72% for school-aged females have been reported in some studies (Casey-Cannon, Hayward, & Gowen, 2001; Charach, Pepler, & Ziegler, 1995; Farrington, 1993, as cited in Sanders, 2004). In a survey by the National Institute of Child Health and Human Development, 1.7 million children (one in five) in grades 6 through 10 admitted bullying their classmates (Cole, Cornell, & Sheras, 2006). On the basis of current statistics, Hall has concluded that school climates nationwide have been dramatically altered by the actions of bullies.

Bullying affects students academically, socially, and psychologically: Bullying victims cannot learn effectively in an ongoing climate of fear. In addition to the possibility, of physical injury, they are at increased risk for absenteeism (Limber, 2006), loneliness (Nansel et al., 2001), and lowered self-esteem (Hodges & Perry; 1996). Bystanders to bullying often fear becoming victims themselves and are further encumbered by conflicting emotions ranging from guilt over not helping bullying victims to lowered image among peers for being a "snitch" if they alert authorities to the problem (Clark, 2002). Bullies face risks of escalating behavior, further emotional injury, and punishment for harm to others unless their aggression is stopped. They are

less likely to perform at full potential at school and more likely to engage in criminal behaviors after leaving school (Marsh, Parada, Craven, & Finger, 2004). Students who bully in middle school have been found to be up to four times more likely to be involved in later criminal activity than those who do not (Cole et al., 2006). Left unchecked, bullying attitudes and behaviors in children appear to become more serious and more difficult to prevent and may be carried into adulthood where their potential dangerousness and consequences increase exponentially (McAdams & Lambie, 2003).

Teachers have reported that they feel unprepared to recognize and handle the kinds of bullying that they are encountering in the classroom (Newman-Carlson & Home, 2004). As a result, they feel they are more likely to overlook serious bullying behaviors or to ignore those behaviors they recognize but feel inadequate or afraid to deal with. In a national survey, school administrators reported that a trend toward increasing aggression among students has diminished their roles from educators to disciplinarians and stifled their vision and creativity as school leaders (McAdams & Lambie, 2003). They strongly agreed that bullying has profoundly impaired educational processes and programs at multiple levels.

Serious incidents of school violence have brought national emphasis to the problem of bullying and prompted research initiatives in the areas of bullying prevention and school safety (Pichler, Urban, & Bockewitz, 2005). It is evident in the research and professional literature that counseling for identified or suspected bullies is a necessary component of comprehensive programs aimed at preventing or stopping bullying behavior (Davis, 2006). Less evident in the literature, however, are specific strategies for school counselors to apply in their direct work with bullies. Increasingly, school counselors are apt to find themselves face-to-face with students referred for bullying. To succeed in helping these students stop their harmful aggressive behavior, school counselors must be able to recognize and appropriately address the underlying needs and motivations behind the behavior. Toward that objective, the remainder of this article will distinguish the characteristic form of aggression displayed by bullies--proactive aggression. It then will draw from current understanding of proactive aggression to make seven recommendations for maximizing counselor success and avoiding pitfalls in counseling intervention to help school bullies change.

REACTIVE AND PROACTIVE AGGRESSION

Professional literature distinguishes generally between two types of youth aggression--reactive aggression and proactive aggression. Reactive aggression is characterized as a "hot-blooded," automatic, defensive response to immediate and often misperceived threat (Hubbard, Dodge, Cillessen, Coie, & Schwartz, 2001; Wood & Gross, 2002). Youth exhibiting reactive aggression are characterized as seeking but lacking close

interpersonal relationships with significant adults such as parents--relationships they need to learn how to effectively attend to, understand, and take into account others' intentions (Dodge, 1991). Real or perceived rejections in past relationships with caregivers have caused reactive aggressors to maintain high levels of internalized anger and insecurity and rendered them vulnerable to excessively emotional and forceful responses to even minor immediate stressors or personal threats. Once the presenting threat is relieved, reactive aggressors are likely to be remorseful for any harm that was done by their reflexive, violent response. Teachers and caregivers often refer to them as having "a short fuse" because they tend to be intolerant of frustration, easily threatened, impulsive and over-reactive in response to any source of stress or fear, and unpredictable in their tantrums and outbursts (Sterba & Davis, 1999; Vitaro, Brendgen, & Tremblay, 2002).

Unlike reactive aggression, proactive aggression does not characteristically occur as an emotion-laden, defensive response to immediate threat. Instead, it is described as organized, purposeful, and often premeditated rather than automatic (Galezewski, 2005). Aggression for proactive aggressors has, over an extended time, become an internalized means of achieving personal security, competence, and control in their lives (Cottle, 2004; McAdams & Lambie, 2003). In the real or perceived absence of affirmation from significant others (parents, in particular), they have come to derive a sense of self-efficacy from their ability to succeed without, and often at the expense of, others. The propensity of proactive aggressors toward generalized hostility and antisocial behavior appears to have two origins: one being an overt manifestation of internalized resentment and anger over frustrated needs for security, and another being a mechanism by which they keep others far enough at bay so as not to endanger their desired autonomy and self-sufficiency (Arsenio & Lemerise, 2004; McAdams, 2002).

Proactive aggression is used consistently as a tool for personal gain (status, control, self-confirmation, gratification, etc.) (Vitaro & Brendgen, 2005). It is applied strategically, methodically, subtly, and with increasing intensity until the desired goal is achieved (Hubbard et al., 2001). Proactive aggressors initiate aggressive acts without provocation and against those whom they see as the most vulnerable and least threatening targets for exploitation (McAdams & Lambie, 2003). Consequently, it is proactive aggressors who peers and caregivers most commonly refer to as bullies (Hubbard et al.). Due to its predatory, remorseless, and internalized nature, proactive aggression is often considered the more serious of the two subtypes (McAdams, 2002).

A recent survey of public school principals and assistant principals revealed that between 1982 and 2000 (their collective range of years on the job), there was a significant increase in proactive aggression in all school settings (McAdams &

Lambie, 2003). Using the eight criteria shown in Table 1 to distinguish reactive from proactive incidents of aggression, these school administrators reported that about one fifth of all the student aggression they observed in 1982 was proactive; whereas by the year 2000, the percentage had increased to one third. Strikingly, the most substantial increase in proactive aggression was observed at the elementary level, where its incidence had nearly tripled, often reaching levels comparable to those reported for middle and high school. According to school officials, the observed increase in proactive aggression was not attributable to any unique population, setting, or circumstance but, rather, reflected a gradual and continuing trend in the school-age population. This trend seems likely to continue in the future if its antecedent and supporting conditions are not addressed.

THE PROACTIVE AGGRESSOR: A BEHAVIORAL PROFILE

As noted above, proactive aggressors find personal validation in dominance over those around them. Those who are physically large and powerful will achieve that dominance through threats or acts of physical intimidation. Those lacking physical superiority (i.e., the majority) will turn to deception, coercion, and manipulation to gain the control they need for a positive self-image (Larke & Beran, 2006; Salmivalli & Nieminen, 2002). Applications of rationality and logic, verbal proficiency, emotional control, calculation, and patronization tend to be the common tools of their trade.

Lacking remorse for hurtful behavior, proactive aggressors can be expected to excuse their behavior by finding rational excuses for why aggression was justified and unavoidable (Brendgen, Vitaro, Tremblay, & Lavoie, 2001). They may be similarly adept at devising logical reasons why measures taken by authorities to deal with their aggressive actions also were unjust (Sanders, 2004). Over time, proactive aggressors may develop considerable verbal proficiency at defending the self-constructed logic of their aggressive behavior to themselves, to authority, figures, and even to their victims. Through convincing argumentation they may be able to minimize or avoid consequences for their behavior, thus making them appear additionally powerful and ominous in the eyes of their peers (Sutton, Reeves, & Keogh, 2000). Proactive aggressors can be expected to manipulate others' emotions in their drive for personal gain. Their strategies for emotional control will include pressing sensitive buttons to elicit desired affective responses from others and displaying false emotions themselves (e.g., crying, remorse) to deceive others of their aggressive intentions (Halberstadt, Denham, & Dunsmore, 2001; Sutton & Keogh, 2001). An intrinsic need for control may preclude any concern for how their behavior will affect the feelings of others who stand in their way (Home, Orpinas, Newman-Carlson, & Bartolomucci, 2004).

Proactive aggressors are likely to calculate the times when their aggressive acts are least likely to be recognized and deterred (Dodge, Lochman, Harnish, Bates, & Pettit, 1997; Woodworth & Porter, 2002). Unlike reactive aggression that typically occurs without notice, the timing of proactive aggression has often been preplanned to produce maximum gain and minimal consequence for the aggressor. Skillful proactive aggressors also may use patronization to win the favor of those perceived as either enhancing or standing in the way of their personal advancement. Disingenuously saying exactly what others want to hear, they open the door for undeterred aggression by first winning the trust of those who would be most likely to suspect and intervene (Coloroso, 2002). Proactive aggressors may seem as two very different people in the eyes of authorities and their victims.

While heuristically useful, the perils of behavioral profiling to identify violent students must be emphasized here. The predictive validity of behavioral profiles for violent individuals rarely exceeds 50%; thus, there is always a danger that behaviors will be misinterpreted, and that students will be wrongfully identified (Fey, Nelson, & Roberts, 2000; Harris & Rice, 1997). Misinterpretation can lead to unwarranted discrimination against certain groups of students that labels them and alienates them from other students and educators (Fey et al.). There is not a foolproof behavioral profile for the proactive aggressor. Consequently, the preceding behavioral profile is not intended to be the definitive framework for identifying proactive aggressors but, rather, should be applied as part of a comprehensive assessment protocol that examines each student's unique history, context, and behavior.

THE NEED FOR INTERVENTION

Proactive aggression can be expected to continue until proactive aggressors develop genuine empathy for others; until their aggressive behavior ceases to satisfy their appetitive needs; or until they have access to more satisfying, pro-social, ways to maintain positive self-esteem. However, none of these counteracting conditions is likely to occur spontaneously and without intervention, for several reasons. First, a concern for others appears to occur as the result of a developmental process through which moral reasoning (i.e., a sense of "conscience") has, over time, become an intrinsic, regulating factor in behavioral responses (Arsenio & Lemerise, 2004). Research suggests that moral behavior in children is not acquired automatically; rather, it is initially and mainly influenced by others' instruction, supervision, correction, establishment of rewards and punishments, and modeling (Berkowitz & Grych, 1998; Woolfolk, 2001). A second reason relates to an absence of motivation to change. Because proactive aggression is an internalized, automatic behavior, proactive aggressors are not likely to evaluate its harmful consequences as negative. Provided that aggression achieves its self-serving objective, they will see no reason to change, even if others are being hurt (Crick & Dodge, 1996; Kimonis, Frick, Fazekas,

& Loney, 2006). The final reason has to do with accessibility; easy opportunities for dominating others are one reason why individuals denied other sources of personal power and control turn to proactive aggression in the first place (Sutton, 2001). As long as vulnerable targets for domination remain readily available, proactive aggressors are likely to remain satisfied with their current pattern of aggressive behavior.

The optimal goal of interventions to address proactive aggression is for proactive aggressors to develop a level of empathy for others that effectively restricts their willingness to hurt others for personal gain. The ability to empathize with others has been directly related to the acquisition of pro-social behaviors and the prevention of aggressive ones (Espelage, Mebane, & Adams, 2004). Empathy development occurs most readily when caring for others is both modeled and valued at home by a child's parents or caregivers (Swick, 2005). As such, current trends in schools toward strengthening and collaborating with students' families stand to support the development of empathy in potential and identified proactive aggressors (Sullivan et al., 2004). School-based interventions aimed at promoting higher levels of moral reasoning likewise show potential for helping aggressive students develop a concern for others (Goldstein, Gibbs, & Glick, 1995). Regrettably, empathy development, like all developmental change, occurs gradually over time, whereas the necessity of stopping aggressive student behavior is immediate. Bringing an immediate halt to proactive aggression during the more gradual course of developmental intervention is the challenge that school counselors often face when students are referred to them for chronic bullying behavior.

COUNSELING IMPLICATIONS

To change the behavior of appetitive, self-serving individuals, those individuals must be convinced that a desired change is in their own best interest. Thus, counseling interventions to arrest the proactive aggression of bullies must convince the bullies that the personal benefit of their aggression is outweighed by both its negative consequences and the tangible benefits of pro-social behavior (Brown & Parsons, 1998; Pellegrini & Bartini, 2001). At the same time, intervening school counselors must avoid becoming victims themselves of a proactive aggressor's manipulative tactics. Seven specific recommendations for counseling intervention emerge in the professional literature that have particular relevance to the success of school counselors in their work to achieve these conjoint tasks.

Recommendation #1: Provide Clear Behavioral Expectations That Are Free from Loopholes or Ambiguity

As noted previously, proactive aggression is less likely to occur when its costs in terms of negative consequences outweigh its benefits to the aggressor. To achieve this condition, schools must have a structured system of behavioral expectations that explicitly defines responsible student behavior, that effectively exposes students' failures to fulfill those responsibilities, and that specifies consequences for irresponsibility (Cole et al., 2006). The consequences of aggressive behavior must be significant enough to eliminate its utilitarian appeal, and there must be no loopholes through which the proactive aggressor can talk his or her way out of responsibility and appropriate consequences for bullying behavior.

School counselors can use their understanding of proactive aggression skills to help ensure that their school's behavior management system is as sensitive as possible to all forms of aggressive behavior. Within such a system, school counselors can directly effect positive behavior change in actual and suspected bullies by clarifying and helping them to realize the personal costs of their aggressive acts toward others and the personal rewards of compliance with behavior standards. School counselors should anticipate and be prepared to discount a proactive aggressor's efforts to excuse and justify aggressive behaviors, accepting nothing less than his or her full compliance with assigned consequences. For example, in an effort to avoid consequences, proactive aggressors may claim that they were provoked by their victims and left no other choice but an aggressive response. Such an attempt to blame the victim for their actions would appropriately be dismissed by the school counselor and the assigned consequences upheld on grounds that alternatives to violence can always be found by those with a genuine desire to do so. Holding proactive aggressors consistently and firmly to the consequences of noncompliance with behavioral expectations increases what lames (1993) has referred to as the disciplinary currency value of the consequences--that is, their significance in the eves of the aggressor as a potential deterrent to future aggressive acts.

Recommendation #2: Avoid Debates and Arguments

It is important to remember that proactive aggressors are driven to control the definition of their interpersonal situations in order to satisfy basic needs for personal validation and positive self-esteem. To support this intrinsic drive, they will become practiced and proficient in avoiding and defending against interventions that would seemingly deny them their basic needs. When confronted, they often can be skilled (perhaps more skilled than those confronting them) in explaining their aggressive acts as necessary and/or unavoidable, thus, avoiding or minimizing consequences for their behavior (Sutton et al., 2000). Convincingly arguing point for point every accusation of irresponsibility, or wrongdoing, they may attempt to neutralize or minimize intervention efforts directly, or they may attempt to do so indirectly by simply wearing down their accusers.

School counselors working with proactive aggressors must avoid becoming entangled in factual debates (Coloroso, 2002). After identifying proactive aggression (through direct observation or reasonable suspicion) and assigning clear and appropriate consequences, it is best to hold to that position against the aggressor's protests, because any form of compromise regarding guilt or the severity of consequences is likely to be viewed positively by a proactive aggressor as an endorsement of his or her control over the situation. Processing the incident is necessary for new understanding, but that should occur only after the aggressor has complied with behavioral directives. As illustration, consider a student serving a two-day in-school suspension penalty for an act of bullying who argues that her exceedingly good behavior on the first day in suspension should allow her extradition from the second day. To avoid induction into the student's attempt at control, the supervising teacher or school counselor would be advised to (a) refrain from debating the issue, (b) acknowledge the first-day effort and encourage continued success, and (c) follow through with the disciplinary action as assigned. An immediate reduction in proactive aggression will be most likely when, through being held firmly accountable for what they do, proactive aggressors learn that there are negative consequences (i.e., costs) associated with their aggressive behavior that they cannot argue or explain away.

Recommendation #3: Avoid Repetitious or Standardized Responses

Standardized, predictable responses to bullying behavior (e.g., "When you do this, this is [always] what will happen") enable proactive aggressors to plan their offenses so as to maximize personal benefit and minimize personal cost. When consequences for bullying are static and predictable, proactive aggressors can be expected to calculate in advance at which times and places and with which people the rewards for their appetitive behavior will outweigh the potential consequences of getting caught (Woodworth & Porter, 2002). Driven by their intrinsic need for control, they will seek (and usually find) certain times, places, and interpersonal situations in which the gratification derived from their aggressive behavior is seen as worth the price of its associated consequences. Keeping proactive aggressors uncertain about the specific consequences of aggressive behavior through the use of variable response protocols denies them opportunities for advance planning on the basis of anticipated cost and reward. It also decreases their opportunity to calculate loopholes in established policy that will enable them to avoid responsibility, for their planned offenses.

To reduce the utility, (and, thus, the desirability and incidence) of bullying for a proactive aggressor, school counselors must first gain an accurate understanding of the individual aggressor's view of behavioral cost and reward and then work to develop disciplinary responses to aggression that, in the aggressor's eyes, outweigh its rewards. Applications of the principles of natural and logical consequences have shown to have considerable utility in changing child behavior (Pryor & Tollerud,

1999). School counselors should be prepared to turn to these principles to ensure (and help others in their setting to ensure) that disciplinary responses have maximum impact in teaching proactive aggressors that appetitive actions are not worth their consequential price. In doing so, they must remember that the currency value of their responses as a deterrent will differ from one individual to another. For example, the loss of recess would seem to be an appropriate, logical consequence for a student caught bullying others on the playground; however, it also could serve as a reward for a proactive aggressor who derives a sense of control from being able to command the individualized attention of the teacher who must remain behind to provide supervision. School counselors cannot rely on standardized, comfortable responses to proactive aggression, but, rather, must be prepared to expand their repertoire of responses to encompass a broad range of individual needs and motivations (Smith, Larson, & Nuckles, 2006).

Recommendation #4: Reinforce Positive Achievements, but Cautiously

As noted previously, proactive aggressors are less likely than others to be motivated by the anticipation of adult praise and approval. However, they have no less need than others for ongoing reinforcement of their personal worth and capability. Eliminating coercive control as a source of validation for proactive aggressors necessitates replacing it with alternative means for fulfilling this essential human need. One way that school counselors can effectively work to reduce proactive aggressors' reliance on aggression for personal validation is by seeing to it that they receive sufficient validation for the pro-social things that they do (Cole et al., 2006: Malecki & Demaray, 2004). When respect from others is achievable through positive behavior, proactive aggressors will have less reason to risk the potential consequences of coercive behavior in order to gain the respect they seek (Home et al., 2004).

Individually and in collaboration with other school personnel, school counselors should work to ensure that all students have opportunities for success and self-esteem building within their social group. In doing so, however, they must not lose sight of the fact that the observed accomplishments of a student prone to proactive aggression may have possibly been achieved through coercion. For example, in a student election, other students may have felt compelled to elect the proactive aggressor in fear of physical or emotional retaliation. Public recognition of the student for a victory achieved in this manner would serve only to reinforce his or her continued use of such aggressive tactics. When in doubt as to the legitimacy of a proactive aggressor's observed achievement, school counselors are advised to further examine the source of their concern and eliminate the doubt before unwittingly reinforcing appetitive behavior in the presence of those who may have been victim to it.

Recommendation #5: Don't Drop Your Guard

When students have internalized the use of aggression to satisfy needs for self-esteem, they can be expected to act aggressively at any available opportunity. Their quest for personal control and validation through threats and acts of manipulation, coercion, and physical force has become automatic in their relationships with others and, as such, should be anticipated whenever they are not pressured to relate to others in a different way. Effectively, their appetitive behavior can be expected to continue until they determine that the risks and costs of getting caught outweigh the potential for personal gain (Sutton, 2001). Thus, an important step in helping proactive aggressors change their behavior (and ultimately, their perspective) is to ensure, through careful and continuous monitoring of their activities, that their risks of getting caught are high.

To achieve this, school counselors and other school personnel must identify and remain at all times alert for conditions in their setting that are conducive to bullying behavior (e.g., vulnerable targets, limited supervision) (Coloroso, 2002). Wherever predisposing conditions exist, school counselors should (a) presume that proactive aggressors will take advantage of those conditions, (b) increase vigilance for aggressive behavior, and (c) be prepared to intervene or summon intervention as soon as aggression is suspected or observed. Students with a history of proactive aggression need to know that they are especially subject to the watchful eye of school authorities in their interactions with others. Maintaining an air of suspicion with suspected proactive aggressors can be tiring and unpleasant for school counselors and educators who seek trust in their relationships with students. School personnel must understand, however, that doing so may be one of the most important actions they can take to disrupt the utility of aggressive activities and open proactive aggressors to the consideration of pro-social alternatives to aggression for satisfying their personal needs.

Recommendation #6: Focus on Feelings Rather than Facts

As described previously, proactive aggressors may develop considerable skill at avoiding the consequences of their actions. Through verbal proficiency and manipulative strategies developed over time, they are often able to minimize the costs of their behavior simply by outdebating or winning the sympathy of authorities who observe and attempt to confront them (Sutton, 2001). In addition, they may have often become comfortable and convincing in the presentation of false information that supports their innocence of wrongdoing and raises question regarding the legitimacy of any possible consequences. In short, it is in point-for-point defense of their behavior that proactive aggressors are likely to have the most experience, control, and success.

Thus, in helping proactive aggressors accept rather than escape responsibility for their behavior, school counselors are advised to avoid factual debates and, instead, to focus whenever possible on the feelings generated by their hurtful behaviors, an area where they are likely to be less in control and more vulnerable to suggestion (Rigby, Smith, & Pepler, 2004). By focusing on the feelings surrounding suspected aggression, the school counselor can eliminate the proactive aggressor's grounds for rational or logical denial of responsibility, because there is no standard for reference from which the rightness or wrongness of feelings can be reasonably argued. For example, a suspected bully might be told, "I can't prove that you are bullying the others this way, but I can tell from their fear that it is happening. Until you show some concern for how badly the others are feeling and are willing to look at what part you might have in it, I am going to have to assume that you are the bully and hold you accountable." Proactive aggressors need to learn that there may be consequences when others feel victimized by their actions, regardless of whether their appetitive intentions can be proven beyond dispute. This may be the only way that they will begin to consider the feelings of others before they choose aggressive courses of action in the future.

Recommendation #7: Don't Stop at Consequences; Teach Pro-Social Behaviors

Coercive control of others satisfies an intrinsic psychological need for proactive aggressors. Consequently, the addition of consequences, even substantial ones, may be insufficient to curtail their controlling behavior if they can see no other way to satisfy that need. Proactive aggressors often have well-developed skills in a restricted range of social interactions that promote their self-serving objectives. However, they tend to lack an understanding of social rules and to have a narrow (or nonexistent) repertoire of alternative social skills that would allow them to satisfy their personal needs without infringing on the rights and needs of others (Sutton, 2001). To be effective, interventions aimed at extinguishing proactive aggressors' self-serving behaviors must always include instruction in alternative skills that will enable them to effectively meet their needs in more pro-social ways (Aber, Brown, & Jones, 2003; Cole et al., 2006).

By teaching and modeling such skills as active listening (to others' views), accepting failure, impulse control, collaborative problem solving, and conveying respect, as well as promoting their emphasis in the classroom, school counselors can directly help proactive aggressors expand their limited inventory of socially acceptable responses to others. Coupling instruction with efforts to ensure that pro-social responses are explicitly acknowledged and rewarded school-wide will increase the chances of potential aggressors choosing them over aggression in response to real-life situations (Walker, Colvin, & Ramsey, 1995). When aggression occurs, school counselors must advocate for the provision of counseling as well as disciplinary intervention. It is in the teachable moments soon after an incident that proactive

aggressors, whose tactics have been exposed and who face significant consequences, may be most open to consideration of less costly ways of behaving.

SUMMARY

The preceding tips for school counselors do not comprise a complete response to the real problem of bullying behaviors in the schools. A comprehensive response also must include coordinated and collaborative efforts involving schools, families, and communities to promote developmental change in children who lack concern for others (i.e., a conscience) in their actions. In the meantime, school counselor understanding of the unique needs and skills of proactive aggressors is necessary to effect immediate containment of their bullying behavior, a critical component of the comprehensive goal.

School counselors who fail to recognize and respond to the distinguishing motivations of proactive aggressors can limit intervention effectiveness and even empower the aggressors in the eyes of their victims. At the same time, school counselors must always remain aware of the dangers of stereotyping through the assignment of clinical labels. Pure reactive or proactive aggressors, if they exist at all, are likely to be the exception rather than the rule. Aggressive students are more likely to fall somewhere on a perceptual and behavioral continuum, the label representing their most characteristic type of aggressive activity. School counselors today are encouraged to use the knowledge of proactive aggression to maximize effectiveness and efficiency and avoid previous pitfalls in their work to help bullies. At the same time, they must always remain mindful of individual client differences and be ready to revise assessments and courses of intervention as individual student needs require.

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Table 1. Distinguishing Characteristics of reactive and Proactive Physical Aggression

Reactive Aggression	Proactive Aggression
1. Aggression is impulsive, not preplanned	1. Aggression is preplanned and calculated
2. Aggression is employed to relieve the aggressor's frustration, anxiety, or fear	2. Aggression is employed as a tool for the aggressor's personal gain
3. Aggressor is remorseful for the for aggressive behavior at its conclusion	3. Aggressor shows no remorse the aggressive behavior at its conclusion
4. Aggressive behavior is	4. Aggressive behavior is

emotionally driven (frenzied, chaotic)	intellectually driven (planful, methodical)

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08
Counseling Adolescents Toward Wellness: The Roles of Ethnic Identity, Acculturation, and Mattering

Professional School Counseling, Oct, 2004 by Andrea Dixon Rayle, Jane E. Myers

The influence of ethnic identity, acculturation, and mattering on wellness was examined for 176 minority and 286 nonminority adolescents attending a public high school. Participants completed the Multigroup Ethnic Identity Measure, the Stephenson Multigroup Acculturation Scale, the General Mattering Scale, the Mattering to Others Questionnaire, and the Wellness Evaluation of Life Style-Teenage. Analysis of structural equation models revealed that, for the total sample, mattering and acculturation explained a significant portion of the variance of wellness in six areas: spirituality, self-direction, schoolwork, leisure, love, and friendship. Ethnic identity explained a significant portion of the variance for minority students. Implications for school counselors are discussed.

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Baker and Gerler (2001) noted that the goal of developmental guidance is "to promote emotional, social, and cognitive growth while preventing problems in the lives of young people" (p. 300). In addition, they noted that a balanced guidance program includes both "primary and secondary prevention strategies" (p. 300). These goals are consistent with the National Model for School Counseling Programs proposed by the American School Counselor Association (ASCA), notably the suggestion that school counselors should be most concerned with the comprehensive needs of their students (i.e., academic, career, and social/personal; ASCA, 2003). From an operational perspective, wellness programming and holistic counseling are "closely linked to prevention" (Fukuyama, 2001, p. 329). Thus, the implementation of holistic wellness initiatives provides an important means for counselors to meet a broad range of developmental and remedial needs (Myers, Sweeney, & Witmer, 2000), and for school counselors, who work with diverse groups of students (Lee, 2001), meeting developmental and remedial needs in a cost-effective manner (Swisher, 2001) is if utmost importance.

Sexton (2001) cogently argued the need for evidence-based models to inform clinical practice. Accordingly, studies that promote understanding of factors affecting holistic wellness of students are needed as a foundation for establishing effective comprehensive school-based wellness programs. Given the increasing diversity of student populations (Lee, 2001), studies which address differences and similarities across racial and ethnic groups are important (Herring, 1997). Two factors which have been studied extensively in relation to multicultural populations in the schools

include ethnic identity (Phinney, 1990; Pugh & Hart, 1999), which involves finding a sense of belonging to an ethnic group and the thoughts, perceptions, feelings, and behaviors which go along with that particular ethnic group (Phinney; Rotheram, & Phinney, 1987) and acculturation, defined as the process of adapting to a new culture as a result of changes in cultural attitudes, values, and behaviors resulting from contact with two or more distinct cultures (Barlow, Taylor, & Lambert, 2000; Fuertes & Westbrook, 1996; Garret-t, 1999; Park & Harrison, 1995). Mattering, an important but understudied concept, is defined as a sense of belonging in relation to others, or feelings that one is important to others (Pearlin & LeBlanc, 2001; Rosenberg & McCullough, 1981; Schlossberg, Lynch, & Chickering, 1989; Taylor & Turner, 2001). Among the few existing studies of mattering, at least two revealed adolescents to be a population at risk in terms of mental health issues (Marshall, 1998; Rosenberg & McCullough). These important and related concepts--ethnic identity, acculturation, and mattering--have not been studied together, nor have they been studied in relation to wellness in school populations.

The present study was undertaken to address a gap in the literature, specifically an understanding of the relationships among ethnic identity, acculturation, mattering, and wellness among adolescents in the schools. To examine possible relationships among these variables, we began by developing a conceptual three-factor model in which ethnic identity, acculturation, and mattering predicted six areas of wellness for adolescents. We hypothesized that the model would be predictive both for adolescents in general and separately for minority and nonminority adolescents.

METHODOLOGY

Participants in grades 9 through 12 at a public high school in the Southeast United States were recruited and completed instruments during class periods. Parental permission for involvement in the study was required.

Participants

A total of 500 questionnaire packers were distributed. Of these, 462 were completed, yielding a response rate of 92.4%. The final sample included 229 males and 233 females of whom 176 were minority and 286 nonminority adolescents. They ranged in age from 14 to 19 years, with a mean of 16.24 (SD = 1.25). There were almost equal numbers of participants in grades 9 (22%) and 12 (24%). The largest proportion of students was in grade 10 (35%), and the smallest in grade 11 (18%).

The non-minority student group included 286 Caucasian students, of whom 147 were male and 139 were female. The mean age of these students was 16.28 (SD =1.23) and their mean grade level was 10.48 (SD =1.08). The minority students (n = 176)

included 119 (68%) African Americans, 28 (16%) Latino Americans, 25 (14%) Asian Americans, and 4 (2%) Native Americans. This group included 82 males and 94 females who ranged in age from 14 to 19 years (M = 16.19, SD = 1.30). Their mean grade level was 10.40 (SD = 1.10).

Measures

Five instruments were used to test the proposed structural model. These included: the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992), the Stephenson Multigroup Acculturation Scale (SMAS; Stephenson, 2000), the General Mattering Scale (GMS; Marcus, 1991), the Mattering to Others Questionnaire (MTOQ; Marshall, 1998), the Wellness Evaluation of Lifestyle-Teenage version (WEL-T; Myers & Sweeney, 2001), and a demographic questionnaire that assessed a variety of descriptors including ethnicity, length of time participants had lived in the United States, and average time spent with family and friends.

Multigroup Ethnic Identity Measure (MEIM). The MEIM (Phinney, 1992) is a 23-item questionnaire, including three subscales (Affirmation and Belonging; Ethnic Identity Achievement; Ethnic Behaviors) that comprise Total Ethnic Identity (scores range from 14 to 56), and a separate factor called Other-Group Orientation (scores range from 6 to 24). The Other-Group Orientation questions, though not a factor in ethnic identity, were used in this study to determine the connection that may exist between an adolescent's relationship with other groups and an adolescent's own ethnic identity. The MEIM includes statements to which respondents answer based on a four-point Likert scale ranging from 1 = Strongly disagree to 4 = Strongly agree. Items for the two overall subscales were scored: Ethnic Identity Search (EIS; 12 items) and Other Group Identity Search (OGIS; 8 items). The last three questions on this version of the MEIM are questions concerning parent ethnicity and self-identification and were not scored, but were used for ethnic categorization. Scores are mean item responses for each scale and range from 1 to 4. Higher scores indicate higher levels of ethnic identity.

The MEIM was normed with 407 high school adolescents and 136 college-aged students (Phinney, 1992). Phinney reported Cronbach's [alpha] of .81 with high school students and .90 with college students. The factor structure of the MEIM was confirmed in a study with 2,184 adolescents, in which two factors were identified: Identification and Exploration (Spencer, Icard, Harachi, Catalano, & Oxford, 2000). Reliabilities for the two factors were .84 and .76 respectively. In the current study, Cronbach's alpha coefficients for the total sample for the MEIM subscales, respectively, were .61 and .61. The corresponding alpha coefficients for minority and nonminority participants were .54 and .59, and .61 and .67. Overall, the subscale

reliability was not all that high with this sample which brings into question these adolescents' knowledge of ethnic identity.

Stephenson Multigroup Acculturation Scale (SMAS). The SMAS (Stephenson, 2000), consists of 32 items assessing behavioral and attitudinal aspects of acculturation that can be applied across ethnic groups. Responses to each item are based on a four-point Likert response format including: 1 = True, 2 = Partly true, 3 = Partly false, and 4 = False. The SMAS is scored according to two subscales: ethnic group identification (EGIS) and dominant group identification (DGIS). Scores range from 1 to 4 and are determined by calculating mean item responses. Lower scores reflect greater acculturation.

Stephenson (2000) conducted three studies with 436 participants from five ethnic groups to develop, evaluate, and refine the SMAS. The first two studies included exploratory factor analyses that generated a two-factor solution that was strong across groups: Ethnic Society Immersion (ESI) and Dominant Society Immersion (DSI). In the third study, Stephenson reported Cronbach's [alpha] of .94 and .75 for the ESI and DSI factors, respectively. The obtained alpha coefficients in the current study were .88 and .78 for the two factors. Alpha coefficients were similar for minority (.86, .79) and nonminority (.89, .78) participants.

General Mattering Scale (GMS). The GMS (Marcus, 1991) is a five-item scale to which respondents answer based on a four-point Likert scale ranging from 1 = Not at all to 4 = Very much. Possible scores range from five to 20; higher scores reflect higher perceptions of mattering. DeForge and Barclay (1997) reported a Cronbach's [alpha] of .85 for the GMS using a sample of 199 homeless males, and Connolly and Myers (in press) reported an [alpha] of .86 for college students. The alpha for the current study was .74 for all participants and for nonminority participants, and .73 for minorities. Connolly and Myers also conducted a confirmatory factor analysis of the GMS in order to confirm the previously established factor structures and found the scale to be a valid instrument for the measurement of mattering.

Mattering to Others Questionnaire (MTOQ). The MTOQ (Marshall, 1998, 2001) is an 11-item scale that was developed specifically for use with adolescents aged 13 to 18 to measure global perceived mattering to others. Respondents answer based on a five-point Likert scale ranging from 1 = Not much to 5 = A lot. Scores are the mean of item responses, and higher scores reflect greater self-reported perceived mattering.

Marshall (1998, 2001) conducted several studies to establish reliability and validity of the MTOQ. In a study with 110 undergraduate social science students from a Canadian university, she reported Cronbach's [alpha]'s of .89, .95, and .93 for three referent versions of the scale: mother, father, and friends. In a second study with 532

adolescents at a high school in a suburban area of British Columbia, Canada, Marshall reported Cronbach's [alpha]'s of .93, .95, and .93 respectively for the mother, father, and friend versions. In the current study, the alpha for all participants, minorities, and nonminorities, respectively, were .76, .75, and .76.

Wellness Evaluation of Lifestyle-Teenage version (WEL-T). The WEL-T (Myers & Sweeney, 2001) is a 105-item instrument written to which respondents answer based on a four-point, Likert-type answer format ranging from 1 = Strongly Agree to 4 = Strongly Disagree. The WEL-T is based on the Wheel of Wellness (Myers et al., 2000) and measures adolescents' wellness for six life tasks (spirituality, serf-direction, schoolwork, leisure, love, and friendship). Myers and Sweeney studied the reliability of the WEL-T with a sample of 377 adolescents and reported that the internal consistency varied across the subscales; with Cronbach's [alpha]'s ranging between .75 and .88. Following deletion of two items from the Friendship scale, alphas for the six scales for all participants, minorities, and nonminorities were as follows: Spirituality (.66, .63, .69), Self-Direction (.88, .88, .87), Schoolwork (.60, 61, .55), Leisure (.48, .44, .53), Love (.53, .51, .57), and Friendship (.69, .70, .67). The alphas for the Leisure subscale for this study were the lowest of all the subscales, which may indicate that this sample of adolescents define their leisure time differently from the items measuring that construct on the WEL-T.

Data Analysis

Descriptive statistics for the participants and reliabilities for all scales were computed using the Statistical Package for the Social Sciences (SPSS version 9.0, 1999). The subscales of the MEIM (EIS and OGIS) and the SMAS (EGIS and DGIS) were parceled out to create separate measures of ethnic identity and acculturation. The GMS and the MTOQ were combined to create one indicator of mattering. Structural equation modeling (SEM) was used to test the proposed structural model and examine the influence of the exogenous variables on the endogenous wellness variable (LISREL Student Version 8.51, Joreskog & Sorbom, 2001). Three versions of a hypothesized structural model were examined, including one for all participants and two models for the minority and nonminority participants.

RESULTS

The hypothesized three-factor structural model of ethnic identity, acculturation, and mattering significantly predicting wellness in adolescents first was tested with all participants, then tested again separately with the minority and nonminority groups of students. The resulting structural models are shown in Figures 1, 2, and 3. In evaluating these models, multiple indicators of fit are used. The most commonly used measure is the chi-square goodness-offit index, in which a significant chi-square

suggests poor model fit and a non-significant chi-square indicates the model fits the data well. Although significant chi-squares usually result in the rejection of proposed models, sample size is a determining factor in model-data fit (Marsh, Balla, & McDonald, 1988), as large sample sizes consistently result in significant cni-squares (Maruyama, 1998). Thus, while the chi-square results for the current structural models are reported below, due to large sample sizes, as expected all chi-squares are large and significant, and may be considered meaningless for this data (Raykov & Marcoulides, 2000).

[FIGURES 1-3 OMITTED]

To estimate a better fit of the data to the models than is possible using chi-square, the root-mean square error of approximation (RMSEA) and the goodness-of-fit index (GFI) were examined. The GFI designates the amount of variance and covariance explained by the model and evaluates the closeness of the research sample to the actual model for the population. GFI values closer to 1.00 indicate better fits (Maruyama, 1998). The RMSEA is used to assess the viability of structural models. RMSEA values below. 10 are considered acceptable and values between .06 and .08 indicate a good fit, while those of .05 or less "indicate a close fit of the model in relation to the degrees of freedom" (Browne & Cudeck, 1993, p. 144).

Using the above criteria for model acceptance, the model for all participants revealed adequate fit indexes with the GFI at .96 and RMSEA of. 07. The measurement model provided an acceptable fit to the data: ([chi square] (39, N = 462) = 130.10, p [less than or equal to] .01; CFI = 0.93). As such, a reasonable amount of confidence is placed in the structural model shown in Figure 1.

In the model for all participants (see Figure 1), statistically significant paths ($p < .05$) were found between mattering and wellness and acculturation and wellness. Mattering and acculturation significantly predicted wellness; and ethnic identity did not significantly predict wellness. Correlations between the exogenous variables indicated that there was a low correlation ($r = -.09$) between ethnic identity and acculturation, a significant positive correlation between ethnic identity and mattering ($r = .47$, $p < .05$), and a high negative correlation between acculturation and mattering ($r = -.89$). Concerning the effect size interpretation of the path coefficients, absolute values less than .10 may indicate a "small" effect; values around .30 indicate a "medium" effect; and coefficients greater than .50 may be considered having "large" effects (Kline, 1998). In this model, the standardized path coefficients are all greater than .50, with the exception of the ethnic identity and wellness path coefficients, and thus have large effects.

In Figure 1, the squared multiple correlations ([R.sup.2]) predicting wellness from the three exogenous constructs, ethnic identity, acculturation, and mattering were spirituality = .07, self-direction = .85, schoolwork = .80, leisure = .43, love = .59, and friendship = .84. Therefore, for instance, 85% of the variance in the self-direction area of wellness was accounted for by the three exogenous constructs. If the [R.sup.2] of 0.85 is subtracted from 1, the result is the proportion of unexplained variance, .15, or 15%. Similarly, for friendship, the [R.sup.2] was .71, meaning that 71% of the variance in friendship wellness was accounted for by the combination of ethnic identity, acculturation, and mattering.

Utilizing the same hypothesized model, two separate structural models were created for minority and nonminority participants. For the minority group, using the criteria for model acceptance, the results revealed close fit indices with a GFI of .98 and RMSEA of .04 (see Figure 2). The minority model provided a very close fit of the model in relation to the degrees of freedom to the data: ([chi square] (39, n = 176) = 24.61, p [less than or equal to] .01; CFI = 1.00). For comparison, the nonminority hypothesized model (see Figure 3) predicting wellness also held, and provided an acceptable fit to the data: ([chi square] (39, n = 286) 111.37, p [less than or equal to] .01; GFI = .94; RMSEA = .08; CFI = 0.90); however, there were no significant path coefficients.

In the minority model, the path coefficients revealed that only ethnic identity accounted for a portion of variance in five of the six areas of wellness, which is different from both the nonminority model and the model for all participants. In particular, the strongest path coefficients were found between ethnic identity and five of the six areas of wellness (spirituality =. 15, schoolwork = .51, leisure = .85, love = .87, and friendship = .76; $p < .05$). The path coefficients between acculturation and wellness and mattering and wellness for minority participants were all nonsignificant. Therefore, acculturation and mattering did not significantly predict wellness among the minority participants. The minority model yielded [R.sup.2] values of: spirituality = .03, self-direction = .76, schoolwork = .23, leisure = .58, love = .60, and friendship = .45. Correlations between the exogenous variables for the minority model indicated that there was a considerable correlation ($r = .59$, $p < .05$) between ethnic identity and acculturation and between ethnic identity and mattering ($r = .71$, $p < .05$), and a negative correlation between acculturation and mattering ($r = -.63$, $p < .05$).

For the nonminority model, the path coefficients revealed that none of the three predictor variables accounted for variance in the six areas of wellness. As with the model for all participants, the path coefficients for ethnic identity and the six areas of wellness for nonminority participants were all nonsignificant. Therefore, ethnic identity, acculturation, and mattering did not significantly predict wellness among the nonminority participants. The nonminority model yielded [R.sup.2] values of:

spirituality = .12, self-direction = .71, schoolwork = .94, leisure = .02, love = .15, and friendship = .84. Correlations between the exogenous variables in the nonminority model indicated that there was a low correlation ($r = -.05$, $p < .05$) between ethnic identity and acculturation, a significant correlation between ethnic identity and mattering ($r = .40$, $p < .05$), and a high negative correlation between acculturation and mattering ($r = -.94$, $p < .05$).

DISCUSSION

The present study was undertaken to examine the influence of ethnic identity, acculturation, and mattering on wellness using a sample of 176 minority and 286 nonminority adolescents attending an urban public high school in the Southeast. Structural equation modeling allowed for testing of a three-factor conceptual model for all participants, and for minority and nonminority participants separately. Ethnic identity, acculturation, and mattering were hypothesized to function together to have a direct influence on six areas of wellness (spirituality, self-direction, schoolwork, leisure, love, and friendship) for adolescents. In addition, we hypothesized that there would be differences in wellness for minority and nonminority adolescents. When the structural models were tested for the three groups, they failed to reveal significant paths among each of the endogenous variables on the areas of wellness. Instead, the full sample model and the minority model revealed differing results of prediction, and the nonminority model revealed no significant predictions of wellness. The minority and nonminoriry models differed in what factors accounted for the true score variance in the six areas of wellness and lower adolescent wellness. For minorities ethnic identity most strongly predicted wellness.

The findings for the model for all participants indicated that the three-factor model of ethnic identity, acculturation, and mattering partially predicted wellness in adolescents, with mattering and acculturation predicting the greatest amount of wellness; however, mattering was by far the stronger predictor. This finding supports previous research on the relationship between mattering and overall wellness (e.g., Connolly & Myers, in press; Marcus, 1991; Marshall, 1998; Phinney, 1990). Recently, Taylor and Turner (2001) found that higher levels of mattering lead to lower levels of depression, and Pearlin and LeBlanc (2001) found that the bereavement process leads to lower levels of mattering. Both of these studies support the idea that higher levels of mattering to others lead to higher levels of overall wellness.

Wellness in adolescence involves areas such as spirituality, self-direction, schoolwork, leisure, love, and friendship. For the adolescents who participated in this study, perceived sense of mattering is the strongest predictor of their wellness in these six areas. Moreover, the strongest areas of prediction between mattering and wellness

were in self-direction, schoolwork, and friendship. These findings make intuitive sense when one considers the amount of time adolescents spend in schoolwork and friendship. Further, serf-direction is defined as the component of wellness that allows one to be intentional in meeting the remaining major life tasks. It may be that these three specific areas of wellness are also the most important in the lives of adolescents, though additional studies are needed to verify this finding.

Acculturation accounted for less variance in wellness for the model with all participants than did mattering; however, it was found to be a significant predictor of five of the six areas of wellness. The exception was the area of spirituality, which is defined in the Wheel of Wellness to include belief in a higher power, participation in individual or organized spiritual practices, and sense of meaning and purpose in life. For this sample of adolescents, spiritual wellness was not related to perceptions of belonging to the majority culture and their ethnic group. For all other areas, positive acculturation experiences were associated with higher levels of wellness. Although these findings seem to support the literature linking acculturation and wellness, acculturation was not a significant predictor in the minority and nonminority models. This finding may have been due to low or unequal sample sizes for the two subgroups, or due to the fact that the total model, which included the total number of participants, resulted in significance.

Contrary to expectations, ethnic identity was not found to be a significant predictor of wellness for the model with all participants, nor was it significant for the nonminority participants. This finding was surprising based on existing literature that shows a positive relationship between ethnic identity and well-being. Further study is needed to determine whether the current results are due to lack of sufficient sensitivity of the measures used, unique characteristics of the participants, or some other factor or combination of factors.

However, ethnic identity was a significant predictor of wellness for the minority adolescents. This finding supports previous research indicating that minority adolescents' ethnic identity is positively related to their overall wellness (Phinney, 1990). The finding that mattering did not significantly predict wellness for the minority group was surprising in that a positive sense of mattering has been linked with an overall sense of well-being, particularly for minorities (Herring, 1997; Noam, 1999). Moreover, the lack of a relationship between wellness and acculturation is not congruent with prior research that minority adolescents who are able to successfully navigate the acculturation process are more likely to have a higher sense of wellness (Fuertes & Westbrook, 1996; Garrett, 1999). In this study, there were no significant differences between the minority and nonminority participants' scores on the SMAS subscales of ethnic group identification (EGIS) and dominant group identification (DGIS). Thus, it is possible that the minority adolescents in this study felt that they

were already acculturated into the mainstream society in the United States and that acculturation was not relevant to their everyday lives or levels of wellness. Further research is needed to uncover the multiple dynamics of the relationship between minority adolescents' levels of acculturation to mainstream society and their self-reports of wellness.

The results of this study suggest that the three factors of ethnic identity, acculturation, and mattering are not interrelated and do not function together to predict adolescent wellness. Rather, minority participants perceive they matter less than nonminority adolescents do, and their level of ethnic identity is what significantly predicts their wellness, which was not the case when all participants were considered together. Interestingly, while the three-factor model revealed that mattering and acculturation significantly predicted wellness for all adolescents, and ethnic identity significantly predicted wellness for the minority participants, there were no significant predictors of wellness for the nonminority participants. To date, the literature and research on acculturation and ethnic identity has been primarily targeted at minority individuals. Often persons of the majority culture in the United States fail to even see themselves as having a specific ethnicity or culture. As a consequence, the nonminority adolescents in this sample may have found the instruments as written not to be relevant to their lives. To clarify these findings, additional studies are needed to investigate the possibility of other factors that may affect nonminority adolescent ethnic identity.

Noteworthy differences in significance between the minority and nonminority models raise the question of just how effective the independent variables in this study (ethnic identity, acculturation, and mattering) are in predicting wellness for all adolescents, and for minority and nonminority groups. Each of the three final models resulted in different findings, and thus the issue is raised of whether other possible predictive models of wellness could reveal more significant paths. The current findings could be related to limitations of the instruments, intercorrelations between the predictor variables, and/or unequal sample sizes and variations within the participant groups. The results should be interpreted with caution due to possible collinearity between the variables; that is, the potential adverse effects of correlated independent variables on the dependent variable (Maruyama, 1998). The findings from this study could be due in part to the tact that all of the measures utilized were self-report; therefore, response bias such as social desirability could inflate the relationships among the variables. Future research intended to extend and clarify the current results should include larger samples of adolescents as well as different instrumentation measuring these same constructs, in order to overcome potential limitations in the current study and verify the findings.

IMPLICATIONS FOR SCHOOL COUNSELORS

Counseling adolescents in the 21st century is an area of counseling practice that calls for skill specialization, particularly within schools. School counselors would do well to integrate knowledge, awareness, and skills related to adolescents' ethnic identity development, acculturation experiences, perceptions of mattering, and overall wellness into their comprehensive counseling programs in order to meet the diverse needs of both minority and nonminority students. The results of this study support the importance of the relationships among ethnic identity, acculturation, mattering, and wellness for minority and nonminority adolescents, although not unequivocally. Within the ASCA (2003) National Model Personal/Social Domain, the school counselor's role may be defined in terms of facilitating minority and nonminority adolescents' exploration of self, including the processes of ethnic identity development, acculturation, mattering, and wellness.

The current findings support the salience of the minority versus nonminority adolescent ethnic identity development process, and possible differences in wellness between the two groups. School counselors can use this information as the basis for assessment as well as for planning appropriate individual, small group, and classroom guidance interventions to enhance the wellness of all adolescents, particularly those who are ethnic minorities. The psychoeducation of adolescents concerning their overall wellness may take the form of educating them on health habits they can establish before and into adulthood.

One of the many roles of school counselors is that of aiding adolescents in the complex identity development process and the development of their ethnic identities (Noam, 1999; Phinney, 1990). In conducting formal and informal assessments as well as individual and group counseling interventions, school counselors can incorporate concepts of ethnic identity., acculturation, and mattering as these factors seem to have an effect on overall wellness. It is especially important to consider these variables in relation to the needs of minority youth and how these processes affect overall school retention and achievement.

Adolescents often are unable to put their experiences of development into concrete terms for school counselors or other adults. The findings of this study suggest that the path to wellness in adolescence will vary for given individuals and will be influenced by several variables, including their ethnic identity, the experience of navigating the mainstream culture and their ethnic culture, and their perceived levels of mattering to others. Because these ideas make sense from a theoretical perspective, school counselors working with adolescents may wish to draw upon this research to assess how minorities and nonminorities differ in their paths to wellness and offer comprehensive services accordingly.

School counselors' acknowledgment and promotion of adolescents' healthy ethnic identities, acculturation experiences, perceptions of mattering, and overall wellness at the individual, small group, and systemic levels may lead to students' healthy living and greater academic retention and success. The facilitation of overall wellness and healthy ethnic identifies in schools is a pertinent goal for comprehensive school counseling programs' personal/social domain. For example, school counselors can aid adolescent students in having a better understanding of their ethnicity and how it affects their personal and academic goals, and their relationships with others. Individual, small group, or even classroom guidance interventions could provide outlets for minority and nonminority students to explore their ethnic identities (i.e., what is means to be Latino living in the Southeast United States) and to discuss their acculturation experiences/differences if applicable. These outlets may allow minority and nonminority students to better understand themselves as well as their peers in their shared academic setting.

In addition, school counselors can incorporate the concept of mattering in various areas in their comprehensive programs. Asking students to whom they feel they matter, and who and what matters to them, can guide students in personal and career goal setting. For students to have the opportunity to explore the idea of mattering may bring about self realizations that allow them to better comprehend who and what matters to them in their academic, career, and personal/social domains. Obviously, linking the concepts of healthy ethnic identifies and mattering to wellness can aid students in defining what wellness is for them. Students can discuss in classroom guidance lessons, the areas of their lives they are "well" in and the areas in which they believe they need to work. Small group activities within large classroom guidance time can allow for students to create a wellness plan for their lives that includes both healthy ethnic identifies and the identification of persons and activities through which they can feel as if they belong and matter.

Finally, school counselors can collaborate with professionals in the community that are knowledgeable in wellness and healthy living by including them in school presentations and/or disseminating free information from those sources. Because classroom guidance reaches all students in schools, counselors can use the findings of the current study to introduce, educate, and facilitate student discussions, self-awareness, and to teach skills students may need to feel as if they matter to others and themselves, have healthy ethnic identities, and lead lives of wellness. Such interventions will have both short- and long-term consequences affecting virtually all aspects of students' lives. Not only will school counselors' attention to these areas lead to students' academic retention and success; a focus on holistic wellness and prevention can help the comprehensive school counseling program better meet the diverse array of needs of adolescent students. |

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Bioterrorism Preparedness: What School Counselors Need to Know

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Bioterrorism within the United States is a continuing threat. Because children and adolescents are among the most vulnerable populations during a bioterrorist attack, school counselors must be prepared with knowledge and skills. This article provides pertinent information including (a) a description of bioterrorism and biological agents, (b) the psychological impact of bioterrorism, (c) school counselors' role in a school-related incident, and (d) disaster mental health principles and procedures. Implications for school counselors are discussed in the context of the ASCA National Model[R].

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Bioterrorism in the United States is a continuing threat and immediate preparation is needed, as indicated in the Homeland Security Act of 2002 (H.R. 5005-2) and the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (P.L. 107-188). National leaders have stated that we must confront the real threat of bioterrorism and prepare for future emergencies (Department of Homeland Security, 2004). Recent anthrax threats are evidence that all citizens in the United States are vulnerable to bioterrorism (Jernigan et al., 2002). The National Advisory Committee on Children and Terrorism (NACCT, 2003) has warned that "in the event of a terrorist attack, children would be among the most vulnerable populations in our society" (p. i).

To ensure the safety of school-aged children and adolescents, school counselors must not ignore or deny the public health threat of bioterrorism (Henderson, 1998). Rather, school counselors must be prepared with knowledge about bioterrorism and intervention skills. The purpose of this article is to increase school counselors' bioterrorism preparedness by providing information as follows: (a) a description of bioterrorism and biological agents, (b) the psychological impact of bioterrorism, (c) school counselors' role in a school-related incident, (d) disaster mental health principles and procedures, and (e) implications for school counselors in the context of the American School Counselor Association (ASCA) National Model.

BIOTERRORISM DESCRIPTION

What is bioterrorism? The Federal Emergency Management Agency (FEMA, n.d.) has defined terrorism as "the use of force or violence against people or property to

create fear and to get publicity for political causes" ([paragraph] 3). Bioterrorism is terrorism that uses biological weapons, which are organisms (bacteria or viruses) or toxins that can kill or injure people, livestock, or crops. According to the Centers for Disease Control and Prevention (CDC, 2001), the four categories of bioweapons are as follows: (a) bacteria such as plague, anthrax, and tularemia; (b) viruses such as smallpox and viral hemorrhagic fevers; (c) rickettsias such as Q fever; and (d) toxins such as botulinum, ricin, and mycotoxins. The CDC also has identified an "A" list of biological agents of highest concern, which includes (a) variola major (smallpox), (b) Bacillus anthracis (anthrax), (c) Yersinia pestis (plague), (d) Francisella tularensis (tularemia), (e) botulinum toxin (botulism), and (f) filoviruses and arenaviruses (viral hemorrhagic fevers). A description of these biological agents can be found at the CDC Web site, listed in the Appendix of this article.

Knowing the history of bioterrorism provides a helpful perspective. Biological weapons are the oldest of the triad of nuclear, biological, and chemical forms of terrorism and have been used for more than 2,500 years. The first recorded incident of bioterrorism was in 1340 when soldiers catapulted dead horses at a castle in Northern France (Public Broadcasting System, 2003). Closely following, in 1346, Tartars threw corpses infected with the plague over a city wall in Italy. In the 1760s, British soldiers spread smallpox in Boston and Quebec by giving Native Americans blankets with smallpox scabs. In World War II, Japanese soldiers used anthrax and plague against Chinese people, killing 10,000 (Public Broadcasting System). In 1984, cult members in Oregon spread salmonella in salad bars in an attempt to prevent people from voting in local elections. In 1995, the Japanese cult Aum Shinrikyo successfully used satin gas and attempted to use bioweapons in a Tokyo subway. Most recently, in October 2001, anthrax was placed in letters mailed to congressmen and other citizens, and anthrax threats continue to date.

Despite this history, biological agents have not been instruments of choice for terrorism as explosives and guns account for more than 99% of all weapons used by terrorists (Global Center for Traumatology, 2003). However, if biochemical agents are used, the potential for mass casualties is horrific. Biological toxins are more deadly than chemical agents. Biological pathogens are relatively inexpensive and easy to produce. Terrorists can disseminate them from a great distance (e.g., an airplane or shipping infected animals) without being exposed themselves. Biological agents are odorless, tasteless, and colorless, and therefore very difficult to detect. Because some agents are contagious (e.g., smallpox and pneumonic plague), victims can widely disperse the biological agent without knowing it.

PSYCHOLOGICAL IMPACT

The terror created from an unknown, undetectable biological agent can be greater than the terror from explosives and natural disasters, because people do not know if they may be infected. Consequently, the biggest impact of bioterrorism is psychological, initially in the form of mass panic and later ranging from acute stress disorder, anger, or guilt to posttraumatic stress disorder, phobias, sleep disorders, depression, or substance abuse (DiGiovanni, 1999). "It will generally be the terror generated by a major event, not the event itself, that will have the greatest long-term negative impact on children and families throughout the nation" (NACCT, 2003, p. i).

The phenomenon of mass panic was illustrated during the Persian Gulf War when nearly 40% of Israeli citizens near the first missile attack feared bioterrorism and reported difficulty breathing, tremors, sweating, anxiety, and moodiness (Carmeli, Liberman, & Mevorach, 1991).

More recently in the United States, public panic was seen during the first anthrax attacks, when only 22 cases of anthrax were identified, with 5 resulting in death; yet up to 40,000 individuals took the antibiotic ciprofloxacin (Shine, 2003). Mass panic was seen in public schools as Auger, Seymour, and Roberts (2004) reported that 21.3% of school counselor questionnaire respondents indicated students feared anthrax attacks 6 weeks after September 11, 2001.

Mass sociogenic illness--that is, the rapid spread of psychosomatic symptoms in a group due to hysteria--occurred on September 29, 2001, when 16 middle school students and a teacher went to a hospital because they mistook paint fumes for bioterrorism (Wessely, Hyams, & Bartholomew, 2001). This mass sociogenic illness also was seen in Manila, Philippines, on October 3, 2001, when 1,000 students went to health clinics because they mistook cold symptoms for bioterrorism symptoms after a rumor of a bioterrorist incident (Wessely et al.).

Due to this likelihood of mass panic and sociogenic illness, school counselors must respond immediately to a bioterrorist incident in their own school. Although most school districts have a crisis response team, during a bioterrorist event outside personnel will not be allowed in the building because first responders will most likely lock down the building. Therefore, each school counselor must be prepared for his or her role in a bioterrorist crisis.

SCHOOL COUNSELORS' ROLE

To provide a context for school counselors' role, other professionals' roles in a bioterrorist incident must be described first. If there is a potential bioterrorist incident at a school, first responders (e.g., firefighters and police) have the responsibility of assessing and securing the scene and identifying the potential bioterrorist agent. An

incident commander will be determined, who will be the highest-ranking official (local law enforcement, state, or federal agent) on scene, not the school principal. The incident command structure is paramilitary and brings structure to chaos by identifying team leaders who follow predetermined procedures (FEMA, 2003).

For example, the incident commander Hill establish a public information officer to brief media, family, and friends, a safety officer to establish safety, and an operations director to arrange for food services, bedding, and so forth. The incident commander may order a quarantine to observe students and staff for symptoms and to protect the general public from those who are infected. Emergency Medical Services' (EMS) role is to triage victims, provide basic medical care, and decontaminate victims if necessary. Community mental health and crisis responders' role is to provide emergency mental health to family members and friends of people inside the building or restricted area.

Under this structure, school counselors will likely take directions from the incident commander. Although school administrators and counselors should be following their school crisis plan, it is extremely important to defer to all instructions given by the incident commander. Overall, school counselors' role is to address the psychosocial needs of students and staff. Yet, unlike in other disasters, in a bioterrorist event, school counselors must be especially vigilant to defuse mass panic and sociogenic illness by employing basic disaster mental health principles and procedures.

DISASTER MENTAL HEALTH PRINCIPLES AND PROCEDURES

During a bioterrorist event, school counselors must exhibit the "six Cs" of disaster mental health (Mitchell & Everly, 2001; World Health Organization, 2003). "Calmness" is the first principle school counselors must employ. In the midst of chaos and distress, school counselors can maintain a non-anxious presence by eliciting the dominance of the parasympathetic nervous system over the sympathetic nervous system (i.e., taking slow, deep breaths to lower heart rate and relaxing their pelvic muscles) (Rank & Gentry, 2003; Sapolsky, 1998). Because students and teachers most likely will be confined in classrooms or strictly designated areas outside, school counselors may need to go to each classroom and demonstrate how to achieve a calm demeanor.

"Common sense" is the second principle. During traumas, people's brains respond with a survival mechanism of "fight or flight," which hinders higher-order reasoning (Schwarz & Perry, 1994). Thus, school counselors may need to provide common sense such as huddling together for warmth or placing cold water on the face and neck to stay cool. (Note: school ventilation systems will be turned off to prevent biological agents from spreading.)

"Compassion," the third principle, is a familiar counseling skill that will be needed. Reassuring words and a gentle physical touch may ease students' minds, even for seemingly unreasonable concerns such as thinking a mosquito bite is smallpox. "Collaboration," the fourth principle, is paramount, especially with the incident command system. Many outside professionals may need school counselors to guide them around the building and staff may need school counselors to obtain resources for them. "Communication," the fifth principle, Hill be key as school counselors may be the only communication link between some staff and students and their families. School counselors may need to communicate the facts of symptoms from particular biological agents.

Finally, "control of self" is needed so that school counselors can effectively fulfill their roles. Taking a break to cry, contact a comforting family member, eat, or rest are all expected self-care strategies that school counselors can enact to maintain self-control while interacting with students and staff.

Procedures During an Incident

Personal safety. During an incident, helper safety is paramount (Mitchell & Everly, 2001). Therefore, the first procedure for school counselors is to make certain they are in safe, protected areas cleared by the incident commander. If skin or clothing comes in contact with a visible, potentially infectious substance, school counselors should remove and bag clothes and personal items, wash with warm, soapy water immediately, put on clean clothes, and seek medical assistance from EMS (Department of Homeland Security, n.d.).

Conveying credible information. After establishing personal safety, the second procedure is to ensure that everyone receives credible information about what is happening (World Health Organization, 2003). The principal may give this information out over the public announcement system or through e-mails sent to classrooms. The school counselor should inform the principal if certain student groups (e.g., special education or English as a Second Language students) do not receive the information in a way they can understand. It also may be helpful to remind principals that the manner in which they present the information will influence students' and staff's ability to cope with the trauma. Thus, the principal or another authority figure should calmly and confidently state that the situation is under control and/or that help is on the way (Gal, 2003).

Defusing. Upon approval of the incident commander, the third procedure is to begin individual and group defusing by making contact with students and staff, assessing their functioning level, and stabilizing the situation (Gentry, 2001; Young, Ford, Ruzek, Friedman, & Gusman, 1998). When making contact, school counselors should employ the above-listed principles of calmness, compassion, and control. They should observe and informally assess if someone's physical or emotional needs warrant EMS evaluation. To stabilize those who are emotionally or behaviorally out of control, school counselors can provide grounding and containment techniques of deep breathing by placing hands behind the head; describing objects above eye level, sounds, and things one can touch; muscle relaxation; or visual imagery of a safe place (Baranowsky, Gentry, & Schultz, in press; Levine & Frederick, 1997; Sapolsky, 1998).

Normalizing responses. The fourth procedure is to ask students and staff to briefly express their thoughts and feelings and to educate them about normal responses to trauma (Gentry, 2001; Mitchell & Everly, 2001; National Institute for Mental Health, 2001). Normal responses may range from a strong affect of wailing to a quiet, fixed downward stare (Rank & Gentry, 2003). Students' developmental level and culture must be taken into account when assessing normal response because an Asian American 1st-grade student's response may be different from an African American 10th-grade student's response.

According to Gal's (2003) Acute Stress Model, symptoms will be in five areas as follows: (a) physiological such as increased heart rate or dilated pupils; (b) emotional such as anxiety, anger, or numbness; (c) cognitive such as confusion or selective attention; (d) social such as withdrawal or clinginess; and (e) spiritual such as questioning belief systems or God. When these responses are identified, school counselors should offer this helpful mantra from the International Critical Incident Stress Foundation: "You are a normal person having a normal response to an abnormal event" (Rank & Gentry, 2003, p. 211).

Coping strategies. The fifth procedure is to provide students and staff with information about positive coping strategies that they can use immediately and after the incident. One model that facilitates trauma resiliency is the "BASIC Ph"--that is, Beliefs, Affect, Social, Imagination, Cognition, and Physical (Lahad & Cohen, 1997). For the category of "Beliefs," which entails attitudes, values, and meaning, coping strategies are activating faith acts of prayer or scripture readings, cultural rituals, and works of hope such as planning memorials. For "Affect" or emotional expression, coping strategies include bibliotherapy, play therapy, art therapy, and metaphors.

For the "Social" category, coping strategies include being involved in social support systems, classroom meetings, teams, family gatherings, and role-playing situations.

For "Imagination," which entails creativity and symbols, coping strategies include psychodrama, guided imagery, creative games, and "as-if" symbols. For "Cognition," coping strategies include reading, reappraisal or reframing, problem solving, and stress inoculation. For "Physical," coping strategies include aerobic exercise, movement activity, games, and relaxation techniques.

Connecting with families. Finally, and perhaps most importantly, school counselors should facilitate students' and staff's contact with their families as soon as possible (NACCT, 2003). Organizing a system so that each person can have brief phone contact with a family member will provide the most amount of reassurance. Once the incident commander clears students for release, school counselors should help organize a system to reunite students with their families as soon as possible. For example, one class could be released at a time; or students whose last name starts with A-E could be with staff on the east side of the building, F-K on the west side, and so forth, so that siblings can huddle together until a family member arrives.

Procedures After an Incident

Returning to routine. After a bioterrorist incident has ended, the NACCT (2003) recommends to "prioritize returning children to normal routines with appropriate supports as soon as possible to promote family and community resilience" (p. ii). Appropriate supports within the school would include allowing children to talk and express their feelings within the classroom, psychological debriefings, psychoeducation, play therapy, and art therapy (Cohen, Berliner, & March, 2000; National Institute for Mental Health, 2001). Rather than having an open-door approach, school counselors should be proactive in providing these supports by "visiting classrooms, roaming halls looking for affected students, and organizing supportive activities" (Auger et al., 2004, p. 229). School counselors may need to request help from the school district crisis response team, which can employ standard critical incident stress debriefing protocol for numerous groups of students (Mitchell & Everly, 2001; Steele, 1998).

Assessing students. Another role for school counselors after an incident is to assess students for mental health and psychosocial needs as soon as possible (NACCT, 2003). School counselors should advise teachers and parents of normal responses to trauma, indicators for at-risk students, and warning signs that indicate more intensive help is needed (National Institute for Mental Health, 2001). Resources for this information are referenced in the Appendix. School counselors also should reach out to students who have additional stressors such as being in foster care or a recent family death as well as students with known mental health issues such as depression, substance abuse, or anger management problems (Auger et al., 2004).

When at-risk students are identified, school counselors may use common trauma assessment instruments for children and adolescents such as the Trauma Symptom Checklist for Children (Briere, 1996), the children's version of the Impact of Events Scale-Revised (Weiss & Marmar, 1997), the Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1985), and the Children's Depression Inventory (Kovacs, 1992). It should be noted that when the President declares a national disaster, school-based screening to identify students who need psychological help can be conducted without parent consent (NACCT, 2003). In keeping with the ASCA National Model's recommendation for responsive services, school counselors should provide group and individual counseling for students who have trauma symptoms that distract them from academic and social achievement. They also should provide referrals to community mental health counseling as well as other community resources such as public health information about potential symptoms and medical clinics.

IMPLICATIONS FOR SCHOOL COUNSELORS

By increasing knowledge and skills in bioterrorism preparedness, school counselors will fulfill the ASCA National Model (ASCA, 2003) in three respects. First, ASCA recommends that school counseling programs have mission statements that align with the school and district mission, which often includes creating a safe environment for students (Hernandez & Seem, 2004). School counselors can add to this mission of creating a safe school environment by increasing their knowledge and skills in bioterrorism preparedness and consulting with school administrators in the development of a bioterrorism crisis plan.

Second, ASCA (2003) states that all school counseling programs should help students develop competencies in personal/social development. School counselors who understand the psychological impact of bioterrorism and acquire appropriate intervention skills will be able to facilitate students' and staff's safety and survival skills during a bioterrorist incident. In preparation for bioterrorism and other disasters, school counselors can provide counseling and guidance lessons on managing anxiety and cooperating with authority figures. Third, ASCA states that the delivery system includes systems support of collaborating with administrators. School counselors will be able to assist principals in resolving bioterrorism crises by informing them of bioterrorism agents and appropriate roles and implementing disaster principles and procedures. School counselors can prepare for an event through consultation with administrators and coordination of emergency response drills.

In addition to knowledge of bioterrorism preparedness, training for skill development is essential. Auger et al. (2004) found that 36% of school counselor questionnaire

respondents did not feel they had adequate training to respond to traumatic events. Hence, it is likely that the majority of school counselors do not have adequate training in bioterrorism preparedness and response. We recommend that school counselors not only increase their knowledge of bioterrorism through reading articles such as this one but also seek training to develop bioterrorism intervention skills. Training can be obtained by collaborating with public health agencies, joining community crisis support teams, or contacting national agencies that specialize in bioterrorism preparedness such as the Global Center for Traumatology or the Florida Center for Public Health Preparedness (see Appendix).

CONCLUSION

Although thinking about bioterrorism may be alarming, we recommend that school counselors do not avoid this disturbing topic but rather assimilate this bioterrorism preparedness information, acquire skills, and develop and practice a schoolwide preparedness plan with their school administrators. In so doing, they will carry out the ASCA National Model by fulfilling the mission of creating a safe school, facilitating students' safety and survival skills, and assisting principals in a bioterrorism crisis.

APPENDIX

Resources for Bioterrorism Preparedness

American Red Cross, http://www.redcross.org/ "Terrorism: Preparing for the Unexpected" manual http://www.tallytown.com/redcross/library/ TerrorismPreparingForTheUnexpected.pdf

American School Counselor Association, http://www.schoolcounselor.org Crisis information; how to help kids in time of crisis and stress http://www.schoolcounselor.org/content.cfm?L1 = 1000&L2=99

Centers for Disease Control and Prevention, http://www.cdc.gov/ Bioterrorism agents/diseases listed at http://www.bt.cdc.gov/agent/agentlist.asp "Children and Anthrax: A Fact Sheet for Parents" http://www.bt.cdc.gov/agent/anthrax/parentsfactsheet.asp

Department of Homeland Security, http://www.dhs.gov/dhspublic/ "Emergencies & Disasters Planning and Prevention" (what to do during a bioterrorist attack) http://www.dhs.gov/dhspublic/display?them e=14&content=446

Federal Emergency Management Agency (FEMA), http://www.fema.gov/ FEMA for Kids offers information and games for children http://www.fema.gov/kids/

Florida Center for Public Health Preparedness, http://www.FCPHP.org Bioterrorism preparedness courses http://www.FCPHP.org/courses/courses.htm

Global Center for Traumatology, http://www.bioterrorhelp.usf.edu/ "Online Training in Bioterrorism and Trauma Preparedness" http://www.bioterrorhelp.usf.edu/onlinetraining.htm

National Institute on Mental Health, http://www.nimh.nih.gov/publicat/index.cfm "Helping Children and Adolescents Cope with Violence and Disasters" "How Children and Adolescents React to Trauma" http://www.nimh.nih.gov/publicat/violcnce.cfm#viol8

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Conflict Resolution Styles, Self-Efficacy, Self-Control, and Future Orientation of Urban Adolescents

Professional School Counseling, Oct, 2004 by Elizabeth M. Vera, Richard Q. Shin, Gloria P. Montgomery, Carolyn Mildner, Suzette L. Speight

This study examined the correlates and predictors of conflict resolution styles in a sample of urban seventh and eighth graders. Girls were found to rely on verbal assertion more frequently and aggressiveness less frequently than boys in the sample. Self-efficacy and self-control were found to be significant predictors of conflict resolution styles. Implications for school-based preventive interventions are discussed.

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adolescence, physical and cognitive changes occur that have dramatic implications for physiological maturation, intellectual, social, and emotional development. In terms of social and emotional development, skills associated with social competence are learned. Social competence refers to the range of interpersonal skills that help children integrate feelings, thinking, and action in order to achieve specific social and interpersonal goals (Caplan et al., 1992; Catalano, Berglund, Ryan, Lonczak, & Hawkins, 1998). Examples of such skills include encoding and interpreting relevant social cues, anticipating consequences to one's actions, and generating effective solutions to interpersonal problems (Elias, Gara, Schuyler, Branden-Muller, & Sayette, 1994).

Promoting social competencies has been demonstrated as primary means of preventing psychosocial problems such as delinquency and drug use (Catalano et al., 1998; Chung & Elias, 1996; Durlak, 1980) and increasing academic achievement (Johnson, Johnson, & Dudley, 1992). Additionally, research on youth violence has revealed that violent adolescents often have deficits in social problem-solving skills (Dodge & Frame, 1982; Farrington, 1991) and hold beliefs and attitudes supportive of aggression (Guerra, Huesmann, & Hanish, 1995). In fact, teaching conflict resolution skills has been a major component of a variety of violence reduction programs in schools (Guiliano, 1994; Johnson, Johnson, Dudley, & Acikgoz, 1994; Tolan & Guerra, 1994). Thus, since the majority of homicides and violent injuries involving adolescents occur among friends and acquaintances rather than strangers (Hammond & Yung, 1993), it is critical to understand the development of conflict resolution skills in youth.

Studies of conflict resolution skills and styles in youth are few. However, most have examined conflict within school settings. For example, DeCecco and Richards (1974) interviewed junior high and high school students about their perceptions of common social conflicts. They found that negotiation approaches to conflict were rare and, instead, avoidant or aggressive approaches to conflict were most commonly utilized. Interestingly, students estimated that over 90% of their conflicts remained unresolved or were resolved destructively regardless of the style utilized. Johnson et al. (1994) assessed children and adolescents' conflict resolution styles within the school context and found that telling teachers about the conflict was most common and both avoidant (i.e., passivity) and a request for change (i.e., assertiveness) were the next most frequently utilized styles. Verbal and physical force were rarely used. However, the samples studied in the aforementioned projects were predominantly middle class with no report of the ethnicity of their samples. Hence, it is difficult to know how relevant these findings are to diverse youth.

How do youth develop conflict resolution skills? Conflict resolution skills, like all social competencies, are influenced by individual traits such as temperament, family traits such as parenting styles, peer factors such as pressures to adhere to group norms, and cultural factors such as gender and ethnic socialization (Brofenbrenner, 1986; Lind, Huo, & Tyler, 1994; Turner, Norman, & Zunz, 1995). Research has suggested that a child's sociocultural context is critically connected to preferred conflict resolution styles. For example, Lind et al. found that both gender and ethnicity influenced adolescents' preferences for conflict resolution styles such as persuasion and negotiation. They found that such differences manifested in preferences for which resolution procedures were perceived as most fair, even though fairness was an important criterion in resolution for the entire sample.

Turner et al. (1995) investigated the extent to which conflict resolution and social competency promotion programming would be differentially effective based on gender of the participant. Girls, who indicated a decreased reliance on direct communication, seemed to be in greater need of interventions that taught assertive communication skills than did males. Their male counterparts had less of a problem with direct communication, but were more inclined to experience problems with conflicts becoming aggressive or violent than were girls. Thus, gender socialization differences in communication styles appear to make girls and boys vulnerable to certain conflict resolution problems.

There is also a need to understand the impact of sociocultural factors such as urban residence and socioeconomic status on the development of social competency skills. For example, in cultures that promote a respect for authority from children to the point of deference, assertive communication between children and adults may be culturally inappropriate (Zinn & Eitzen, 1986). Similarly, in collectivist cultures

which value the needs of the group over the individual, engaging in self-sacrificing behavior with peers may be adaptive (Triandis, 1993). In urban environments where there is a chronic threat of community violence, adolescents may need to be more open to using aggression in conflict resolution as a means of survival (Dodge & Frame, 1982). Thus, there is growing consensus that issues of context must be taken into account in efforts to understand and promote appropriate conflict resolution skills with adolescents.

In addition to understanding contextual factors in the development of conflict resolution skills, there is also a need to understand the psychological factors that are involved in or related to their emergence. Self-efficacy has been identified as an important psychological component in the development of social competencies and adolescent risk behavior (Bandura 1986; 1991; Chung & Elias, 1996). According to the theory, self-efficacy, or one's confidence in the ability to be successful in a specific context (e.g., academically, athletically, or socially), is the critical link between having knowledge or skills and engaging in relevant behavior. Self-efficacy is acquired via direct experience, vicarious experience, verbal persuasion (i.e., encouragement), and emotional arousal. Thus, if an adolescent has the knowledge to resolve social problems without the use of violence or passivity, he or she is only likely to act accordingly if the confidence to do so exists (Bandura, 1986).

For example, Chung and Elias (1996) explored the linkages between problem behavior involvement, self-efficacy, social competence, and life events. Their data revealed a strong co-occurrence of adolescent problem behaviors along with the presence of low academic self-efficacy and negative life events. In other words, low academic self-efficacy, poor social competence, and stressful life events are all significant predictors of problem behavior. However, the role of social self-efficacy had a different relationship to problem behaviors. Youth who reported higher problematic behavior also reported higher social self-efficacy than their peers who reported fewer problematic behaviors. The researchers concluded that this counterintuitive finding supports contentions that normative peer standards promote at least low levels of adolescent problem behaviors (e.g., alcohol experimentation). However, the way in which social self-efficacy was measured may have tapped into friendship formation and communication skills versus the more socially risky aspects of social competency such as conflict resolution. Since the sample in this study consisted of white, suburban youth, it is difficult to generalize the findings to racially and ethnically diverse, urban youth.

One group of researchers who examined urban youth is Orpinas, Parcel, McAlister, and Frankowski (1995). Orpinas et al. developed and evaluated the outcome of a violence prevention program with a diverse group of urban middle school children. The program demonstrated that decreased aggressive behaviors and improved conflict

resolution skills result from increasing self-efficacy and changing attitudes toward aggressive provocation. The success of their program showed that social self-efficacy and conflict resolution are connected for urban youth. However, since the focus of this research was program evaluation, there was not a clear examination of the relationship between the individual psychological variables. Clearly additional research is necessary to clarify the relationship between social self-efficacy and conflict resolution in youth.

PURPOSE OF STUDY

In the current study, the purpose was to investigate the ways in which conflict resolution and self-efficacy might be related for seventh and eighth graders attending an urban public school. The impact of other psychological variables such as perceptions of future orientation and self-control was also considered in this study given the population of interest. Specifically, much has been made of the extent to which urban youth feel victimized by their environments, which are often characterized by higher crime rates, the presence of gangs and drugs, and less access to resources such as high quality schools and recreation opportunities (Guerra, Huesman, Tolan, & Van Acker, 1995; Black & Krishnakumar, 1998; Wandersman & Nation, 1998). While we did not measure the environment ideographically in this study, we did select a group of early adolescents who lived in an economically depressed urban environment. Thus, to study the potential importance of psychological variables often associated with urban residence, perceptions of self-control and future orientation were assessed in the course of the present study. If these psychological variables were related to conflict resolution styles of urban youth, the implications for school counselors working with such populations would be of importance.

Research Questions

1. Can urban adolescents' conflict resolution styles be predicted by social self-efficacy, future orientation, and/or self-control?

2. Are there significant gender and/or ethnic group differences in preferred conflict resolution styles and reported levels of social self-efficacy, future orientation, and self-control?

METHOD

Participants

The participants were 178 seventh and eighth grade students (48% girls and 52% boys) from an inner-city, public elementary school in a large Midwestern city. The average age of the participants was 13.14 years (SD = .087) with a range from 11 to 15. Fifty-five percent of the sample identified themselves as Latino (n = 98), 9% as Asian American (n = 16), 7% as African American (n = 12), and 4% as White (n = 7). The remaining 10% (n = 18) identified themselves as members of racial/ethnic groups other than those mentioned above (e.g., Native American, multiracial). Fifteen percent (n = 27) failed to identify themselves ethnically or racially. The racial/ethnic make-up of the sample was consistent with that of the school. Regarding socioeconomic status, 90% of the children qualified for free breakfast/lunch programs indicating that their families live below the poverty, level.

Measures

Risky Situation Self-Efficacy Scale (RSSES; Vera & Reese, 1995). The RSSES was developed to assess social self-efficacy beliefs when presented with risky peer situations, specifically situations involving conflict and peer pressure. The scale is a 10-item, 5-point scale with response options ranging from always true to always false. Scores on the RSSES range from 10 to 50 with lower scores reflecting higher self-efficacy or a greater belief in one's ability to effectively manage such situations. The scale yielded an internal consistency estimate of .72 (Vera & Reese). The internal consistency reliability for this sample was .77.

Social Problem Solving Measure (SPSM; Lenhart & Rabiner, 1995). The SPSM is an activity that assesses children's preferred ways of solving problems. The task involves presenting the participants with three vignettes involving peer conflict (e.g., a peer will not return your basketball). The participants are then asked to write what they think the child in each vignette should do to solve his or her problem. The participants are also instructed to answer as quickly as possible and write down the first thing that comes to mind. Responses to the vignettes are categorized as being either (a) verbally assertive, (b) help seeking, (c) non-confrontational, or (d) conflict escalating/aggressive.

Participants' conflict resolution style was determined by whether a majority (at least 2/3) of their responses to the conflict vignettes was categorized by one of the four specific resolution styles (i.e., verbal assertion, help seeking, non-confrontational, or conflict escalating response). If participants' responses were inconsistent and no preferred style could be coded, then they were categorized as having no dominant style (and were excluded from subsequent analyses involving this dependent variable). Thirty percent of the sample had no dominant style of conflict resolution. Seventy percent of the sample was categorized as having a dominant style since two or more of their responses were identically categorized. Verbal assertion (e.g.,

confronting someone) was the dominant style of 27.5% of the sample, 29.8% stated they would use non-confrontational responses (e.g., walking away), 10.1% would respond with aggressive/conflict-escalating responses (e.g., pushing someone out of a line), and 2.8% relied on help-seeking responses (e.g., telling a teacher).

Hopelessness Scale for Children (HSC; Kazdin, Rodgers, & Colbus, 1986). The HSC is a 17-item, dichotomous (true/false) scale which measures attitude or outlook toward the future. Scores on the scale range from 0 to 17 with higher scores indicating greater hopelessness or negative expectations. Kazdin and his colleagues report an alpha coefficient of .97 and a Spearman-Brown split-half reliability of .96. Additionally, a test-retest estimate of .52 was found using Pearson's product-moment correlation coefficient. This psychometric data suggests the HSC has high internal consistency, and moderate stability. In our sample, the internal consistency reliability was estimated to be .70.

Children's Perceived Self-Control Scale (CPSCS; Humphrey, 1984). The CPSCS is an 11-item instrument which measures children's impressions of their self-control. The scale uses a dichotomous (usually yes/usually no) response format. The CPSCS has three subscales which measure varying aspects of self-control: interpersonal self-control (ISC), personal self-control (PSC), and self-evaluation (SE). Scores on the subscales range from 0 to 4, 0 to 3, and 0 to 2 for the ISC, PSC, and SE respectively. Total scores on the CPSCS range from 0 to 11 with higher scores indicating greater self-control. Reliability estimates, using the test-retest method, yielded a correlation of .71 for the total scale with subscale correlations of .63 for ISC, .63 for PSC, and .56 for SE. The internal consistency reliability estimate for this sample was .52.

Procedure

Participants and their parents were given consent forms and informed of their right to refuse participation in the program without consequence. A survey was then administered to each child during the school day, in the classrooms, with research assistants reading the items aloud. The surveys were given at the beginning of a Conflict Resolution Training Intervention in 6 classrooms, and none of the children refused to participate.

Data Analyses

In order to address the first research question regarding the prediction of conflict resolution styles by social self-efficacy, future orientation, and self-control, discriminant analysis was used. To investigate the existence of gender and ethnic group differences in conflict resolution styles, a chi-square analysis was used. To

explore gender and ethnic group differences on social self-efficacy, future orientation, and self-control, MANOVA was used.

RESULTS

Preliminary analysis

According to the norms from the CPSCS (Humphrey, 1984), the participants scored in the average range on the self-control measure. The mean score for the sample on the CPSCS was 5.63 (SD = 2.19). The range of possible scores on the scale is 0 to 11 (larger numbers correspond to higher levels of self-control). The range of possible scores on the RSSES (Reese & Vera, 1995) is 10 to 50 (lower scores correspond to higher levels of self-efficacy). The mean score for the sample on the RSSES was 18.04 (SD = 6.73). The range of possible scores on the HSC is 0 to 17 (higher scores indicate high hopelessness; Kazdin et al., 1986). The sample's mean score on the HSC was 3.86 (SD = 2.86), with scores ranging from 0 to 15. Overall, the mean level of hopelessness was fairly low. Table 1 contains a summary of means, standard deviations, and sample ranges on the instruments.

Correlations between the scores on the various measures were examined in order to ascertain the relationships that existed between self-efficacy, helplessness, self-control, and age of the participants. Table 2 displays the correlation matrix for the entire sample. As can be seen from the table, there was a significant positive correlation between age and scores on the hopelessness scale ($p < .05$). Higher scores on the hopelessness scale (indicating higher levels of hopelessness) were associated with the older adolescents in the study. Significant positive correlations were also found between scores on the self-efficacy and the hopelessness scales ($p < .02$). Lower levels of self-efficacy (reflected in higher scores) were associated with higher hopelessness scores. There were also significant positive correlations between scores on the self-control scale and ($p < .001$) scores on the self-efficacy scale and scores on the hopelessness scale ($p < .02$). Higher levels of self-control were related to lower self-efficacy scores and higher scores on the hopelessness scale.

Research Question 1

Discriminant Analysis was used to determine whether participants' conflict resolution style was predicted by the variables of self-efficacy, self-control, or hopelessness. It was revealed that the predictors of self-efficacy (Wilks' [lambda] = .92, $p < .05$) and self-control (Wilks' [lambda] = .84, $p <.05$) were significant variables in discriminating between the participants on the construct of conflict resolution style. Specifically, children who had passive styles of conflict resolution had lower self-control scores than those who had aggressive styles ($F(3, 121) = 4.41$, $p < .05$).

Children who had verbal assertiveness styles had higher self-efficacy than their peers who had aggressive styles ($F(3, 120) = 3.47$, $p < .05$). Thus, knowing to what degree a participant feels in control of oneself and his or her level of confidence in protecting oneself in risky situations reveals what type of dominant conflict resolution style is likely to be observed.

Research Question 2

Gender and ethnic/racial differences in self-efficacy, self-control, and hopelessness were also examined. A 2 x 5 (Gender x Race) between-subjects Multivariate Analysis of Variance (MANOVA) was performed to evaluate the relationship between gender and ethnicity and the main variables. There was a significant main effect of gender, $F(5, 118) = 2.82$, $p < .02$, suggesting that boys and girls differed significantly on at least one of the dependent measures. The results from the univariate tests revealed a main effect of gender on hopelessness, $F (1,132) = 4.48$, $p < .05$, and self-efficacy, $F(1,132) = 6.81$, $p < .01$. Girls rated themselves as having significantly higher levels of hopelessness ($M = 4.20$, $SD = 2.94$) compared to boys ($M = 3.22$, $SD = 2.64$). The girls also reported significantly higher levels of self-efficacy ($M = 15.81$, $SD = 4.41$) than did the boys ($M = 19.32$, $SD = 6.53$). The univariate analyses did not indicate a significant main effect of gender on self-control, $F (1, 132) = .297$, $p > .05$, or self-esteem, $F (1, 132) = 2.53$, $p > .10$. No significant differences were found across ethnic groups although the small sample sizes for ethnic groups (i.e., other than Latino) might have prevented existing differences from emerging.

Chi-square analyses were used to examine gender and ethnic group differences in conflict resolution styles of the sample. Gender differences were revealed in two of the four conflict resolution style groups. Significantly more boys (i.e., five times as many) than girls used aggressive/conflict-escalating styles ([chi square] $(1) = 10.52$, $p < .01$). More girls (i.e., two times as many) than boys chose verbal assertion as a dominant style ([chi square] $(1) = 11.23$, $p < .01$). No other gender differences were found. No ethnic group differences in conflict resolution styles were revealed in the chi-square analyses.

DISCUSSION

The data obtained in this study shed an interesting light on conflict resolution styles among racially and ethnically diverse urban youth. Discriminant analysis findings indicated that self-control and self-efficacy play a significant role in predicting conflict resolution styles, which suggests that they are quite relevant to understanding whether an adolescent chooses a "productive" (i.e., non-aggressive) way of solving conflicts. This result particularly highlights the importance of Bandura's (1991) emphasis on the role of cognitions (i.e., self-beliefs) in the manifestation of

behaviors. Believing in one's ability to engage in a behavior effectively is related to the use of such actions. This suggests that to the extent school counselors can intervene with children in ways that build their self-efficacy and self-control around social conflicts, the use of productive conflict resolution may be more likely.

The findings related to dominant conflict resolution styles are especially interesting given the school context in which these responses were measured. Students are socialized to follow the rules of their school setting, which typically includes avoidance of fighting and violence. Only 10% of our entire sample relied on aggression as a dominant style, suggesting the majority of youth adhere to the behavioral expectations at school. When considering gender differences, 3% of the girls relied on aggression as compared to 14% of their male counterparts. What accounts for this gender difference is debatable (and will be discussed momentarily). But what can be said about other conflict resolution styles?

In a school setting, teachers may direct students to seek the help of adults in the face of conflict instead of trying to handle the situation themselves which could escalate into arguments or fights. However, participants relied on adult intervention as a dominant style only 3% of the time (when a dominant style was discernable). These findings are in direct contrast to those of Johnson et al. (1994) who found that telling teachers about conflict was the overwhelming choice of students. In this sample, approximately equal percentages (28%) of students used verbal assertiveness and non-confrontational styles (e.g., walking away) as dominant conflict resolution strategies. This may suggest that despite school expectations, students overwhelmingly choose to address conflict on their own either verbally or by avoiding confrontation with their peers. While these findings are developmentally consistent with the emerging autonomy of early adolescents, the pattern also reflects actions that adhere to school rules against fighting and minimize problems with peers which could result from involving teachers or other school personnel. At this age, adolescents are vulnerable to peer teasing and/or rejection for "telling on" their peers to authority figures in the midst of a problem. So, the most prominent styles of this sample might be seen as the most "adaptive" responses of the four possibilities in a school setting.

Additionally, one's immediate response to a conflict is not always the last response. While many youth would not risk the consequences of behaving aggressively in school, it is not uncommon for school-related conflicts to be settled outside of school. This is not to doubt the authenticity of the data or the credibility of the participants. Rather, it is important to understand that conflict is not always resolved in the moment, as is suggested by Johnson et al. (1994), who found that most conflicts go unresolved. In this study, the measure of conflict resolution style did not allow for "follow-up" responses to conflict situations.

Gender differences found in the conflict resolution styles were both consistent and inconsistent with previous literature which found that across ethnic groups, females prefer less direct, less confrontational styles than males (Lind et al., 1994). The over-representation of boys with conflict-escalating styles is consistent, but in this sample, girls were more verbally confrontational than boys. Why might girls have reported more of this conflict resolution style than previous research would suggest? Perhaps it could be the effect of residing in an urban environment that requires girls to be more assertive than their suburban counterparts. Additionally, boys and girls were equally likely to use more passive resolution styles, which could be viewed as going against the norms of male socialization. However, it is possible that the school-based nature of this research greatly influenced the reported strategies of the participants. As has been alluded to, future research should investigate whether conflict resolution style is influenced by the setting of the conflict (e.g., in-school versus out-of-school conflict).

The involvement of feelings of hopelessness and self-control in conflict resolution is less clear. On the one hand, hopelessness was not found to be predictive of resolution style, even though if one has few hopes for the future, the consequences of behavior in the present may be seen as less relevant. However, it is probable that since adolescents are not very oriented toward long-term consequences such an influence may be developmentally appropriate. It would be interesting to see if older youth or young adults make conflict resolution decisions based on perceived risks to the future. Self-control operated in an unpredictable way in this study. On the one hand, self-control differentiated youth with varying conflict resolution styles. On the other hand, the correlational analyses revealed that kids with higher self-efficacy also reported lower self-control. This could be a function of the way in which self-control (and locus of control) manifests in ethnic minority children.

Moreover, the self-control construct was perhaps not well assessed by the CPSCS measure in this sample. The reliability of the measure in this sample was considerably lower than it has been in past research (Humphrey, 1984). Because the original scale was normed on a predominantly White sample, it may be that this multi-ethnic, urban sample was qualitatively different enough that the psychometrics are not generalizable. Thus, the lower reliability observed for this measure would result in the overall underestimation of the magnitude of the relationships between self-control and other relevant variables, not an obfuscation of the direction of the relationships.

However, past literature has suggested that locus of control (i.e., internality vs. externality) operates differently for individuals with a primarily non-Western view of the world (Gurin, Gurin, Lao & Beattie, 1969). Rather than reflecting low self-determination, external locus of control can reflect religious beliefs, collectivist orientations (Triandis, 1993), or an acknowledgment of societal barriers (Ziun & Eitzen, 1986). It may also be the case that external locus of control in children reflects

their relative power status in a society controlled by adults (Prilleltensky, Nelson, & Peirson, 2001). For these reasons, it is unclear how self-control might function in ethnic minority samples.

Some interesting gender and age differences were revealed in this investigation. First, female participants reported higher levels of hopelessness than their male counterparts. This may indicate that urban girls have more pessimistic views of their futures, perhaps based on perceptions of opportunities they see for women in their community. Alternatively, it may be that hopelessness, one correlate of depressive ideation, is more commonly reported in girls as are depressive symptoms in general (Nolen-Hoeksema & Girgus, 1994; Roberts, Roberts, & Chen, 1997).

Interestingly, girls also reported higher levels of social self-efficacy (e.g., in situations that might involve interpersonal conflict and/or peer pressure). Since Bandura (1991) posits that there are four sources of self-efficacy, it could be that girls have had more direct experience and therefore more performance accomplishment in risky situations involving peer interactions. If not direct experience, perhaps girls have been better prepared via verbal persuasion by their families or educators who may perceive them as more vulnerable than boys to the negative effects of peer pressure and violent conflict.

Age had a positive relationship to hopelessness, suggesting that older children have more pessimistic expectations about their future. This finding should be interpreted with caution since the age range of participants was restricted. However, it is not inconceivable that older children have lowered expectations about the future since they have had more exposure to risk situations and may have observed more negative outcomes in their peers and/or family members. For example, among Latinos in this Midwestern city, there is an elevated high school drop-out rate, only 56% graduate high school, and within the community, 40% of freshmen leave school and do not return for sophomore year. Additionally, within this particular community, attending high school is often viewed with mixed emotions due to the poor reputation of the neighborhood high schools and the presence of gang conflicts. Eighth grade participants in this study were approximately 3 months from their graduation date when these surveys were taken. Thus, some of the pessimism may have been a reflection of negative feelings surrounding leaving their grade school for high school.

Implications for Practice

So, what can be concluded from these data about conflict resolution in urban youth? First, an aggressive style of conflict resolution seems to be more typical of boys than girls, but it is not the only or the most popular style used by either group. Verbal assertiveness and a non-confrontational response were more popular types of

responses for participants in our sample. This suggests that youth, and especially girls, have a wider repertoire of behaviors available to them in dealing with interpersonal conflict. Girls were also more verbally assertive than prior research has shown. This could reflect the effects of living in an urban environment where not backing away from conflicts may be adaptive and protective. Feeling confident in one's ability to handle conflict situations and feelings of self-control also play a role in determining what styles are utilized. For school counselors, it may be important to design skill-building interventions that enhance youth's self-efficacy in dealing with conflict non-aggressively and their sense of personal control. Such interventions could be based on the work of Bandura (1991), who suggests that self-efficacy can be enhanced through direct experience (e.g., role playing) or vicarious experience (e.g., role modeling). Such interventions could result in a reduction of aggressive behavior and an expansion of social problem-solving skills. Attention to this issue is consistent with the ASCA National Model's (2003) emphasis on developing personal/social competencies (e.g., Standard 7 Respecting Self and Others, Competency 2: Skills to interact with others).

This study's findings would also suggest that boys may be in greater need for such interventions than girls. However, the issue of what constitutes "productive" conflict resolution in urban youth is open for debate. Is it appropriate to teach urban youth that all aggressive responses to conflict are ineffective or inappropriate? Does encouraging youth to go to adults for help reduce violence or result in "losing face" with peers as a consequence? These questions remain unanswered in the current body of literature on conflict resolution.

Limitations

Limitations of this study are found primarily within the area of measurement of constructs and conceptual links between variables. The self-control measure was not found to be as reliable as it has in past research, and a more reliable way of measuring the construct might clarify the relationships among self-control, self-efficacy and conflict resolution in urban youth. However, it has also been suggested that self-control may need to be reconceptualized in non-White, non-middle class populations (Gurin et al., 1969). The reliance on self-report, paper and pencil measures is another clear limitation of the study. There was no attempt to measure actual conflict resolution behaviors of participants which might have been a valuable way to validate the connection between self-efficacy beliefs, dominant styles, and conflict resolution behavior.

Suggestions for Future Research

Future research must extend this line of inquiry by including samples of children and adolescents of various ages to explore a wider developmental range. Also needed is an exploration of how environmental influences such as family, peer, and neighborhood may be related to individual decisions adolescents make about conflicts and their confidence in handling such situations (Reese, Vera, Reyes, & Thompson, 2001). Finally, urban children and adolescents must not be our only target population. Whether geographical residence differences exist in the phenomena of conflict resolution styles is a question for future studies.

Promoting adaptive conflict resolution and social competencies is of great importance to professionals who work with youth in the schools and their communities. School counselors can greatly benefit from information that helps to guide prevention and remediation interventions in school settings.

CONCLUSIONS

This investigation examined the relationship between conflict resolution, social self-efficacy, future orientation, and self-control in a sample of seventh and eighth graders in an urban public school. Conflict resolution style was significantly predicted by self-efficacy and self-control. However, significant gender differences emerged in conflict resolution styles. Girls used verbal assertiveness more frequently than did boys and boys used aggressive styles more so than did girls. Girls were also more self-efficacious and had less hope about their futures than did boys. School counselors can promote productive conflict resolution styles in students by designing interventions that build self-efficacy and perceptions of self-control. However, such programs should incorporate important gender differences that exist in the use of conflict resolution styles.

Table 1. Means and Standard Deviations for Sample on Dependent Measures

Variables	N	Mean	SD	Range
Age	163.00	13.14	.087	11-15
Self-Control	159.00	5.63	2.19	0-11
Sell-Efficacy	158.00	18.04	6.73	10-50
Hopelessness	159.00	3.86	2.86	0-17

Table 2. Correlations of Measures

Variables	Age	Control	Self-Efficacy	Hopelessness
Age				
Control	.1189			
Self-Efficacy	.1283	.3091 **		
Hopelessness	.1878 *	.1944 *	.1873 *	

* p < .05 ** p < .01

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Counseling The Linguistically and Culturally Diverse Student: Meeting School Counselors' Professional Development Needs

Professional School Counseling, Oct, 2004 by Pat Schwallie-Giddis, Kristina Anstrom, Patricio Sanchez, Victoria A. Sardi, Laura Granato

This study used qualitative methods to investigate the challenges and professional development needs of elementary and secondary school counselors who work with linguistically and culturally diverse students and families, and their perceptions of the impact of a 9-month professional development program focused on improving school counselors' multicultural awareness, knowledge, and skill.

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In schools across the United States, linguistically and culturally diverse (LCD) students face dilemmas stemming from racial, ethnic, linguistic, and religious discrimination; language barriers; and stereotyping. Incongruities between LCD students' home cultures and values and those of the school can result in these students disengaging from school and eventually dropping out. Linguistically diverse students may also experience academic problems due to language barriers and lack of academic preparation in their native language. Though school counselors are called on to address the diverse needs of LCD students, they frequently do so without support or the requisite educational preparation. Professional development is one means of providing school counselors with the knowledge and skill necessary to counsel LCD students, parents, and other family members effectively.

An important consideration in designing effective multicultural professional development programming is counselors' perceptions of the challenges they face in their work with diverse students. Despite its importance, we know very little about counselors' perceived challenges in this area. Nor do we know the kind of professional development school counselors believe they need to help them meet the challenges they face in counseling LCD students. Finally, assessments of professional development efforts designed to address the challenges counselors face in their work with LCD students and families are critical. Studies that address these three areas will contribute to the development of a knowledge base on which inservice multicultural professional development programs for school counselors can be premised.

A primary purpose of this study is to describe the challenges and professional development needs of school counselors who work with linguistically and culturally diverse students in K-12 public schools. A second purpose is to describe the school

counselors' perceptions of the impact of a 9-month multicultural professional development effort.

CULTURALLY COMPETENT COUNSELING: CHALLENGES FOR SCHOOL COUNSELORS

Research in the area of multiculturalism and school counseling has focused on counselors' perceptions of their own multicultural competence. Five underlying factors appear to be influential in school counselors' perceptions of themselves as multiculturally competent practitioners. These factors are an understanding of racial identity development, facility with multicultural terminology, multicultural awareness, multicultural knowledge, and multicultural skills (Holcomb-McCoy, 2000). Additional research indicates that school counselors feel competent in multicultural awareness and understanding of multicultural terminology, but perceive themselves as incompetent in racial identity development and multicultural knowledge (Holcomb-McCoy, 2001). Lack of knowledge of racial identity development is particularly problematic because "racial identity development has been linked to interpreting student behaviors and interactions" (Holcomb-McCoy, 2001, p. 199). Findings from these studies point to the importance of ensuring that information on racial identity development and development of multicultural knowledge are included in multicultural training.

In addition to their work with individual students and families, school counselors are frequently asked to assume responsibility for creating culturally accepting environments in their schools. Research undertaken to determine how well school counselors promoted and provided students with opportunities to develop multicultural awareness found that though most schools set aside special days to expose students to various cultures, there were not many ongoing programs to promote multicultural awareness. School counselors can be instrumental in developing and implementing ongoing school-wide programs that advocate tolerance and multicultural knowledge among faculty, students, and parents (Johnson, 1995).

A primary motivation for school counselors to seek multicultural training is the support they believe it provides in encouraging academic achievement among minority students. Counselors viewed multicultural training as important in helping them know how to prevent minority student dropout and to motivate minority students academically (Carey, Reinat, & Fontes, 1990). They also felt that multicultural training should address ways of working more effectively with families from different cultural backgrounds and improving cross-cultural communication skills and racial awareness. Counselors believed that multicultural training should

also help them address their own stereotypes, cultural values, and biases (Carey et al.).

The literature on school counselors' perceptions of multicultural competence and the needs and challenges they face in their work with LCD students and families highlights general areas that multicultural professional development should address. The Multicultural Counseling Competencies (MCC), a framework developed by Sue, Arredondo, and McDavis (1992) for professionals engaged in cross-cultural work, can also inform multicultural professional development efforts for school counselors. The MCC address three distinct dimensions (beliefs and attitudes, knowledge, and skills) of three domains (awareness of our own worldview, awareness of the other's worldview, and appropriate interventions).

Most of the research findings in this area, including the studies cited here, used structured questionnaires that rely on a predetermined set of choices. What is lacking is an understanding of school counselors' perceptions of their work as multicultural counselors from their own perspectives and in their own words. Additionally, research is needed on school counselors' perceptions of the effectiveness of inservice multicultural professional development efforts.

METHODS

The essential questions that framed this study were:

1. How do school counselors perceive the challenges they face in counseling linguistically and culturally diverse (LCD) students and families?

2. How do school counselors define their professional development needs in the area of counseling LCD students and families?

3. How do school counselors, who work with LCD students and families, perceive the effectiveness of a 9-month, multicultural professional development program?

Researchers used a qualitative approach to explore, capture, and analyze participants' viewpoints relative to the three research questions posed above. The qualitative method used to address these three research questions and how data were analyzed are addressed below.

Sample and Participant Selection

Qualitative data were gathered through individual interviews with 13 of the 35 counselors who participated in a multicultural professional development program that

consisted of seven monthly sessions during the 2001 to 2002 school year. The interviewees were selected from the pool of those program participants who had attended five or more of the seven sessions. The participants in this study were predominantly female, with the exception of one male participant. The majority (9) ranged in age between 40 and 60 years. The mean for age was 48 years. All participants had obtained at least a master's degree. Of the 13 participants, 10 were European American, two were Hispanic, and one was African American.

Participants' professional experience in school counseling was very heterogeneous. Forty percent of the participants had significant experience (10 to 20 years) working as a school counselor, while another 40 percent had less than 5 years of experience. The overall mean was 10 years of experience in school counseling.

Other than school counseling, the majority of the participants (9) had between 0 and 10 years of experience in education. The overall mean of the sample was 10 years of educational experience. Areas of expertise included teaching in K-12 education and special education.

The majority of the participants (7) had significant experience working with LCD students. This experience ranged from 15 to 20 years. Two participants had more than 25 years of experience. The mean for all participants was 15 years of experience working with LCD students. Four participants were bilingual counselors; three were fluent speakers of Spanish; and one was fluent in French. All 13 participants came from schools in a large, highly diverse, suburban school district.

Multicultural Professional Development Program

The school counselors in this study participated in seven interventions over the course of 9 months. Each of the interventions consisted of a didactic professional development session along with an interactive and processing component. The researchers facilitated five of the sessions and counselor educators, who specialize in multicultural counseling, conducted the other two sessions.

For each of these sessions, specific methods, group dialogue, and instructional materials were used in order to address and meet specific multicultural counseling competencies. Several of the 31 multicultural counseling competencies were integrated into each professional development session. These outcome-based learning objectives were used to assess the awareness, knowledge, and skills obtained by the participants. The sessions were conducted in this fashion to educate the participants to be more culturally competent and enable them to apply the knowledge and skills acquired.

The first professional development session was designed to address the first set of multicultural competencies, which addresses counselors' awareness of their own assumptions, values, and biases. The session began by viewing a student-developed videotape from The State University of New York. It depicted a family crisis caused by a situation in school dealing with a young girl, her teacher, and her counselor. The film addressed cultural biases coupled with ineffective counseling techniques, which created serious unresolved problems. After watching the film presentation the participants were ask to react to the way the situation was handled. This resulted in a very lively discussion about the insensitivities of the teacher and the counselor towards the student and her family. Other examples of this kind of bias were shared and many suggestions were made about how that situation could have been handled with a greater understanding of the student's cultural background.

The second professional development session focused on the multicultural competencies of understanding the worldview of culturally different clients. This session entailed processing case studies of LCD students in which participants were asked to apply a framework to the cases in order to examine the factors, variables, and processes school counselors need to consider when assessing, diagnosing, and treating diverse clients. The participants worked in groups of three or four people and each group was given a different case study to process. After much discussion, the individual groups made brief presentations describing the case study situation and discussing the alternative approaches to the presenting problem. At which point, all the participants were encouraged to dialogue and provide feedback and suggestions regarding each case study. The overall evaluation of the session indicated that the participants received practical ideas about how to handle each situation. Several of the participants commented that the case studies illustrated very common situations in the schools and that the discussion had been helpful. As one counselor stated, "We never have time at school to talk to our colleagues about many of these situations that come up, and so we never get feedback on whether we handled the problem appropriately or not."

The third and fourth sessions consisted of half-day workshops conducted by a counselor educator who specializes in multicultural counseling. Both professional development sessions were designed to focus upon the multicultural competencies that develop appropriate intervention strategies and techniques to work with the LCD client. Specifically, in the third session, Dr. Patricia Arredondo addressed how in light of the tragic events of September 11, 2001, multicultural competencies for counselors can provide a strong platform for comment and interventions. She encouraged participants to examine their own beliefs, values, assumptions, and practices since this tragic event. She also provided an overview of the skills that are necessary and fundamental to becoming an efficient multicultural counselor and educator of culturally and linguistically diverse students. This session was a precursor

to the more in-depth training that followed in the fourth session. In the fourth session, the multicultural competencies were discussed in light of their applicability for practice. The first part of this session dealt with discussing and learning about emotional reactions toward other racial, ethnic, and linguistic groups within a counseling setting. The second part of the session focused upon how ethnicity, culture, and race affect counseling and teaching and how our own worldviews impact our work with students and clients. The final part of this session provided hands-on practice in utilizing the multicultural competencies in counseling and teaching culturally and linguistically diverse students.

The fifth session addressed the multicultural competencies of understanding the worldview of culturally different clients. This session was comprised of a panel presentation conducted by three women. Each of these women came from different cultures and talked about their experiences with their children in the schools. After all these women had spoken, there was an open question and answer session in which the participants were able to ask additional questions of the panelists. The differences in each culture were interesting to hear about, but the issues were very similar. The lack of open communication seemed to be the biggest issue for all of them and as one panelist commented, "If the teacher or counselor had just called and told me what was happening with my child I could have explained why they might be upset." The participants' evaluation of this session indicated that hearing directly from these three parents was extremely helpful and insightful for them.

The sixth session focused upon developing appropriate intervention strategies and techniques to work with the LCD client. In this session, participants were given an opportunity to have an open dialogue regarding their frustrations and issues around multicultural issues. They discussed the challenges of dealing with multiple cultures and not having enough information about any of them. They voiced serious concerns about their own ability to be able to respond appropriately to a variety of different situations. They shared some of their personal stories in which they felt they had not done all they needed to do. The issue of time or lack of time came up again and again. There seemed to be a consensus among the participants that many of these multicultural issues required more time than they had to give. However, in the final analysis they seemed to be grateful to have such diversity in their schools and saw the value for everyone involved. The written evaluations after this session indicated that having a chance to talk about participants' frustrations and concerns was helpful and reassuring in that it confirmed that they were doing a good job in spite of the time constraints.

The seventh session focused upon the multicultural competencies pertaining to counselors' awareness of their own assumptions, values, and biases. The session provided an opportunity for each participant to share with the rest of the group their

experiences in their individual schools during this professional development program. Participants shared anecdotes about experiences they had with students and families from diverse cultures in their schools and how they handled these situations differently as a result of the training. Participants also reflected on new insights they gained regarding their own beliefs and behaviors and how these may impact their work with students from other cultures.

Data Source

A standardized open-ended interview protocol was used to generate the data source. Open-ended interviews allow researchers to obtain data from the participants' perspectives and thus contribute to understanding how participants understand and make sense of their world (Fontana & Frey, 1994). The common interview protocol was used to ask the same questions in the same order for all participants, thus reducing interviewer effects and bias (McMillan & Schumacher, 1993). Development of the protocol occurred in three stages. First, each member of the research team who had also developed the professional development program wrote interview questions separately. Next all questions were pooled into one set and reviewed by the team for overlap, consistency, and relevance to the areas of inquiry. A final set of questions was decided on and reviewed again, both by the team and by the independent interviewer, a doctoral student in counseling. After final revisions, two members of the research team met with the interviewer to review the protocol and discuss interview technique.

The independent interviewer who conducted all 13 interviews was not part of the research team that provided the professional development program. Each interview lasted from 30 to 45 minutes. All interviews were audio taped, then transcribed.

The interview protocol questions and accompanying probes can be divided into four areas and involved 15 distinct questions. The first set of questions asked for background information on the interview participants. These questions pertained to number of years working in counseling and education, the number of years working with linguistically and culturally diverse populations, and information on prior multicultural training received in their counselor preparation programs.

The other three areas pertained directly to the research questions. All questions consisted of a main question and a set of probes to elicit further discussion and exploration of the topic. Three questions were designed to collect data on the participants' perceptions of the challenges they faced in working with LCD students and families. One question asked participants to describe how their work involved multicultural counseling, then asked them to describe a specific multicultural counseling experience, how they felt about that experience, what went well, and what

they would have wanted to happen differently. A follow-up question then asked them to describe the most challenging aspects of counseling diverse students and families. Finally, participants were asked about the influence of culture, ethnicity, and race on their comfort level in counseling LCD students and families.

Four questions elicited information on the participants' perceptions of their professional development needs relevant to counseling LCD students and families. One question asked them to discuss why they decided to participate in the multicultural professional development program. They were also asked to describe ways other than the professional development program they developed their capacity to counsel diverse students and families, and what skills and knowledge they most needed to develop in this area. They were also asked to provide recommendations for future multicultural professional development.

Two open-ended questions and one structured question (the only such question in the protocol) were used to understand how participants perceived the professional development program. One question asked about the activities/speakers that had the most impact on their developing awareness, knowledge, and/or skill in counseling LCD students and families, and the other asked about any perceived changes in their practice that resulted from any of the program's activities or speakers. The structured question asked participants to rate the professional development on a scale of one to five on the overall contribution of the program to their capacity to counsel LCD students and families.

Data Analysis

Cross-case analysis was used to determine recurring themes across the 13 individual interviews. To aid analysis, data were first chunked into those segments that pertained to the research areas of inquiry and clustered by question. Numbered codes that identified respondents were attached to the data chunks so that data could be retraced to the original respondents. Each team member independently analyzed the data by defining and tallying data according to dominant themes within and across protocol questions that pertained to the three areas of inquiry. Dominant themes were those that had numerical preference in the data.

The research team met to discuss emerging themes on several occasions and to discuss any inconsistencies in theme development. As patterns emerged, the researchers came to agreement about deleting, collapsing, and redefining thematic categories. Data were then re-ordered so that they were clustered according to theme and by dominance within the overall set of data for each research question. The data were then reviewed a final time by the research team, and subsequently used for final interpretation and discussion of results.

RESULTS

Challenges

Achieving a certain comfort level and competency in working with the families of linguistically and culturally diverse students and understanding cultural differences in students across a variety of cultures were the two areas that respondents indicated were most challenging in their counseling work in diverse elementary and secondary schools. These two areas are discussed below.

Counseling linguistically and culturally diverse parents and families. Prior to discussing the specific challenges the respondents face in their work with LCD families, it is important to understand how they define their work in this area. Most of the school counselors in this study were concerned with acculturating LCD students and families to the dominant school culture. Many described their work as helping newly arrived immigrant families "figure out the hurdles or differences they encounter here." The respondents understood that differences between the U.S. school system and the school systems of other countries created difficulties for immigrant families and that an important counseling role was to help families "interpret" the U.S. school system. Others discussed their work as "making school more welcoming for multicultural families." They developed programs to bring LCD families into the schools and means for disseminating information to these families.

Finally, most participants felt that working with LCD parents and families was more complex than working with LCD students and required specific understanding of family dynamics and family structure across different cultures. For example, one respondent indicated that most of her work involved parents and "dealing with parents is different than dealing with children. The children here ... they know the rules, and they know the teacher, and they know how things work. But when parents come in they don't have to abide by certain rules."

Specific challenges the respondents encountered in their work with LCD parents and families included insecurities about the cultural appropriateness of their interactions with parents and families; helping parents understand and interface with an educational system that views school and parental responsibilities differently than the educational systems in their home countries; language barriers; and assisting families with economic challenges they encounter in a new country.

A majority of the respondents conveyed some discomfort in their work with LCD parents and families. Most of this discomfort stemmed from feeling unsure about whether certain actions, mannerisms, questioning behaviors, and interventions were

culturally appropriate. One respondent described her discomfort in the following manner:

> I feel uncomfortable sometimes when I ask parents a lot of questions about things to get background, I feel like I'm prying--being aware that I am speaking to parents of a different culture. I'm not sure how I come off to them, and that's something that I am still not sure of because I know internally I have the best intentions and I want to help them and I want to help their child, but I'm concerned that sometimes in my comfortableness with that fact that I overlook the things that I can do to set them at ease that are culturally appropriate for them and for their child.

Most of the respondents believed they lacked sufficient knowledge of the cultural views and beliefs of many LCD parents and families. Recent influxes of immigrant students from various Middle Eastern and African countries have brought counselors face to face with cultures previously unknown to them. Of the respondents who gave examples of cultures other than their own, with which they felt most or least comfortable, most mentioned feeling least comfortable counseling individuals from the Middle East. On the other hand, they felt most comfortable with individuals from Hispanic cultures. In their comments, the respondents indicated that their lack of knowledge of and personal and professional experience with individuals from Middle Eastern cultures were partly responsible for their feelings of insecurity in working with Middle Eastern parents.

Though most of the school counselors in this study felt it was their responsibility to help LCD parents and families acculturate to mainstream U.S. culture, and particularly the educational system, they experienced difficulty in helping parents understand the school's role in educating children and its expectations for parents. "Parents from other countries often believe that the school has such authority and so they come to us to redirect their children. They want us to deal with issues that we in our culture consider parenting issues, not within our job."

A related challenge for the counselors in this study was addressing the dissonance that arises between parents and their children when the home culture and the dominant U.S. culture collide. One participant commented:

> The kids have connected very much to the culture here and want to be able particularly in a social way to do what other students do. They want to be able to date and go to parties and things like that, and that's just not an

> acceptable part of the parents' culture and that becomes a real problem for the kids and for the parents. In a couple of cases the students have just reached the point where they have run away from home to avoid the conflict.

A third area of challenge for the counselors in this study was language. Many respondents expressed frustration over the language barriers they experienced in working with LCD parents and families. When working with non-English speaking parents or family members, respondents felt frustration at not being able to directly communicate in the native language. Other frustrations included not having ready access to translators or having no access to translators for less-commonly spoken languages. One counselor described variations in how translators interacted with the counselor and the client. "Some translators do very good and just do translating. Other ones take on the counselor role, and they want to be the ones to be real involved, so that becomes a problem."

At times, counselors were dependent upon the child to translate. Those who discussed this situation felt that using the child as a translator was entirely inappropriate, but when emergencies occurred, and they needed an immediate line of communication with parents or family members, they relied on the child to translate. Many counselors expressed a need to learn another language or to become more proficient in a second language; however, they also expressed concern that learning another language would not alleviate the need for translators since their school served students from many different language backgrounds.

Finally, several respondents discussed the challenge of working with families who were experiencing both acculturation difficulties along with economic challenges. Tied to the issue of working with families who have economic difficulties is the challenge of helping them feel comfortable enough to seek help from other agencies where they can get the counseling/guidance they need.

Understanding cultural differences in students across a variety of cultures. The second major area of challenge expressed by the counselors in this study was understanding and working with students from a variety of cultural backgrounds. Respondents described their work within this challenge area as "being aware of differences in multicultural children" and helping students who are "trying to live in two cultures." As with their descriptions of their work with LCD parents and families, the respondents indicated that their role was to help LCD students adjust and transition to the educational system in this country. Interestingly, only one respondent felt it was her role to help mainstream students understand and "be sensitive to LCD students." Specific challenges the respondents encountered in attempting to understand and work with students from a variety of cultural backgrounds included

feelings of insecurity about working with students from varying cultural backgrounds and finding time to learn about different cultures.

Feelings of insecurity in working with LCD students surfaced on a number of occasions in the interviews. One counselor's response sums up this challenge:

> I don't understand all of the cultures as comfortably as I feel with the Hispanic groups.... I'm not always sure I'm reaching them [students from other cultural backgrounds], and I'm not always sure I should reach out as much as I do to some groups, because I'm not really sure it's appreciated. That's what's challenging--I'm not sure. I'm not really sure.

When working with LCD students, counselors found it difficult to distinguish characteristics and behaviors that might be due to cultural differences from those that might be due to individual differences. One respondent remarked about the difficulty of "keeping it all straight, walking that fine line between this might be a cultural thing, I need to check on that and clarify versus that's a 10-year-old boy thing." For several of the respondents, part of the challenge was being able to "step outside" their own cultures. Respondents realized that a first step in understanding other cultures was awareness of their own cultural values and biases.

Finding the time to learn about other cultures was overwhelming for many of the respondents in this study. One respondent stated, "There's just so much to learn, to know, and there's not enough time to do any of it." Another respondent felt that she would be a better counselor and the students would benefit more "if we had more time to really get to know more about the culture and understand. But in the school setting it's brief. The kids come in and out and we have to help them as much as we can." In summary, the major challenges school counselors in this study faced related to assisting culturally and linguistically diverse parents and families and attempting to understand and work with students from a variety of cultural backgrounds.

School Counselors' Professional Development Needs

The respondents' expressed professional development needs corresponded to the challenges they faced in their multicultural counseling work. The two areas in which the respondents expressed the most need for professional development were working with LCD parents and families and increasing their knowledge of specific cultures.

In the area of working with LCD parents and families, participants' major concern was learning how to communicate to LCD parents the importance of their

involvement in the educational system. One respondent commented, "Over the years we've been ... trying to figure out how can we get these parents to buy into the importance of being a partner in their child's education." Respondents also wanted to develop skill in determining the needs LCD parents have for their children. "It's very easy to assume that what I think their kids need is what they think their kids need." This counselor viewed professional development that enhanced her skill to balance LCD parents' needs for their children with those of the school as important.

The other area in which respondents expressed a need for professional development was increasing their knowledge of specific cultures. Several respondents said that professional development focused on providing specific information on different cultural groups would enable them to feel more comfortable interacting with students and families from these groups. Some counselors specified cultures they wanted to learn about. These included various Middle Eastern cultures, African immigrant cultures, African American culture, and North and South Asian cultures.

A number of respondents specified the kind of understanding they wanted about different cultures and the types of activities that would allow them to explore issues relevant to different cultural groups. One respondent suggested that professional development should focus on how personal experiences "fit in with the culture at large and the history." Another suggested that professional development provide not only information about different cultural groups, but also particular culture-based counseling strategies. Several respondents indicated that they would benefit from guest speakers who represent different cultures. Another indicated that not only were guest speakers important, but that "opportunities to interact with people from the cultures and have them talk more from a personal basis" were critical.

Respondents also expressed a need for professional development that allowed them to share experiences with one another. Participants in this study asked for opportunities to interact with counselors from different schools to share their experiences working with LCD students. Also important were opportunities to more formally share their collective knowledge of counseling LCD students, parents, and families by designing presentations, role plays, and forums for disseminating resources.

In sum, counselors in this study voiced a need for professional development in areas directly relevant to the primary challenges they believed they face in their work with LCD students, parents, and families. Specifically they requested guidance in "translating" the culture of the U.S. school system to LCD parents in a culturally appropriate manner. They also requested guidance in understanding and relating to specific cultures, and they had specific suggestions for the kinds of cultural information and skill they believed would be helpful. Finally, they provided insight

into methods of transmitting that information and skill that would be most meaningful.

Perceptions of the Effectiveness of a Multicultural Professional Development Program

Overall the participants in this study rated the multicultural professional development program highly. On a scale of one to five, with five being high and one being low, all participants rated the program at a level four or above. In terms of the type of activity used, most participants felt the guest speakers who represented and spoke about their own cultures were the most useful component of the program. Several participants also commented positively on the use of case studies. One respondent remarked that taking a framework [supplied by a guest speaker] and applying it to cases helped her think more "intellectually rather than intuitively about situations."

Participants were also asked to discuss the impact of the multicultural professional development program on their awareness, knowledge, and skill in working with LCD students, parents, and families. Overall respondents believed the program impacted their knowledge and skill more so than their awareness. They described the training as providing a "bank of information" and as influential in "causing me to think about things differently." One respondent said she was more conscious of the "academic, social, and emotional pieces of the LCD students." She also felt that she would be more "proactive as opposed to reactive" in her work with diverse students. Others commented about their increased levels of confidence in counseling diverse students.

Several participants discussed how the program had impacted how they work with LCD students. One participant described how she modified a mediation session for students, based on what she had learned in the professional development program: "It made me decide that instead of just starting with mediation, I'm going to start with where the problems occur and have them look at cultural differences among them and then look at where their similarities are." Another participant indicated that she had used activities from materials provided to all participants at the start of the program. In sum, the study participants believed the multicultural professional development program had a greater impact on their knowledge and skill than on their awareness.

The next section of this paper examines the results of a pre- and post-survey designed to assess the impact of the program on participants' multicultural awareness, knowledge, and skill. These results are compared with the self-reports of the program's impact provided in the above section.

Extent of Increases in Multicultural Awareness, Knowledge, and Skills: Survey Results

A paired-samples t-test was performed to learn if the 9-month professional development program had a significant impact on the counselors' perceptions of their own multicultural competencies. Means scores from the MAKSS were analyzed for the pre-test and post-test phases. Paired samples t-text revealed that the group as a whole ($n = 15$) achieved statistically significant gains in knowledge, $t(14) = 3.25$, $p < .01$, and skill $t(14) = 2.37$, $p < .05$. Since we were not able to establish reliability for the awareness subsection of the survey, the nonsignificant results in this subsection, $t(14) = .09$, $p < .924$, are inconclusive. However, the fact that the paired samples t-test revealed significant gains in knowledge and skill allows us to say that professional development efforts such as the one employed for this study can have a significant impact on school counselors who are interested and actively engaged in building their multicultural competencies to a higher level.

DISCUSSION

The results of this exploratory study indicate that practicing school counselors who work in diverse school environments need professional development focused on the dynamics and structure of linguistically and culturally diverse families and the implications of these differences for counseling such families within the U.S. educational system. Inherent in this expressed need is professional development that enhances counselors' understanding of educational systems that differ from the U.S. system, the expectations these systems hold for families and students, and how these expectations differ from those of the U.S. educational system. Results also indicate that counselors need ongoing opportunities to learn about the backgrounds, cultures, and language systems of immigrant students from less familiar regions of the world (i.e., various Middle Eastern, African, and Asian countries). Respondents' perceived inadequacies in these areas might be one factor responsible for their feelings of uncertainty about their effectiveness in counseling certain LCD families and students.

The fact that the respondents in this study seemed less concerned with sensitizing "mainstream" students to the cultural and linguistic differences of LCD students than with assisting LCD students to adjust to the mainstream school environment should be of concern to both providers of professional development for school counselors and institutions of higher education that prepare school counselors. School environments that value diversity are created, in part, by helping mainstream students understand and learn from those whose cultural and linguistic knowledge differs from their own. In this era of standards and accountability, much of the educational community's attention is directed toward preparing the LCD student to meet high standards and perform well on high stakes assessments. However, research has shown that when the school environment, which includes all students' perspectives and behaviors, values diverse languages and cultures, LCD students' opportunities for academic success are improved (Collier, 1995; Cummins, 1996). The school

counselor has an important role to play in creating a school environment that educates mainstream students about their LCD peers.

Findings from the interviews appear to indicate that the participants in the 9-month professional development program felt that their participation improved their knowledge and skill in counseling LCD students. Respondents discussed the type of knowledge they believed they had acquired and how, as a result, they were thinking about and reacting differently to their work with LCD students. These findings support the premise that the type of professional development provided in this project, if provided on an ongoing basis, can enhance school counselors' knowledge base and their perceptions of their skill in working with LCD students. As with all professional development efforts, it is difficult to assess the true impact of the program on participants. The extent to which participants will translate their newly acquired competencies into practice is difficult to measure. Future research efforts should examine how school counselors apply new learning gained through professional development to their work with diverse students and families.

There are several limitations of this study. Generalizability of the findings is limited both by the nature of the inquiry and by the geographical restrictions of the sample. Qualitative interviewing provides rich data on participants' perceptions of a given condition; however it limits the findings to comparable contexts and comparable participants. Furthermore, because the counselors who participated in the program were volunteers and indicated interest in multicultural issues prior to the training, we cannot determine whether a program of this sort would have a similar impact on counselors not as predisposed to multicultural issues as the study participants. Second, because the participants self-selected into the professional development program, generalizability is limited to those who seek professional development in multicultural counseling. Third, the study participants worked in highly diverse schools in a large suburban school district on the U.S. east coast. Data obtained from counselors in urban schools or in schools in other parts of the country might not corroborate this study's findings. Fourth, because the study's methods involved self-report, the participants may not have expressed their actual beliefs and opinions. The nature of the professional development program, the types of interactions among the participants in the program and between participants and providers is difficult to replicate in other settings. Other professional development programs, even if they attempted to replicate this program, would involve a different set of dynamics among participants that could result in alternate results. Finally, that while the researchers took precautions to avoid bias; it is possible that bias did exist due to the fact that the researchers participated in conducting the training.

IMPLICATIONS

This study's findings highlight the importance of providing ongoing, in-depth professional development for school counselors on multicultural counseling issues. It also identifies the kind of professional development counselors similar to those in this study would find most useful. Such professional development should focus on developing counselors' knowledge and skill in working with diverse families and on providing counselors' with knowledge and skill in working with specific cultural groups. An important implication of this study is that those responsible for providing professional development for school counselors conduct needs assessments to determine the type of professional development most useful for counselors in their school or district.

The expressed needs of counselors concerning their work with LCD students and families are critical to designing useful professional development. However, professional development should also address the larger issue of the school counselor's role in creating a school environment that values diversity. Counselors should be competent not only in helping the LCD student adjust and acculturate, but also in sensitizing all students to the cultural and linguistic diversity of their peers. The Multicultural Counseling Competencies (Sue et al., 1992) are an important resource, along with an ongoing needs assessment, in developing multicultural professional development that meets the needs of school counselors and helps them achieve the larger goal of preparing all students for their roles in a diverse society.

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Helping High School Students Broaden Their Knowledge of Postsecondary Education Options

Professional School Counseling, Oct, 2001 by Kenneth B. Hoyt

Most of today's school counselors are very aware of the need for almost all high school graduates to seek some kind of postsecondary education that will help them succeed in the rapidly changing, high-tech society of the Information Age (Halperin, 1998). Most are also aware of the fact that, while only about 30% of new jobs predicted to be created in the next 10 years will require at least a bachelor's degree, more than 70% of parents seem to believe their child will fill one of those jobs (Parnell, 1985). When counselors try to interest both students and their parents in considering other options in addition to colleges offering bachelor's degree's, strong parental resistance is often encountered. In voicing their objections, many parents appear to be asking "What's the matter with my child? Why shouldn't he or she enroll in a college offering the bachelor's degree?" So long as parents continue to express this point of view, it will be very difficult for counselors to discuss other alternatives with students.

This article begins with a section that emphasizes the economic benefits of a bachelor's degree. A short discussion of both the limitations and the virtues of other kinds of postsecondary educational options follows. The basic purpose is to provide information that counselors can use to help both high school students and their parents become aware of and understand a wide variety of other kinds of postsecondary options also available for choice.

Education Pays

Figure 1 shows that a total of approximately 50,562,000 job openings are projected to become available during the 1996-2006 period (Charting the projections: 1996-2006, 1997, 1998). Of these, 21,944,000 (43.4%) will require only 2 to 3 weeks of short-term, on-the-job training and only 10,429,000 (20.6%) will require a bachelor's degree or more. Parents and students need help in understanding that, if the number of persons seeking college degrees greatly exceeds the number of job openings calling for such a degree, it is inevitable that many college graduates can expect to find that most of the jobs available to them do not require a college degree.

While the number of jobs expected to become available is greatest for occupations requiring only 2 to 3 weeks of on-the-job training, the rate of growth is greatest for occupations requiring at least a bachelor's degree. Further, this information clearly shows that all of the occupations requiring at least a bachelor's degree are expected to grow at a higher than average rate when compared to all occupations. The trend is

clearly toward closer and closer relationships between education and employment. The validity of the expression "education pays" remains both high and positive.

The prediction that approximately 21 million of these expected 50+ million jobs will require only 2 to 3 weeks of short-term, on-the-job training would seem to be especially bothersome to school counselors. These are, by and large, the dead end, low pay jobs that never pay workers a comfortable income. If high school leavers seek employment without receiving postsecondary education of any kind, this is the type of job most open to them. Until and unless they obtain some kind of postsecondary education, they are unlikely to obtain what most persons would describe as "good jobs."

Some College, No Degree vs. the Associate Degree

The phrase some college, no degree, as defined by Hecker (1998) for the Bureau of Labor Statistics, includes both former and current students who have not yet completed either a bachelor's or an associate degree. It also includes workers who, while not working toward any degree, enrolled in one or more college-level courses, and persons who received some kind of certificate but were not enrolled in any degree program. This primary subpopulation is those persons who, after having enrolled in some kind of 2-year or 4-year college program, withdrew prior to completing it.

As shown in Table 1, Hecker (1998) reported median weekly earnings by sex for persons with various amounts of education. The largest differences for both men ($155) and for women ($119) in weekly earnings occurred when those with an associate degree were compared to those with a bachelor's degree. There is no doubt but that a positive relationship exists between level of education and weekly earnings. The smallest differences for both men ($41) and for women ($50) occurred when weekly earnings were compared for persons in the "some college, no degree" category and persons in the "associate degree" category.

For both men and women, persons in the "some college, no degree" category earned less, on the average, than did persons in the associate degree category. It is not clear why this is so. It is suspected this may be related, at least in part, to specific career skills acquired by associate degree persons as part of their degree requirements. It may also be due, in part, to the fact that many employers prefer to hire "completers" rather than "noncompleters."

Missing from Hecker's (1998) data are comparisons with what he calls "occupations that usually require completion of vocational training provided in postsecondary vocational schools." If these kinds of data were added, it is suspected that these sizable differences in median weekly income between men and women would be substantially reduced.

Community College vs. the Four-Year College

The often-quoted statistics showing that only about half of those embarking on a program leading to a bachelor's degree actually receive that degree within a 5-year period need to be carefully interpreted by counselors as they work with high school seniors and their parents. A publication on this subject produced by the National Center for Education Statistics (1996) shows that, for students with a goal of obtaining a bachelor's degree, 57% of those seeking that degree obtained it within a 5-year period. On the other hand, for those attempting to meet this goal by enrolling initially in a 2-year institution, only 7.9% obtained the bachelor's degree within a 5-year period. It is suspected that this may be due, in part, to a condition that many of those who first enter a community college program appear to make that decision primarily because of a lack of funds, not because they personally favored community colleges over colleges offering the bachelor's degree.

It seems safe to say that most community college students do not have a bachelor's degree as their primary goal. Community colleges are much more likely to be chosen by high school students and their parents primarily because of their various occupational education programs and the general education opportunities they offer.

Findings in Table 2 make it clear that postsecondary education is the primary path out of poverty (Bureau of Labor Statistics, 1995). When education is measured in terms of expected job earnings over the work life of most persons, it seems clear "the more the better." For example, (a) high school graduates, on average, earn almost one and one-half times as much as high school dropouts; (b) persons who pursue some college work after high school but fail to obtain any degree do not earn much more, on average, than do high school graduates; (c) persons age 18 and over who have obtained an associate degree from a community college earn, on average, about $5,000 more annually than do persons with some college but no college degree. If viewed only from an economic point of view, the advantages of a bachelor's degree or more appear obvious.

The difference between the mean annual earnings of persons with an associate degree ($24,398) compared to those with a bachelor's degree ($32,629) is about the same as the difference between those with an associate degree ($24,398) compared to those with a high school diploma ($18,737). These differences are all sizable and important to consider.

A strong positive relationship exists between average job earnings and level of education. There is no doubt that, on average, college graduates have higher job earnings than do persons without a bachelor's degree. Another example illustrating this was reported by Cosca (1998). Cosca's data, shown in Table 3, reported median annual earnings for each of several education levels. While these reported earnings

showed slightly different amounts from those reported in 1995, the general direction was the same. This is a clear example of the validity of the "education pays" motto.

Shelley (1996) published still another set of data justifying the claim that "education pays." She reported the median earnings of college graduates are expected to be $640,000 higher over the 40-year work life than for high school graduates. Further, she reported that the 25% of college graduates with a bachelor's degree who did not secure college-level job offers are expected to have lower salaries and less job satisfaction than those who did enter college-level jobs.

Counselors should recognize that the research findings reported here are based almost exclusively on comparing college graduate earnings with high school graduate earnings. Only a few reports are made comparing graduate job earnings with those for persons receiving a variety of other kinds of postsecondary education. It is also important to keep in mind the fact that these statistics are almost all made using either the difference in average or the difference in median job earnings. Some high school graduates will earn more than the median for college graduates. Some college graduates will have earnings no higher than the median for high school graduates. Most of the time, however, these statistics are expected to hold true. Once again, it seems safe to say higher education usually does pay!

Is There Currently a Surplus of College Graduates in the Labor Market?

Conflicting research exists with respect to whether or not a surplus or a shortage of college graduates exists in the U.S. labor market. A few of the most carefully researched reports now available are reviewed here.

One of the early reports estimated that, between 1994 and 2005, there will be 1,340,000 bachelor's degree graduates annually compared with 1,040,000 job openings requiring such a degree (Shelley; 1996). If Shelley's figures are correct, this makes a surplus of 300,000 college graduates with bachelor's degrees each year during this period. Further, since the number of college graduates seeking jobs will grow more quickly than the number of college-level jobs, the proportion of college graduates with a bachelor's degree who are expected to enter noncollege jobs or be unemployed, is predicted to grow from 18% to 22%.

Mittelhauser (1998) reported that the Bureau of Labor Statistics expects there will be about 250,000 more college graduates with a bachelor's degree entering the labor force each year between 1996 and 2006 than there will be new college-level jobs. Like Shelley (1996), Mittelhauser assumed the numbers involved would remain about the same from year to year.

Further, Mittelhauser (1998) emphasized the unemployment rate for college graduates with a bachelor's degree was only 2.4% in 1996 compared with an unemployment rate that year for high school graduates of 5.7%. He explained this by

emphasizing the labor market favors college graduates as applicants even when the job being sought does not require a bachelor's degree.

Fleetwood and Shelley (2000) wrote a major article addressing the question "Is there a surplus of college graduates?" Using more recent data, they predicted that for the first time in many years, the total college-level job openings between 1998 and 2008 will nearly equal the number of college educated entrants to the labor force. They attribute this significant turn-around primarily to the large number of retirees expected to come from the beginning of the "baby boom" generation, 1946-1964. They also predicted that jobs for college graduates are expected to grow by 28%, more than twice as fast as for noncollege required jobs.

The information found in these three significant articles was not collected or reported in a directly comparable fashion. Thus, it is extremely difficult to say that one of these findings is more valuable than the other. Still, some generalizations can be made that are likely to be true. First, while strong disagreements obviously exist regarding whether or not there is a surplus of college graduates with a bachelor's degree in the labor market, there appears to be no argument with the claim that employers will welcome most of these graduates whether or not they have jobs that require specific vocational skills. Second, and related to the first, unemployment rates among college graduates are reported in all of these articles to be lower than rates for other parts of the labor force. Third, asking whether or not it is legitimate to say a surplus exists can really be answered only by comparing the number of college graduates seeking employment and the number of jobs seeking college graduates with a bachelor's degree. This cannot be done in an exact fashion through study of these three articles.

Whether or not a surplus exists is, in part, dependent on the proportion of persons receiving college degrees at the bachelor's level each year. At the present time, slightly fewer than half of all persons seeking college degrees at the bachelor's level are receiving them (National Center for Education Statistics, 1995). If higher education institutions were to launch a concentrated effort to greatly increase that percentage, they obviously would be contributing to making the surplus greater. If, instead, they were to launch an active campaign aimed at increasing academic standards and thus the number of students who receive failing grades, they would almost certainly greatly reduce whatever surplus exists. If they do neither of these things, the surplus situation should remain about as it is now.

If all of the basic goals of higher education were pursued, it would be very difficult indeed to justify a claim that there is a "surplus" of college graduates. In addition, some of the most recent research indicates there may not be a true surplus of college graduates even with respect to availability of jobs requiring a bachelor's degree or more (Fleetwood & Shelley, 2000).

What is a Good Job?

Obtaining a good job seems to be a primary goal of students attending most kinds of postsecondary education. Some persons seem convinced that the only really good jobs are those requiring a bachelor's degree or more from a higher education institution. Many others would strongly disagree with that point of view.

Expected job earnings appears to be only one of several occupationally related reasons some persons decide to enroll in postsecondary institutions. Important as these economic findings are, they should not be viewed as the only reason for student enrollment. Other reasons for making occupational choices noted by Mariani (1999) have produced data verifying the fact that many "high-earning" jobs exist that do not require a bachelor's degree.

In addition, Mariani (1999) noted that economic factors represent only one component of what is called a good job. Other important components of a good job, for some persons, include:

* Fringe benefits
* Projected growth in new job openings
* Job security
* Advancement potential
* Nature of the work

In addition to these reasons, Cosca (1994, 1995) listed several reasons many persons, including both those with bachelor's degrees and those without such degrees, answer the question "What is a good job?" They contended that a good job may emphasize:

* Level of physical exertion necessary
* Cleanliness and safety of the workplace
* Level of contact with other persons
* Ability to decide how the work is to be done
* Level of stress
* Risk taking

Cautions for Those Who Consider Seeking a Bachelor's Degree

The economic advantages favoring those with at least a bachelor's degree over those without such degrees are, on the average, clear. However, exceptions to this general rule are numerous. They include such statistics as the following:

1. Less than half (45.8%) of students entering 2-year or 4-year colleges in 1989 with a goal of pursuing a bachelor's degree had attained that degree by 1994 (National Center for Educational Statistics, 1996).

2. About 27% of 1994-95 college freshmen were reported not to be returning as sophomores in fall 1995 (Geraghty, 1996).

3. In 1998 about 5.9 million college graduates were working in positions that traditionally did not require a bachelor's degree or higher (Fleetwood & Shelley, 2000).

4. Only 70% of college graduates joining the labor force during the 1990--2005 period are expected to enter jobs requiring a college degree (Shelley, 1992).

5. The number of underutilized college graduates tripled from 1 million in 1969 to 3.2 million in 1979, and the proportion of underutilized college graduates rose from 1 in 10 to 2 in 10 during the 1980-1990 period (Hecker, 1992).

6. The proportion of college graduates who do not find employment in college-level jobs is projected to be 18% each year between 1996 and 2006 (Hecker, 1992).

7. Of the 29 million college graduates in the labor force in 1992, 24 million were in jobs that require a college degree and 5 million were in jobs that do not (Mittelhauser, 1998).

These kinds of information combine to make it clear that persons with bachelor's degrees are usually but not always successful in their efforts to participate in the labor market after leaving the institution. Some jobs are almost always available to them. A bachelor's degree helps to open many doors but it is no guarantee of occupational success.

Occupational Success Information for Persons Without a Bachelor's Degree

Just as a bachelor's degree is no guarantee of occupational success, failure to secure such a degree is no guarantee of finding only "second best" jobs. Here is some key information regarding persons in the occupational society who have good jobs but do not possess a bachelor's degree. Such information includes:

1. Fifteen percent of full-time wage and salary workers age 25 and older who did not have a bachelor's degree in 1998 earned more than $821 per week, the median for college graduates (Mariana, 1999).

2. Thirty-eight percent of all workers without bachelor's degrees earned more in 1998 than the median for all workers, $572 per week (Mariana, 1999).

3. High school graduates in jobs requiring post high school training earn, on the average, $150 more per week than those in jobs not requiring such training (Moskowitz, 1995).

4. Nineteen and one-half percent of all workers are "high earners." Roughly 1 in 3 of "high earners" do not have a bachelor's degree. Examples of "high earner" occupations include: (a) registered nurse, (b) police and detectives, (c) carpenter, (d) truck driver, (e) engineering technician, and (f) wholesale sales (Tise, 1990).

5. One in six full-time salaried workers age 25 and older who didn't have a bachelor's degree in 1993 earned, on the average, more than $700 or more per week, close to the median for college graduates (Tise, 1990).

6. The 1999 median annual earnings of persons with an associate degree ($34,564) is greater than that for persons with some college but no degree ($31,793) (U.S. Census Bureau, 2000).

It is becoming increasingly clear that, in addition to studying differences between high school graduates and college graduates, today's high school students and their parents should also consider information from former high school graduates who have obtained some kind of postsecondary career-oriented education at the subbaccalaureate level. This kind of education is currently growing at a faster rate than any other educational level (Projected changes in employment 1992-2005, 1994). There is little doubt but that the occupational society in the United States is moving rapidly in the direction of drawing greater and greater differences between skilled and unskilled workers, not simply between college graduates and noncollege graduates. No matter how much they want today's high school students to become college graduates, reality dictates that, in order to keep options open, both students and their parents should consider information regarding various other kinds of postsecondary subbaccalaureate career-oriented educational institutions that are also available for choice.

Concluding Thoughts

The sacred right of every student to make his or her own life choices must always be the top concern of the school counselor. To protect that right students must be helped to make what, for them, are reasoned, reasonable choices. This should be the top priority for both their counselors and their parents.

Data presented in this article make it clear that it would be poor reasoning to assume the "best" path every high school graduate could follow is to seek a bachelor's degree. Yet that, in effect, appears to be the situation in most places today.

Neither school counselors nor those students they try to help should ignore the fact that choosing college enrollment carries a risk. It will not be fair to either students or to society in general if they ignore such factors as (a) the large number of college students who fail to ever obtain a bachelor's degree, (b) the sizable number of college graduates who can find only jobs that do not require a college degree, or (c) the sizable numbers of noncollege graduates whose jobs have higher salaries than those paid to college graduates.

It is time today's school counselors "bite the bullet" and help both students and their parents make more reasoned decisions regarding college attendance. There is no intent here to minimize the value of a baccalaureate degree. Rather, the prime goal has been to encourage expanding the varieties of postsecondary education available to today's high school students.

Table 1. Median Weekly Earnings by Level of Education - 1996

Level of Education	Men	Women
All levels	$584	$435
High school graduates	$504	$361
Some college, no degree	$571	$411
Associate degree	$612	$473
Bachelor's degree	$767	$592

Note: From Occupations and earnings of workers with some college but no degree by D. Hecker, 1998. Occupational Outlook Quarterly, 42(2), 28-39.

Table 2. Earnings by Level of Education

Education Level	Mean annual Earnings age 18 & over	Estimated earnings over work life age age 25-64
Professional	$74,560	$3,013,000
Doctorate	$54,904	$2,142,000
Master's	$40,368	$1,619,000
Bachelor's	$32,629	$1,421,000
Associate	$24,398	$1,062,000
Some college, no degree	$19,666	$993,000
High school	$18,737	$821,000
Not a high school graduate	$12,809	$609,000

Note: From Education: It Pays for the rest of your life by Bureau of Labor Statistics, 1995, Occupational Outlook Quarterly, 39(1), 52.

Table 3. Earnings of Graduates by Level of Education in 1996

Education Level	Median Annual Earnings
Professional	$71,868
Ph.D.	$60,827
Master's	$46,269
Bachelor's	$36,155
High school	$23,317

Note: Adapted from Earnings of college graduates in 1996 by T. Cosca, 1998, Occupational Outlook Quarterly, 42(3), 21.

Figure 1. Projected Change in Employment by Education and Training Category 1996 - 2006.

	Percent of change, 1996-2006, projected	Job openings due to growth and net replacement needs, 1996-2006, projected (thousands)
Short-term on-the-job training	13	21,944
Moderate-term on-the-job training	9	5,628
Work experience plus bachelor's or higher degree	18	3,481
Long-term on-the-job training	8	3,466
Work experience in a related occupation	12	3,285
Postsecondary vocational training	7	2,329
Bachelor's degree	25	7,343
Associate degree	22	1,614

First professional degree	18	582
Doctoral degree	19	460
Master's degree	15	430
Average all occupations	14	

Note. Adapted from "Charting the projections: 1996-2006," Bureau

of Labor Statistics, 1997-1998, Occupational Outlook Quarterly, 41(4), pp. 11-12.

Note: Table made from bar graph.

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Biracial Youth: The Role of the School Counselor In Racial Identity Development

Professional School Counseling, Oct, 2001 by Amy E. Benedetto, Teri Olisky

Since the 1967 Supreme Court decision of Loving v. Virginia, which prohibits anti-miscegenation laws, the number of biracial births has more than tripled (Sandor & Larson, 1994). Schwartz (1998a) reported that through 1996 more than 100,000 babies were born annually to parents of interracial marriages. Literature also suggests that a disproportionate number of biracial youth require special attention in school due to difficult behaviors (Herring, 1995; McRoy & Freeman, 1986). These behaviors are affecting school performance and, as such, counselors will likely find themselves assisting a student of biracial descent. Because school counselors are in a unique position to assist biracial youth, it is important that these professionals are multiculturally sensitive and knowledgeable about working with these students.

A reasonable amount of literature on biracialism exists (e.g., Herring, 1992; Kerwin, Ponterotto, Jackson, & Harris; 1993; McRoy & Freeman, 1985; Nishimura, 1995; Poston, 1990; Schwartz, 1998a, 1998b; Wardle, 1992; Winn & Priest, 1993). Little research, however, has been completed on biracial youth or their families. Herring (1992) noted that this lack of research was partly due to the resistance of biracial individuals and their families to being studied as well as to the small population of biracial youth. Instead, issues related to biracial youth have focused largely on explaining racial identity development. This article addresses this concept and the role of the school counselor in assisting biracial youth to develop a positive racial identity. Interventions are presented with goals of promoting the development of a healthy biracial identity and alleviating at-risk behaviors.

Racial Identity Development

Racial identification is defined as "pride in one's racial and cultural identity" (Poston, 1990, p. 152), and has been considered a key factor in any individual's development. Few of the many proposed models of racial identity development have been able to adequately address the unique issues of the biracial individual (Herring, 1995; Poston, 1990). In response to the lack of a model of biracial identity development, Poston (1990) presented The Biracial Development Model. This model suggests that biracial individuals develop through five stages: personal identity, choice of group categorization, enmeshment/denial, appreciation, and integration.

Stage one, personal identity, is characterized by one's identity being relatively inconsistent and dependent on self-esteem developed within the family. This is a critical developmental period for a child. Family members are instrumental in helping a biracial child feel a sense of belonging and acceptance. The second stage, choice of

group characterization, may be a time of crisis for a child. During this stage, the child feels compelled to select an ethnic identity, and thus must choose between parents. The third stage, enmeshment/denial, is characterized by confusion and guilt as a result of choosing an identity that may not be all-inclusive of one's biracial heritage. This stage is characteristic of adolescence during which group belonging becomes a central theme for all youth (Newman & Newman, 1999; Poston, 1990). The enmeshment/denial stage is even more difficult for biracial youth because they are struggling with dual-race membership. The fourth stage, appreciation, is a period during which the individual still identifies with one ethnic group but begins to broaden his or her understanding of multiple heritages. This is a time of exploration, resulting from the desire to know one's complete racial heritage. The final stage, integration, is characterized by the individual's ability to recognize and appreciate all of the ethnicities he or she possesses. At this point, the biracial individual feels complete and sees himself or herself as a contributing member of society.

Poston (1990) speculated that with the proper support and mastery of these stages, biracial individuals can develop a healthy racial identity and achieve a sense of wholeness in their lives. However, racial identity development is a complex process for some biracial youth, especially as they enter adolescence. Biracial adolescents may encounter conflicting values as they begin to ask, "Who am I?" and "Where do I belong?" (Newman & Newman, 1999). These youth may experience guilt and confusion about developing an identity that may not embody all aspects of their heritage (Herring, 1992; McRoy & Freeman, 1985; Poston, 1990). They may also be confronted with a lack of social acceptance due to prejudicial and stereotypical attitudes (Newman & Newman, 1999; Schwartz, 1998a). As a result, some biracial youth exhibit a variety of problems that has led researchers to label them "at risk" (Kerwin et al., 1993). These at-risk behaviors include (a) poor academic achievement, (b) off-task behavior, (c) poor social skills, (d) negative attitudes toward adults, (e) chip-on-the shoulder personas, (f) social isolation, and (g) aggressive behaviors toward peers (McRoy & Freeman, 1985; Nishimura, 1995). More importantly, biracial youth may experience depression or exhibit maladaptive behaviors such as substance abuse, psychosomatic disorders, and suicidal ideation (Herring, 1995; Poston, 1990; Winn & Priest, 1993). These behaviors may place the biracial youth at risk for academic failure. The school counselor is in a position to assist the biracial student in working through these issues, and to support the student's successful involvement and achievement within the school.

Interventions

Awareness, communication, and exposure are areas for intervention by school counselors. These areas provide a focus for intervention as part of a school counseling program and are designed to promote the development of healthy biracial identity in youth. These intervention areas were derived from multicultural literature (e.g., Herring, 1992, 1995; Nishimura, 1995; Schwartz, 1998b; Wardle, 1992, 1998;

Wehrly; Kenny; & Kenny; 1999) on interventions that can be used to help biracial youth reach Poston's (1990) final stage of integration. Specific interventions are presented for the areas of awareness, communication, and exposure in hopes of providing a more specific structure for working with biracial youth.

Awareness

Awareness is the recognition of the various factors related to biracialism, including individual and societal feelings toward interracial marriages and biracial births, a familiarity with historical and modern myths and stereotypes, and an appreciation for the advantages and disadvantages of biracialism (Schwartz, 1998a; Wardle, 1992; Wehrly et al., 1999). Awareness facilitates dealing with feelings of inadequacy or alienation, which may lead to a display of at-risk behaviors. School counselors have the opportunity to address these feelings, create awareness, and help youth find solutions that offset negative attitudes and behaviors.

School counselors may employ a variety of strategies for fostering awareness of biracialism. They can implement developmental guidance lessons to increase school-wide awareness. The lessons can address the meaning and importance of diversity and can debunk existing racial myths and stereotypes. Cultural diversity days based on the lessons taught can also be implemented school-wide. Individual responsive services can address awareness at a more personal level. For example, counselors can use questioning skills to assess a biracial student's current level of racial identity awareness; they can also use family trees to help the student gain a better understanding of his or her heritage (Schwartz, 1998b; Wardle, 1992). Counselors can address racial myths and stereotypes and use bibliotherapy to ameliorate the student's feelings about these prejudicial opinions (Wardle, 1992; Wehrly et al., 1999). Role playing can also help individuals learn how to deal with prejudice (Wardle, 1992). Counselors may want to refer the student to biracial or minority status support groups (Poston, 1990). Finally, counselors can disseminate accurate information about biracialism through reference books, articles, Web sites, and psycho-educational workshops that discuss racial identity formation and general topics about biracialism (Poston, 1990; Wehrly et al., 1999).

Communication

Communication is the rime spent discussing biracialism so as to facilitate a secure racial identity. School counselors are in a unique position to foster communication about racial issues through individual counseling, group counseling, and classroom guidance. This process allows biracial youth to share feelings about their biracial identity, and to receive confirmation and assurance that these feelings are normal (Herring, 1992; Winn & Priest, 1993). The counselor can gain an understanding of how a student's racial identity is viewed, supported, and cultivated in the home as well as how the student would like it to be supported in school. Additionally, counselors can ascertain how biracial youth respond to negative comments and

prejudice, and then develop positive responses to these situations (Schwartz, 1998b; Wardle, 1992).

Specific strategies to foster communication with biracial youth could include the use of diaries and/or creative writing to record uncomfortable situations (Herring, 1992). School counselors can use the writings to discuss students' reactions to the situations and to offer suggestions for future action. The use of bibliotherapy can generate questions on reading assignments, which can, in turn, initiate discussions of the negative situations (Wehrly et al., 1999). Stories about historical biracial role models could be used to develop stories about a youth's future (Herring, 1992; Wardle, 1992). Additionally, counselors can develop staff training sessions and parenting workshops (Wardle, 1992). Promoting and teaching communication skills school-wide and within the family may help these individuals involved in the workshops increase their self-awareness regarding issues related to biracial youth, which may, in turn, foster a sense of belonging for the biracial youth.

Exposure

Biracial youth need exposure to all aspects of race and ethnicity in order to understand their heritage and to acquire culturally linked coping skills (Schwartz, 1998a; Wardle, 1992; Wehrly et al., 1999). Exposure enables a biracial individual to attain more realistic attitudes and perceptions about his or her racial or ethnic background, and to become aware of prejudices and injustices (McRoy & Freeman, 1985). Through exposure, youth can learn to embrace their identity and find positive ways to respond to discrimination.

School counselors are in a position to implement school-wide and district-wide interventions to increase exposure to race and ethnicity. Specific strategies might include career days at which minority role models speak to the school body; developmental guidance lessons that focus on multiculturalism are another alternative (T, 1995; Wardle, 1998). Counselors can encourage classroom or school celebrations that observe culturally different holidays, or arrange field trips to various cultural centers on those holidays or throughout the year (Schwartz, 1998b). Counselors can have multiracial books and other literature readily available, and can ensure that the school library has a variety of such literature (Wardle, 1992). In-school support groups for biracial youth and a multicultural group for the school are other intervention options. Finally, when schools are predominantly one race, counselors can try to find biracial or minority role models within the community to assist in developing a mentoring program (McRoy & Freeman, 1985). Role models foster a sense of encouragement, especially in individuals who feel their minority status is a determinant for failure.

Concluding Thoughts

David (not his real name) was a young biracial boy who lived in a predominantly White community. He was on the playground and many of the other kids were playing "war." He wanted to play and asked if he could join the game. One of the boys refused him saying no Black soldiers were allowed. As David entered adolescence, he began to realize that he was different. Other student's continually made negative comments about his skin color. He felt increasingly alone and more aggressive, feeling the need to defend himself at all costs. At home David was even angrier, mainly with his mother because she was White and David blamed her for his being born. As David went through high school, things did not get much better. Girls at least talked to him; however, they could not bring him home to meet their mothers. On the night of the senior prom, David had to sit in the limousine while his friends went in to pick up his prom date.

David, now a young man, could possibly have benefited from the help of a school counselor who was knowledgeable in racial identity development. The school counselor is in a unique position to help alleviate some of the confusion, guilt, and anger that biracial youth such as David may experience, and to assist them in developing a positive racial identity. School counselors who implement the interventions as part of a school counseling program can create a positive and multiculturally sensitive atmosphere, thereby helping biracial students decrease their at-risk behaviors. Individual counseling, group counseling, and classroom guidance may help in dispelling ignorance and intolerance as well as in creating a sense of belonging for biracial youth. A biracial student who feels supported, validated, and accepted in school will have the benefit of enhanced self-esteem and a well-rounded sense of the world (Schwartz, 1998a).

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Enhancing the Spiritual Development of Adolescent Girls

Professional School Counseling, June, 2004 by Mary Alice Bruce, Debbie Cockreham

Spirituality is an important force during a period when institutional religion seems to be losing its hold on adolescents. To enhance the spiritual development of adolescent girls in the school setting, the group experience described addresses authentic identity, relationships and boundaries, managing pain experienced in life, and discovering and utilizing unique gifts.

"Everywhere we look, children are under assault from violence and neglect; from the breakup of families; from the temptations of alcohol, tobacco, sex, and drug abuse; from greed, materialism, and spiritual emptiness. These problems are not new, but in our time they have sky-rocketed" (Whitman & Chetwynd, 1997, p. 24). In many ways, today's teens are presented with a less stable environment than was experienced a decade or two ago. High divorce rates, high adolescent pregnancy rates, and increased geographic mobility of families contribute to this lack of stability (Santrock, 2001). Statistics related to teenage crime, violence, drug abuse, and suicide in our country indicate that youth are struggling to make meaning of their lives (Miller, 2002). Adolescent girls, in particular, seem to wrestle with many more issues than girls did 30 years ago (Pipher, 1994).

YEARNING FOR MEANING

Pipher (1994, 2003) acknowledged that adolescence has always been hard, hut believes that in today's dangerous, sexualized, and media-saturated United States society adolescent girls face incredible pressures to be beautiful and sophisticated. She asserted the most important questions for every adolescent girl to answer are "Who am I?" and "What do I want?" rather than, "What must I do to please others?" Pipher (1944) continued by stating "adolescence is when gifts experience social pressure to put aside their authentic selves and display a small portion of their gifts" (p. 22). Girls who stay true to themselves manage to find some way to respect the parts of them that are spiritual and protect their spirit from the forces that would break it. Can the female adolescent look within to find a core of true self, acknowledge unique gifts, accept her feelings, and make firm decisions about values, meaning, and spirituality?

Benner (1989) described spirituality as a deep and mysterious human yearning for self-transcendence and surrender, a yearning to find meaning and a place in the world. Legere (1984) differentiated spirituality from religion by stating that

spirituality focuses on what happens in the heart, while religion tries to codify and capture the experience in a system. Personal religion or spirituality remains an important three in a period when institutional religion is losing its hold on adolescents' interest and participation (Whitman & Chetwynd, 1997).

Helping adolescent gifts find and make meaning in their lives and encouraging gifts to know themselves can help them access the spiritual dimension in their lives (Parsley, 1992). According to Kessler (2002), many of today's teenagers in the United States suffer from a sense of emptiness inside, a sense of meaninglessness that comes when social and religious traditions no longer provide a sense of meaning, continuity, or participation in a larger whole. Her opinion is that teenagers experience a void of spiritual guidance and opportunity in their lives during adolescence. This void contributes to high-risk behaviors, which can be both a search for connection, transcendence, meaning, and initiation as well as an escape from the pain of not having a genuine source of spiritual fulfillment and meaning.

THE SCHOOL COUNSELOR'S RESPONSE TO STUDENTS' SEARCH FOR MEANING

Beginning in the late 1960s, there were movements within the field of education that addressed the experience of living a life of authenticity and meaning. These movements included values clarification and character education (Miller, 2002). However, public schools, once an authority, in the delivery of widely accepted values, were largely silenced by the Supreme Court rulings that put a chill on the teaching of values that could be viewed as religious. However, academic performance itself as well as self esteem, character, and human relationships suffer when the education of the whole person is neglected (Kessler, 2002). A growing number of leading educators (Bottery, 2002; Goodlad, 2000; Noddings, 1995; Palmer, 1998) have recognized that the pursuit of an exclusively academic education leaves students ill-prepared for future challenges both as individuals and as members of society. As a result, spiritual and moral development is now specifically part of the United Kingdom's government education policy and curriculum (Bottery). In addition, educators in the United States have begun to acknowledge the necessity of spirituality in education (Kessler, 2000, 2002; Lantieri, 2001; Miller, 2002).

As violence in schools and around the world continues, questions are being raised about the ethical and spiritual climate of our youth (Knickerbocker, 1999). Because of the division of church and state, spirituality, and moral guidance have been largely absent from the schools over the past several decades. However, as an increasing number of educators and parents in the United States are now realizing, this may have been a mistake. Educators have begun to search for effective ways to provide care, joy, and interconnectedness for their disoriented students (Kessler, 2000; Miller,

2002). Thus, school counselors have a major challenge before them as they collaborate with school staff to address spiritual dimensions and enhance adolescents' optimal development (Miller).

Since school counselors are concerned for wholeness and all psychosocial factors pertaining to a student's development and wellness, they should acknowledge spiritual issues as integral to most issues in students' lives. Witmer and Sweeney (1992) described the core of a person's wellness and wholeness as spirituality and self-transcendence. The quest for self-transcendence appears to be a longing inherent in every person (Maslow, 1970). Persons who are aware of these longings and who are responsive to them are more alive, more fully human, and better off psychologically than persons who have no such awareness (Benner, 1989).

ADOLESCENT DEVELOPMENT

The reason spiritual issues are more of a concern during adolescence than earlier in an individual's life may be due partly to the development of the ability to think abstractly (Piaget, 1967). Adolescents can hypothesize, think about the future, and are less likely to conceptualize everything in either or terms because their thought processes are becoming flexible. They are capable of pondering and philosophizing about moral, social, and political issues (Santrock, 2001).

Piaget (1967) believed that as human beings think more abstractly and discover new information and different understandings, some of which do not fit into their previous idea of the world, inner conflict or disequilibration occurs. Humans are born with the need to resolve inner conflicts and restore equilibrium, either by making changes in their thinking or by assimilating the new ideas into thoughts and beliefs.

Adolescent girls may have a harder time finding equilibrium because of the desire for approval from relationships that are important to them and because of the pressure put on young girls in our culture to be something other than authentic (Brown & Gilligan, 1992; Pipher, 1994). Often, societal roadblocks impede the adolescent girl from blossoming into her true self. One example of this is the value the Western culture places on slimness for women and the consequence of eating disorders experienced by many adolescent girls. While young women may overtly subscribe to the deeply held value to be true to themselves, cultural ideals about beauty could shape attitudes about appearance (Zerbe, 1993).

Piaget (1967) was also interested in how adolescents think about standards of tight and wrong. Since girls are often more tolerant in their attitudes toward rules, more willing to make exceptions, and more easily reconciled to innovations, Piaget considered girls' moral development less developed than boys'. Gilligan (1982)

challenged Piaget's concept of morality as it pertained to girls. Gilligan asserted that Piaget did not take into account a girl's different orientation to the world. Gilligan contended that girls are not less developed, but instead are often judged on their moral development based upon a male moral developmental theory of the justice perspective that focuses on the rights of the individual (Kohlberg, 1976). Whereas, Gilligan's theory offers a care perspective that defines people in terms of their connectedness with others and emphasizes interpersonal communication, relationships with others, and concern for others. While females are capable of reasoning within a tradition of law and justice, they most typically do not choose this type of reasoning (Brown & Gilligan, 1992).

In addition to cognitive and moral development, healthy psychosocial development is an important component for spiritual development (Santrock, 2001). Throughout his theory of psychosocial development, Erikson (1968) used the words trust, hope, will, and purpose. Erikson's fifth developmental stage, identity versus identity confusion, is experienced most generally during the adolescent years. Erikson pointed to the uniqueness of each individual's lifestyle as a result of a basic need to find meaning in one's own existence at every stage of life. Brown and Gilligan (1992) reported that in Erikson's stages, identity precedes intimacy, but for the female, identity parallels intimacy, and a female learns and comes to know herself through her relationships with others.

Adolescence is an intense time of change, where maw battles for the self are won and lost. Girls who stay true to themselves manage to find some way to respect the parts of them that are spiritual and protect their spirit from the forces that would break it (Pipher, 1994). One of the ways school counselors can help girls enhance their spirituality and find their truth is to help them develop techniques to protect their own spirit.

SPIRITUAL DEVELOPMENT MODELS

Genia (1990) observed that current theories of spiritual development roughly correspond to and appear logically consistent with models of ego, cognitive, moral, and psychosocial development. Genia has presented a faith developmental model of five stages that expands existing conceptualizations by incorporating psychoanalytic development psychology and object relations theory. After moving through Stage I of Egocentric Faith and Stage II of Dogmatic Faith, it is during adolescence that individuals usually reach the third stage, one of identity crisis and a shift in religious thinking. Genia purported that during Stage III, Transitional Faith, adolescents have the capacity for mutual interpersonal perspective taking, which enables them to transcend their own worldviews and dispassionately apprehend the perspective of others. Individuals in this transitional period of uncertainty and confusion need a

great deal of emotional support, as they critically examine their spirituality, in order to successfully progress to Stage IV: Reconstructed Internalized Faith, followed by Stage V: Transcendent Faith. Genia explained that those individuals who reach transcendent faith are more flexibly guided by a universal principled morality, and permeable psychospiritual boundaries.

Another model of spiritual development comes from Fowler (1981) who described faith as a dynamic and genuine human experience, a universal quality of meaning making. Fowler described faith development in six stages with two stages usually occurring during adolescence. The Synthetic Conventional Faith Stage characteristically begins to take form in early adolescence during which the adolescents are able to reflect general meaning from their experiences. Typically, during this time of adolescence, formal operational thinking (Piaget, 1967) emerges and opens the way for reliance on abstract ideas and concepts for making sense of one's world. Therefore, in this stage adolescents engage in critical reflection that often results in clashes with the previously valued authorities or perhaps a rejection of authorities, resulting in atheism. Later adolescence and young adulthood bring forward the Stage of Individuative-Reflective Faith. In this stage, clarity of faith is gained by analyzing meanings and translating them into conceptual formulations. This brings about clarity and understanding about faith resulting in the exercise of responsibility and choice in regard to the spiritual communities to which a person belongs.

In their Spiritual Wellness Model, Chandler, Holden, and Kolander (1992) constructed a model of spiritual wellness that can be incorporated into any stage of faith or spiritual development. The researchers believed wellness could be conceptualized as consisting of six major dimensions: intellectual, emotional, physical, social, occupation, and spiritual. Confrontation with life events can foster a shift in the direction of either spiritual emergence or repression of the spirit. The authors further postulated that a culture that fosters the development of the spiritual component as well as the personal component contributes to the likelihood that its members will achieve higher levels of wellness in all dimensions.

Finally, when looking at different spiritual development models, Harris (1989) offered insight into women's spiritual growth and development and offered ideas on how that can be fostered. Harris asserted that when women give themselves permission to be contemplative and attend to their own needs and be the women they were created to be, rather than what others expect them to be, they can be nourished in a way that nourishes their spirituality.

Considering the major spiritual models outlined above, Fowler (1991) and Genia (1990) characterized the spiritual development stage of adolescence as a time of

questioning and doubt, a time of upheaval and intense uncertainty. Both authors realized the need for adolescents to be supported as they question what they believe.

Chandler et al. (1992) stressed the need for spiritual balance and wellness at any stage of spiritual development. They pointed out that such spiritual imbalance can occur, and only by learning to achieve a balance during the different events and stages of life can an individual progress to higher levels of spiritual development.

Harris's (1989) concepts correlated with Fowler (1991) and Genia (1990) in that all authors stressed the need for adolescents to forge their own identity and beliefs in the process of developing spiritually. Harris added to the female's developmental process by not only addressing the need for a secure identity, but by also stressing the need for females to learn to appreciate, nourish, and utilize a unique identity.

CREATING A SUCCESSFUL SPIRITUAL GROUP EXPERIENCE FOR ADOLESCENT GIRLS

Drawing upon the cognitive, social, emotional, and moral development theories of adolescent females and integrating the spiritual development models of Harris (1989), Fowler (1981, 1991), and Genia (1990), the authors offer that the purpose for the spiritual group experience is to enable the adolescent female to become more fully aware of the spiritual aspect of her rife. This includes her willingness to seek meaning and purpose in human existence, to wonder about the underlying meaning of events, and to appreciate the synchronicities which cannot be logically explained or readily understood (Opatz, 1986). The suggested activities and targeted outcomes of this group experience program are meant to serve as a step in the spiritual journey that can enhance the awareness of the spiritual aspects of life rather than a comprehensive guide for spiritual development. Ideally, the 12-session program, as a part of a comprehensive school counseling program, consists of a one and a half hour weekly group experience with 8 to 10 girls who have expressed interest in personal growth. The purpose of the spiritual program encompasses four goals: (1) Discovering the authentic self, to include purposeful meaning in life, (2) Defining relationships and boundaries (3) Managing pain experienced in life, and (4) Discovering, appreciating and utilizing unique gifts.

Discovering the Authentic Self: The First Step of the Spiritual Journey

The road to spiritual development begins with each adolescent girl being able to answer the question "Who am I?" in a safe and inviting environment (Pipher, 1994). An adolescent girl needs to be guided in a process involving looking within to find a true core of self, acknowledging unique gifts, accepting all feelings, and making deep and firm decisions about values and meaning. The activities that follow lead to an

outcome for each girl understanding the difference between thinking and feeling, between immediate gratification and long-term goals, and between hearing her voice and the voice of others.

Activity #1. The girls are encouraged to search within themselves to begin the process of uncovering their authentic selves through a reflective discussion of guided questions (Harris, 1989) including:

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What are my values?
How would I describe myself to myself?
How do I see myself in the future?
When do I feel most like my true self?
What kinds of people do I respect?
How am I similar to and different from my mother?
How am I similar to and different from my father?
What goals do I have for myself as a person?
What would I be proud of on my deathbed?
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Additional processing of this first activity may occur with "Was it easy or hard to answer these questions?" "Did it make you uncomfortable?" and "Did you hear another person's voice other than your own when answering the questions?"

Activity #2. Since behaviors often reflect self beliefs (McGee, 1992), the girls can consider how they live their lives and respond to the following unfinished sentences:

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What you talk about
Places you go
People with whom you spend time
Your dreams for your rife
How you spend your time and money
How you manage conflicts
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Subsequently, each girl can be challenged to examine whether the authentic self, identified in the exercise in the first activity, is congruent with the behavior she exhibits on a daily basis as exposed by the second activity. "Are you meeting your own sense of who you really are? Or have you rejected your own truth and been riving someone else's truth for you?" The idea of incongruence or disequilibrium can be discussed and "journaled" about as a catalyst for spiritual growth. Each student may begin to identify her authentic self and discover congruence between her behavior and her authentic self. She can begin to unveil this authentic self to others in the group.

Activity #3. These questions (Harris, 1989) and accompanying group discussion may help each girl better understand her unique belief of spirituality:

When you say the word spirituality, what other words come to your mind? When did the word spirituality start to mean something to you?

What specific childhood experiences and people have been involved with your spirituality?

Imagine that you continue to search and uncover more about your spirituality; how are you responding?

Gradually, you uncover what you have found. What is it?

Now imagine yourself returning from your search. How are you different?

Activity #4. In order to accept thoughts and feelings that are part of each girl's authentic self, to become more attuned to her true self, and to learn to trust her own voice, the girls will be taught to experience the process of "centering" each day. Each girl is to freed a quiet place to sit alone daily for 10 to 15 minutes and attempt to work through these "tasks":

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Relax muscles and do some deep breathing.
Focus on thoughts and feelings about the day.
Do not judge these thoughts or direct them.
Allow flee-flow thinking.
Observe your thoughts and feelings, respect them,
and record them in your journal.
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Relationships and Boundary Setting: The Second Step on the Spiritual Journey

As adolescent girls search for their identity and strive to find equilibrium, they come to know themselves through relationship with others (Gilligan, 1982). Emotional support is critical in helping the adolescent girl examine this aspect of her spirituality. To make meaning out of her life, the adolescent girl needs to explore her place in the world and in her relationships to discover her unique individuality and talent. By doing this, her life begins to take on new meaning as she seeks to enhance the spirituality of not only herself, but of those around her. The outcome of the following suggested activities is that a group member is able to identify what relationships are in her best interest and learn to structure those relationships in accordance with her ideas and needs. She can also learn to set limits about her time, activities, and her companions.

Activity #5. During the group session, each girl begins to identify how the opinion of others affects her behavior. By means of contemplating and discussing the questions below (McGee, 1992), each group member can begin to understand which

relationships are beneficial to her and promote her own growth, to include spiritual growth.

Consider how the expectations of others can affect you:

1. -- would be happier with me if I would --.

2. -- is proud of me when I --.

3. -- tries to change me by --.

4. Things I do or say to get -- to approve of me include --.

5. I highly value --'s opinion.

6. How do you view yourself as compared to how other people view you?

7. How does what others think of you affect how you think of yourself?

Activity #6. Each group member is encouraged to identify what differentiates a healthy relationship from an unhealthy relationship. As a result, each girl can contemplate her relationships and how these relationships have affected her.

1. List some relationships that make you feel better about yourself.

2. List some relationships that have made you feel badly about yourself.

3. Now, brainstorm characteristics of a healthy relationship and an unhealthy relationship, as you consider your relationships.

Activity #7. As each girl reflects upon her relationships, the following questions (Berliner, 1992) can be answered by each group member for others in the group. Thus, each girl receives perceptions of others about her self-care and can understand that it is positive to take care of herself and create opportunities for self-expression and creativity.

1. What will happen to my world and relationships if I begin to include myself in the caring?

2. What will happen if I begin to see myself as strong instead of weak and dependent?

3. How can I better listen to what speaks to me and what feels congruent and right?

The Third Step: Managing Pain along the Journey

Harris (1989) contended that spirituality happens in its own time, happens from within and cannot be hurried, but certain experiences in life set the stage. In the language of psychology, these are often called crises (e.g., divorce, death, illness. However, a crisis can also be a natural transition. The onset of adolescence is a crisis that can lead to self-consciousness, weight-consciousness, and body-consciousness. By sharing and identifying some of the painful moments in each one of the group member's lives, each girl may find positive ways to manage pain that can turn her suffering into a means of spiritual growth. Thus, as an outcome of the following activities, a girl can learn that pain is a natural part of life and respond to pain in ways that promote spiritual growth.

Activity #8. To ease into a discussion on painful experiences and assist each member in realizing that pain is universal, the following sentence completion exercise is suggested based upon Carrell's (1993) work.

1. My biggest fear is ...

2. When others put me down ...

3. What I distrust most in others is ...

4. I get angry when someone ...

5. One thing I really dislike about myself is ...

6. I feel sad ...

7. One of my most painful childhood memories is ...

8. One of my scariest memories is ...

9. I failed ...

10. I can't understand why ...

Activity #9. The girls are asked to consider a very painful situation with the result of listening to what it may tell them, rather than running from the pain. The group leader supports the girls through the process by saying: "Think of all the circumstances in the situation. Try and feel the pain and identify it in your body. Describe the pain in your body. Listen to the pain and hear any messages it may be giving to you about

your life. Acknowledge the pain and describe it in your journal. Ask whomever you wish for guidance, 'What do you have to teach me at this moment?' Record your experiences in your journal."

Activity #10. With the intent of understanding what is most useful in dealing with pain in constructive and meaningful ways, have group members brainstorm ways they currently handle their pain. As a group, identify helpful and not so helpful ways of dealing with pain. Each group member is encouraged to find the best way to process her pain, either by writing, exercising, talking, reading, creating poems, art, music, helping others, etc.

Discovering, Appreciating, and Utilizing Unique Gifts in Step Four of the Journey

Spilka and Bridges (1989) asserted that a sense of God's presence may be tied to feelings of self-worth, and if a person can perceive God's influence along the dimensions of presence, wisdom, and power, therapeutic change is more likely. They continued by stating "Meaninglessness, powerlessness, and low self-esteem are correlates of cultural realities that deprive people of opportunities to realize their potential" (p. 347). Within the small group experience, the girls can discover what unique gifts and qualities they possess which can be offered to enrich the lives of their families, friends, school, and society.

Activity #11. By means of this activity, each girl begins to understand and express what truly gives meaning to her life. Imagine that you are 90 years old and on your deathbed. Close your eyes now and consider your answers to the following questions:

1. What about your life are you the most proud?

2. Do you have any regrets? What are they?

3. How do you most want to be remembered?

Activity #12. Because of this final activity, each girl receives support and feedback from other group members as well as celebrates her unique gifts and spiritual connections.

1. Please bring to our next group session an object that represents you. I do not know what it might be. Surprise us with something that is meaningful to you and shows off your unique qualities.

2. During the next session, each member shows her object and describes how it represents her and the gifts she can give to herself and others.

3. Other group members then can express appreciation, validate each other for their unique qualities, and celebrate their spiritual connections.

EVALUATION OF THE GROUP EXPERIENCE

Spiritual health and well-being is something almost impossible to define much less measure precisely (Veach & Chappell, 1992), but some form of evaluation is necessary for personal growth and to assess the effectiveness of the group experience for the participants. One essential assessment is the weekly check-in. The counselor asks for a wellness check at the close of each week's activities to help members learn to maintain their own spiritual wellness and balance, and to offer assistance to any member in need of follow-up support. Other formative assessments can include discussion of confidential journal writings that the girls may choose to share, results from group discussions, and the counselor's direct observation as well as information that parents and teachers may offer.

At the completion of the group process, it is important to have members evaluate the overall effectiveness of the group on their own spiritual development with reflection about each of the four goals. In addition, counselors may conduct a follow-up session after a few weeks to allow members to discuss their progress and offer continuing support for each other.

POSSIBLE OBSTACLES AND ETHICAL CONSIDERATIONS

At first, there may be apprehension and suspicion directed toward school counselors who propose to address a spiritual void that society has not successfully filled for its youth. However, this should not deter a counselor from attempting to meet student needs by addressing the spiritual dimension. AS evident, the authors are not proposing that religious practices or traditions be brought into the school learning environment. Instead, diverse expressions of spirituality can help students look within for a soulful response to a materialistic society. Often, it has been left to society to mold our young and teach them the psychosocial skills necessary to become contributing adults. Therefore, society has wanted the schools to concentrate on teaching only the basics of reading, writing, and arithmetic. But as society fails to meet these psychosocial needs, schools are asked to find the answers to cure what ails our youth.

Schools are now required to address health issues such as AIDS prevention, safe sex techniques, and nutritional information to our young people in an effort to join the parents, churches, and communities in meeting these needs. Federal funds are provided to schools through the Safe and Drug Free Schools Act to teach drug and violence prevention to our young people. Many of these funds are only released when

there is proof that the community is also committed to the cause. As has been mentioned, adolescents need the involvement and concern of all caring adults in their world--a caring community. Parents, religious and spiritual leaders of the community, other community members, neighbors, and schools have to work together to promote the spiritual development of their youth in this increasingly complex and challenging world. This caring community" includes school counselors who must he wise and strategic hi their planning, development, and presentation of a group program for spiritual development in the schools, while considering the culture of their community.

Another vital strategy is for the counselor to enlist the support of parents, administration, school board, staff, and the counseling advisory board in forming and conducting any group within the school setting. Since not all school schedules easily accommodate the time needed for group sessions, the school counselor must work carefully with the teachers and other staff members to collaboratively plan the timing of sessions, to specifically acknowledge their support, and to identify what benefits may occur that would justify their extra time and energy regarding students' missed academic assignments and learning experiences. School counselors must also give special attention and thoughtfulness to parents who are paramount when considering a group addressing spiritual needs. Appreciation to the parents for their family values and relationships may help ease the fears of parents who worry that the counselor is trying to take over the role of the parents. Rather, the school counselor can emphasize teaming with the parents in order to support their youth and encourage healthy student inquiry in a society full of pressures and expectations. Therefore, the school counselor should obtain parental permission with full disclosure; the group experience curriculum can be open for anyone to view, and special consideration may be given to clarifying for all stakeholders how soulfulness and spirituality are to be brought into the learning environment.

Reassurance to all stakeholders regarding the counselor's definitions and intentional differentiation between spirituality and religion is another essential strategy. Careful presentation of the group's purpose and goals that are congruent with the community's culture can also be useful. Theme titles for the group experience such as Life with Purpose, Caring and Compassionate Leadership, or Personal Empowerment may be more acceptable than Spiritual Growth and Development to the counselor's cultural community.

Because this is a group process that is unusual within the school setting, where it has been stressed for the past several decades that church and state should be kept separate, a group leader must believe in the importance of spiritual development and growth in the lives of adolescent girls. Ethically, one of the most important personal prerequisite for a group leader of a spiritual development and growth group in the

schools is for counselors to be comfortable with their own spirituality, confront their own feelings of meaninglessness, address their needs for self-care, and not be afraid to address the spiritual side of life (Miranti & Burke, 1995).

Another important ethical consideration for a counselor leading a spirituality development group is to enter the client's personal spiritual belief system with constant awareness, understanding, support, care, and respect. In this way, a counselor can help the group members clarify and apply personal beliefs that facilitates the group members' expression of their own spirituality, in a way that is conducive to the members' overall psychosocial development. Spirituality and religion are inherently value-laden, and a client's values tend to move toward those of the counselor during the course of intervention (Kelly, 1995). With this ethical concern in mind, it is especially important for the group leader of a spiritual development group to give the group members the freedom to choose their own values and to reassure parents and all stakeholders of this respectful level of support and acceptance (American Counseling Association, 2004; American School Counselor Association, 2004).

As mentioned earlier, times of disequilibrium can lead to spiritual growth. A school counselor must be comfortable with creating times of mild disequilibrium for group members to facilitate their growth, helping adolescents understand they can disagree strongly with another person without giving or taking offense. Fortosis and Garland (1998) stated that the group counselor must allow the members to express themselves honestly in a non-threatening environment with plenty of give and take between leader and members. The researchers continued by discussing how the counselor may sometimes have to confront group members with questions and statements designed to stimulate the girls to take a solid position and understand what and why they believe the way they do. It is important for adolescents to realize that someone who creates disequilibrium in their lives may actually be a positive force.

SUMMARY

Adolescents who sense meaning and purpose in their lives, who are at peace with themselves, and who have a healthy perspective about living in a confusing, rapidly changing, and frightening world are quite unusual (Lantieri, 2001). The attitudes and moods of a nation's youth reflect the attitudes and moods of its adults. The prevailing mood in our young today is hopelessness, helplessness, and despair that reflect "the ideals and tension of the culture at large" (Miller, 2002, p. 37). Our youth need to receive messages of hope, encouragement, and spiritual connections.

Even children are aware of the most basic questions asked by human beings. They are aware of death, the need for meaning, the threat to their freedom, and being alone.

Parents need to offer support and guidance in helping children find answers to some of life's existential questions, and yet both father and mother often work outside the home and return to the family with depleted energy and emotional resources. Because of our mobile society, many families are separated from their normal support system of extended families. In the past, many young women had the support from their parents as well as a beloved neighbor, a kindhearted aunt, or a nearby grandmother. Women reported that when they were adolescents they had someone they could really talk to who encouraged them to stay true to who they really were, to be authentic (Pipher, 1994). However, today in our fragmented chaotic world, fewer girls have that option.

School counselors can play a vital role in giving girls a voice, giving them an opportunity to tell their stories and being forever changed by the experience. Gilligan (1982) emphasized how counselors can play an essential role in assisting girls by mentoring, facilitating, and advising. Adolescent girls who choose and seek access to a nonparent adult are choosing to augment and strengthen their voices and personal development. Pipher (1994) boldly stated that pathology comes from failure to realize all one's possibilities. Helping girls discover the unique gifts with which each one has been blessed and learning to utilize these gifts for the benefit of others is one of the greatest callings a school counselor can fulfill.

The purpose for conducting a spiritual development group for adolescent girls within the school setting is to counteract the cultural changes that pressure girls to ignore their authentic selves and their spiritual dimension. By unlocking and enhancing their spiritual development, girls may be equipped not only survive the teen-age years, but live them joyfully and productively. As they become more fully alive understanding their spirituality, they can begin to experience a deeper connection to themselves, others, and the wholeness of life. Kessler (2002) contended that a generation of young people is yearning for adults who are willing to give as much importance and care to their hearts and souls as to their academic success and athletic prowess.

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The Practice of School Counseling in Rural and Small Town Schools

Professional School Counseling, April, 2002 by John M. Sutton, Jr., Richard Pearson

Focusing narrowly upon the increasing urbanization and suburbanization of the U. S. population might lead one to view rural and small town schools to be a decreasingly important bit of nostalgia. However, the U. S. Department of Education's National Center for Education Statistics (1998) reported that rural and small town schools comprise 37.8% of the total number of schools and serve 25.4% of the total number of enrolled students. In contrast, 37.2% of all schools, enrolling 33.5% of all students, are in areas defined as "large city" or "medium city."

Besides the reality that more than a quarter of U.S. public school students receive their education in rural and small town schools, there are other reasons for examining the nature of school counseling in this context. In a classic study, Barker and Gump (1964) found that small, rural schools were actually equal to or superior to larger schools on such important dimensions as: (a) the range of courses taken by the typical student, (b) rate of extracurricular participation, (c) access to leadership opportunities, and (d) feelings of responsibility. More recently, Cole (1990), while noting the problems of small rural schools, also asserted that

> these places are home in a society where the idea of home is becoming an abstraction not rooted in place. These places are home: like all homes, some are healthier than others. Like all homes, they are worthy of our very best efforts. (p. 48)

The experience of counselors in rural and small town American schools has been the focus of attention in the literature related to school counseling. A number of articles have considered program development issues or matters of day-to-day practice (e.g., Allen & James, 1990; Braucht & Weime, 1990; McLaughlin, 1990; Rose-Gold, 1991). Also there have been attempts to explore the impact of the rural/small town setting upon the actual and/or preferred role and function of school counselors (e.g., Dinkmeyer & Carlson, 1990; Gothberg, 1990; Hawes., Benton, & Bradley, 1990; Lund, 1990; Matthes, 1992; Saba, 1991; Sutton & Southworth, 1990; Worzbyt & Zook, 1992). However, with the exception of the Matthes and the Sutton and Southworth studies, these explorations were unclear about the breadth of the database upon which the observations were founded and were not specific about the analytical procedures used to develop their assertions and recommendations. Furthermore, we judged that the literature specifically related to counseling in rural/small town schools consisted primarily of opinion pieces (e.g., Dinkmeyer & Carlson, 1990; McIntire, Marion, & Quaglia, 1990; Worzbyt & Zook, 1992), and there were few data-based,

systematically designed studies. Though some studies were found to have used questionnaires to develop descriptions of counselor role and practice in small town and rural schools (e.g., Baldo, Quinn, & Halloran, 1996; Matthes, 1992), the descriptive results ultimately rested upon the opinion of an individual or a small group of researchers concerning which aspects of counselor activity were important to include in their survey instruments.

Against this broad background of views and assumptions, about rural/small town schools, our particular concern was to examine the role and practice of school counseling in this environment. We did this for a number of reasons. The chief of these was our belief that school counselors can and do play an important part in strengthening positive educational and personal attainment for rural/small town students, and that an understanding of the day-to-day realities of counseling in these schools can contribute to the preservation of existing strengths and to the promotion of a positive learning environment. In addition, the study had immediate, practical significance for us since rural/small town schools are settings in which many of our past and current students work as counselors and counseling interns. Finally, we hoped to make a contribution to the literature that would expand and deepen current knowledge of the realities of counseling in rural/small town schools.

Method

Participants

Approximately 100 school counselors, identifying themselves as working in small town and rural schools, attended the group sessions upon which the early stages of our inquiry centered. Two of these sessions, involving a total of about 30 participants, occurred at conferences in upstate New York. Another session, attended by approximately 15 counselors, was conducted in Maine. Finally, two sessions, involving an estimated total of 50 participants, took place at national conferences. The participants in these group sessions were the initial sample for this study. They served to orient our thinking on issues for counselors in rural and small town schools and to assist us in establishing a clear and relevant focus. Following the aforementioned group sessions, 19 individual interviews were conducted. There were 12 counselors interviewed from upstate New York and 7 counselors interviewed from Maine. The data gathered from these individual interviews formed the basis for the analysis.

Procedure

We chose a qualitative methodology as an appropriate approach to begin the process of mapping the domain of rural school counseling in a systematic, data-based, multi-

site manner. While qualitative research strategies may vary in their specifics, they have in common: (a) an emphasis on description rather than explanation, (b) a concern for understanding of phenomena from the perspectives of the people who are a part of those phenomena, and (c) an emphasis on the importance of examining the meaning of events and behavior in context (Henwood & Pidgeon, 1992). In line with these broad parameters, our data gathering took place in the context of in-depth, unstructured, and semi-structured small group and individual interviews. These interviews emphasized open-ended questions, requests for clarification/amplification, reflection of content or affect, nonverbal encouragers such as nods and smiles, and a range of verbal encouragers that included statements like "I see" or "I'm with you."

We also kept field and process notes recording our comments, hunches, and impressions of individuals, settings, and events after group meetings, individual interviews, and during the data-analysis process. These notes were an important element of the ongoing process of developing a structure for organizing, and drawing meaning from, the raw data (i.e., counselor comments as recorded in transcripts of small group and individual interviews). These process notes also served as the foundation for dialogue between the investigators that allowed individual views of the emerging analytical structure to be shaped into a shared view. As well, these process notes served as a process of "investigator triangulation" described by Heppner, Kivlighan, and Wampold (1999) through which "multiple views of a problem provide both a better description and some indication of the veracity of the description" (p. 250).

Individual interviews were initiated with the expectation they would allow deeper exploration of the issues and themes which had emerged in our analysis of data from the group sessions. As with the small group interviews, individual interviews were audio-recorded and statement-by-statement transcripts were prepared. Moving from individual session to individual session, we continually re-shaped our framework of categories and subcategories on the basis of the incoming data. Increasingly, we used the framework these categories and subcategories provided to guide our discussion in subsequent interviews (Patton, 1990). Our interview method continued to center upon open-ended questions, clarification, reflection, and verbal and nonverbal encouragers. When it appeared to us that a counselor had finished presenting his or her perspective, we invited viewpoints on aspects of the data analysis framework upon which previous comments might not have touched. For example counselors might be asked, "How do you interface with community mental health services?" In this manner we tried to give informants the opportunity to express their unique experiences while also securing their views on the previously identified categories, upon which they had not commented. The individual interviews continued until we judged we had reached "data saturation;" that is, the point when an interview begins to yield no new data, and

the researcher concludes that additional interview time would provide only redundant information (Bogdan & Bicklin, 1992).

Analysis

As previously noted, we came to this study with the intent of developing an in-depth understanding of the day-to-day experience of counselors working in rural and small town schools. The analytic induction method that we used to analyze the transcriptions of audio tapes of the group and individual interviews began with developing a coding system that allowed us to categorize the primary referent of each statement. This coding system allowed us to identify and manipulate the information that came to us as the group and individual sessions proceeded. As the data analysis process continued, we also began the process of identifying broad categories into which overlapping and related codes could be fit. This process of organizing material from related codes into broader categories represents what Miles and Huberman (1994) have identified as a data reduction procedure through which the researcher identifies patterns, phenomena, or issues that cut across settings and participants. In turn, the identification of these broader categories provided the basis for drawing conclusions about the phenomena upon which the research was focused. In the most comprehensive exploration, those conclusions may take the form of "grounded theory" (Strauss & Corbin, 1990). Less grandly, as in the case of the present study, those conclusions provide the basis for rich descriptions of the phenomena under study. Such descriptions may be used as a point of departure for further research, for example, by suggesting hypotheses that might be tested in studies using experimental or quasi-experimental designs.

Twenty-eight codes emerged from the analysis of the group sessions. Examples of these codes are: (a) negative influence of families, (b) living in a fishbowl, (c) counselor involvement in noncommunity activities, and (d) benefits of life in the rural setting.

By the end of the analysis of the group data, we had developed a series of codes and had begun the process of collapsing those codes into categories that included related material. For example, a category called "benefits of rural setting" was created to include coded material that related to ready access to outdoor recreation, opportunities to avoid the depersonalization of larger social contexts, and opportunities that daily life presents for seeing students and their families in their natural settings. However, we recognized that both the codes and their organization into categories would be differentiated and shaped by data subsequently flowing from the individual interviews upon which the second stage of the study centered.

At the conclusion of our interviews, our analytical framework had evolved into nine categories that were used to organize the data gathered from informants. Those categories were: (a) organizational smallness, (b) role generalization, (c) autonomy, (d) rural/small town communities, (e) rural/small town culture, (f) visibility/accessibility, (g) the school counselor as community mental health resource, (h) quality of life, and (i) students. The first three of these categories (i.e., categories a through c) were further collapsed into a set we identified as "the institutional context," and the remaining six (i.e., categories d through i) were grouped into a second set that focused on "the geographic and community context." Findings from analysis of the first set of these categories--that is, the impact of the organizational context of rural/small town schools upon counselor role and activity--has been reported elsewhere (Pearson & Sutton, 1999). This article presents and discusses the findings and an analysis of the data related to the second set, that is, the nature and influence of the geographic and community setting upon counselor role and practice.

Results

The results of this study are presented through a discussion of the data associated with a set of categories and codes focused on the geographic and community contexts. This presentation can be considered to fit the structure of what Tesch (1990) has called an "educational ethnography" (p. 67) centered on description of elements and patterns of cultures found in educational settings. The specific categories of the "rural" theme that will be presented and discussed are: (a) rural/small town communities, (b) rural/small town culture, (c) counselor visibility and accessibility to the community, (d) the counselor as a community mental health resource, (e) quality of life, and (f) students.

These data represent those aspects of the rural/small town setting which counselors believed to have exerted a significant impact on their roles and functions. In addition to a narrative presentation of the categories that emerged in the analysis of the interview data, direct quotes have been selected from the interviews that illustrate and bring to life the general material being considered.

The Communities

Hennon and Brubaker (1988) noted that there is a great deal of variation among rural/small town areas, beyond the obvious similarities of low population density and small communities. They noted that, contrary to common belief, not all are poor, unsophisticated, or agriculture-dependent. Consistent with their observations, we found considerable diversity among the communities in which the participants worked. For example, two of the counselors interviewed worked in school districts in which small, nationally known liberal arts colleges were located. Since the schools

were located in college towns, a significant proportion of the student body came from highly educated families whose high educational aspirations exerted a powerful influence on the curricular and extracurricular offerings of the local schools. In contrast, two of the counselors interviewed came from communities located on small islands off the coast of Maine where commercial fishing is an important activity, general educational attainment is low, and expectations for educational preparation of students were quite modest.

Some districts where the informants worked had virtually no farms, primarily serving as residential areas for professional, trade, or service workers employed in other towns and cities within commuting distance. In other districts, employment centered heavily upon tourism and recreation, again with minimal agricultural activity. Of course, some of the participants counseled in school districts located in productive dairy farming areas, whose broad fields, large barns, and neat farm houses conform closely to idealized notions of what "country" (at least in the Northeast) is really like. Finally, four informants described the population makeup of their districts as being in a state of flux, most typically moving from being predominantly rural in character to becoming increasingly suburban as captured in this statement:

> In the past few years, things have changed a bit. As we've had some new families move in, there is a bit of a division developing. There are the upwardly mobile people who have chosen this as a residential community. They don't have any intention of working here or making it their total life base, and they kinda bring a different set of needs and expectations than most of the people who have been here for generations.

Such diversity emphasizes the reality that rural and small town areas differ from one another. They also are dynamic--signs of change are evidenced in apparently stable areas. In the face of such variation, we were surprised to find a number of patterns and issues surfacing repeatedly that could be traced to the cultural context of ruralness. These patterns and issues focused upon the physical and sociological nature of the communities within which rural/small town school counselors work and the impact of the setting and the personal and professional lives of those counselors.

Culture

An issue often raised by the informants was the perception of the importance of recognizing and responding to the culture of the area. A number of participants in the study, not native to the areas in which they counseled, mentioned that they had to spend considerable time and energy early in their tenure, striving to learn and understand the local culture. One counselor stated, "In my first year here, I quickly learned that it would be helpful in connecting with my male clients if I learned to talk hunting and fishing." However, even with a sensitivity to local ways and

expectations, the majority found that it was often difficult to gain access to local people, especially if one were "from away." One counselor noted:

> It's tough to really get to many of the families. Just physically, many of them are not able to get in--they work, or don't have reliable transportation, or just refuse to have anything to do with the school. People tend to keep problems within the family and see others' concern, or efforts to help, as meddling. I've been here five years and am only now starting to break through.

On the other hand, if one stays long enough, the stability of many rural/small town settings can confer some advantages with reference to access to families. One counselor with more than 20 years of experience the same school reported:

> A lot of students I work with now, I know their parents--had them as students. I know a lot of people and they know me. There are few strangers to me in the district, and that's gratifying. I know these families down through several generations, and this makes it easier for me to talk with them. I wouldn't hesitate to call them or go see them about almost anything--I know them that well.

For counselors who grew up in urban or suburban communities, working in a rural or small town setting can be an experience in culture shock. A counselor working in an economically depressed rural area shared the following perspective:

> There is no critical mass of kids who have any real idea of the possibility of a different life than what they see going on around them. Male is defined as heavy drinking and violence, and female as getting pregnant, having a baby, and getting married. They tend to avoid anything they aren't familiar with; for example, many kids here won't sign up for a workshop at school, as it's foreign to them and not part of their world.

Other aspects of rural/small town culture that proved problematic were low levels of aspiration; resistance to new ideas; and a tendency to see such social problems as substance abuse, family deterioration, ant crime as something that exists "out there, but not here in our quiet town." A more positive, comfortable reaction to rural/small town culture is reflected in this comment:

> One of the things that I think is really important to recognize is that just because people are not wealthy in dollars doesn't mean they aren't wealthy in some other very important ways that society doesn't always give a lot of credit for. The ability of the people here to respond when someone is hurt, or injured, or has trouble is phenomenal. Often, when something happens, you see people offering to help, and you wonder how they can possibly spare whatever it is they give, whether time or some resource. I think people who don't

know these folks may not see the caring and responsiveness that is so common here.

Finally, there are apt to be additional barriers to fitting into the local culture when the new school counselor is not only an outsider, but is also from an in unfamiliar racial, ethnic or religious group. One informant, a non-Christian, described her situation and that of a colleague, a man of eastern European ethnicity, in this manner:

> We're both really different here.... in a predominantly mainline, Christian community where many people have never seen, or at least had to deal with, anyone who's anything else. We've not had any really bad stuff, but you know the fact of our being different keeps popping up, especially in the beginning. Like, "Mrs. B. do you have your Christmas tree up yet?" and I'd patiently explain that we didn't celebrate Christmas, and they'd look puzzled.

Counselor Visibility and Accessibility in the Community

Though rural/small town school districts may cover a large geographical area, the villages and towns found in the districts are, in social terms, small communities. Political bureaucracies are relatively noncomplex. Leaders are usually known as individuals by community people and can typically be approached directly. With regard to school politics, school board members are often in and out of the school building, may know the counselor on an individual-to-individual basis, and may have children, grandchildren, or other relatives who are among the counselor's clientele.

Schools in rural areas continue to be at the emotional center of many of the communities (Cole, 1990) in which the informants worked, even if much of the economic and political decision-making power has shifted to county, state, or national institutions (Wilkinson, 1978). That was true whether the particular school was truly the school housing kindergarten through grade 12 under one roof or consisted of several buildings scattered over different locations. Reflecting this reality, one informant observed:

> When there is only one counselor in the school, it's not difficult for
> people to figure out who their kid's counselor is, and where to find him.
> Everyone knows where the school is--as a matter of fact most of them
> attended it themselves, and know exactly which way to turn coming down the
> main corridor to find my door.

It is easy, perhaps even unavoidable, for a counselor to build a widely held reputation in these small communities. If that reputation is positive, one's access to and

influence upon in-school and out-of-school settings, events, and power structures can be considerable. Conversely, counselors who are viewed as unresponsive to local ways, values, and sensibilities may literally find doors in the community closed to them.

A frequently mentioned disadvantage of working and, for some, living in rural/small town communities related to the issue of accessibility and visibility. One counselor reported going to the post office to pick up mail on a Saturday morning and being accosted by an angry parent who had refused to make an appointment to come in to see him at school. The parent chose a public place for an encounter instead. Another counselor related:

> I went to a meeting out of the district one morning. On my way back to school I decided to stop at the bank to cash a check. Not only did the cashier know who I was, she felt no compunctions about asking me what I was doing away from school at that time of day. Now come on, if I worked in U (the nearest city) and stopped at a bank during school hours to cash a check, would the teller know who I was, where I worked, and where I was supposed to be? There's no anonymity, no cover.

Others reported examples of intrusion upon privacy involved purchasing beer or wine in the local store from a former student or relative of a current student or having people assume that they can call the counselor at any time of the night. In the extreme, this visibility could be experienced as so intrusive as to cause some of the informants to live outside of the district as a means of preserving their privacy. However, other counselors viewed their visibility and accessibility to the community as a central element of their effectiveness and satisfaction. This position was reflected in these comments given by a middle school counselor:

> I live right in town, and get phone calls at night all the time. Kids call me at home, and that's fine with me, great. I'm part of the community, and think that's important in a rural community. I think if I lived in another town I'd be viewed as an outsider.

The School Counselor as a Community Mental Health Resource

These small communities generally exemplify what Barker (1968) called undermanned settings (in this discussion the gender-neutral term understaffed will be used as an equivalent to the Barker term). In such settings, the relatively few people who are available to carry out required tasks must, of necessity, make greater, more diversified contributions than is possible in situations in which human resources are more plentiful. Barker noted that the role of generalist is not only more functional in understaffed settings than that of specialist; it is more necessary as well. For example, a large, resource-rich school may be able to designate one counselor specifically to

coordinate college applications or work with special needs students. In the small, understaffed school, the realities of limited resources demand that the counselor, or few counselors, take responsibility for the total range of student needs.

The phenomenon of understaffing has implications for the counselor role beyond the scope of the school and its program. Just as many rural or small town schools can be considered to be understaffed settings, so may the broader communities in which they are located. Therefore, the school counselor, who is often the only easily available person with relevant education, is called upon to fill gaps that exist in the community's mental health resources.

While referrals or requests for assistance may involve former students, a broader pattern of the school counselor being sought out by residents to provide non-school-related services was reported. One rural school counselor, when queried about the availability of mental health referral resources in her area, responded: "I'm it! I am the mental health system in my town."

A large minority of the informants found the role of serving as a community mental health resource to be a logical outgrowth of their contact with their students' families. Often, such contact established them as persons with whom personal issues and concerns could be discussed. Community people who would not, or could not, use the more distant resources of the formal mental health system would (often in nonschool settings) seek out the counselor for information or advice. One counselor stated:

> My role can be as narrow as saying, "Would you like the agency's phone number?" or as broad as getting in my car, picking up the parent, taking them to the agency, standing there, helping them fill out the papers, and bringing them back home again. So I can be anything. Typically, the social service workers are reluctant to come out here. I understand that they have tight budgets, and a whole other litany of problems, but sometimes we get a little disgusted and say "Wait a minute, we shouldn't be doing this!" On the other hand, we like our kids to eat, so we do it.

As with other issues we examined, the informants reported advantages and disadvantages to assuming the role of community mental health resource provider. On the positive side, such contacts have the potential of strengthening their credibility with and access to persons who play an important role in the lives of their students. Their influence in the broader community also was often enhanced such as when they were asked to serve on community committees or were used informally as consultants to community leaders.

The informants also were keenly aware that being looked upon as a community mental health resource could result in further demands being made on counselors who

were already stretched thin to cover their school responsibilities. We have already discussed how visibility and accessibility impact upon counselors in rural/small town settings. When one adds the reality that the counselor may play a major role in the local mental health enterprise, it becomes clear that situations arise in which there are many demands that do not fit narrowly under the umbrella of school counseling. One counselor who felt particularly burdened by the responsibility of interfacing with outside agencies noted:

> We also are probably the main source of information about agencies—not just social service or educational agencies, but almost any agency outside of the community. So it's not unusual to have someone call and ask "Where do I go for, whatever. I need some new boots for my kid, but I can't afford them; where can I go for help?" They expect that, somehow, if we didn't have that information we would get it, or tell them how to get it.

Quality of Life Issues

It was not uncommon for the informants to report that they had deliberately opted to work and live in rural/small town settings because they valued the lifestyle options available there. One counselor who worked in a school located off the coast of Maine expressed her enthusiasm for her setting by saying, "I love it on the Island. I spend less money and am also getting in touch with who I am. At this point in my life I'm appreciating the solitude and quiet." Often, the counselors interviewed spoke of small towns and open country as good places to raise families; of social contexts in which they could really become a part of a human-scale community; and/or of settings where such valued activities as gardening, hunting, and fishing were readily available.

Our observation is that counselors who viewed a rural/small town lifestyle as a valued facet of their work tended to be persons with established families. Even if they were not "locals," they had come to see the community as their home, as the place where their children attended school. The longer they stayed, the more they became involved in such aspects of the informal and formal life of the community as going to church, becoming a member of the volunteer fire department, or working at the library. Some reported that friendships are easy to form and that many of their friends were their colleagues at work. They believed these friend ships to be personal, close, and supportive. One informant who had moved to a rural district from an urban community noted:

> After I had been here a couple of years, I realized that when I drive down the main street I look to see who's in the cars I meet because I probably know the driver and want to wave to them. In S (an urban community where he previously worked) there were so many cars and so many strangers that it never occurred to me to actually

look at the people in the cars I was encountering. I get some support from fellow teachers. Otherwise, I call my friends on the phone. I spend lots of money calling out of state to keep in touch with friends. There's really nobody here to turn to. I find very little support, even after being here for 2 years. Isolation is difficult--it's very difficult being a single person in this community.

The impact of isolation has been identified as a contributor to high turnover rates among educational specialists in rural schools (Helge, 1981). Even if young professionals are able to commute to more cosmopolitan communities, they tend to move on quickly if they can find positions in places where out-of-school contacts with other people of their age groups and interests are more available.

Students

The informants typically described the students with whom they worked as having a strong sense of belonging to a place and a group. They noted that though the students themselves might often describe their small communities as dull and offering nothing to do, they also seemed to believe that the setting in which they lived was special. Sometimes that specialness was connected to physical beauty, or to an historical or cultural legacy, or just because it was what they knew, or where they belonged. One counselor shared this view of students with whom he worked:

These kids are familiar with nooks and crannies of this area that a person who didn't grow up here would never know about. And that gives a kind of commonality to their lives--they all know the same swimming holes, places where the blackberries grow in August, back roads for drinking and parking. The thing of it is that these are the same places where their parents, maybe even their grandparents, did these same things.

In addition to their ties to the physical setting, rural/small town students were often described as having a strong sense of group belonging. Some informants offered the view that this was due to their being together in classes from kindergarten through graduation. For example, even if the school were large enough to have multiple sections of a grade level, most members of a graduating class were likely to have attended classes in the same building, eaten together in the cafeteria, and attended the same assemblies throughout their academic careers. Such experiences contributed to a strong sense of group identity and belonging that many informants described as a characteristic of the students with whom they worked. The strong sense of belonging to a group and a place that rural/small town settings may confer upon their inhabitants can strengthen identity and self-esteem.

This group identity also was described as having disadvantages. For example, if a student becomes negatively labeled, he or she has few opportunities in finding a new group in which a new start may be possible. The outcast is truly an outcast in the small school and community. If they do not come from families who travel and "get out," these students may be apprehensive about moving out into the broader world. The relative naivete of these students may be viewed as charming Ca throw-back to the 50's," as one informant described it). However, that same lack of experience with, and perspective on, the broader world can make it difficult for them to consider educational and career opportunities, available away from their familiar world. One school counselor noted:

> I would say many of these kids have a kind of rigidity about them in terms of dealing with new situations and problems. This comes mainly from a lack of experience, a lack of seeing a wide variety of people and social styles. Like we took a group of kids on a field trip to the new mall in S. Several of them took a long time before they got their courage up to try riding an escalator. Many tend not to trust what they've never seen, and since (because of their environment) there are lots of things they've never seen, they can be really limited. When we take them on field trips, very frequently it will be the first time they've stayed in a hotel, or eaten in a restaurant other than McDonald's. When you don't have a very broad experiential base, there are lots of things to be suspicious of.

This apprehension about venturing away into new settings may contribute to the pattern of maintaining contact with friends. This pattern was noted by almost all of the counselors of students who chose to go on to higher educational institutions that were within commuting distance of home. That same attempt to maintain contact with high school peers can be seen in a commonly reported pattern of two or three of them going away together to more distant schools; or more likely, deciding not to go on to post-secondary education. Commenting on these tendencies, one informant stated:

> These young adults are really tied to their friends. Clumps of them will decide to go to one of the nearby technical schools or community colleges together so that they won't be alone there. If they do go somewhere on their own, many seem to prefer to stay close enough so that they can commute. Part of that's for financial reasons--it is cheaper to stay at home, keep their part-time jobs--but a lot of it is because they want to be able to see their high school friends. Many of those who really do go away seem to gravitate toward smaller schools in rural settings, almost as if they are trying to stay at home even though they've gone away.

In the same vein, another informant observed:

> It's difficult when you've stayed in the same place from kindergarten through twelfth grade, and when your parents, and maybe even your grandparents, have lived in the area as well, to break ties with the community. We've had some concern about the number of kids who go away and really can't make it when they leave home to live in a college situation. Many get homesick, because they aren't prepared to deal with the reality that their family supports and friends aren't there.

One aspect of rural/small town culture that was commonly addressed by the counselors with whom we spoke is how frequently students' life choices are limited by a circumscribed view of what alternatives are available or (perhaps more problematic) desirable. One counselor shared this experience:

> I encouraged one of my brightest seniors to explore the possibility of careers in the broader field of business, rather than limiting herself only to secretarial work. Her family was irate, and they let me know it! They didn't want her to go away, and that's what they were certain would happen. They wanted her to get a secretarial job here, marry here, and raise a family here.

Discussion

In reviewing the comments of all of our informants, it was clear there were commonalities in their experiences that shaped their personal and professional beliefs and actions. Briefly, these commonalities can be summarized by the following assertions:

1. The boundary between school and community in the rural/small town setting is very permeable. For good and ill, people from the community have easy access to the school, and conversely, school staff move out to play important roles in the life of the surrounding community.

2. The culture of the rural/small town setting is viewed, at once, as both a source of strength and as a detriment. Strong tendencies to resist change and to be suspicious of difference serve to limit risk taking and discourage diversity. On the other hand, a strong sense of place, group, and community often supports individual identity, self-pride, and mutual help.

3. Rural/small town students have the advantage of growing up in a small, circumscribed world that offers many opportunities for the development of personal and social competence. That same setting is often impoverished with regard to models for future action and opportunities for self-expression and self-development.

Implications for Research and Practice

Glaser and Straus (1967) suggested that the central function of qualitative research is to identify commonly held perceptions, beliefs, and meanings that shape the responses of people who operate within a domain (e.g., school, town, mental institution). The goal of such research is to develop understanding that is grounded in the experience of persons in a setting, rather than to test existing theory; more to identify heuristically rich lines of inquiry than to provide conclusive answers to pre-established hypotheses.

We now turn to the task of developing understanding grounded in the experience of persons in a rural/small town setting and to identify heuristically rich lines of inquiry. We are convinced that conversations with the informants allow us to formulate questions that are genuinely rooted in the experience of rural/small town school counselors. Our approach to doing so will be to offer questions we believe flow reasonably from each of the commonalities identified above.

Permeability of the school/community boundary. Of what significance is the ready access of the community to the rural/small town school and its counselors? Questions that would clarify the nature, operation, and management of this phenomenon include:

1. Are there specific factors that influence (positively and negatively) the view that rural/small town community members hold of the school counseling program? What influences shape the expectations for a school counseling program?

2. Are there existing models for accessing and using the human resources of rural/small town communities in order to supplement the time, talents, and energies of rural/small town school counselors? If school counseling-focused models do not already exist, are there approaches developed in other domains (e.g., public health work, extension service) that can be adapted to the specific needs of rural/small town school counseling programs?

3. Given the importance of counselor visibility and accessibility in rural/small town communities, how may prospective school counselors be prepared to recognize and respond effectively to public image and contact issues?

Another aspect of the centrality of rural/small town schools to their communities is that, as reported, school counselors often occupy an important place in the mental health resources of the broader community. Again, this phenomenon raises the following questions that are of significance to counselors, school administrators, and counselor educators:

1. If (as is often true) rural/small town school counselors serve a major referral function in their communities, what approaches are most effective in guiding them as they build, maintain, and use referral networks?

2. Are there effective models for direct, extensive integration of the school counselor into community mental health programming?

3. What are the consequences when counselors become heavily involved in providing direct service to community members, either as an extension of, or in addition to, their in-school functions? For example, as increasing amounts of counselor time are devoted to community mental health concerns, is there a corresponding decrease in involvement with such traditional school counseling program activities as psycho-educational groups, career development, or planning for higher education?

Rural/small town culture. Just as the physical Characteristics of rural/small town areas vary greatly, so we should expect that the specifics of the "culture" of any given rural/small town community will vary as a function of such variables as its history, geographic setting, economic activity, and political organization. While acknowledging this, it is striking that, almost universally, rural/small town communities were described by the informants as reluctant, at the very least, to change. That tended to be true whether change focused simply on accepting someone "from away" or involved accommodating new ideas or procedures.

If school counselor effectiveness rests heavily upon acceptance and perceived credibility by the community, information yielded by the pursuit of the following questions should be useful in strengthening effective rural/small town school practice:

1. What are the factors (personal, institutional, community-based) associated with success in gaining entry to rural/small town schools and communities? For example, are counselors who themselves come from rural/small town backgrounds generally more successful in establishing themselves in rural/small town schools than those who do not?

2. Can the approaches developed in preparing counselors to deal effectively with cultural differences centering on racial or ethnic variables be extended to helping school counselors identify, understand, and respond to the culture of the rural/small town communities in which they come to work? Are these training approaches relevant even when ethnic difference is not an important variable of the culture of a particular rural/small town community?

Limitations and opportunities of the small social context. Nowhere, perhaps, does the "good news/bad news" aspect of the rural/small town setting impact more

significantly upon the work of the school counselor than with regard to the interplay of opportunity and limitation afforded to students as they explore and pursue personal, academic, and vocational roles and options. Most generally, a central question is, "How may the benefits of the small context be preserved and its limitations be ameliorated?" More specifically, the following questions are relevant:

1. If school consolidation involves both gains (e.g., wider academic offerings) as well as losses (e.g., fewer opportunities for direct participation by students), what is the optimum student body size for balancing gains and losses?

2. Besides school consolidation, what other approaches exist to expanding academic and personal alternatives for students (e.g., resource sharing by neighboring districts or exchange programs that would bring students from other perhaps more cosmopolitan districts into the rural/small town school and its students into the other)?

3. How may the oft-noted sense of community be used by counselors in pursuing such counseling-relevant goals as helping students develop self-esteem and responsive support networks? Conversely, how may the narrowness and rigidity of personal functioning be minimized?

Limitations of Study

It is important to emphasize that this is a study of counselors working in rural/small town schools in the Northeastern United States. Given that virtually no African-American, Hispanic, Native-American, or other minority students and teachers were found in these schools, generalizing these findings to the context of counseling in rural/small town schools in other areas of the United States and North America cannot be assumed. Thus, the generalizability of these findings must be checked against further studies drawing subjects from a more diversified area than was true in the present study.

Conclusion

Our interviews with the rural and small town school counselors who were informants gave a rich, differentiated view of the benefits and disadvantages, the possibilities and limitations, and the satisfactions and challenges of the settings in which they worked and lived. While it is likely that some of these realities are more-or-less unique to the rural and small town setting, it also seems likely that many are experienced by school counselors in many diverse geographic or community settings. Those commonalties can provide a basis for a strong professional identity and sense of solidarity among counselors working in a wide range of school settings. However, any uniquely

rural/small town school issues and conditions pose a challenge for the counselors who would establish a relevant, effective practice there, and for the counselor education programs which would prepare them to do so. We have raised questions concerning counselor role and practice in these settings which we believe flow validly from what we have learned from informants.

Clearly, the questions do not exhaust the possibilities raised by our inquiry. However, it is our belief they define lines of inquiry which, if pursued, hold out the possibility of understandings that would pay rich dividends to the effective practice of counselors in rural/small town schools.

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