
NC PERSPECTIVES

A Journal of the North Carolina Counseling Association



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Dear Readers,

This has been one of the most difficult periods in the history of our country and certainly the most challenging for our generation. We have suffered losses in the stock market, rising unemployment, disappearing retirement benefits, and even the interruption of basic services because of shortages of water and gas. But the more serious loss is the now fragile trust we have in the important professions of banking, housing, and even our government. We have discovered that some people who are supposed to provide leadership, set standards of moral and ethical behavior, and safeguard our resources have failed. All around us we see the ripple effects that have significantly impacted many facets of our society.

As counselors we can respond to the pressing needs of individuals, families, and communities by collaboratively engaging with other professionals to provide consultation, counseling, and advocacy, so we might move toward transforming this difficult time into one of growth and maturity. We still have a type of capital that remains solid and strong: our intellectual capital. To be most effective we need the wisdom and experience of our older professionals and the originality and new perspectives of our emerging counseling colleagues. Hopefully, *NC Perspectives*, the journal of the NCCA, will continue to play a part in connecting us across the state and beyond as we share our best thoughts and practices.

In this, our third journal edition, our colleagues continue to submit outstanding research and writing so that all of us might benefit from their study and experience. We have contributors new and returning, in state and out of state, from diverse backgrounds culturally and vocationally, working in academia and in the community. You will find the topics are rich with substance both theoretical and applied. We hope you find them of interest and value. The authors of each of the articles have included contact information so that if you wish you might continue a dialogue.

Please help foster the success our journal has already enjoyed by continuing to share your best work, most creative ideas, and professional perspectives. We need each other.

Henry L. Harris, Ph.D.
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Children of War: Working with Children of Deployed Military Personnel

*Andrew Bradshaw, Kathryn Watts, Bailey Holt, Meghan Davis, Tracy Clark,
Susan Alexander, and Frieda F. Brown*

The families of active duty and reserve military personnel are often faced with unique and difficult challenges, especially during deployment. The threat of separation and possible injury or death creates overwhelming stresses that make these families vulnerable to situational crisis. The following work is intended to increase the mental health and school counselor's understanding of this crisis as well as suggest specific skills and tools that can be used with children and families in this type of situation. It is intended to provide an understanding and guidance for parents, teachers, mental health and school counselors as they create a collaborative net supporting both the child and family of the military.

The United States is currently involved in military operations in both Iraq and Afghanistan. Active duty military personnel and reservists from all branches are being called upon to serve increasingly more often. It is important for counselors to consider the impact this can have on the military family system. In previous military operations, one or at most two deployments were considered standard procedure. However that situation has significantly changed; many counselors are seeing families whose loved ones have been deployed as many as four or five times. The stress produced by such deployments not only affects the soldier, but also impacts individual family members particularly the spouse and children (Hardy, 2006).

Active duty military personnel today include 1,373,534 members. Over half (54.6%) are married and over a third (37.8%) have at least one child, which translates to 1,865,058 associated family members (Office of the

Deputy Under Secretary of Defense, 2006). The majority of military couples are younger than 35 years of age (Hoshmand & Hoshmand, 2007). In addition, 5.4% of active duty military personnel report being a single parent of one or more children (ODUSD, 2006).

Military families maintain a lifestyle that is dissimilar to the lifestyles of most other people in the United States. The stresses on military children typically include, but are not limited to: geographic isolation from their extended family; long periods of separation from one or both parents; and, the chance of the deployed parent being seriously hurt or killed. These stressors on the entire family system can make the family vulnerable to a greater risk of experiencing crises (Black, 2001). Cozza, Chun, & Polo (2005) point out that observers often recognize the possible stressors that the military family undergoes as a result of their loved one being deployed, but

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states that it may be minimized or the needs underserved. A report issued by the National Military Family Association (2006) indicated that 50% of the military dependents surveyed about deployment-related needs have either used or would use, counseling services. Unfortunately, less than half reported a consistent level of needed counseling support available with 17% of respondents conveying no support programs were available to them. Furthermore, many complained that fatigued volunteers led the support programs. This highlights the need for various forms of community support for this unique segment of our national community.

The Active Duty Family

Over one third of all active duty military personnel have one or more children. Therefore developing an understanding of the structure and uniqueness of active duty military families must include understanding how these children are potentially impacted because of their environment, especially during times when parents are deployed. These children experience significant stressors related to frequent changes in their residence and schools, leaving friends, separation from extended family, as well as the possibility of their parent being sent into combat (Black, 2001). These stresses are not common in civilian families. They challenge the family, including the children, to develop ways of coping with experiences other than war time deployment such as routine geographical movement, routine short term parental absence for training and temporary duty, and training which can include elevated risk compared to that of the general population (Jensen, Martin, & Watanbe, 1996). These authors point out that these previous experiences possibly put the family of active duty military personal in a better prepared place to cope with deployment than that of reservist families. Experiencing different but similar situations broadens and builds adequate coping skills.

Parent Deployment

Deployments are considered a vital part the military mission to protect and defend the United States of America. Deployments may occur for armed combat missions, peacekeeping, humanitarian needs, and deterrence. They are often difficult and may last for a few weeks, months, and sometimes a year or longer (Steen & Asaro, 2006). Deployments typically disrupt the entire family system, setting into play many challenges which directly and indirectly change the child's world and require the child to cope. These include, but are not limited to: loss of income for the family, relocation of the child and remaining parent, marital tension, and an increased reliance on the non-deployed parent (Jensen, Martin, & Watanbe, 1996). The presence of these stressors also raises many questions for the counselor who is working with the child of a deployed active duty member of the military: "How much do these stressors typically affect the child?" "How can I as a counselor help during this time?" and "What is the typical fashion in which most children deal with these issues?" Addressing these questions may help counselors develop a better understanding of what is happening with the child during parental deployment during times of war as well as options for appropriate interventions.

Historically much of the research on deployment of a parental figure has focused on the absence of the father enlisted in military service (Carlsmith, 1964; Curran, 1981; Hillenbrand, 1976). However, more recent research on the mother's absence has shown that children who have a mother deployed do not differ significantly in their response than those who have a father deployed (Applewhite & Mays, 1996). Counselors must keep in mind what roles and responsibilities each member of the system, mother or father plays, and how that will affect the child when that figure is absent.

Death of a Parent: The Ultimate Sacrifice

When military parents are deployed into com-

bat, it is a particularly difficult situation for a child to face. There is the ever-present possibility of the parent being seriously injured or even killed. Parents, teachers, mental health and school counselors trained to understand the ability of the child to understand and integrate the loss of a parent can intervene to help to prevent more serious mental health problems. Working collaboratively will create a network that supports the young children, preadolescents, and adolescents as they work to accept and integrate the death or serious injury of a parent deployed on a military mission.

One reason for including this section on the death or serious injury of a military parent is the reality that some schools in close proximity to military bases have a high population of children of military families. Many classrooms in these schools have multiple children who have parents deployed in combat. The counselor not only needs to deal with the child who has lost their parent, but also with many other children who hearing the news know their parent is also in harm's way (Hardy, 2006). Understanding the impact not only on the child but also on their classmates and the entire school system allows the counselor to facilitate a system wide intervention. This network intervention is one which mental health and school counselors within close proximity to military bases should be skilled.

The child who is dealing with the death of a parent may need extra attention from the school counselor and other support personnel. According to Downdy (2000) approximately one in five children who experience the death of a parent will develop a diagnosable psychiatric disorder; and male children are at higher risk for more severe effects. The death of a parent clearly has great potential for exceeding the child's coping mechanisms thereby precipitating a crisis. If the mental health and/or school counselor who is working with children whose parents are in the military is able to react to the death the child's loved one in a knowledgeable and skillful manner resulting problems will be minimized.

A Model for Intervention

The primary goal of counselors working with the military family is to help the family develop ways of coping with the demands of the situation of the deployed family member so as to prevent a crisis situation. Crisis can be defined as a perception of an event or situation as an intolerable difficulty that exceeds the person's resources and coping mechanisms (Rainer, & Brown, 2007). It is important for counselors to understand what crisis is, ways to approach crisis, as well as specifics about the circumstance of military families. The Brown and Rainer Model (2007) is a generic model for crisis intervention developed from a systems perspective. This may be particularly beneficial to the counselor working with this population due to the fact that the family system has been disrupted. The model is created from an integration of four different theories: narrative, cognitive-behavioral, family systems, and existential (Rainer & Brown, 2007). In addition the model is comprised of three phases with multiple steps in each phase. These phases are: 1) remember, 2) reorganize, and 3) restore. Each of these phases will be discussed from the perspective of treating a child experiencing the crisis of a deployed military family member.

Phase One: Remember

The goal of the first stage is to help the crisis victim tell their story so that the power and meaning of the experience can be externalized, remembered, and then integrated. This is accomplished by helping the individual in crisis to share their story, integrate the memory, and create meaning out of suffering (Rainer & Brown, 2007). The main goal is to recover the precrisis level of functioning. Intervention begins with sharing the story. This may take many different formats when dealing with this type of crisis depending on the age of the child and the circumstance. Younger children may be better able to share with the counselor through the use of artwork or other creative means. Adolescents will have more developed cognitive skills and be bet-

ter able to talk through the story (Rainer & Brown, 2007). All members of the family need to hear how the situation has impacted each member. This sharing creates an avenue for bonding, alleviating individual distress, and identifying strengths.

The next step is to validate the emotional impact. The child who is experiencing the temporary, or possible permanent loss of a parent to war, experiences many emotions. The younger child may be confused, surprised, or have guilt due to magical thinking. The elementary child may experience sadness, anger, and separation anxiety. The adolescent child may have these same feelings or a denial of feelings all together as well as the loss of the attention and nurture of the non-deployed parent (Amen, Jellen, Merves, & Lee, 1988).

The third step in remembering is to evaluate the context of the crisis. There are likely many other events in play during the time a parent is deployed. Problems with jobs, money, illness or academics all impact the nature of the crisis. It is important to look at who is or is not available to the current system. For instance, is the family connected to a church, school or other community organization? Will these organizations support or hinder the family's efforts to cope with the deployment? Also, what community or external influences might be impacting the system? Beyond that, it is necessary to determine what other family dynamics or issues might be present and what role might they play in seeing the family or individual members through this crisis or if they might hinder the process. Examples of significant stresses might be marital discord or a serious health issue such as cancer that also creates stress. If a thorough assessment of the system is not completed there may be unknown variables sustaining the level of crisis and hindering progress towards goals.

The fourth step in this phase is to protect the vulnerable family members. As explored earlier in the introduction, the child is not the only person affected by the parent's absence; the entire family system is disrupted.

The counselor should be continuously aware of members of the family system who may be most vulnerable and may present a risk for suicide or homicide. The counselor should immediately focus on safety and protection of these individuals.

The fifth step in this phase is to negotiate a solvable problem. When an individual or system is in crisis they are stuck. To help the individual regain a sense of control the child needs to negotiate a small problem that is achievable and pertinent. It is important to remember that this may be very distinctive to the individual. To one child it may include writing a letter to his father. To another it may be connecting with other children who have parents who are deployed. It is not so important what the task is. What is more important is the ability of the child to be successful and to experience some meaning from achieving the goal.

The last step in the Remember phase is to network with relevant resources. Luckily there are many resources out there for family members of those who are deployed in military service. Some of these include MilitaryHOMEFRONT, support groups, and Family Assistance Centers provided by the military. Each branch of the service also has organizations/positions that provide family support services: (a) Army - Army Community Services Center (ACS), (b) Navy - Family Services Center (FSC), (c) Air Force-Family Support Center (FSC), (d) Marine Corps -Family Services Center (FSC), and (e) Coast Guard - Work-Life Center located in each district office (North Carolina National Guard Family Programs Office, 2006).

Phase II: Reorganize

Typically during deployment the family system, especially the children, will display irrational thoughts, have a diminished support system, and lack necessary coping skills. The goal of the second phase is to deal with these issues. It consists of five separate steps. These include: formulate a plan for change, identify developmental issues, engage therapeutic tools, assign

homework, and support systemic rules, roles, and rituals (Rainer & Brown, 2007).

The first step is to formulate a plan for change. This could involve the counselor and the family/student agreeing to a written or verbal contract that states what the responsibilities of both the client and counselor are. One important part for the counselor to remember when developing a plan for change is the importance of the family not “putting life on hold” after the parental figure is deployed. According to Hardaway (2003) the family should continue to progress and maintain as much of the previous routine as possible.

The second part of restoring the system involves identifying developmental issues. During the years of childhood and adolescence there are many developmental issues that may affect the way the child deals with crisis. According to Amen, Jellen, Merves and Lee (1988) children may respond to each phase of deployment with a different range of feelings depending on the child’s developmental level. Jensen, Martin, and Wantanabe (1996) reviewed children who had parents serving in Operation Desert Storm and found that boys and younger children appear to be more vulnerable to deployment effects. Awareness of the vulnerability to develop more serious problems allows parents, teachers, and counselors to design prevention and early intervention programs for these groups.

The third step in reorganizing the system is to engage therapeutic tools to teach adaptive coping. Although specific tools may vary, it is important to remember these tools should be a part of the clinician’s own theoretical orientation and style. This coupled with an understanding and awareness of the research should enable counselors to intervene most effectively. One study has show that children who use more social-support coping displayed less acting out in the classroom (Hiew, 1992). One way to help these children is to teach tools, which encourage children to access, their social support system, as well as develop approaches, which increase the support system such as

through school, based social support groups. The counselor should identify other coping mechanisms in children that help them adept to changes experienced by the parent’s deployment. These might include relaxation skills, conflict resolutions skills, and communications skills.

The fourth step in reorganizing the system consists of assigning homework (Rainer & Brown, 2007). There are many assignments to be done outside the counselor’s office that the family who has temporarily lost a member to deployment can utilize. These homework assignments could include writing letters to the family member who is deployed, having a child make a small photo book or story book about family members, or even filling a bag with jellybeans for each day left in deployment and taking one out each day until the parent returns (MilitaryHomefront). Giving the child things he or she can do in between sessions not only helps reinforce what is happening in the counseling environment, but also allows the child to feel more of a stake in the counseling process.

The final step in this phase is to support systemic rules, roles, and rituals. As one parent leaves roles will be shifted within the family. If a father is deployed, for example, the mother may have to take over many of his family responsibilities such as disciplining the children, reading bedtime stories, or picking the children up at school. Employment roles may also have to change because of deployment as well (Rainer & Brown, 2007).

Rituals will be important during this time to help restore order to the system. One example could be the annual family gathering to decorate the tree and house for Christmas. Although one part of the system is missing, the deployed member, the continuation of ritual provides a sense of normalcy. During this time period of deployment and return there is a great deal of change in the family system. If the family can impose quasi-normalcy into their lives the impact of the deployment will be less stressful than if the family puts their lives on hold until the deployed member returns (Rainer &

Brown, 2007).

Phase III: Restore

The final phase of this model is to restore the system. Restoring the system and then exiting at the proper time consists of five steps. These steps include: tracking progress towards goals, acknowledging indicators of the time to terminate, addressing future sources of stress, referring for continuing treatment, and exiting the system. The first step of this final phase is to track progress towards goals. This begins during the Reorganization Phase as soon as a plan for change is formulated. Goals that can be assessed from the beginning until they are met allow the counselor to help the family to evaluate progress toward goals. Questions to explore include: Has the family reached the goals they set forth? Do the goals need to be altered/ reevaluated? Has time or other circumstances altered what reaching their goals might look like? It is important to encourage families to find their strengths and celebrate small steps.

The next step in the Brown/Rainer model is to acknowledge indicators of time for termination. In the circumstance of parental deployment the termination time may not be when the deployed parent returns. Termination depends upon whether goals have been reached and when the system has the adequate resources to cope with stresses. According to the research the system is disturbed once again when the parent returns, creating new stressors with which the system and individual must cope (Amen, Jellen, Merves & Lee, 1988, Black, 1993; MilitaryHomeFront, n.d).

Future sources of stress should also be addressed before termination of the counseling relationship. Crisis counseling is brief, but the counselor's mission is to teach clients the coping skills that are required to reclaim their lives once the crisis is over. Future sources of stress could include the stress of the return of the deployed parent, the possibility of parental redeployment, and the emotional issues the returning parents may be bringing home with him or

her.

When the counseling relationship is drawing to a close the individual may need continuing treatment beyond the role of crisis counseling. The individual should be referred for this continuing treatment if necessary. In the previously mentioned study of children's responses to parental deployment in the Gulf War only 6% of children had symptoms that warranted continuing professional treatment (Jensen, Martin, & Watanabe, 1996). However, it is important for the counselor to recognize those who do need further treatment, realizing that crisis work is short term, and refer for longer term treatment as indicated.

The final step in the model is to exit the system, letting the system's boundaries once again be reestablished. Once the system is at equilibrium the counselor must formally exit the system for the family to once again be able to function autonomously. Crisis counseling is short term, lasting from six to eight weeks. If the counselor fails to properly exit the system boundaries may be confused and the system may have a difficult time adjusting. If the work of the crisis counselor has been successful, termination should follow treatment with celebration of the work done by the individual children and the family.

Tips for Working with Different Age Groups

The following sections will provide important guidelines for understanding and counseling three age groups: elementary, middle grades, and high school level children. The goal is to provide the mental health and school counselor, educators, and parents developmentally appropriate information, tips, and tools for working with children or adolescents in this type of crisis.

The Elementary Aged Child

Counselors, educators, and parents need to communicate with elementary aged children in ways that are developmentally appropriate.

Parents may entertain the mistaken belief that elementary aged children are too young to understand what is occurring. However, experts tell us that children in this age range have the ability to absorb pictures and scenes from these events through the news, media and listening to adult conversations (Alvord, Dorlen, Gurwitch, & Palomares, 2003a). Children even at the elementary school age are beginning to learn the skills of resilience. According to a publication of the American Psychological Association for parents and educators of children whose parents are deployed, resilience is defined as the ability to adapt well in the face of adversity, trauma, tragedy, and threats (Alvord, Dorlen, Gurwitch, & Palomares, 2003a). When working with children in crisis it is important to assess the amount of resilience the child and family system have and to work towards increasing the child's and the system's resiliency.

Common tools for working with elementary aged children are those that deal with the concept of time. The Uniformed Services University of Health Sciences (2007) states that parents, educators, and counselors can help elementary aged children with the understanding of time by using a calendar and saying, "This is the day that Mom or Dad is supposed to come home," or "Dad or Mom will be home right before your birthday or before this holiday." Each child's experience is unique with having a parent deployed while serving in the military. It is essential that parents and educators and counselors talk with children and give honest answers to any questions or concerns they are facing about the deployment process and the safety of their parent (USUHS, 2007). Children's thoughts and feelings are just as important as older individuals; listening to what these children are saying and responding in ways in which elementary aged children will comprehend is critical (USUHS, 2007). Focusing on issues such as children's feelings is a key factor in helping them to understand their parents' involvement in the military conflict.

Elementary school aged children do not need to be constantly exposed to the media ei-

ther the TV or radio when coverage of the war is on the air. Alvord, Dorlen, Gurwitch, & Palomares (2003a) note that when children hear about an event or view images of something that is disturbing, they often start to worry about their own sense of safety. Children view images from different media sources such as the TV, radio, magazines, newspapers and the internet. The images and stories told can precipitate feelings of danger and insecurity. Children feel safe and reassured with a daily routine and a regular schedule (Alvord, Dorlen, Gurwitch, & Palomares, 2003a). When children have routines, they know what to expect which in turns leads to an added comfort of safety and security. Family routines such as bedtime stories and Saturday night movies can help every member of the family cope with the deployment of a parent.

Children at any age who have a member of the family serving active duty in the military should be assisted in maintaining a positive perspective. Counselors, educators and parents need to be reminded to put things into a positive light for the child. The cognitive-behavioral tool of reframing may be helpful in instilling this positive light. There might be times during the deployment period where difficult topics are discussed with children; yet, adults can make sure to follow every difficult discussion with talking about the good times in the future as well (USUHS, 2007).

Elementary aged children who are experiencing life with a deployed family member will have both good and bad days. It will take time from children to learn how to cope with a loved one being deployed. The skills linked with resilience can benefit a child in life even after the family member has returned from danger (USUHS, 2007). An essential point to remember is that parents may feel overwhelmed with their own feelings when trying to help their children. The help of a mental health professional can assist and guide the parent in ways to strengthen the bonds with a child and the family and help the child persevere through the pe-

riod with the absence of a family member due to war. The parent need not be alone. There are mental health and school counselors available to help.

The Middle School Child

With military children who are in the beginning stages of adolescence the response to deployment and related crisis situations needs to be geared towards addressing an expanded set of needs that can be very different than those of a younger child. This stage of “preadolescence” (Pataki, Stone, & Leviness, 2000) is the time when independence is emerging, school performance is more demanding and peer relationships are paramount. Counselors working to provide support to preadolescents of military parents must be cognizant of these developmental issues to offer effective support at times of deployment or the death of the parent during deployment.

While independence is valued in western culture and children of this age are expected to be more and more independent of adult guidance and supervision, it is important to never overwhelm middle school children with too much independence, especially at times when a parent has been deployed or becomes deceased. This includes validating their fears and anxieties and reassuring them that they are normal (Pataki, Stone, & Leviness, 2000). These fears may be reflected by disturbances in sleep and appetite, rebellion, withdrawal or psychosomatic complaints (Pataki, Stone, & Leviness, 2000). These fears can be alleviated if parents model healthy ways of coping with stress and involve their children in learning effective stress management strategies (Huebner & Mancini, 2005). Furthermore, parents need to assess the age appropriateness of the information that they share with their child to limit unnecessary confusion, fear or anxiety (Huebner & Mancini, 2005). Early adolescents may also look at their emerging independence as a sign that they should assume more adult roles in the family during their parent’s deployment. It is crucial that the non-deployed parent be aware of devel-

opmentally appropriate expectations when it comes to the adolescent assuming greater responsibilities at home. In addition, early adolescents may need to learn new life skills to assist the parent and it is important to provide them with the necessary training in order to teach these without inflicting further stress (Huebner & Mancini, 2005). Finally, when the deployed parent returns it is important to help the family to “re-negotiate rules and responsibilities” that may have been assumed by the early adolescent.

Early adolescence also brings with it school transition, and more demanding academic expectations. Parents and teachers must work closely together during this time to be sure that teachers, counselors, coaches and any other “significant figures” (Hardaway, 2003) in the school setting are aware of the deployment and any adjustment issues that your child might be having or likely to have. Academic expectations might need to be relaxed (Pataki, Stone, & Leviness, 2000), assignments modified, or even an occasional “homework pass” offered (National Guard Family Program Office, 2006). However, consistency is important as well (Huebner & Mancini, 2005) to provide the students with stability and structure. Teachers can respond by providing structure, objectivity, security and acknowledgement of the range of emotions that a student may feel (Educational Opportunities Directorate of the Department of Defense, n.d.). Some examples of activities that teachers can use with this age group are to encourage students to “journal, write poetry, engage in art activities and teach problem-solving strategies” (Educational Opportunities Directorate of the Department of Defense, n.d.). Teachers can also incorporate stories about military families into their class reading lists. One such book would be *Make Me A Memory* by Tamra Norton. This book looks at how one girl’s life changes when her father is deployed. Teachers carry an added responsibility in supporting students during the time of deployment. Their awareness of the student’s needs and emotions is an invaluable resource to the parent (Hardaway, 2003).

Early adolescence is the time when peer relationships are typically becoming very influential providing acceptance and social supports. With adolescents whose parents are deployed, it is important to be aware of whether their peers are providing support or creating more problems. Due to the emergence of cliques and bullies during this time there can be stresses. It is important to be aware of this and ensure that home provides a safe haven (Alvord, Dorlen, Gurwitsch, & Palomares, 2003b) and encourage parents to be ready to advocate for their child if necessary. Participating in extra-curricular activities has both negative and positive possibilities. Some students report that they are unable to participate due to increased responsibilities at home, while others are able to find distraction and social support with extra-curricular activities (Huebner & Mancini, 2005). It is important for students to have avenues of support solely for themselves. Structuring extra-curricular activities in a way that connects them with other early adolescents not only provides them with support, but also a way to learn how to communicate feelings, and develop bonds with other military adolescents (Huebner & Mancini, 2005). It is also helping to find older adolescents or young adults that have a shared experience (Huebner & Mancini, 2005) with the deployment or death of a parent in the military. Finally, if you can find extra-curricular activities that combine recreation with life skills, the need for social support, new skills and entertainment can be simultaneously addressed (Huebner & Mancini, 2005).

Early adolescents need the same level of support as young children, if in different arenas of their lives. The home environment needs to provide them with developmentally appropriate responsibilities, appropriate levels of information, and appropriate activities to enhance the importance of continuing family rituals and memory making activities (Huebner & Mancini, 2005). The school environment must balance academic performance with an understanding of the uniqueness of these situations and be willing to adjust accordingly. Finally, encourag-

ing positive peer interactions can offer one of the most significant areas of support for early adolescents. If each of these normative needs of preadolescence are addressed it is more likely that the student will find the resiliency needed to cope with present and future deployments or even the death of the deployed parent. (Huebner & Mancini, 2005).

The High School Adolescent

Students in high school are a particularly vulnerable population during a time of crisis or change. Many students are already experiencing change or crisis at this point of their lives and the stressors brought on by having an active duty parent can make it even more stressful. It is important to remember this when working with this population in a counseling setting. Resilience is particularly important when discussing this topic in relation to high school students. It can be defined “as a phenomenon or process reflecting relatively positive adaptation despite experiences of significant adversity or trauma” (MacDermid, Nishida, Nyaronga, Samper, & Schwarz, 2008). In high school students the level of resilience can vary depending on both their school and home environment as well as individual personality differences that may be a factor for that particular student. Because resilience is related to cognitive ability it is true that “like children, adolescents are more likely to demonstrate resilience when they are free from learning disabilities. It is apparent that those children, especially adolescents going through the experience of having parents that are deployed are the most resilient when they already show signs of positive age appropriate development. Having the skills to handle stress at this stage of their lives predicts a greater likelihood they will also do better in these crisis situations. High school age children often have experienced so much change in their lives already that they can more easily handle the stressors of a missing parent (MacDermid, Nishida, Nyaronga, Samper, & Schwarz, 2008).

Currently an increasing number of high

school students are affected by the war, whether it is deployment or the death of a family member. This can lead these students to act out in various ways. Horton (2005) described one school near Fort Hood, Texas with a large population of military children. “Seventy-five to eighty percent of the high school seniors have already either dropped out or have skipped too much school to graduate on time” (p.259). Even though these students are thought to be better able to handle these stressors because of their cognitive development, deployment of a parent can overwhelm their coping abilities.

Horton (2005) describes a method of consultation that can be an effective way to help these students at each stage of deployment (Horton, 2005). Using this format in relation to the different stages is so important because the students often experience different feelings at the different points of deployment. During the “predeployment” stage it can be beneficial to work with the students to help them form some effective coping mechanisms for handling stress. During the actual “deployment” stage it is important that the “children and parent left behind are ‘reorganized’ to adjust to the loss” (Horton, 2005). Various activities can be used to help these students pass the time until their parent returns from duty. These could be school based, home centered or community oriented. The last stage of “postdeployment” can be “marked by an effort to reintegrate the service member back into a system that may have dramatically adapted without them” (Horton, 2005).

Alvord, Dorlen, Gurwitch, & Palomares (2003c) suggests that an adolescent may not actually vocalize feelings of anxiety, fear, or depression. However, it is important to be aware of indicators of distress such a sudden decline grades or a loss of interest in things the teen once enjoyed. This resource also suggests creating rituals and routines with the adolescent and their family that can be adhered to it as much as possible.

Working with adolescents during such a stressful time can be difficult. If equipped with

the right information and tools, a counselor can be successful in helping these individuals cope with the experience of loss whether it is deployment, death, or injury of a loved one. It is also very important to remember that these adolescents may need assistance even after their loved one has returned home. Many of these stressors and feelings can and most likely will continue some time after their loved one has returned home including a fear that their parent may possibly be deployed again.

Children in Educational Settings

There are three phases of deployment including pre-deployment, deployment, and post deployment. As mentioned in the *Educator’s Guide To The Military Child During Deployment*, the reaction that a child has to the deployment phase depends on variables including the developmental level, cognitive level, and family dynamics of the child. Considering a child’s parent has just been deployed, the child may go through various feelings, emotions, and behaviors. These reactions to deployment were outlined in the North Carolina Supporting Military Children Guide (North Carolina National Guard Family Programs Office, 2006). With a parent being absent from the family, things are disrupted for the child. To start with, this creates a loss of stability. In a child’s mind if this can happen, then what else can happen? Also, there is a loss of control. The child was not asked “is it okay with you if your momma or daddy go away for a while?” so the child has no control over the situation. Lastly, the children will have their own reactions to the deployment. This is normally centered on the child’s feeling of safety. Due to their developmental level, they may not understand how their safety fits into this scheme and will need to be reassured. With these reactions occurring, it is important that the child have security at home as well as at school. The importance at school is mostly seen in the classroom with the child’s teacher where the child spends most of their time.

Children who have a parent deployed typi-

cally return to some normal behavior after the deployment within eight weeks. If not, this is when the school personnel would step in and refer for extra support. Behaviors to look for are not being able to complete school work, not being involved in school activities, losing or gaining weight, and/or potential drug or alcohol abuse (U. S. Department of Education, 2007). If an issue with a child is identified, an intervention is needed. Since school is a stable place for children during this time, it is an appropriate place for this intervention. It is important for schools to train personnel to provide this intervention.

Schoolteachers already have the knowledge of the cognitive and developmental levels of the children. The teachers then must rely on this when implementing any intervention plan in their classroom. Some ideas given for helping children who have a parent in any of the three deployment phases are journaling, writing stories or poems, art activities, and taking part in group counseling (U. S. Department of Education). Suggestions for teachers and school personnel include keeping a routine so children know exactly what to expect, brief classes with a slower pace of learning, and assisting the child to stay in touch with their deployed parent. Also, it is a good idea to have individuals from the military come into organized school meetings to talk to teachers, counselors and parents so they will know what to expect because as stated earlier in this paper not only does the deployment affect the individual child in the classroom but it can affect the class as a whole or even the whole school (NCNGFPO, 2006).

It is not just the teacher that has the responsibility to identify and intervene with the child. The school counselor, school nurse, and social workers also should receive training to be able to identify the needs of children and intervene. Training in this area includes the following: school site deployment training, national Guard Training Institute-Military Child Education Coalition (MCEC), consultation with school liaisons from the military services and specialized assessment and intervention training for

staff (NCNGFPO, 2006).

Guidelines for the Remaining Parent

The remaining parent has a difficult task after deployment. Not only is the remaining parent left with the loss of their spouse but also the loss of resources both financial and social. Although this work deals primarily with working with children who have deployed parents, helping the remaining parent to function as fully as possible is critical for the success of working with the children. Research indicates the response of a child when a parent is deployed is highly dependent upon the response of the remaining parent (Amen, Jellen, Merves, & Lee, 1988; Jensen, Grogan, Xenakis, & Bain, 1989; Rosen, Teitelbaum, & Westhuis, 1993). Experts in the field of crisis counseling echo these findings. Rainer & Brown (2007, p165) state that children in crisis mirror the adult and that “calming the adult will calm the child.” This information shows the professional how important it is to take into account the parent’s response and help the parent be better able to help themselves and the child.

Dr. Thomas Hardaway (2003) gives ten tips for the remaining parents to follow when the family system is faced with their loved one being away during wartime. Each of these tips will be presented in this section in order to provide the counselor who is working with a child, parent, or family in this situation adequate and empirically based guidelines for maintain hope during this time of uncertainty. The 10 guidelines include: 1) talk as a family before deployment, 2) bestow, rather than “dump”, responsibilities on remaining family members, 3) make plans for the family to continue to progress together, and when possible include the deployed parent in ongoing projects, 4) continue family traditions and develop new ones, 5) help children understand the finite nature of a deployment by devising developmentally appropriate time-lines, 6) advise children, no news is better than bad news, 7) listen to a child’s worries about the deployed parent and answer questions

as truthfully as possible 8) maintain firm routine and discipline in the home, 9) initiate and maintain a close relationship with the school and the child's teacher and 10) as the remaining parent, make sure to take care of your own needs (Hardaway, 2003).

It is important for a parent to be honest and communicate with their children when appropriate about any concerns or fears they may have. Children need to be informed about the deployment so they have a chance to discuss their feelings openly and honestly and have a chance to constructively deal with them. Avoiding talking to a child about deployment may increase feelings of uncertainty and anxiety. Allowing children to express their fears and concerns gives parents the opportunity to put them at ease and provide reassurance (Alvord, Dorlen, Gurwitch, & Palomares, 2003b). If being deployed to a hostile area, parents may wish to reassure their children that they are well trained in their job and will do everything they can to keep safe (Department of Defense, 2007). If a parent has been previously deployed, they may wish to discuss how things worked out the last time, or if negative things occurred talk about ways to avoid them during this deployment.

It is essential for the remaining parent to keep a normal routine at home (Alvord, Dorlen, Gurwitch, & Palomares, 2003b; Hardaway, 2003). This cannot be stressed enough. They should not change discipline techniques or house rules just because one parent is deployed. Children need to see a sense of normality in their home life. Having a parent deploy is a big change for children and adding change to daily routines may overwhelm them and leave them with feelings of confusion. It is also important to discuss with children what will change and what will stay the same. Single parents need to discuss with children their living arrangements while they are deployed. Children need to know where they are staying and their caregivers need to know what to expect.

During deployment it is important that parents stay in touch with their family as often

as possible. It helps children to hear from their parents that they are okay and doing well. It may not be possible to establish communication frequently during deployment but parents should strive to remain in contact as much as possible whether it is a phone call, letter, or e-mail (DoD, 2007).

Parents should also discuss with their children what they see on television during a parent's deployment (Alvord, Dorlen, Gurwitch, & Palomares, 2003b). Media during war-time may be upsetting or confusing to children. They often do not always understand everything they see. Talking to children can eliminate feelings of fear when they may start to worry about their deployed parent. Reminding them that their father/mother is well trained by the military in their job, and that they are doing everything they can to stay safe will help calm the child.

Summary and Conclusions

Due to the two current conflicts in Afghanistan and Iraq the number of troops deployed that are leaving families behind is extensive. The child of a deployed service member experiences stresses that can exceed their ability to cope and precipitate crisis for them and for the family system. Often times children feel out of control because of the magnitude of the events surrounding them and the uncertainty of their future.

Keeping these facts in mind, it is especially important that the mental health and school counselor gain the knowledge and skills to work with children and families of deployed service members. Knowledge of the military family lifestyle, how parental deployment affects children of various ages, and ways to help parents and educators is crucial to being able to adequately serve this population. Also, skill in using developmentally appropriate interventions that match the individual's needs must be developed by the competent counseling practitioner.

The Brown and Rainer (2007) model of crisis counseling was presented as a basic out-

line of how to proceed as a counselor in helping children of those who are deployed. It is a generic model that the authors of this paper attempted to adapt to a form that can provide a basic understanding of how to approach working with these particular students.

The authors also attempted to combine this model with research and information that will help the counselor to be better trained to help the child in this type crisis. In the research three important areas stood out that are addressed by a majority of authors. The first is the importance the school and family systems maintaining a routine after the parent is deployed. The second key element is to encourage the remaining parents to take care of themselves. The research shows that the child's response is directly related to the remaining parent's response. The third is an understanding that military families often have to cope with geographical relocations and the loss of many support networks. The counselor must know the local support systems and resources for military families and be able to connect them with these relevant resources. Working together parents, teachers, and mental health and school counselors can support these vulnerable victims of crisis, children of parents who serve in the military during times of war. We are obligated to provide adequate resources, both professional and economic to accomplish this goal.

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Addressing Multiple Heritage Issues in Counselor Training

Richard C. Henriksen Jr. and Michael J. Maxwell

Historically, the multiple heritage population (those who have often been referred to as biracial or multiracial) has received little coverage in counselor training. This study looked at perceptions of counselor educators, textbooks, and syllabi to analyze the extent to which the multiple heritage population is covered in multicultural courses. The authors identified the need for training involving the multiple heritage population.

The Council for the Accreditation of Counseling and Related Educational Programs (CACREP, 2001) and the American Counseling Association (ACA) Code of Ethics (ACA, 2005) require counselors to receive training related to the development of multicultural competence. Sue, Arrendondo, and McDavis (1992) discussed the need for counselors to develop multicultural counseling competencies that include knowledge of self, of others, and of effective intervention strategies. The focus of multicultural counselor training involves assisting counseling students with the acquisition of skills necessary to help a diverse clientele reach their goals.

Chae, Foley, and Chae (2006) pointed out that even though CACREP and ACA require students to receive multicultural counselor training, there are no curriculum content requirements for this training, only broad guidelines. Sue and Sue (2003, 2008) and Henriksen and Trusty (2005) indicate that there is a great underutilization of counseling services by non-White groups. Reasons include the continued use of Western European counseling theories; stigma and shame about receiving services; seeking and individual-centered treatment when

one has a collectivistic worldview; ignorance about counseling services, and concerns about confidentiality, given oftentimes many legal concerns. Ramsey (2000) and Henriksen (2006) also suggested that counselor education programs need pedagogical changes if future counselors are going to meet the needs of a changing diverse society.

Much of the focus of multicultural counselor training has involved teaching courses related to the major racial and ethnic groups that include African Americans, Asian Americans, Native Americans, Latinos, and White European Americans (Sue & Sue, 2003). However, Jones and Smith (2001) identified the fastest rising populations in the United States as those with two or more racial backgrounds (typically referred to as biracial and multiracial individuals). This trend points to the need for counselor education programs to provide training concerning this growing group.

Multiple Heritage Population in Multicultural Courses

Successfully accommodating the cultural needs of every client appears to be a daunting chal-

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lenge. Meeting the cultural needs of the ever growing population of individuals with multiple racial backgrounds appears equally challenging. According to the 2000 United States Census (Jones & Smith, 2001); there are 6,826,228 individuals who identified with two or more races. Despite this growing statistic, multiracial children have been virtually ignored in current counseling literature (Henriksen & Trusty, 2004; Henriksen 2006; Root, 2001). Individuals with multiracial heritages experience the same challenges as members of other ethnic minority groups. Helping models that focus on the multiple heritage population should be included in counselor education course work (Henriksen, 2006; Ottavi, Pope-Davis, & Dings, 1994).

Multiple Heritage Defined

Historically, individuals with multiple racial backgrounds have been identified as mulatto, biracial, multiracial, and mixed and other similar terms (Henriksen & Paladino, in press; Henriksen & Trusty, 2004; Root, 2001). These terms limit the description of a growing population to characteristics based upon skin color alone. In an effort to help move forward a more complete description of this population, the authors use the term *multiple heritage*. The multiple heritage population is comprised of individuals whose parents have different racial and/or ethnic backgrounds, like those previously identified as biracial or multiracial (e.g., individuals with one Korean parent and one Puerto Rican parent), religious backgrounds, national origins, and native languages to name a few (Henriksen & Paladino, in press). A common characteristic of the multiple heritage population is that each individual has two parents of different minority racial and/or ethnic backgrounds.

Multiple Heritage Issues

Development of a racial identity is a complex process due to many intersecting attributes such as gender, language, religion, and

sexual orientation. The identity development process is difficult for everyone and even more complex for multiple heritage individuals (Gibbs, 1987; Sue & Sue, 2008). Culturally competent counselors have the capability to help multiple heritage clients with the development of a healthy self-identity. This can be accomplished by fostering pride and self-acceptance of the client's total heritage (Root, 1996, Henriksen & Trusty, 2004) that would include helping the client gain insight into the cultures of his or her parents.

Working with multiple heritage individuals also points to the need to address issues of interracial and intercultural relationships (Henriksen & Paladino, 2009). McRoy and Freeman (1986) and Winn and Priest, (1993) suggested that counselors have personal perspectives concerning interracial and intercultural marriages and their children. According to Nishimura (1995), counselors should ask themselves the following: Do I stereotype multiracial individuals? Do I have stereotypical views of multiracial families? Do I believe that if an individual has any Black ancestors, they should be considered Black? This perspective is related to the "one drop rule" which historically categorized individuals as Black if they had one Black ancestor regardless of their appearance (Davis, 1991).

According to the CACREP (2001) Standards, Social and Cultural Diversity section, accredited counseling programs include: "studies that provide an understanding of the cultural context of relationships, issues and trends in a multicultural and diverse society... and unique characteristics of individuals, couples, families, ethnic groups, and communities ..." (p.5). CACREP counseling programs are not required to address multiple heritage individuals and families directly, but their inclusion is important to the overall development of multicultural competence.

A Transformational Multicultural Curriculum

In a meta-analysis conducted by Smith, Con-

stantine, Dunn, Dinehart, and Montoya (2006), multicultural training that focused on theory and research was viewed as more beneficial than multicultural training without that focus. In their study of the perceptions of counselor trainees, Steward, Morales, and Bartell (1998) found that one third of the participants indicated that a literature-based-only course on multiculturalism was “meaningless.” Utilizing a curriculum that allows the students to search deeper within for multicultural appreciation seems necessary. There are several teaching methods that can be incorporated into a multicultural curriculum including speakers of different cultures, Pedersen’s (1994) triad training model, movies, and instructor modeling. Using these teaching techniques throughout the counselor education program could encourage the inclusion of studies about the multiple heritage population across the curriculum.

A transformation is necessary in many counselor education programs to encourage multicultural competence (Das, 1995; Henriksen, 2006). This could lead to changes across the curriculum instead of in just one course. Counselor educators have the ethical obligation to develop curricula that will foster an understanding of all cultures prevalent in society. According to Henriksen (2006) and Steward, Boatwright, Sauer, Baden, and Jackson (1998), an integrative curriculum that incorporates multicultural training in all courses shows significant promise in relation to preparing multiculturally competent counselors.

Statement of the Problem

Because of the pioneering work of many advocates for inclusion of multicultural issues in counselor training programs, multicultural training has found its way into CACREP accredited counselor education program requirements. McCreary and Walker (2001) noted that counselors need to continue to develop improved skills for working with diverse clients. Keim, Warring, and Rau (2001) found that a significant improvement in multicultural sensitivity

was reported by educators and school psychologists who participated in a mandatory multicultural course. The focus of this study was on stand alone multicultural courses as means for teaching multicultural counseling.

Despite the efforts of many counseling programs to implement programs that address multiculturalism, our review of the literature does not demonstrate a consistent inclusion of the multiple heritage population. There is also little research available that addresses the social and intrapersonal experiences of individuals with multiple heritages (Henriksen & Trusty, 2004; Henriksen, 2006; Miville, Constantine, Baysden, & So-Lloyd, 2005) making it more difficult for counselor educators to prepare future counselors to work with this population.

Purpose of the Study and Research Question

The purpose of our study was to investigate the presence or absence of multiple heritage curricula within multicultural courses offered in CACREP accredited counseling programs. We investigated the amount of coverage multiple heritage individuals, couples, and families received in the most commonly used textbooks. We then reviewed available course syllabi to determine the extent to which the multiple heritage population was included. The study sought to answer the following research question: To what extent do CACREP accredited counseling programs provide training involving the multiple heritage population?

Method

There was no literature found that described the extent to which the multiple heritage population is covered in counselor education programs. Because of the lack of available literature the authors determined that an exploratory study could provide a foundation for future research. Fowler (2002) noted that special-purpose survey data collection can be used to provide information that suggests the range of ideas or opinions people have on a given topic and the manner by

which ideas are grouped together. Additionally, survey research allows researchers to collect both quantitative and qualitative data (Fowler, 2002).

Procedure

Following survey research procedures, the authors developed open-ended survey questions designed to elicit unanticipated answers, to describe more closely the particular views of the participants, and to allow participants to use their own words (Fowler, 2002). Survey questions were also designed to explore the extent to which issues involving the multiple heritage population are covered in multicultural courses. Data were collected through the 14 item *CACREP Multicultural Instructor Questionnaire*, which was developed to facilitate the current study. The questionnaire contained fourteen total items, six of which were demographic. Participants were asked to respond to eight open-ended questions which included: *What text do you use for your Multicultural course? In your course, how do you approach the issue of interracial marriage? In your course, how do you approach the issue of multiple heritage children (those traditionally identified as biracial or multiracial)?* Data received from the responses were coded by the authors following code training, using independent code-checking, and following an established procedure for data that was difficult to code. In order to triangulate the data for this study, data were collected from survey questionnaires, textbooks, and course syllabi. To address issues of positionality, an independent reviewer scrutinized all aspects of the study (Fowler, 2002).

Participants

Following an internet search of the 212 known CACREP programs, a list of 254 instructors of master's level multicultural courses at CACREP accredited counseling programs who were either currently teaching a multicultural course or were previously listed as having taught a multicultural course were invited to participate in the

study. Because the study focused on master's level courses, doctoral course instructors were not included.

The pool of instructors was contacted via e-mail, an accepted data collection method (Van Selm & Jankowski, 2006). Following the initial e-mail solicitation of participants, 46 email addresses were found to be invalid and were removed and four respondents asked to be removed from the list. The result was a pool of 204 potential participants. There were 38 usable responses to the request for participants. The result was an 18% response rate, which did not allow for any generalizations to be made concerning CACREP programs. This low response rate points to the potential for selection bias and threatens the external validity of the results.

Participants (N=38) were predominately women (76.5%) with a mean age of 47.5 years. The sample was largely composed of Caucasians (55.9%) and African Americans (14.7%). Other groups included Asian Americans, Latinos/as, Multiple Heritage individuals, and a Native American. Participants were evenly split representing all regions of the United States and had a wide variety of religious and spiritual backgrounds that included Christian, Unitarian, Buddhist, Jewish, Eclectic, Agnostic, and Atheist. The majority of participants (82%) identified themselves as heterosexual. The remaining 18% participants were identified as lesbian, gay, and bisexual. Most respondents came from counselor education programs (85%) and other programs (15%) included psychology, human services, student affairs, and education.

Limitations

Interpretations of the results of the present study require caution due to the low number of participants and the threats to external validity due also to possible selection bias. Further research is necessary to validate the findings of the present study. Research that includes a greater number of participants may provide increased insight into how the multiple heritage population is covered in counselor education

courses. Additionally, the focus of the study was on master's level training and excluded doctoral level training.

Results

Survey Responses

Participants responded to six open-ended questions that were designed to provide insight into how the multiple heritage population is covered in multicultural courses. *First*, participants were asked to describe their approach to teaching about interracial marriage. There were 24 responses indicating that interracial marriage was part of a limited discussion (covered as a concept brought up in a broader discussion of the intersection of a variety of multicultural categories) of multiculturalism. For example participants wrote, "We discuss it when we talk about values and beliefs and oppression and privilege" and "I approach it along the lines of converging identity markers (along with skin color, gender, etc.)." Four responses indicated that interracial marriage receives in-depth coverage with one participant indicating that readings, speakers, field interviews, a family genogram, and an interactive activity that involves choosing a partner for an intimate relationship that is different from the student and discussing the reason for the choice were used. There were six responses that stated that the topic was not covered.

The *second* question explored how participants approached the issues of multiple heritage children. There were 20 responses suggesting that multiple heritage children receive limited coverage in multicultural courses (i.e., "Show a 3 part video on race that is historical and covers the immigration and acculturation process. Discuss the concept of 'mongrels,'" and "Encountered in course readings.") There were 12 responses suggesting that multiple heritage children received in-depth coverage (participant's response expressed a level of coverage of the subject matter proportionate in scope to additional multicultural categories) in

multicultural courses. Responses included the following:

Included in the section of the course that also addressed multiracial/multiethnic identity development, multiracial/multiethnic family issues. Students are required to choose two Multicultural Action Plan activities that involve contact/immersion with individuals from cultural groups other than their own. The resulting paper is shared with a small group in class and addresses what they learned about the cultural group involved, what they learned about themselves, and implications for practice. Students often choose to do one or more of these activities related to the multiracial/multiethnic population.

Another response noted inclusion in the following manner:

We have one day (3 hours) dedicated to multiracial couples, families, and individuals. I approach the class much like many others - we talk about stereotypes, questions, myths. We do some self-exploration. We talk about possible challenges and strengths and implications for counseling interracial couples and families. In the summer, we celebrate Loving Day.

There were five responses to this question indicating that this topic is not discussed.

The *third* question asked participants how individuals of single race classification gain an understanding of individuals of multiple heritage classification (assuming these issues are not taught at home or in the classroom). Participants provided a wide variety of responses that included talk, experience, interaction, encounter, and exposure, media, reading, and guest speakers. The responses from participants suggested that this question was hard to answer as evidenced by the following response:

Hmmm, this one is hard to answer
- I'm not sure what exactly you are

looking for. For counseling students and general public, so much is contact and experience. Even lack of education/discussion is education. Individuals who do not have formal instruction at home or in the classroom are likely to form opinions based on popular media images (often highly stereotyped and highly sexualized).

The *fourth* question asked participants their candid thoughts on the subject of individuals of multiple heritage classification. Participants' responses led to the creation of four codes: No thoughts (15), Positive Contribution to the World (10), A Misunderstood People/Subject that needs more attention (8), and a Struggle with Identity (5). These responses suggested that some counselor educators have insight into the challenges faced by multiple heritage individuals as noted by the following participant's words.

I believe that the number of multiple heritage individuals is continuing to increase rapidly and that the counseling profession is behind in recognizing the mental health issues related to multiple heritages and effective treatment interventions. Certainly there are advocacy issues related to multiple heritages with which counselors should become involved.

Responses also pointed out the need for counselor educators to explore their own beliefs about multiple heritage individuals.

I can't say that I'd be totally comfortable with my kids marrying a black spouse. I think it would evoke some growth in me so I'd have to say I might be better at dealing with the struggles of a client better than in my own family! I am aware I have a lot of fear related to this and probably want my kids to hang on to privilege versus dealing with kids who would have to deal with intense racism.

The *fifth* question asked participants their opinion of what gets in the way of single

race individuals not exploring the essence of the experience of the multiple heritage existence. Participants' responses were coded into the following five categories: Biases/Prejudice (17), Don't Care/Not a Priority (11), Invisibility (9), Privilege (7), and Not Enough Exposure/Lack of Empathy (4). The complexity of answers describing single race avoidance to exploring issues related to the multiple heritage population can be summed up in the following participant's words.

Racism, of all types, sometime overt intentional, sometimes covert unintentional. I think there are different reasons depending on if the single race individual is White or non-White. The "we are all the same under the skin and we should be colorblind" philosophy certainly limits many White individuals from exploring both single race non-White and multiple heritage experiences. Those beyond the first two stages of identity development generally embrace learning about multiple heritage experiences (including their own unrecognized or discarded ones). Within non-White groups the issues are more complex and seem to associate with the single race individual's identity development level.

The *final* question posed to the participants asked their opinion why multiple heritage individuals are excluded from study in multicultural courses. Participants' responses took on several different tones as noted by the emergent codes: Biased Attitudes/Lack of Knowledge (14), Do Not Know (12), and Lack of Time/Not Required (12). The following participant response summed up the many feelings related to the responses for this question.

Like other groups of culturally diverse individuals who are "left out" in the discourse of multicultural education and training, I believe this occurs because our own multicultural lens can be too narrow despite how much we claim to "know", or acknowledge...

Our personal biases, prejudices, assumptions will always be operating to some extent... which is why we need allies and co-allies to help us be accountable for what we do know and acknowledge.... The reality is that regardless if it's one or several multicultural courses, there will never be enough courses to cover the range of topics that should be addressed... we must be aiming for systemic change on all levels in our educational systems and systemic infusion of multicultural content and pedagogies throughout all programs regardless of accreditation bodies... The point is not to be doing this to satisfy accreditation, but to be doing these changes because it's the right thing to do....

The above response also provides an overall response to the need for increased diversity in multicultural teaching and the inclusion of people of different heritages and of people with multiple heritages.

Textbooks

There are many textbooks used in multicultural counseling courses. According to Wiley publishing, the top three most widely used multicultural textbooks based on book sales are *Counseling the Culturally Diverse: Theory and Practice* (Sue & Sue, 2003), *Multicultural Counseling and Psychotherapy: A Lifespan Perspective* (Baruth & Manning, 2003), and *Handbook of Multicultural Counseling* (Ponterotto, Casas, Suzuki, & Alexander, 2001) (Erica Teichman, personal communication, October 13, 2006). When asked what textbooks participants used in their courses, participants identified the three most widely sold texts in the same order as previously noted. Of these three textbooks, only the Sue and Sue book includes a chapter concerning the multiple heritage population. The Baruth and Manning book makes mention of multiple heritage populations but does not contain a chapter or subdivision. The Ponterotto, et.al. (2001) book makes only slight

mention of the multiple heritage population.

For comparison purposes, textbooks listed in available course syllabi were analyzed. There were 29 titles listed in 16 available syllabi. Only two textbooks were listed more than once. Consistent with the textbooks listed by the survey participants, the primary text listed was *Counseling the Culturally Diverse: Theory and Practice* (Sue & Sue, 2003). The second most widely cited book was *Diversity in Counseling* (Brammer, 2004). The Brammer (2004) text contains 17 pages concerning the multiple heritage population.

Syllabi

The examination of multicultural course syllabi indicated that these courses focus their attention on teaching knowledge of a variety of cultural groups, focus often on cultural self-explorations, and rarely focus on the acquisition of skills (Priester, et.al., 2008). For this study, we analyzed the content of 16 syllabi for descriptions of content related to the multiple heritage population. Syllabi were obtained via an internet search from courses that posted the syllabus on-line. Eight of the syllabi contained no mention of the multiple heritage population and the selected primary textbooks and supplemental readings did not include multiple heritage individuals or families. In four of the syllabi, textbooks were listed that included a chapter concerning multiple heritage individuals; however, this chapter was not listed as one of the required chapters to be read or covered. Additionally, there was no mention of the multiple heritage population contained in these four syllabi. The remaining four syllabi made direct reference to covering the multiple heritage population. For example, subject matter in these syllabi was stated as concerning "White and biracial identity development" and "Religious Diversity & Anti-Semitism, Counseling Multiracial Individuals." In each of these courses, the multiple heritage population was part of a broader discussion of multicultural issues. Only two of these four syllabi required reading a chapter in-

volving the multiple heritage population. In all 16 of these courses, all of the major ethnic groups (i.e., African American, Asian American, Caucasian, Hispanic/Latino, and Native American) were focused on for one class period.

Discussion

As noted in the literature review, there were few articles found that addressed curricula that focused on the counseling needs of multiple heritage individuals. As a result of the 2000 United States Census, where nearly seven million individuals reported a racial identification that included more than one race, the need for counselors to assist this population is growing. Although current CACREP (2001) standards do not explicitly include the study of the multiple heritage population within the multicultural course curricula the statement that programs need to provide “... studies that provide an understanding of the cultural context of relationships, issues and trends in a multicultural and diverse society ...” (p.5) clearly implies the multiple heritage population should be included in multicultural courses.

We performed an analysis of the questionnaire responses, identified texts, and syllabi used in multicultural courses. We found that the level at which counselor educators chose to address the multiple heritage population directly varied. For example, eight of the 16 syllabi analyzed made mention of the multiple heritage population as part of the course of study but only four syllabi included required readings. Other multicultural syllabi included readings that did not address the population, or chose a text that did, but omitted for study the chapter that discusses individuals with multiple heritages. This suggests that many students do not receive specific training related to working with the multiple heritage population. There was also little if any mention of the multiple heritage population in the syllabi reviewed suggesting that the multiple heritage population is not always a topic of discussion in some multicultural courses. These results are similar to those found

when the responses of the participants to specific questions were analyzed.

Our research question focused on exploring how the multiple heritage population is addressed by instructors of CACREP multicultural courses. When asked about the inclusion of interracial marriage and the children of those marriages in multicultural courses, approximately 10% of the participants reported not addressing the subject at all, about 75% reported discussing the subject on a limited basis, while fewer than 10% reported discussing the subject in depth. When asked how single race individuals gain an understanding of multiple heritage individuals, the vast majority of participants reported that this occurs via personal interaction with someone who is of multiple heritages. Media was identified as the second most popular form of gaining knowledge of the multiple heritage population. Participants also described why single heritage individuals do not explore the essence of the multiple heritage population. Results suggested that prejudices, biases, and assumptions interfere with the desire for single race individuals to seek out knowledge of this population. Finally, participants suggested reasons multiple heritage individuals are excluded from study in multicultural courses. More than 30% of the responses were along the lines “I don’t know”, while another third stated there not being enough time within one course to include this population for study. Considering the aforementioned growing numbers and prevalence in society of this population, it is puzzling why this group is not included for study.

Counselors in training focus on the needs of the major racial and ethnic groups in society as they prepare to become counselors. The likelihood of working with a client of multiple heritages is currently high, and growing. The need to train counselors becomes more important as the multiple heritage population grows and their needs become more complex. The ability of future counselors to meet the needs of the multiple heritage population is made more complex without a clear under-

standing of their needs. The overall responses to our research suggest that there is a need for training and that the training needs to begin with counselor educators.

Implications for Counselor Education

The Association for Multicultural Counseling and Development's (2006) mission statement includes four activities: enhancing awareness, sensitizing professionals, advancing knowledge, and consultation. These activities are in line with the multicultural counseling competencies (Sue, Arredondo, & McDavis, 1992), which focus on helping counselors explore their personal histories, the histories of others, the social impacts of those histories, and effective counseling strategies. The purpose of this study was to explore the following research question: To what extent do CACREP accredited counseling programs provide training involving the multiple heritage population? The results of this study suggest that counselor educators hold an overall positive view of multiple heritage individuals but do not consistently prepare future counselors with the knowledge and experiences necessary for effective counseling practices.

Counselor educators could attend workshops that focus on various issues involving the multiple heritage population. These issues include multiple heritage identity development, interracial/intercultural couples and families, the role of racial classification in society, and helping multiple heritage students in K-12 schools to name a few. Gaining knowledge from these forums will provide the background necessary for counselor educators to improve their ability to prepare future counselors to serve this population. Results of the study also suggest the need for counselor educators to select textbooks that are more inclusive and have a chapter on the multiple heritage population. This chapter should provide an overview of the many issues faced and should be supported by current research. Finally, there is a need for ongoing research that focuses on how counselor educators gain new knowledge of all groups in

society and how this knowledge is incorporated into training programs. American society continues to grow and change resulting in the need for counselor educators to remain at the forefront of these changes.

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Project Safe Love: Overview and Pilot Evaluation of an Educational Program about Same-Sex Intimate Partner Violence

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This article describes Project Safe Love, a counseling and educational program dedicated to developing community-based resources to support individuals affected by same-sex intimate partner violence. The emphasis of the article is on the content, format, and pilot evaluation of the Project Safe Love educational program that is designed to impact knowledge about and attitudes toward same-sex intimate partner violence among community-based service providers and members of lesbian, gay, and bisexual support organizations.

According to the most recent US Census data, over 700,000 same-sex couples lived together in the U.S. as of 2004 (Gay Demographics, 2006). The total number of same-sex couples would be much greater if this figure also included couples who do not live together. Same-sex intimate partners may be defined as two persons of gay, lesbian, or bisexual (LGB) sexual orientation who currently share an important affective interpersonal relationship, typically characterized by romantic, sexual, emotional, and other connections (Murray, Mobley, Buford, & Seaman, 2008). Existing empirical literature suggests that approximately one-quarter to one-half of all same-sex relationships are affected by intimate partner violence (IPV) (Alexander, 2002; Burke, Jordan, & Owen, 2002; McClennen, 2005; Pitt, 2000), which are rates similar to heterosexual couples (Alexander, 2002; Aulivola, 2004; Pitt, 2000; McClennen, 2005; Potoczniak, Mourot,

Crosbie-Burnett, & Potoczniak, 2003; West, 2002). Although same-sex marriage continues to be illegal in most states (Godoy, 2008), evidence suggests that public openness to same-sex relationships is increasing (Loftus, 2001; Peplau & Fingerhut, 2007). As LGB relationships become more visible and accepted by society, counselors in all settings are more likely to encounter clients seeking services for same-sex IPV.

Although there is some evidence that counselors' attitudes toward LGB individuals are generally more favorable than those held by the general public (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000), existing research indicates that counseling trainees experience high anxiety and perceive their competence as low in working with LGB issues overall (Glenn & Russell, 1986; Phillips & Fischer, 1998). In another study of counselor competence with LGB individuals, counselors re-

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ported a lack of preparedness in working with LGB individuals (Liddle, 2002). This lack of knowledge and skill may lead to clinical biases negatively affecting assessment (Bieschke et al., 2000; Blasko, Winek, & Bieschke, 2007), recall or information processing (Glenn & Russell, 1986; Hayes & Gelso, 1993) and overall clinical reaction (Wisch & Mahalik, 1999). All of these biases may manifest in ineffective or inappropriate interactions with LGB clients (Lidderdale, 2002), which contravene the Ethical Codes of the American Counseling Association (ACA, 2005) and many other mental health professional associations.

In addition to the potential limitations in counselors' efficacy with LGB individuals, most services for victims and perpetrators of domestic violence are considered to be inadequate or inappropriate for meeting the unique needs of individuals affected by same-sex IPV (Kernsmith, 2005). Most commonly, service providers may have minimal awareness of and sensitivity toward the issue, make assumptions of heterosexuality, terminate or refer due to sexual orientation, and inadequately explore the needs of LGB clients in both research and clinical practice (Spinks, Andrews, & Boyle, 2000). Furthermore, there are numerous complicating concerns surrounding the issue of same-sex IPV, which are explored more extensively in (Murray, Mobley, Buford, & Seaman, 2008). These include psychological and physical health consequences, legal issues, relationship dynamics, and social and cultural influences. Due to the complex nature of same-sex IPV, there exists a need for increased awareness and knowledge related to the prevalence, dynamics, and special considerations among practicing counselors and domestic violence workers. This article describes Project Safe Love, a model program that was designed to address the issue of same-sex IPV through counseling and educational programs for mental health and domestic violence service providers, as well as other community groups associated with LGB populations. Discussion of the pilot evaluation results will focus on the educational component of the

program.

Project Safe Love: Educational Program Development and Pilot Evaluation

Project Overview

Project Safe Love, founded in the fall of 2006, aims to create a community-wide infrastructure for supporting victims of same-sex IPV, rehabilitating perpetrators, and ultimately preventing IPV within the local LGB community. The program is housed within an academic CACREP-accredited counselor education graduate program in Greensboro, NC. Project Safe Love grew out of discussions among two faculty members and two students, all of whom were interested in learning more about, and working to address, intimate partner violence in the local LGB population. This group identified that although many services were available for individuals affected by IPV in heterosexual relationships, the local community lacked services designated specifically for individuals affected by same-sex IPV, which is similar to many other localities (Kernsmith, 2005). Therefore, Project Safe Love personnel aimed to develop a program that could serve as a model for other communities. The resultant mission of Project Safe Love is to eliminate all forms of violence between same-sex intimate partners through dialogue, education, and counseling interventions. Corresponding with this mission statement, the two primary objectives of Project Safe Love are (a) to create social resources within the local LGB community to support nonviolent relationships and (b) to develop knowledgeable, supportive mental health professionals who work together to provide coordinated, effective services to prevent and treat intimate partner violence experienced by LGB community members.

To accomplish this mission, Project Safe Love features two major approaches that includes counseling and education. All educational and counseling services are provided at no cost through the support of a local LGBT

foundation grant. Counseling services are available to individuals who have been affected by same-sex IPV through the academic department's training clinic, and evaluation of the counseling component of Project Safe Love is ongoing at the time of this writing.

Although these counseling services are a critical aspect of Project Safe Love's mission, the remainder of this article focuses on the educational services. The educational component of Project Safe Love is intended to create a network of individuals who have an understanding of the IPV issues faced by the LGB community. The educational program includes workshops that incorporate a variety of interactive and didactic educational methodologies. Following an in-depth discussion of the content and format of the educational program in the next section, we present the results of a pilot evaluation of the educational program using the results of a pretest-posttest survey of participants in two separate sessions of the program at a community mental health/domestic violence service agency.

Description of Educational Program

Target audience. The target audience for the educational workshops includes mental health professionals, support providers, law enforcement officials, medical personnel, LGB community members, and other interested groups. Thus far, Project Safe Love educational programs have been delivered to the following community groups: a community social service agency that provides mental health and domestic violence services, a campus-based LGBT college student organization, a network of university student personnel, a social service organization that serves clients infected with HIV/AIDS, a statewide sexual assault advocacy organization conference, and both national and regional counseling association conferences.

Practical aspects of program delivery. Prior to each educational program, Project Safe Love personnel talk with representatives from the host organization to determine if the organiza-

tion has needs for any specific type of information that can be emphasized in the program. Project Safe Love educational programs are intended to last two hours each. However, if the host organization requires a longer or shorter time-frame, the workshop is modified to fit the organization's time constraints. In the event that a shorter presentation is required, a follow-up presentation is made available. Following participation in an educational program, Project Safe Love personnel make professional case consultation available for community-based professionals and support organizations who are serving individuals affected by same-sex IPV.

The personnel involved in Project Safe Love include two doctoral-level licensed mental health professionals who are also faculty in a CACREP-accredited counselor education program. These professionals supervise all aspects of the program, including the work done by the other involved personnel, which to date have included three students in the counselor education program in the masters and doctoral programs. The educational programs are facilitated by some combination of the involved personnel, typically with at least one faculty member and one student at each presentation. It is typical for two or three presenters to facilitate each program.

Program content and format. The educational program was designed to be informative and engaging for program participants, to facilitate their learning, and to address the most relevant aspects of same-sex IPV. Although the same basic format is used every time the workshop is presented, the presentation of the material may be adapted to meet the host organization's unique needs and/or practical considerations, such as the amount of time available for the workshop or their role in the continuum of service provision. For example, when presenting the program to the social service organization that serves clients infected with HIV/AIDS, additional information about the links between IPV and HIV/AIDS was added to the program. As another example, when the pro-

gram must be completed in a shorter period of time, such as one hour, time may not be available to include all of the experiential activities that are part of the standard program. However, each presentation includes elements of both informational content and experiential participant involvement.

The informational content of the education program is based on the document created by the project team, entitled, "Project Safe Love: A manual for understanding and addressing intimate partner violence in the LGB population." The Project Safe Love team is in the process of planning and developing a project web-site, where a copy of the manual will be made available to interested individuals. Until then, readers interested in obtaining a copy of the manual may contact the first author in the Department of Counseling and Educational Development at The University of North Carolina at Greensboro. The 32-page manual presents a summary of the literature on same-sex IPV and to help consolidate it for the education program, a summary Power Point presentation is used during the presentation. The topics related to same-sex IPV that are addressed in the manual and incorporated into the educational program are as follows: (a) general considerations, (b) definitions of key terms, (c) statistics, (d) methodological limitations of existing research, (e) social perspectives, (f) legal issues, (g) psychological issues, (h) medical, mental health, and support services perspectives, (i) the cycle of violence, (j) implications for counselors, and (k) the characteristics of healthy relationships. Examples of the goals and major issues addressed within each topic are depicted in Table 1.

Audience participation and discussion are other key elements of the educational program. When conducting the program with groups in which some audience members have already worked with individuals affected by same-sex IPV, audience presenters begin by asking them to share a brief summary of those experiences, the challenges they faced during those experiences, and the questions they have

as a result of those experiences. In an effort to further tailor the educational program to the unique needs of each audience, the information gathered during this initial phase of the presentation is revisited to highlight the most relevant information throughout the remainder of the program. Because some aspects of the information covered related to same-sex IPV are complex and surprising to many audience members, participants are encouraged to ask questions at any point in time throughout the program. The presenters ensure that they leave adequate time for these questions when preparing each program. In general, the elements of the educational program are presented in the following order: (a) opening discussion about participants' experiences with the issue of same-sex IPV, (b) opening experiential activity/activities, (c) review of Power Point slides with informational content, (d) discussion of participants' questions about the informational content, (e) closing experiential activity using case study discussions, and (f) time for final questions and comments.

Experiential activities. A series of experiential activities was developed to help facilitate the audience members' understanding and application of the informational content included in the educational program. These activities are designed to evoke personal empathy and understanding of the lived experiences of individuals affected by same-sex IPV. As noted previously, the program facilitators are trained mental health professionals or counselors-in-training. As such, all have been trained in group facilitation skills and also are skilled at monitoring participants' reactions for signs of emotional distress. Due to the evocative nature of these activities, each one begins with an introduction that informs participants that these exercises may cause discomfort, and participants are encouraged to do whatever they need to do in order to take care of themselves if they experience any distress, such as by stopping the activity and thinking of something else or leaving the room completely until the workshop is complete. In addition, time is allotted after each activity for

Table 1. Goals and Major Issues within Each Project Safe Love Educational Program Topic

| Topic | Goal | Content/sources |
|--|---|--|
| General considerations | To introduce and familiarize participants with history, purpose and services of Project Safe Love and program staff | Mission statement, goals, and presenter bios |
| Definitions of key terms | To clarify terms, address myths, and increase understanding | Define IPV, types of abuse (i.e., physical, psychological/emotional, sexual), and same-sex intimate partners |
| Statistics and Methodological limitations of existing research | To understand the scope and prevalence of relevant issues, increase awareness, and underscore need for competent counseling professionals. | Same sex relationships, intimate partner violence in general, same-sex IPV, and methodological issues in measurement |
| Social perspectives | To identify social-level (i.e., social network, systems, institutions, and organizations) issues that create, confound, or sustain same-sex IPV | Community or societal social forces, such as institutional homonegativity, heterosexism, homophobia, social prejudice, compartmentalization or protection of the LGB community, myths of passive females and aggressive males |
| Legal issues | To address legal issues or considerations specific to same-sex populations | Overview of legal protections (i.e., recognition of partnership, access to protective or restraining orders) across US and specific to state of practitioners, existence of sodomy laws one may have to confess to, perception of 'mutual combat' by law enforcement |

Table (continued)

| | | |
|---|--|---|
| Psychological issues | To clarify the similarities and differences of same-sex IPV in comparison to heterosexual IPV | Dynamics of power or control, characteristics of perpetrator and victims, emotional sequelae, unique issues for same-sex partners, such as tactics, barriers to services, effects of multiple oppressions, interplay with internalized homonegativity and sexual identity development |
| Medical, mental health, and support services perspectives | To clarify considerations for service providers | Obstacles, biases, or insensitivities related to service provision to those affected by same-sex IPV |
| The cycle of violence | To facilitate clinical assessment for abusive same-sex relationships | Phases and dynamics of IPV and the Lesbian/Gay Power and Control Wheel (Roe & Jagodinsky, n.d.) |
| Implications for counselors | To define competencies and in-session activities for counseling professionals | Multicultural knowledge, awareness, and skills needed for working with this population/issue; examples of clinical skills and techniques indicated (or contraindicated) |
| Characteristics of healthy relationships | To assume a constructive, preventative, developmental and future-oriented stance when addressing overall relationship issues | Qualities discerned and published in the literature on essential components of healthy relationships |

discussion to help ensure that participants are able to process their reactions if needed. The three types of experiential activities used are guided imagery, a symbolic oppression activity, and case study discussions. Detailed descriptions of the experiential activities used during the program are provided in the Appendix.

Methodology for Pilot Evaluation

A pilot study evaluation of the Project Safe Love educational program was conducted in an effort to gain some preliminary data about the effectiveness of the program at helping participants to develop greater knowledge and aware-

ness about same-sex IPV. In this section, we describe the methodology for that study, and the next section presents the results of the study.

Research Questions

The research questions for this pilot evaluation were: “After attending the PSL educational workshop, how will participants’ (a) knowledge and (b) attitudes change regarding service provision to clients affected by same-sex IPV?” and “What are participants’ general reactions and suggestions for improvement of the workshop?”

Sample

All participants in the two sessions of the Project Safe Love presentations held at the community mental health and domestic violence service agency were invited to complete a pretest-posttest survey. One program was delivered to the mental health services staff members, and the other program was delivered to the domestic violence services staff members. The programs were scheduled during normally-scheduled staff meetings at the agency. Each workshop lasted two hours, and the workshops followed the same format and content as described above. Participants did not need to complete the survey in order to participate in the educational program. All program participants volunteered to participate in the study, for a 100% response rate.

Twenty participants engaged in the training sessions, 90% of whom were female. The mean age was 39.11 years and 75% described themselves as heterosexual or straight, with 25% describing themselves as LGB. Most (50%) held four-year degrees in human service related fields, while 15% held a professional degree, and 35% held a graduate degree in counseling, psychology or social work. In this pilot sample, 70% were Caucasian, 10% were African-American, 15% were Hispanic, and 5% were American Indian.

Instrumentation

Data were collected using a pretest-posttest survey instrument that included a demographic questionnaire and assessments of participants’ pre- and post-educational program knowledge about and attitudes toward same-sex IPV, as well as a program satisfaction survey completed following the workshop. In order to compare pretest and posttest data, participants’ responses were coded so that their scores could be matched in the data analysis.

Knowledge about same-sex IPV was assessed using a ten-item, multiple choice inventory developed by the research team which included questions assessing knowledge about the dynamics, prevalence, legal issues, consequences, and help-seeking behaviors related to same-sex IPV. For each item, only one of the four possible responses was considered to be the correct response. For each item for which the participant selected the correct response, they received one point on the *knowledge about same-sex IPV* scale, rendering a possible range of scores from 0 to 10, with higher scores indicating greater knowledge about same-sex IPV. This assessment was completed at both the pretest and posttest.

Attitudes toward same-sex IPV were assessed using a modified and shortened version of the Attitudes toward Dating Violence Scales (ADVS; Price, Byers, & the Dating Violence Research Team, 1999). This instrument was designed to assess adolescents’ attitudes toward male-perpetrated and female-perpetrated dating violence (Price, Byers, & the Dating Violence Research Team, 1999). In the original development of the ADVS (Price et al., 1999), the scale demonstrated good internal consistency and construct validity. Our modified version of the scales used language referring to *partner* or *partners* rather than *girl*, *boy*, *girlfriend*, or *boyfriend*. These modifications were made in order to be appropriate for same-sex relationships. The original scale includes 37 items that assess participants’ attitudes toward psychological, physical, and sexual dating vio-

lence. However, due to the time limitations for data collection for this study, only 17 items were used in this study to assess participants' attitudes toward dating violence. This assessment was completed at both the pretest and posttest.

Participants' satisfaction with the educational program was assessed using a ten-item Program Satisfaction Survey developed by the researchers. In addition, three open-ended questions were included that asked participants to describe the most useful information they would take away from the workshop, three resources they learned were available in the community for same-sex IPV prevention and intervention, and suggestions for improving the program. This assessment was completed only at the posttest.

Data collection procedures. Institutional Review Board approval was secured prior to the collection of data for this study. The surveys were administered by the program facilitators and completed by the workshop participants before and after each educational program. Program participants received a packet containing a consent form, pretest and posttest surveys, and an envelope. Time was allocated at the start of the program for participants to complete the pretest section of the survey. The posttest surveys were on separate sheets of paper, and participants did not complete these until after the program was completed. Once the participants completed their surveys, they enclosed and sealed them in envelopes provided to them by the research team and returned the envelopes to the facilitators prior to leaving the agency facilities.

Results of Pilot Evaluation

Paired sample t-tests of pre- and post-educational session test scores were conducted separately for knowledge and attitudes regarding same-sex IPV. Pre-test educational mean scores were 8.65 ($SD = 1.06$) and post-test educational means were 9.82 ($SD = .39$), a significant difference ($t = -4.781, p < .05$) in partici-

pants' pre- and post-test knowledge about same-sex IPV scale scores, indicating that knowledge about same-sex IPV issues had increased. However, t-test comparisons indicated no significant differences ($t = -1.304, p > .05$) for attitudes toward LGB IPV were noted between pre-test attitude scores ($M = 27.10, SD = 3.11$) and post-test scores ($M = 28.24, SD = 4.63$). In terms of satisfaction, 65% indicated that they learned something new, and 75% reported that both (a) the workshop was relevant to their current work and (b) that they felt more comfortable in supporting someone experiencing same-sex IPV. The majority considered the workshop well-organized (90%) and would recommend it to colleagues (79%), while 70% indicated the workshop increased the likelihood that they would recognize the signs and/or issues related to IPV among LGB clients. Open-ended responses identified "barriers faced by LGB community" and that "similarities and differences between LGB and heterosexual IPV" exist as the most useful information.

Discussion

The educational program that was developed through Project Safe Love was designed to increase the awareness, knowledge, and skills of mental health practitioners, as well as other relevant groups, working with LGB individuals affected by IPV. The two-hour workshop is interactive and facilitated by professional counselors or counselors-in-training. Preliminary evidence suggests that this workshop increased participants' knowledge about same-sex IPV and increased their comfort levels in working with these clients. The educational workshop also served as an opportunity to inform participants of the counseling and consulting services available as a community resource.

Limitations of this pilot evaluation included a small sample size and the inherent limitations involved in collecting pre- and post-test data in such a brief time span to assess changes in knowledge and attitudes. Furthermore, if changes to either knowledge or atti-

tudes did persist, whether this informed clinical behaviors or skills was not measured. Lastly, the pilot study relied on instruments created or modified by the research team, so the reliability and validity of these measures has not been established. Future research is needed to conduct a more thorough evaluation of the Project Safe Love educational program using more rigorous methodological procedures.

The findings of this pilot evaluation support the further implementation of similar projects to enhance the awareness, knowledge, and competence of counselors and other relevant groups who work and interact with individuals affected by same-sex IPV. This educational approach holds promise for increasing participants' knowledge about same-sex IPV, as well as their level of comfort in working with this issue. Project Safe Love personnel view this knowledge and comfort to be essential to meeting the program's objective of creating social resources within the local LGB community to support nonviolent relationships. Readers with an interest in this topic are encouraged to implement the educational program in their own communities. Future directions for this program include bringing the workshop to a broader array of audiences, adapting the content for various categories of human service workers who interact with those affected by same-sex IPV (e.g., law enforcement, college student personnel, and high school teachers and administrators), and developing additional resources for addressing same-sex IPV at various levels of intervention. Overall, Project Safe Love incorporates counseling, education, and consultation services to address the crucial need for increased services and resources related to same-sex IPV.

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Appendix: Detailed Descriptions of Experiential Activities

Guided imagery. The guided imagery activity involves reading the following script to participants, and then processing using the subsequent discussion questions. It is important to emphasize that, although participants may experience some relaxation through this guided imagery, its purpose is not for stress management or relaxation. The script should be read using a calm, steady tone at a slow pace.

Guided Imagery Script

Sit in a comfortable position, with your hands resting in your lap or on the arms of a chair. Let your head and neck relax. Let your eyes close. Scan your body for tension and begin to take slow, deep breaths, focusing on relaxation...

...Imagine yourself at the bottom of a well. It's damp; it's dark; it's cold. You're alone...

...This is how your partner makes you feel – you're confined, imprisoned in this relationship. There's no way out. You're trapped...

...Imagine yourself wanting help. Isn't there someone, anyone who hears your cries for help? You see people walking near the well opening, on the ground far above. You shout at them, but nobody offers to help you – in fact, they all look down on you, shake their heads, and keep moving...

...What do you do now? How can you find your way out?

Discussion Questions:

1. What was your reaction to doing this guided imagery exercise?
2. If you are a friend, an advocate, or a mental health professional providing assistance, what are some ways you might aid this person at the bottom of the well?
3. How might you address the influence of homophobia in this person's relationship?

Symbolic oppression activity. The purpose this experiential activity is to provide audience members with a symbolic representation of multiple forms of oppression that may be experienced by victims of same-sex IPV. At the end of the exercise, the program leaders facilitate a conversation based on the discussion questions below.

Symbolic Oppression Activity Instructions

1. Note: Several blankets are required for this activity. The facilitators begin by asking for a volunteer from audience. Volunteers are informed that they are allowed to withdraw their participation at any time, if they begin to feel uncomfortable.
2. Begin by describing this activity as a way to symbolize oppression experienced by victims of same-sex intimate partner violence.
3. Have a volunteer sit or stand in front of the room and audience. Select a blanket and place it around or on the shoulders of the volunteer. Note: The volunteer's head should remain uncovered at all times. Blankets should not be placed so tightly as to create any physical discomfort for the volunteer.
4. Tell the audience that this blanket represents cultural heterosexism and homophobia.
5. Select another blanket, place it over the first blanket, and tell the audience that this new blanket represents social isolation and rejection by friends, family, and colleagues (i.e., as in rejections of same-sex lifestyles within victims' social circles).
6. Continue selecting blankets, placing each successive one on top of those preceding. Each blanket should represent a separate issue like: (a) internalized homonegativity, (b) limited sources of assistance (i.e., fewer same-sex intimate partner violence intervention resources), (c) physical, sexual, emotional, and financial injury inflicted by abusive partner, (d) low self-esteem, (e) feelings of limited self-efficacy, and (f) fear.
7. After all blankets have been used, have the volunteer continue standing or sitting before

the audience for a moment. Following the discussion, thank the volunteer for his/her time and participation.

Discussion Questions:

1. To the volunteer: How does it feel to have all of these blankets on/around you? What is your reaction?
2. To the audience: What are your thoughts and feelings about this exercise?
3. To both: How might you help someone in this situation? On a relationship level? On a community level?

Case studies. The final type of experiential activity included in the Project Safe Love educational programs involves the presentation and discussion of case studies that illustrate the dynamics of same-sex IPV. The following two fictional case studies and their corresponding discussion questions were developed as a means of helping audience members apply the information they have learned throughout the presentation. As such, the discussion of these case studies occurs at the end of the program. These case studies are included on the presentation slide show, and audience members are given adequate time to read each case study prior to discussing them as a group. Typically, these case study discussions are done with the entire audience; however, if time permitted and the audience was particularly large, the case studies could be discussed in small groups who would then report a summary of their conversations back to the entire audience.

Case Study #1: Margaret and Elise

Margaret and Elise have been together for eight years. Margaret, 34, is a real estate agent. Elise, 37, is an architect. They share a home and have a three year-old son, Jonathan. Elise presents for a counseling assessment, having been referred by the police following a complaint she made against Margaret two days ago. According to Elise, Margaret became angry and started screaming during a discussion of the family's finances; at one point she pushed Elise down the stairs of their home. Margaret stormed out a few minutes later. After coming out of a daze, Elise crawled to the phone to dial 911. She spent several hours in the hospital, having suffered two cracked ribs and a sprained wrist as a result of the fall. Jonathan, who was sleeping at the time of the incident, was picked up at the hospital by Amy, a family friend; he is staying with Amy currently. Margaret was taken into police custody at a local hotel, and she is in jail awaiting a court hearing. Elise reports that she and Margaret have always had a "rocky" relationship. At times, Margaret has yelled at, shoved, and slapped Elise. The most recent incident with the stairs, Elise says, "It is the worst things have ever been." Elise says she moved out once before, but Margaret begged for forgiveness and reassured her that her behaviors would change. Giving her the benefit of the doubt, Elise decided to move back in.

Now, Elise is uncertain about what to do next. She says, "I never thought I would be in this situation. I really do love Margaret, and I keep hoping that she will change. I've never called the cops on her before. She is a loving person, deep down. I just can't believe this is happening." She takes a deep breath and continues, "What am I supposed to do? What about Jonathan? What about work? What about all my stuff? It's not like I can move in with my parents or brothers and sisters – we really haven't talked since I came out. And I can't afford to be on my own with all these bills to pay." Here, Elise reports that, many years ago Margaret was a source of emotional support when Elise was shunned by her family, following disclosure of her sexual orientation.

Elise continues, "Margaret kept screaming at me before she left the other night, 'Go ahead, call the police and report me. Where else are you gonna go? Nobody will listen to you...nobody cares! Nobody wants to help a lesbian. If you don't have me, you don't have

anybody!’ I was totally stunned, but I wonder if she’s right? I just don’t know.”

After a moment, Elise says, “You know, maybe this was a huge misunderstanding. I don’t know if I should press charges...I mean, maybe all Margaret and I need is some time off. Margaret’s been under a lot of stress at work lately...I’m sure that had a lot to do with the other night. I guess I should have been more sensitive to that. She really does care about me, and I know she loves Jonathan. Hopefully, taking a break from things will help us cool off and we can start over.”

Discussion Questions for “Margaret and Elise”:

1. What is your reaction to this case study?
2. What are some specific issues you might attend to in your counseling assessment?
3. How might you assist Elise?
4. If Elise came to you for help, what might be some helpful resources – located in your community – that you might be able to refer Elise to?
5. What challenges might Elise and/or Margaret face in your community? How might those challenges be addressed?

Case Study #2: Mark and Josh

Josh is a 32-year-old recently divorced furniture salesman who just broke up with Mark after about five months of dating. Josh has always had same-sex attraction, but hasn’t come out to people in his family. He met Mark, a web designer, at a bar, dated him casually for about three weeks before dating exclusively.

Mark was very understanding of Josh’s questions about his sexuality, and accepted that he wasn’t out to his friends and family. Mark introduced him to other gay people in their community, but always offered opinions and advice about with whom Josh should interact and who he should avoid. Mark always made plans for them as a couple, but seemed to stick close to Josh and never mingled with others. Mark appeared to be very concerned when Josh made friends with Randy (someone that Mark didn’t approve of) and began to correspond with him over email. Josh couldn’t understand Mark’s protectiveness, but felt loyal to Mark for helping him integrate into the gay community, and for being so supportive and understanding as he made decisions about coming out.

However, Josh became very concerned about his relationship with Mark one evening when Mark became very angry and withdrawn after Josh had a casual conversation with another man at a party. When they left the party, Mark became belligerent, calling Josh names, raising his voice and accusing him of being disloyal and promiscuous. Mark never became physically aggressive or threatening during their fight, and they eventually resolved the conflict when Mark told Josh that he was in love with him and wanted to take care of him. Josh was comforted to hear this and they became affectionate after they made up. However, Mark was persistent at having sex to prove that they had “made-up”. Josh felt uncomfortable when the “make-up sex” became rougher than he preferred and stopped feeling caring or affectionate. The next day, Josh told Mark that he thought they should take a break so that Josh could assess his desire to be in a relationship with Mark, and so that he could take some time to make more friends in the gay community.

Mark began to call Josh on the phone, send him numerous text messages throughout the day, e-mail him, and always happened to be at his workplace, outside his gym, or at his places he likes to shop or eat. Josh was recently sent an anonymous e-mail message with a link to a web page with many pictures of himself walking to and from different places, at gatherings, at work, and when at the gym. They were obviously taken from a cell phone and he knows that someone is watching and documenting his every movement. In the e-mail

was the address and phone number of Josh's parents. Josh is scared.

Discussion Questions for "Mark and Josh":

1. What is your reaction to this case study?
2. What are some specific issues you might attend to in your counseling assessment for Josh? For Mark?
3. How might you assist Josh?
4. If Josh came to you for help, what might be some helpful resources – located in your community – that you might be able to refer Josh to?
5. What sort of behaviors would you like for Josh to be able to recognize earlier in future relationships?

Digital Audio Technology in Counselor Education: A Qualitative Evaluation of Podcasting Use

Chadwick W. Royal, Kyla M. Sawyer-Kurian, Edward E. Moody,

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This study examined the responses of master's-level counselor education students to the use of digital audio technology in selected courses from a counselor education program. Researchers examined the usage of instructor-created podcasts in three distance education counselor education courses to determine the frequency of podcast utilization and the perceived usefulness of the podcasts. The results indicated that the majority of the respondents used the podcasts, they perceived podcasts as helpful, and they used them to enhance their acquisition of course material. Implications for using digital audio technology in counselor education, hardware and software required to begin podcasting, and potential applications in counselor education are discussed.

Counselor educators have a history of adapting and utilizing the newest technology to enhance the preparation of counselor educators. More than two decades ago, Herr and Best (1984) looked at ways to utilize computer technology. Later, the advent of e-mail resulted in some counselor educators using the technology to enhance the supervision of counseling interns (Larrabee & Blanton, 1999; Myrick & Sabella, 1995). More recently, Manzanares, O'Halloran, McCartney, Filer, and Calhoun (2004), described ways that CD-ROM technology could be used effectively in counselor education supervision. One of the new technologies implemented by many today is the use of digital audio and video recordings.

Podcasting, specifically, is a method of distributing multimedia files, such as audio or video programs over the internet. The files can

be played on mobile devices or personal computers. The term 'podcasting' is only a few years old, having been coined primarily as a result of the popularity of Apple, Inc.'s iPod. The term, podcasting, is a combination of two words: "iPod" and "broadcasting". The name is misleading, because podcasting does not require an iPod – and there is no real-time, "over-the-air" broadcasting involved (Notess, 2005 & Overton, 2006).

A podcast is simply a digital recording, either audio or video. Listening or viewing a podcast does not require an iPod. Any device or software capable of reading an MP3 file can play an audio podcast. Examples of software include: iTunes, Windows MediaPlayer, Real-Audio Player, and Quicktime (all of this software is available to download for free). Podcasts are intended to be used for "on-demand" listen-

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ing (or viewing), and are geared toward automated synchronization with playlists associated with portable audio players or devices (Overton, 2006). Once downloaded, podcasts can be heard whenever and wherever.

Podcasts are typically used as self-published radio-like shows. Listeners select podcasts to which they want to subscribe; their computer will collect and download new shows automatically when they have been published using RSS (Really Simple Syndication) technology (Gordon-Murnane, 2006; Joly, 2006). A listener could theoretically subscribe to the podcast version of “All Songs Considered” (on NPR), “60 Minutes” (on CBS), and a neighbor who publishes their own podcast on the topic of growing perennials.

Some say the influx of technology has changed the way today’s students learn and their expectations upon arrival to our classrooms (Jukes, 2005). This has resulted in universities increasingly embracing this technology. In 2004, Duke University distributed more than 1,600 iPods to all incoming freshmen for use with their coursework (Joly, 2006). Students were able to access lectures, foreign language labs, and audiobooks through the use of their iPod. Other universities have noted uses related to the provision of lectures and course materials, conference sessions, college admission advice, financial aid resources, standardized test preparation, news and events related to the university and local community, interviews, and guest lectures (Gordon-Murnane, 2005; Joly, 2006). Some universities provide podcasts available to anyone who would like to download them, while others reserve class recordings for those with the correct password (Joly, 2006).

The primary benefit of podcasting is that it is (intended to be) a mobile technology. Podcasts can be transmitted over the internet and downloaded to mobile MP3 players, to be listened to while in motion. The possibilities regarding the uses of this technology are numerous. We have become more of a mobile population (mobile phones, “smart” phones, PDAs, mp3 players, portable video players, tab-

let PCs, etc.). With respect to counseling coursework, digital audio technology offers a great amount of flexibility. It can address how students learn (e.g., mobile, or “m-learning”), and supplement instruction from the traditional classroom. Learning with mobile devices is convenient.

According to Evans (2008), students value the flexibility offered by digital audio technology. Students using podcasts reported that the technology helped to fill-in “gaps” by continuing the learning experience during times when it might not normally be possible (for example, commuting or traveling). Used in conjunction with a traditional on-campus class, students described podcasts as enhancing the content of lectures and continuing to engage the student in the material after the lecture was over. Evans (2008) reported that students found it easier to engage with the material from a podcast than when reading a textbook. They were more receptive to the material, and felt more engaged, because it was direct communication from the instructor to the learner. In addition, students perceived that they had more control over the learning process (Evans, 2008).

It is believed that counselor educators (and counselors-in-training) can successfully implement this expanding mobile technology in a variety of areas: Counseling and supervision, teaching, research, professional development, and administration. This report will present results from a pilot study that was conducted on the use of podcasting in three counselor education classes in the summer of 2006, a brief description of the hardware and software needed to begin podcasting, and potential applications for the use of podcasting in counselor education.

Using a qualitative research design, data were collected on the use of podcasting during the summer of 2006. Three distance education counselor education courses were assessed. The researchers attempted to understand the ways that counselor education students gave meaning to their use of podcasts. It was believed that counselor education students would find the

use of podcasting helpful with respect to their coursework. The initial results in the use of this technology, and the implications of these results are presented.

Method

Procedure

Data was collected in three distance-education counselor education courses. Participation was voluntary as a part of a course evaluation and responses were anonymous. All three courses sampled had the same instructor. The instructor was a doctoral level counselor educator in a CACREP-accredited institution. At the time of data collection, the instructor had no formal training in podcasting, and was the only instructor using digital audio technology within the department. Therefore, only courses taught by this instructor were utilizing podcasts. It is important to note that all of the authors have since received formal training in podcasting and the educational use of iPods by Apple, Inc.

Podcasts were used to distribute PowerPoint lectures (audio files to be listened to while reviewing PowerPoint presentations), audio files of text chapter overviews, and audio files of key chapter concepts. All of the podcasts were audio-only podcasts (mp3 audio files), recorded by the instructor, and provided to the participants via a Blackboard course delivery system (online course software). The length of each podcast was between 5 and 40 minutes, and there was at least one new podcast available for each assignment period. Written instructions were provided regarding hardware and software requirements for listening to podcasts and how to access the podcasts. Podcast usage was requested, but not required, as part of the course requirements.

At the end of each course, the instructor requested anonymous written feedback regarding the use of podcasts. A series of open-ended and closed-ended questions were posed to student participants. Students were requested to specify whether they had used the podcasts during the course. If they did use them, they were

asked to provide feedback related to their use. If they did not use the podcasts, they were to provide feedback on why they did not use them.

Data Analysis

An inductive category development approach was used to systematically categorize and analyze the data (Mayring, 2000). Inductive category development is carried out by identifying salient categories in the responses. Responses were read and re-read for the purpose of identifying core constructs or categories. The initial categories were descriptive, using the language of the participants, and were revised as the material was reviewed – based on the content of the responses (a formative check of reliability). This review and revision process continued until all of the responses were inserted into existing categories. A second researcher examined the responses to verify and validate categories (a summative check of reliability). The two researchers (both counselor educators) discussed the categories, and discarded categories in which they did not agree. Accordingly, responses were assigned to agreed-upon categories.

The categories are the following: (a) frequency of usage of the podcasts, (b) the relationship between the frequency of usage and perceived usefulness, (c) the perceived usefulness of podcasting (regardless of usage), (d) why it was perceived as useful. For those who did use the podcasts: (e) how it was used, (f) the location or method of usage, and (g) why it was not used. Other categories included ownership a portable MP3 player and other common themes.

Results

Participants

There were a total of 64 students in the three counselor education courses; the courses covered the following topics: (a) Human growth

and development, (b) consultation, and (c) family counseling theory. All students were enrolled in a state-supported institution in North Carolina. The courses were part of a CACREP-accredited counselor education department (with programs accredited in school counseling, community agency counseling, and career counseling). There were 30 community counseling majors, 19 school counseling majors, 6 career counseling majors, and 9 non-counseling majors. Fifty-five students were female and 9 were male. Of the 64 enrolled students, 34 responded to the survey indicating a response rate of approximately 53%. The instructor chose not collect any information on age, race, or any other identifying information. Because the courses were taught completely online, and the responses were anonymous, it is impossible to speculate on any demographic information of the sample.

Frequency of Usage

In terms of the frequency of usage, 62% (n=21) of the respondents reported using the podcasts, 32% (n=11) admitted that they did not use the podcasts, and in 6% (n=2) of the respondents, it was unclear whether the podcasts were utilized. Of the respondents who *did* use the podcasts, 48% (n=10) used the podcasts either frequently or every recording, 33% (n=7) used the podcasts “about half the time”, and the remaining 19% (n=4) used the podcasts once. Sample responses are provided below.

Participant 1:

I listened to all the podcasts as a review before the quiz. I enjoyed the personal stories as well as the highlighting of what you considered the most important aspects of the chapter. I also noted the keywords as a study aid for future testing. I enjoy the podcasts and would like to have them in future online classes.

Participant 2:

I used the podcast [sic] sometimes,

but I tried to follow along in the book. I think to me it was helpful to listen and read the part at the same time. I felt like I understood more.

Participant 3:

I have not used the podcast [sic]....I just keep forgetting to try it out.

Frequency of Usage and Perceived Usefulness

Perceived usefulness was examined with respect to frequency of usage. Of the respondents, 56% (n=19) reported that they used the podcasts and considered them helpful. Twenty-one percent (21%; n=7) of the respondents did not use the podcasts but observed that they would be helpful. Another 3% (n=1) used the podcasts at least once, and reported that they had “mixed feelings” about their usefulness; and 3% (n=1) did not use the podcasts and did not consider them helpful. For the remaining 18% (n=6) of the respondents, the researchers were unable to determine the frequency of use and the respondents’ perceptions of their usefulness. Sample responses are provided below.

Participant 4:

I found it helpful when outlining my chapters. I was able to add to my notes after reading each chapter...I was able to study and listen to lectures at remote locations. As a mother, and full-time employee, this technology allowed me to have quality time with my family and still enjoy other activities.

Participant 5:

I have never used the podcast before [sic]. The podcast is a good teaching tool that professors can use to enhance a student’s academic performance.

Participant 6:

I did not use the podcasts, and I’m not really sure that I would be interested. Basically, I really prefer classroom teaching, and personal interac-

tion with my colleagues.

Perceived Usefulness

Perceived usefulness was also examined - independent of usage of the podcasts (i.e., how useful were the podcasts perceived, regardless of whether they were used). A majority of the respondents (79%; n=27) viewed podcasting as either helpful or potentially helpful, regardless of whether they actually used the podcasts. Only 3% (n=1) viewed podcasting as not helpful, and 18% (n=6) of the respondents were neutral in their perceptions of usefulness. Sample responses are provided below.

Participant 7:

I have used the podcasts off and on throughout the class. I found them to be a great way to reinforce the material I had read and as a review before taking the quiz. I didn't use them every time but probably about half of the time. I was glad they were there. I also really benefitted [sic] from the times you talked about your experience with families or your professors that were asides from the text book. This was enrichment that was helpful to me that I might have gotten in a traditional classroom setting. I learned to download the podcasts onto my computer and listen from there, since I have dialup. I was thinking that if I were working and had to commute that I could burn a CD and study in the car while driving. I think this method is a good resource for online classes.

Why Useful

Why were podcasts useful or why would they be perceived as useful? *Some respondents provided more than one reason for usefulness.* Seventeen (50%) respondents indicated that using podcasts helped to clarify and reinforce information, and

8 respondents (24%) indicated that it personalized the online class experience for them. Five (15%) respondents indicated that they felt better about "missing class" (not being in a traditional, on-campus classroom setting), 4 (12%) respondents indicated that they believed it enhanced their performance in the course, and 4 (12%) respondents indicated that they were able to receive insightful information from the instructor. Three (9%) respondents indicated that listening to the podcasts was "enjoyable", and 3 (9%) respondents indicated that it was helpful because they believe they were more "auditory learners". One respondent (3%) indicated that being able to hear the instructor's voice was comforting because they had taken on-campus courses with the instructor previously and 1 respondent (3%) indicated that it was helpful because they could listen to the podcasts anytime. Sample responses are provided below.

Participant 8:

I did download the podcasts for the first four or five chapters and listened to them while sitting at my computer. I listened to them after I read the assigned chapters and before I completed the discussion board, quiz, and case study assignments... I felt they were a good review of the chapter, I liked the personal experience, for me, that always helps me put the information into perspective.

Participant 9:

I found the use of the podcasts to be very helpful. I would read the chapter then listen to the podcast for each one prior to taking the quiz. The podcast substituted the actual classroom experience and provided a review for me on the chapter. I, too, enjoyed hearing about personal experiences. I used the podcast to discern what I thought was important information in the chapter with what the professor provided on the podcast. It was like a check

point for me. I wanted to make sure we were on the same page (excuse the pun) as to the important concepts and terms in each chapter. I would definitely use them again for an online class or as a supplement [sic] to the classroom. Using them between classes along with reading the textbook would help reinforce what I am reading. As for using podcasts in future classes (virtual or reality) my vote would be yes. I would appreciate any professor who is willing to do this and would definitely take advantage of this technique by using them.

Participant 10:

I think it can help those who are auditory learners like myself relate better to the material versus simply reading through it and not picking up everything that you could of had you heard it in addition to reading about it. I would definitely like to see them available in the future.

Participant 11:

I have used the podcasts and have found it to be highly effective because I can feel less intimidated about missing class.

How the Podcasts Were Used

For the respondents who did use the podcasts (n=21), 14 (67%) respondents used the podcasts to clarify and reinforce the course material (*again, some respondents provided more than one response for how the podcasts were used*). Eight (38%) respondents used the podcasts to review for quizzes and other assignments, 4 (19%) respondents indicated they would use the podcasts for (future) missed classes, and 3 (14%) respondents indicated they used (or would use future podcasts) – but it was unable to determine how. With respect to location (or method of usage) for those who did use the podcasts, 4 respon-

dents (19%) revealed mobile usage (e.g., in the car, walking across campus); another 4 (19%) indicated non-mobile usage (e.g., listening to the podcasts on a desktop computer at home or at work), and 13 respondents (62%) did not indicate a method of usage. Sample responses are provided below.

Participant 12:

I did download the podcasts for the first four or five chapters and listened to them while sitting at my computer. I listened to them after I read the assigned chapters and before I completed the discussion board, quiz, and case study assignments. I would have continued with the other chapters, but lack of time prevented me from doing so. I felt they were a good review of the chapter, I liked the personal experience, for me, that always helps me put the information into perspective.

Participant 13:

I have used the podcast on my ipod and I love it. It sound [sic] like you were teaching in class but I was able to listen to it in my house and my car. I was able to study as I was going to work and I listened to it before I went to bed.

Non-use of Podcasts

For those who reported that they did not use the podcasts (or did not use them frequently; n=24), 4 (17%) respondents indicated that they did not have enough time. Four (17%) respondents revealed that they did not understand either the instructions or the technology involved (e.g., “Took too long to download”, streamed podcast). One (1) respondent (4%) indicated that they forgot about the podcasts, and 1 respondent (4%) indicated that they had no interest in using the podcasts. Eight (8) respondents’ (33%) reasons for non-use were un-

known. Sample responses are provided below.

Participant 14:

Well, I was not able to access the podcasts thru my computer, however, I tried and I am certain that if I was able to access them, then it would have been extremely useful especially to me in the beginning when I was not able to locate the required textbook for the course. I am sure that the podcast would have provided me with some of the information needed for the course until my book arrived. I just have to add that this has been an exciting class for me and that I am truly thankful for technology.

Other Items of Interest

Responses were examined to determine if the students owned portable mp3 players. For the most part, it was not possible to determine if the students owned a portable player (82%). Only 12% (n=4) revealed that they owned a portable player, and 6% (n=2) reported that they did not own a portable player. In terms of other themes present, 6 (18%) respondents volunteered that they would like to use podcasting technology in future courses (traditional or online courses), and 2 (6%) respondents volunteered that they prefer classroom teaching and personal interaction.

Discussion

Given the option (use of podcasts was not mandated for participation in the courses), more people accessed the podcasts than those who did not. For the majority of people who did not use the technology (or at least didn't use it regularly), they still viewed the podcasts as helpful. The podcasts were seen as helpful because they helped the students to learn; "clarifying and reinforcing" course material is useful for distance education courses as well as traditional, on-campus classroom experiences. In addition,

with respect to distance education courses, the podcasts personalized the experience for the students, which should be of inherent benefit for human-service oriented, counselor education courses.

The study may be limited by the method in which data were collected. Due to the fact that the courses were graded experiences, it is possible that responses were affected by the participants' social desirability. This limitation was addressed by requesting that responses be anonymous. There may also be a limitation with respect to the analysis of data. The researchers who examined the data were colleagues and not independent observers, and it is possible that there was some bias with respect to previous conceptions about the data. In an attempt to reduce this limitation, the idea that there were possible preconceptions was recognized and discussed. It is recommended that future researchers make an attempt to locate independent observers for the triangulation process.

For those who did not use the podcasts (or did not use them regularly), based on the results, it is possible that they didn't understand the technology or its purpose. There were students who "streamed" the podcasts instead of downloading them to their own personal computer (PC) for on-demand listening. The intention of the technology is to provide portability of learning. Streaming requires listeners to remain connected to their internet providers while the files play (this method does not allow portability of files). It may also prove to be difficult if the listener does not have a high-speed internet connection. Saving the podcasts to a PC allows users to listen to the audio files whenever they want without having to be connected to the internet. They can listen to it on their PC, download it to a portable mp3 player, or burn a CD with the file. Based on the feedback that was received, the researchers modified their instructions for the future access of course podcasts – to ensure that students understood that it was better to download the podcasts, rather than stream them.

Some students were confused about the

purpose of the podcasts (e.g., “I don’t have the time”). The podcasts were essentially viewed by some as just one more thing to do. In reality, by being a mobile technology, podcasts are well-suited to multi-tasking. With a portable mp3 player, students can listen to course material while commuting to classes, walking across campus, or exercising, to name a few. It is recommended that the instructions for and about the usage of podcasts be clear – and that creators of podcasts be able to provide some technical assistance accordingly when needed.

Hardware and Software Requirements

The hardware and software requirements to begin podcasting are potentially minimal. The following hardware are required: computer (with a sound card), microphone, and server space. Neither a large-capacity computer, nor an expensive, professional-grade microphone are needed. Server space could be anything from personal webspace, university course delivery system (e.g., Blackboard), free blog-space, or other free space provided on the internet (e.g., www.ourmedia.org).

Audio-recording software may be dependent upon the type of computer and operating system used. As the medium grows, more podcasting software will most likely emerge. In the meantime, for Macintosh users, “Garageband” is an easy-to-use software program that allows the recording and editing of audio and video podcasts. It is part of the iLife software that is packaged with newer Macintosh computers.

For PC users, “Audacity” is free software (available for download at <http://audacity.sourceforge.net/download/>) that works with Windows, Linux, and Macintosh users. An MP3 “encoder” is also needed make sure that your recordings can be turned into the easily readable MP3 file. The instructions for downloading the software and encoder are relatively simple, and the software is easy-to-use. However, Audacity works only with audio recordings (not video) – but this may not neces-

sarily be a drawback.

Accessibility and Audio-only Recordings

There are several factors to consider related to the accessibility of podcasts. Currently, video-capable portable MP3 players can be relatively expensive. If most of your listeners/viewers (who do not purchase video-capable portable MP3 players) have to sit in front of their computer to watch your video podcast, then the main benefit of podcasting (providing mobile education) has been eliminated. Also, the individuals who already own a portable MP3 player that is not capable of viewing a video podcast will be unable to use their portable player for your podcast.

Another factor to consider is the size of the podcast. A 15-minute video podcast can be about the same size file as a one-and-a-half hour audio-only podcast (given comparable bitrate quality). Video files will be larger files, and will take longer to download. It is likely that an individual with a slow internet connection will not be able to easily access your content. It is recommended that audio-only podcasts be used at this point to allow the most accessibility to the content.

Podcasting Applications in Counselor Education

The following examples are not intended to be an all-inclusive listing of the potential uses for podcasting in counselor education. They are intended to be some initial suggestions for its use by counselor educators and counseling supervisors. Because of the newness of this technology, legal and ethical guidelines related to security and confidentiality should be carefully considered.

Counseling and Supervision

This digital audio application could be helpful in the supervision of counseling – and the supervision of supervision. Digital audio technol-

ogy blends very well with current applications of recording in counselor education (i.e., use of audio and video recordings for the supervision of students). Rather than using the standard audio cassette and video cassette recorders, sessions could be recorded digitally. Not only would the use of this technology eliminate cumbersome recorders and tape libraries, but it would allow for *secure* electronic submission of sessions. Supervisors would be able to review the sessions using either a portable player or personal computer (PC) – and could virtually hold an entire library of content for on-demand playback. Running voice recognition/recording software simultaneously could also theoretically provide a written transcription of the session content.

A main concern with respect to this technology is security and confidentiality. With the proper security applied (password protected access to player or PC), the content would theoretically be secure once transmitted. Just as with the traditional tapes, the content should be deleted at the end of its use. The security and confidentiality of the content during transmission is of utmost importance. Standard email transmission, with the MP3 file as an attachment, would not provide adequate security for transmission. There are two possible solutions to this dilemma. First, encryption of the audio file would aid in providing a secure transmission. This application, however, would require a higher level of technological competence, and would not be easy for all users. Second, a course delivery system (e.g., Blackboard) could be used for the transmission of the files. Such course delivery systems would require that the parties involved be “enrolled” users of the particular course website -- and be logged-in in order to send and receive files.

Teaching

Podcasting technology can be used in traditional on-campus courses and distance education courses. Instructors could use their own podcast recordings – or use the content re-

corded by others. For example, if you were teaching a section on crisis intervention, you might find a podcast recording of lecture already recorded on the subject. As the technology grows, more and more podcasts on a variety of topics will be available. One current source of podcasts specific to counselor education is <http://www.counseloraudiosource.net/>

In terms of using self-recorded podcasts, instructors could record traditional on-campus class meetings. By posting the class meetings on a course website, students could then download and listen to past classes, memorable lectures, guest speakers, and case studies. Instructors may want to use podcasting to record a simulated counseling session that demonstrates a particular counseling theory. Some advisors may want to record instructions that they tend to repeat every semester or term. With all recordings, they can be recycled and distributed easily in future courses.

Distance education instructors can record virtually anything they would have lectured on or demonstrated in a traditional classroom setting. Perhaps they might want to use podcasting to record their verbal instructions on a specific assignment or paper – or perhaps record their comments on a specific student’s graded assignment or paper. The audio file could be sent back to the student with the graded paper.

Research

Researchers may also find useful applications for podcasting technology. For example, qualitative researchers may want to use podcasting to record their interviews. As mentioned above with counseling, voice recognition software could be run simultaneously to assist in the transcription of the interviews. Podcasting technology would allow for the easy organization and archiving of all data collection. Another use of podcasting technology in research might include the recording of the directions or general messages for participants taking online assessments or surveys.

Professional Development

Counselor educators might find use in podcasting technology in their own professional development (or documentation of their professional development). In compiling a professional portfolio, counselor educators might provide a sample of their teaching by including a class meeting recording in an electronic portfolio. These files could also be used for the evaluation of their teaching by peers and supervisors. Counselor educators might also consider recording their presentations made at professional conferences and workshops for similar reasons of enhancing their portfolio. Counselor education departments might consider recording any invited speakers or departmental-sponsored workshops for future students or field placement (site) supervisors. In addition, podcasts of supervision techniques or pointers could be made available to supervisors.

Administrative Tasks

There are other potential uses of podcasting in administrative-related tasks. Recording and publishing audio recordings provide a means for archiving information, providing public relations, and allowing multi-tasking. For example, faculty and committee meetings could be recorded so that they may be archived, provided to the public, or so that members who have multiple commitments can access the content of a meeting in which they had to miss. Student group meetings could also be recorded for the same purposes. In addition faculty and student candidate interviews and presentations could be recorded for future review and reflection to assist in a decision-making process if agreed upon by the involved parties.

Podcasting technology will only grow in usage (Blaisdell, 2006; Gordon-Murnane, 2005; Joly, 2006; Notess, 2005; Overton, 2006). It has been estimated that 5 million people have downloaded podcasts in 2005, and it is predicted that 9.3 people will download podcasts in 2006. Within the next 5 years, over 60 million

people are predicted to download podcasts (Joly, 2006). More than 22 million of people who are 18 years old or older own a portable mp3 player (Pew Internet and American Life Project, 2005). The future increased use of podcasting technology in counselor education is foreseeable, with the number of people who will own mp3 players and are predicted to use podcasts.

There are, however, some considerations that need to be made with respect to this technology. Counselor educators will need to address some fears related to technology in their students, themselves, or both. Podcasting and mp3 players are a new technology and will require some instruction in usage. As this technology grows, additional tools and gadgets will become available. It will be in students' and counselor educators' best interests to remain informed of developments.

In addition, new technology brings about potential ethical issues. Confidentiality is perhaps the most important one. As mentioned above, there are methods to assist in the security in the electronic transmission of audio files (secure logins, data encryption). However, there is also an issue with disclosure. It is recommended that potential podcasters obtain consents for digitally recording classes or other methods of counselor education (with the disclosure that recording will be digital, how it will be distributed, and how it will be secured – if necessary). Devices that store confidential recordings should be secured using firewalls and secure logins. Transmission of confidential material should not be subjected to insecure methods of transmittance, and files should be deleted according to signed consents.

Despite the ethical concerns, there are obvious benefits to podcasting technology. Because of its mobility and broad applications (counseling, supervision, teaching, and administration), it will likely be a time-saver for students, as well as counselor educators. Hours upon hours of classes, sessions, presentations, and meetings can literally be carried around in the palm of one's hand.

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The North Carolina Counseling Association Journal

The North Carolina Counseling Association Journal is an on-line journal supported by the North Carolina Counseling Association for the purpose of enhancing knowledge and skills of professional counselors in North Carolina. The goals of the journal are threefold: (1) To foster research and scholarly endeavors; (2) To provide a medium for communication among professional counselors in NC; and (3) To enhance continuing education opportunities for counselors throughout the state. The Editors invite counselor educators, supervisors, practitioners, and counseling students to submit manuscripts that address current professional counseling issues.

The *Journal* is divided into five content areas, with each area addressing an important aspect of the counseling profession.

1. **Theory and Research:** Manuscripts in this category may include extensive review of the literature on topics pertaining to counseling, an annotated bibliography of key publications, and both qualitative and quantitative original research.
 2. **Innovative Approaches:** Manuscripts in this area may include thorough descriptions of activities, strategies, and techniques that have been developed and implemented by counselors.
 3. **Current Issues:** Manuscripts in this category will feature position papers on timely topics affecting counselors, particularly in North Carolina.
 4. **Multicultural Issues:** Manuscripts in this content area will include research, innovative approaches, and current issues that address multicultural populations that include race, ethnicity, gender, sexual orientation, religion, and social economic status.
- Graduate Student Works:** Graduate student written works that reflect theoretical or empirical investigation that occurs as a part of graduate training will be included in this section.

Publication Guidelines

APA Guidelines (5th edition) should be followed throughout for format and citations. All manuscripts should use 12-point Times New Roman font, be double spaced including references and extensive quotes, allow 1" margins on all sides. Authors are responsible for the accuracy of references, tables, and figures.

Title. A separate first page of the document should include the title, author(s) name, and institutional affiliation of all authors (if not affiliated with an institution, city and state should be listed).

Abstract. A separate second page of the document should include an abstract describing the article in 50-100 words.

Body. All manuscripts begin with the rationale for the manuscript and its significance to the field of counseling. This untitled introduction is followed by a brief review of relevant literature and a statement of how this current article addresses issues the current literature has not resolved.

- Research studies will continue with methodology sections and results/discussion sections.
- Innovative Approaches will continue with descriptive sections of activity/program followed by a discussion section on practical application, limitations, and implications.
- Current Issues papers will define the issue and its current impact on the field of counseling in NC.
- Multicultural Issues papers will address the impact of multicultural factors on the counseling profession.
- Graduate Student Works will include a discussion of the implications of this work on the field of counseling.

Submission Guidelines

All manuscripts must be submitted electronically as an email attachment using Microsoft Word. Submissions to *The North Carolina Counseling Association Journal* should be sent to:

The submitted work must be original work of the authors that has not been previously published or under review for publication elsewhere. *The North Carolina Counseling Association Journal* retains copyright of any published manuscripts. Client anonymity must be protected, and authors must avoid using any identifying information in describing participants.

All manuscripts are initially reviewed by the co-editors with acceptable manuscripts sent to additional reviewers of the Editorial Board. Reviewer comments, suggestions, and recommendations will be sent to the authors. Authors and reviewers remain anonymous throughout the review process.

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