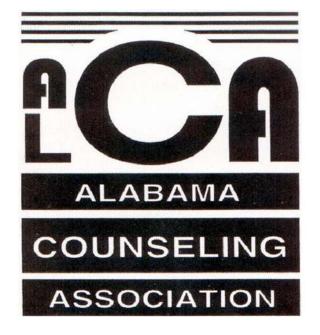# The Alabama Counseling Association Journal

- Enhancing human development through the lifespan
- Promoting public confidence and trust in the counseling profession
- Caring for self and others
- Acquiring and using knowledge
- Respecting diversity
- Empowering leadership
- Encouraging positive change

Letter from the Editor

Hello and welcome to the late summer/early fall 2014 edition of the Alabama Counseling Association Journal!

We have a brief edition this time because the long, hot, and slow days of summer are upon us. But very soon we will be gearing up for the "back to school" season and crush of a busy time for us all. And we have the anticipation of fall conference just around the corner!

We have 3 important articles in this edition that address issues ranging from licensure and connecting ethical conduct, to mindfulness interventions for treating clients experiencing trauma and even a "how-to" article on developing an advocacy program for college and career school programs. I think you will find each of these articles very informative!

As I was putting this journal together, I stopped to reflect on our fantastic organization and was reminded by the ALCA logo that we have been working to enhance the counseling profession since 1966! The articles in this edition of the journal include some excellent contributions to our professional work.

Please let me know what you would like to see in the next edition of the ALCA Journal.

Dr. Linda Foster

Alabama Counseling Association
Assisting the Professionals of Alabama since 1966

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Potentially Beneficial Interactions: A Licensure Matter?

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Abstract

The current American Counseling Association (ACA) Code of Ethics endorses potentially beneficial interactions (PBIs) with clients. Some counselor licensure entities have adopted the ACA code while others have developed their own ethical code. The present study describes a survey concerning endorsement of PBIs by counselor licensure entities that have not adopted the ACA code. Respondents reported PBIs are not in their current ethical codes and no plans exist for PBIs in future code revisions. Implications of findings are discussed.

Potentially Beneficial Interactions: A Licensure Matter?

From graduate school and throughout their careers, counselors are warned about the potential harm in dual or multiple relationships with clients (Corey, Corey, & Callahan, 2010; Kaplan, 2006; Nigro, 2004; Shiau, 2008). Citing concerns about role confusion and boundary violations that exploit client trust and compromise client welfare, historical discussions about dual or multiple relationships have emphasized caution, if not avoidance, by counselors (Lazerus, 1994; Zur, 2000).

Regular revisions of the code of ethics of the American Counseling Association (ACA) have featured admonitions to avoid exploitive multiple relationships (e.g. prohibited intimacies with clients, spouses of clients, and extended family members of clients; ACA, 2005). Aside from exploitive relationships with clients, interactions beyond the traditional boundaries of professional relationships also require counselors to use caution. Contact with clients in public or social circumstances is nearly unavoidable (Kaplan, 2006). Similar instances of interactions with clients may occur in civic, school, or community activities ranging from membership in various community groups to parents of children on sports teams. Such instances do not typically feature intentional exploitation, though counselors are encouraged to examine such circumstances for the unintentional distress or confusion they may cause to clients (Remley & Herlihy, 2010).

Aside from those interactions with clients that are either exploitive and harmful or incidental and unavoidable, counselors are also aware of circumstances in which intentional non-professional interactions with clients, when fashioned with care and transparency, might support clients in unique ways (Moleski & Kiselica, 2005). The current ACA Code of Ethics (ACA, 2005) features an entry concerning interactions outside of the counseling relationship that may actually be beneficial for clients. Such potentially beneficial interactions (PBIs) have been supported in the professional literature (Herman & Robinson-Kurpius, 2006; Shallcross, 2011; Welfel, 2013; Zur, 2001, 2011). This standard in the ACA Code of Ethics states:

A.5.d. Potentially Beneficial Interactions. When a counselor–client nonprofessional interaction with a client or former client may be potentially beneficial to the client or former client, the counselor must document in case records, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly

involved with the client or former client. Such interactions should be initiated with appropriate client consent. Where unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, due to the nonprofessional interaction, the counselor must show evidence of an attempt to remedy such harm. Examples of potentially beneficial interactions include, but are not limited to, attending a formal ceremony (e.g., a wedding/commitment ceremony or graduation); purchasing a service or product provided by a client or former client (excepting unrestricted bartering); hospital visits to an ill family member; mutual membership in a professional association, organization, or community. (p. 5)

An ethical standard that formally recognizes the potential benefit to clients through deliberate interactions with counselors beyond an established professional relationship was never featured in the ACA Code of Ethics or its organizational predecessors (i.e., the American Personnel and Guidance Association or the American Association for Counseling and Development) prior to 2005. The stipulations concerning deliberation, transparency, and warning featured in this entry appear to be well-conceived safeguards consistent with the spirit of client welfare. However, unlike the ACA Code of Ethics, a review of the current codes or principles of ethical behavior for the American Psychological Association (2010), the National Association for Social Workers (2008), or the American Association for Marriage and Family Therapy (2012) reveals no endorsement of practitioners intentionally entering into non-professional interactions with clients regardless of the potential benefit. This finding suggests that in endorsing PBIs as an ethical standard is unique for the ACA among peer organizations.

Accountability concerning ethical propriety in relation to the ACA Code of Ethics extends primarily to associational members. The exception to this circumstance concerns state

entities that oversee counselor licensure in which the ACA Code of Ethics has been adopted as the ethical code for licensees. The following section addresses counselor licensure and the various ways in which ethical behavior, including multiple relationships, are managed by licensure entities.

Counselor Licensure

Counselor licensure exists for all 50 states as well as Puerto Rico and the District of Columbia (American Counseling Association [ACA], 2010). Some states feature specialty licensure, typically with legislative authority and an autonomous board. Other states feature specialty licensure recognition within a composite licensure framework that includes counselors as well as other mental-health specialties (e.g., Social Work, Marriage and Family Therapy, Massage Therapists, Nursing). Another distinction exists in states in which the autonomy of a regulatory board is replaced by a regulatory division of a state department (e.g., Department of Health, Department of Mental Health Services). Thus, the governance and oversight entities authorized for state counselor licensure is complex and varied (American Association of State Counseling Licensure Boards [AASCB], 2013). But whether as specialty profession under an autonomous board or as a one of several composite professions under a state department, counselor licensure has a standing of recognition by consumers, professional peers, managed mental health care organizations, and governmental bodies. Regardless of the organization, scope, or authority of the various counselor licensure entities, until the final decades of the 20th century counselor licensure was only a dream for the majority of practicing counselors (Neukrug, Milliken, & Walden, 2001)

All counselor licensure entities share a common mission: the protection of public consumers and the regulation of licensed practitioners to assure that protection (Cox &

Wilcoxon, 2000). Various means of accomplishing this mission are utilized by licensure entities, including the authority of statutory law to designate licensees, the rules of administrative codes to regulate licensees, and the quasi-judicial power to investigate and discipline licensees (Remley & Herlihy, 2010; Wilcoxon, Remley, & Gladding, 2013).

Counselor licensure entities rely on a code of ethics to support their mission of public protection in regulating its counselor licensees (Mascari & Webber, 2006). The content of ethical codes may vary greatly between counselor licensure entities. One distinction concerning the content of such ethical codes appears to be whether: (a) the licensure entity adopts the ACA code of ethics for purposes of defining ethical behavior for its licensees, or (b) the licensure entity develops a unique ethical code for its state licensees (ACA, 2010). Counselor licensure entities that have adopted the ACA Code of Ethics have introduced and endorsed PBIs within their mission of public protection in the regulation of licensee practice. To date, however, no published research exists concerning the extent to which PBIs are recognized, prohibited, or otherwise acknowledged by licensure entities that have not adopted the ACA Code of Ethics. The present study was designed to survey licensure entities that developed their own code of ethics concerning the place of PBIs in its mission of public protection. Specific questions guiding the study were: (a) what is the prevalence of PBIs in the existing ethical codes developed by licensure entities? (b) if currently omitted, are entries concerning PBIs planned for future revisions of the entity's code of ethics? And (c) if no plans exist for introducing PBIs into future revisions of an entity's code of ethics, what is the rationale for that decision

Method

Participants

A listing from the membership of the American Association of State Counseling

Licensure Boards (AASCB) featured information concerning the sources of ethical guidelines

used by all 52 licensure entities (including Washington, DC and Puerto Rico; ACA, 2010). This

listing identified 17 entities that formally adopted the ACA Code of Ethics (ACA, 2005) in their

statutes or administrative code. Among the remaining, 35 the list identified 4 states (Colorado,

New York, Ohio, and South Carolina) as licensure entities that had not adopted but referenced

the ACA Code of Ethics (2005) in its rules or administrative code. The specific notations

concerning these states were as follows:

Colorado

The Board refers licensees to the ACA for advice on ethical guidelines. The Colorado

 Licensed Professional Counselors Association (CLPCA), specifically, is ACA's

Colorado division. However, this is only a reference for licensees, and is not affiliated

with ACA, since it is a private association.

New York

The association's code of ethics only applies to members of that association. Individuals

 who are licensed in NY must practice in conformity with rules and regulations

promulgated by the NY Board of Regents and the NY State Education Department,

which define unprofessional conduct.

Ohio and South Carolina

The Board subscribes to the code of ethics and practice standards for counselors

promulgated by the American Counseling Association which shall be used as aids in

resolving ambiguities which may arise in the interpretation of the rules of professional

ethics and conduct, except that the Board's rules of ethical practice and professional

conduct shall prevail whenever any conflict exists between these rules and ACA's

standards. (p. 2)

To avoid confusion or possible misinterpretation of the results of the present study,

licensure entities from these 4 states were excluded from the respondent pool. This procedure

yielded in a total of 31 state licensure entities as potential sources of data for the study. At the

time of the study, these 31 entities had not adopted the ACA Code of Ethics for licensee

oversight and regulation.

Data Collection

Online searches yielded contact persons for each of the 31 state licensure entities targeted

for the study. The largest group among these contacts was administrators of autonomous

licensure boards that only licensed professional counselors (n=19). Other contacts were

administrators of composite licensure boards that licensed professional counselors among other

mental-health disciplines (n=7). The contacts for the remaining 5 entities were administrators of

state governmental offices responsible for administration of composite licensure entities whose

boards served in advisory rather than regulatory capacities.

Email communications were initiated with each of these contacts to determine their

willingness to participate in the survey concerning its current status or plans for formally

including discussions of PBIs in their code of ethics. For consistency, Section A.5.d of the ACA

Code of Ethics (ACA, 2005) was provided as an attachment to the survey as a reference for

defining PBIs. Respondents were asked to consider responses to the survey questions based on

this definition.

The survey featured the following questions: (a) "Does the code of ethics for your counselor licensure entity feature any reference to potentially beneficial interactions? (see attachment for reference)," (b) If 'no' to the first question, do you anticipate any plans to feature potentially beneficial interactions in future revisions of the code of ethics for your counselor licensure entity?" and, (c) If "no" to the second question, please offer a brief narrative comment concerning the rationale for the plan not to feature potentially beneficial interactions in future revisions of the code of ethics for your counselor licensure entity." An additional option for "Comments" was featured at the conclusion of the survey. Participants were requested to reply to the survey anonymously using surveymonkey.com. Data were then retrieved by the investigator for aggregation of responses to survey items and comments.

Results

Of the 31 entity contacts who qualified for the survey, a total of 24 completed and returned the survey (77%). Among the 24 respondents responded, 23 responded "No" to the first survey question which stated "Does the code of ethics for your counselor licensure entity feature any reference to potentially beneficial interactions?" One entity responded "Yes" to the first survey question with the comment "We do not encourage exploitive relationships."

All 24 of the respondents answered "No" to the second survey question, which stated "Do you anticipate any plans to feature a discussion of potentially beneficial interactions in future revisions of the code of ethics for your counselor licensure entity?" Respondents responded to the third question in the survey in a variety of comments. Nine (9) respondents offered no comment. Six (6) respondents offered general comments regarding the nature of the revision process (e.g., "We only revise our ethical code when needed."; "This issue has not been

discussed in board business."; "Ethical codes are revised following legislative sunset reviews.";
"Legal counsel advises on the need for ethical guidelines.").

The remaining 7 respondents offered specific narrative comments about the possible
hazards of PBIs. These narrative comments are as follows:

1. We are unaware of PBIs but I would recommend against them. They could cause
   problems.

2. The board has disciplined licensees for things like this. Why would we want to
   encourage them?

3. The question is too complex to be captured in rule and the attempts we made to write
   language just muddied the water. Furthermore, we were not able to collect any data to
   demonstrate that our current rules are not effectively addressing the issue of dual
   relationship and boundaries.

4. If we allow a potentially beneficial interaction aren't we opening the door for
   potentially harmful relationships?

5. This would be a mistake in our state. Our board would never vote to adopt this as an
   example of ethical behavior.

6. This seems to be a bad approach.

7. I don't believe our legislation would allow this kind of thing. Even if it did, I would
   be concerned.

No reminder was sent to any of the 31 entities and the survey period ended after 4 weeks.

Discussion and Implications

Among the respondents, 23 of 24 indicated neither current ethical codes nor planned revisions feature PBIs. Those respondents who offered comments seemed to imply concerns about implementation as well as potential exploitation.

A conclusion from the findings in the present survey emerges from a comparison of the apparent extremes among licensure entities concerning PBIs. The 17 licensure entities that have adopted the ACA Code of Ethics for licensees (ACA, 2010) feature and formally endorse PBIs as an option for licensee behavior. By contrast, 23 of the 24 respondents in the present survey appear to indicate caution, if not resistance, to endorsing PBIs an option for licensee behavior. Since the primary mission of all licensure entities is the protection of clients (Cox & Wilcoxon, 2000), these data suggest that the matter of PBIs are viewed and authorized quite differently among those licensure entities.

The findings from the present survey also offer some implications for licensees. An initial implication is that licensed counselors should be familiar with existing as well as proposed revisions to their ethical codes that affect their responsibilities for client care. Similarly, licensees who relocate from one state into another state may find pronounced differences in the ethical codes that endorse or prohibit PBIs.

A related implication is that licensed counselors who are also members of ACA should be aware of the potential discrepancy between codes affecting their practice as an associational member versus codes affecting their practice as a licensee. In those states that have adopted the ACA Code of Ethics, such concerns may be minimal. However, in those states that have not adopted the ACA Code of Ethics, great care should be taken to identify discrepancies. In such

cases, ethical standards for licensure should take priority (Remley & Herlihy, 2010; Welfel, 2013).

Wilcoxon, et al. (2013) observed that various types of values affect practitioners in nearly all settings and with nearly all client groups. Prominent distinctions may exist been values that originate from professional sources versus values that originate from institutional sources. These authors noted that professional values reflect "shared priorities of professional peers related to ethical propriety, accepted practices, legal constraints, and even therapeutic traditions" (p. 31). Most often, professional values are be established and promoted by professional groups and professional customs. Counselors share professional values that include expansive principles and concepts (e.g. autonomy, justice, and equity). By contrast, these authors noted that institutional values "involve codifying rules, standards, procedures, and even hierarchies of an institution" (p. 30). Most often, institutional values are established and promoted by legislative actions, judicial precedents, or even local policies and procedures. In many ways, professional values are often broad and aspirational in nature while institutional values are often specific and directive in nature (Wilcoxon, et al., 2013).

As was previously noted, ACA is the only mental health field that formally endorses PBIs in its code of ethics. From the language of section A.5.d of the ACA Code of Ethics (ACA 2005), PBIs could be considered as an activity that is founded in the shared professional value of beneficence (Remley & Herlihy, 2010). Such interactions could hold tremendous potential for enhancing the counseling relationship. For licensure entities that have adopted the ACA Code of Ethics as the regulatory framework for oversight of licensee behavior and client welfare, endorsing PBIs appears to support this professional aspiration as a codified institutional value.

By contrast, the results of the present study suggest that respondents from licensure entities that have not adopted the ACA Code of Ethics for licensee regulation have not only withheld formal endorsement PBIs but report hesitation, if not caution, about their future as an endorsed option for licensee behavior with clients. Respondent comments appear to imply that regulatory oversight of PBIs for purposes of compliance or adjudication might be difficult. For the licensure entity representatives in the present study, the institutional values of specificity and compliance appear to be a compelling concern that could be unbalanced by endorsing PBIs in their ethical codes.

Key among the concerns expressed by respondents in the present study appears to be the issue of enforcement concerning client welfare in the case of PBIs. Wilcoxon, et al. (2013) noted enforcing compliance as well as enacting penalties for failing to comply with professional values is quite different than is the case for institutional values. Specifically, penalties that may be enacted upon associational members who fail to uphold the professional values featured in the ACA Code of Ethics may range from professional rebuff to dismissal from associational membership (Zur, 2011). By contrast, penalties for failure to uphold the institutional values featured in counselor licensure regulations, including codes of ethics, may range from financial (e.g., fines) to legal (e.g., suspension or revocation of licensure).

At the time of the present study, no reported investigations concerning PBIs as a regulatory issue among counselor licensure entities had been reported in the professional literature. No inference or implication can be assumed concerning any differences in scrutiny of ethical codes concerning PBIs by respondents in the present study versus their counterparts in states that adopted the ACA Code of Ethics for its licensees.

The 2014 ACA Code of Ethics (American Counseling Association, 2014) no longer features the description of "Potentially Beneficial Relationships" concerning client welfare. Rather, the 2014 ACA Code of Ethics features 2 descriptions concerning non-counseling relationships with clients. Standard A.6.b. is entitled "Extending Counseling Boundaries," with language that is nearly identical to that featured in the present study. Additionally, however, standard A.6.e. is entitled "Nonprofessional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships)." Further, this entry indicates that counselors are to avoid such interactions. The potential for confusion and debate on these new standards may be compelling in the future.

For counselor licensure entities that adopt any current version of the ACA Code of Ethics as the code governing licensee behavior, the matter of PBIs may be essentially moot. For those counselor licensure entities represented by the respondents in the present survey, the matter of PBIs may be similar or quite different. In either case, licensees should examine any matters regarding boundary management and role clarity with care and attention to avoiding client exploitation. Such caution would seem to be supported uniformly among all counselor licensure entities.

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Implementing Mindfulness to Foster Posttraumatic Growth in Trauma Survivors

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Abstract

This article explores the major elements of trauma and assists practitioners with enhancing the cognitive processing and awareness experiences of clients through mindfulness interventions. Client experiences before, during, and after the trauma are explored. The authors present fundamental assumptions regarding basic beliefs about the world and explore how these ideals are altered by trauma. The impact of trauma is then discussed across physical, cognitive, emotional and behavioral domains. Posttraumatic growth is introduced as a positive product of trauma and the benefits of achieving growth are examined. The authors promote the use of mindfulness interventions to facilitate posttraumatic growth in trauma survivors. The goals of mindfulness are discussed and exercises are provided. Clinical implications are offered to assist therapists in developing therapeutic conditions and mindfulness techniques.

Keywords: trauma, cognitions, posttraumatic growth, mindfulness, cognitive processing, awareness

Implementing Mindfulness to Foster Posttraumatic

Growth in Trauma Survivors

The decision to enter therapy often begins with the idea that people need to change something in their lives. Various issues may lead individuals to this decision but especially for those clients experiencing traumatic life events, the call to act seems most crucial. As defined within the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM–5*; American Psychiatric Association, 2013), trauma includes experiencing or witnessing actual injury or death and learning about the injury or death of other persons. Traumatic events "are out of the ordinary and are directly experienced as threats to survival and self-preservation" (Janoff-Bulman, 1992, p. 53).

Specific traumatic events may include physical assault, kidnapping, automobile accidents, chronic illness and rape (APA, 2013). The American Counseling Association (ACA, 2011) further delineates that traumatic events can be both humanly produced (e.g., school shootings) and naturally produced (e.g., floods). As the experience of tragedy is a universal one, the prevalence of trauma crosses all demographics (Werdel & Wicks, 2012). Recent statistics indicate that at least 60% of men in the United States and 51% of women have experienced one or more traumatic events during their lifetime (Friedman, 2000).

Depending on their theoretical orientation, psychotherapists conceptualize and address issues of trauma in distinct ways. From the psychodynamic perspective, early life experiences must be explored as a possible indicator of trauma (Hemsley, 2010). Those clinicians utilizing a cognitive-behavioral framework may consider how distortions in thinking develop from traumatization while subsequently maintaining the victim's distress (Dass-Brailsford, 2007). The existential therapist would consider how the trauma impacts the very "pain of existence"

(Yalom, 1989, p. 4). Regardless of the theoretical approach utilized, clinicians are confronted with clients who are now struggling with an altered life experience. Although no one can reverse time or negate the existence of suffering in their lives, in a collaborative counselor-client relationship, individuals can learn to live impactful lives (Joseph, 2009).

Much of the research on trauma and posttraumatic growth entails a review of traumatic experiences across various domains (e.g., behavioral and emotional) with an indication of how therapists can facilitate the growth process (Sheikh, 2008; Balbuena Rivera, 2007). The current article will expand upon these issues while using a chronological format to highlight the trauma experience before, during and after. The authors will propose the use of mindfulness interventions in working with trauma survivors.

Client Experiences before the Trauma: The Assumptions of Life

There exists a moment in time before the trauma occurs when individuals are engaged in the process of living their lives and constructing their realities (Tedeschi & Calhoun, 2004). Individuals may identify various ideals that contribute to their livelihood and guide their paths in their lives. Concurrently, they assume that they have the freedom to embark upon and attain their desired goals (Janoff-Bulman, 1992). For most people, these ideals include the interaction between self and the world. Individuals are motivated to achieve fulfillment in their lives through the development of loving relationships, the capacity to utilize their abilities, and the opportunities to contribute to others' lives (Linley, 2003). Furthermore, people are on a quest to attain "autonomy, initiative, competence, identity and intimacy" (Balbuena Rivera, 2007, p. 64). Individuals are free to strive for these ideals because they live in a world where there is assumed justice, trust in the universe, and self-efficacy (Daniels, 2004).

According to Janoff-Bulman (1992), individuals are consistently engaged in developing their assumptive world over time. Either based on personal life experiences or the evaluation of others' lives, people develop a viewpoint of the world and their relationship to it. Janoff-Bulman (1992) identifies three major tenets of these basic ideals: (a) the world is a benevolent place in which good things happen (b) the world has meaning and people are in control of their destinies and (c) people can possess positive self-worth and identity because they are moral, ethical beings. Based on these assumptions, individuals are able to construct their lives in a world that seems open to endless opportunities.

People can engage in the tasks of living with limited fear about being in a safe, controllable world because their core beliefs tell them that their environment is innocuous (Daniels, 2004). "At the core of our psyche we feel safe, secure, protected" according to Janoff-Bulman (1992, p. 51). Depictions of an ideal life are often portrayed in the communications people engage in every day. Individuals tell stories about themselves to represent to others who they are in life (Neimeyer, 2004). "People infuse meaning into their lives, into the events they have experienced, and into the choices they have made, through the stories they tell about themselves" (Tuval-Mashiach, Freedman, Bargai, Boker, Hadar & Shalev, 2004, p. 281). It is these well-fashioned lives that are interrupted when trauma enters their worlds.

Client Experiences during the Trauma: Sorting Through the Cognitions

The onset of trauma is shocking and devastating because it disrupts the protective foundation of the previous assumptive world. Individuals who have experienced a "seismic life event" (Neimeyer, 2004, p. 53) become powerless to defend themselves. Much of the research on trauma has focused on the "negative, violent, destructive, and dark" aspects that individuals

encounter (Werdel & Wicks, 2012, p. 25). Various authors have determined that trauma has adverse effects across physical, cognitive, emotional, and behavioral domains (Daniels, 2004; Werdel & Wicks, 2012; Joseph, 2011). Physical effects may include sleep problems, headaches, pain, nausea and fatigue (Hickling, 2012; Goodman & Calderon, 2012). Cognitive effects include intrusive memories, flashbacks, and feelings of helplessness (Balbuena Rivera, 2007; Bannink, 2008). Individuals impacted on an emotional level may experience mental health concerns including posttraumatic stress disorder and depression (Joseph, 2011). Behaviorally, people may express avoidance, isolation and issues with intimacy (Naparstek, 2004). Not all individuals will experience trauma in the same way but "the immediate impact of danger, disaster, loss and shock is multidimensional" (Pat-Horenczyk & Brom, 2007, p. 379).

In addition to tangible losses, individuals dealing with trauma also seem to experience the loss of ideals as they are associated with the way they envisioned their lives to be (Daniels, 2004). Trauma affects the life narratives people develop about themselves (Abernathy, 2008). Naparstek stated: "Individuals carry a well of deep sadness over their lost innocence, their shattered dreams, and the disappearance of their reasonable world" (2004, p. 96). There have been some comparisons between trauma and grief experiences that link the overall theme of loss. Individuals who have survived trauma experience disruption in their daily existence and basic assumptions about life, disruption in the feeling of being protected, disruption in the concept of self, and disruption in the feeling of being in control of life events (Green, 2000).

The onset of trauma reveals quite impactful information as clients are left with the task of intellectualizing this new material. According to Horowitz, when individuals are presented with a traumatic event, their cognitive systems become overloaded with distressing information (as cited in Jind, 2001). As offered by the affective-cognitive processing model (Joseph, Murphy, &

Regal, 2012), individuals will experience intrusive thoughts, images and sensations. They become engaged in a feedback cycle as they process thoughts, leading to negative emotional states, thereby causing negative coping strategies. Additionally, individuals alternate between avoiding and confronting the trauma-related information (Jind, 2001). According to Tedeschi and Calhoun's (2004) cognitive processing model, individuals also engage in ruminative thought practices whereby they constantly reflect upon the incompatibility between their ideals and their new reality and experience regret whereby they lament missed opportunities.

Client Experiences after the Trauma: Seeking Growth

Individuals who have survived traumatic situations will have unique experiences and responses to the ordeal. Personality traits, past experiences, coping styles, and appraisals may greatly affect the ability to deal with the traumatic event (Daniels, 2004). Some persons will appear unaffected by trauma, and demonstrate the ability to remain steadfast to life's circumstances. Others will quickly bounce back to their previous levels of functioning, whereas a final group will demonstrate positive transformations from such trauma (Joseph, 2011). The latter group is said to have experienced *posttraumatic growth* in that they surpass their pre-trauma state as evidenced by a new appreciation for life (Joseph, 2011). Although it would seem that no persons would welcome traumatic events in their lives in order to achieve a sense of growth, it does seem reasonable to consider that once a trauma occurs, people would want to find a way to become their best possible selves in spite of the ordeal (Hickling, 2012).

Rogers stated that individuals are designed to seek out experiences that will propel them towards optimal development (as cited in Prochaska & Norcross, 2010). Joseph and Linley (2005) expanded upon this idea by offering the organismic valuing theory. According to Joseph

and Linley, individuals are engaged in a process in which they are trying to make sense out of trauma-related information through assimilative and accommodative experiences. *Assimilation* occurs when individuals experience trauma and interpret the event in such a way that compliments their previous views about the world. *Accommodation* is the process in which individuals take in the trauma-related information as inconsistent with their beliefs. Those individuals who are able to engage in accommodative experiences by modifying their beliefs and developing new, integrative perspectives are on the path towards posttraumatic growth.

In an effort to achieve accommodative experiences, individuals begin processing information so that pre-existing assumptions are challenged. As offered by Janoff-Bulman (1992) individuals may engage in various behaviors such as comparing themselves to others, evaluating their roles in contributing to the traumatic event, and exploring the trauma through new perspectives. In comparing their situation to other trauma survivors, individuals may develop an appreciation that their situation is less severe in comparison to what others have been through (Schopenhauer, as cited by Baker, 2011).

Janoff-Bulman (1992) further asserts that as individuals evaluate their role in the trauma, they are attempting to restore a sense of control and meaningfulness in their lives. As supplementary support, Treynor, Gonzalez and Nolen-Hoeksema suggest that reflective pondering allows individuals to engage in adaptive problem solving in an effort to make sense out of what has happened (as cited by Stockton, Hunt & Joseph, 2011). Janoff-Bulman (1992) also indicates that identifying alternative viewpoints may enable individuals to accept the transforming quality of the traumatic situation. Werdel and Wicks (2012) similarly offer that as individuals engage in processing the event, they are able to consider its significance while honoring the positive aspects of the trauma.

Researchers do not suggest that pre-trauma life is better than post-trauma life (Werdel & Wicks, 2012; Hickling, 2012); instead it is valuable for clients to realize that life is filled with good and bad, and ups and downs (Joseph, 2011). In their attempts to resolve trauma-producing information, it will be useful for clients to find some sort of middle ground and establish a sense of peace by learning how to live with these dualities. In her discussion of dialectics, Linehan (as cited by Lynch, Chapman, Rosenthal, & Linehan, 2006) suggests that individuals become comfortable with establishing a relationship among acceptance (e.g., censoring ruminating thoughts) and change (e.g., modifying thoughts, feelings, and behaviors). It is important that individuals develop acceptance and reverence about their current existence, while appreciating the valuable lessons learned (Werdel & Wicks, 2012). Psychotherapists who work with trauma survivors can support clients as they seek growth-promoting experiences through the use of mindfulness interventions.

Client Experiences in Counseling: Seeking Growth through Mindfulness

Trauma survivors are very much impacted by what their lives were, what their lives have become, and what their lives will be (Naparstek, 2004; Daniels, 2004). Many individuals are haunted by their traumatic experiences and have not found a way to move beyond their pain (Joseph, 2011). When individuals reflect on past regrets or envision an unpredictable future, it will be difficult for them to progress forward (Hickling, 2012). It is difficult for trauma survivors to live in the present moment as they are constantly contemplating and revisiting the trauma event in order to make sense out of the experience (Hickling, 2012). "Trauma is like a wake-up call for us to reflect on what our minds are fixed upon" (Joseph, 2011, p.19).

It is the hope that through counseling, clients will develop insight into how the trauma has impacted them in terms of growth experiences. Individuals who achieve posttraumatic growth have been shown to have an increased appreciation for life, more meaningful relationships, increased personal strength, the ability to envision new possibilities in life, and a deeper spiritual commitment (Tedeschi & Calhoun, 2004). Additionally, these individuals have reported greater wisdom, an increased compassion for others, and an open philosophical stance (Joseph, 2011). Although this may be a therapeutic goal, it is not accurate to assume that all clients will achieve posttraumatic growth because individuals will engage with their experiences differently. As Tuval-Mashiach et al., described: "The process through which a person perceives what has happened and constructs a narrative about it is not uniform for all survivors" (2004, p. 284). Rather, it is important for the counselor to listen for and facilitate growth as it occurs (Joseph, 2009).

Although traumatic experiences are unwelcomed, "they can take people to places in themselves and life they have never encountered before if they have the wherewithal to see and embrace the promise such experiences offer" (Werdel & Wicks, 2012, p. 179). The path to posttraumatic growth is one in which individuals will need to embrace what is different about their lives, including the positive and negative aspects of the experience. "It is not the avoidance of pain that allows these changes to occur, but rather allowing the pain to come in, be accepted and made a part of who we are in new ways; in ways we never thought possible" (Hickling, 2012, p. 98).

Because individuals who have experienced traumatic events are constantly engaged in cognitions and physical sensations, they have the human tendency to attend to this information (Brown, Marquis and Guiffrida, 2013). It is typical for individuals to react to their cognitions

and bodily sensations which ultimately impact their level of anxiety (Brown et al., 2013).

Chopko and Schwartz (2009) propose that mindfulness interventions appeal to posttraumatic

growth through its ability to teach clients awareness skills and cognitive processing.

Mindfulness interventions are useful to individuals who have lived through traumatic

ordeals because it offers them the opportunity to develop present-focused orientations that will

decrease anxiety and enhance the quality of their lives (Werdel & Wicks, 2012). Through the

practice of mindfulness, individuals are able to refocus on the here-and-now, thereby increasing

their level of awareness. In so doing, individuals are guided by what they are experiencing in the

present moment rather than contemplating their troubling thoughts (Hickling, 2012).

Teasdale and Chaskalson (2011) propose that if individuals learn to change the way in

which they process trauma-related information they can also reduce the experience of suffering

in their lives. They suggest that individuals (a) change the content they are processing (b) change

how they are processing the information and (c) change the perspective from which they are

viewing the information. The authors further assert that as individuals learn to attend

purposefully to nonthreatening aspects of their experiences (e.g., their breathing), integrate all

aspects of their experiences without judgment, and create new outlooks, they are able to increase

their coping skills and alleviate distressing thought patterns.

Kabat-Zinn (2012), a leader in the mindfulness movement identified guidelines for clients

to implement while practicing present-moment experiences. As clients engage in mindful

exercises, they practice developing awareness in the following areas: (a) clients exhibit a

nonjudgmental stance in which they avoid making analysis of things that come up (b) clients

develop a patient attitude whereby they avoid rushing into making decisions or solving issues (c)

clients experience each moment as it comes without preconceived expectations (d) clients learn to trust their feelings and gut reactions (e) clients avoid making future goals and attend to the present moment (f) clients learn to accept things as they are in the moment and (g) clients learn to let go of thoughts as they arise. As clients practice these foundational ways of being, they can be guided through mindfulness activities.

In providing clients with a rationale for implementing mindfulness activities, McKay, Davis and Fanning (2007) offer the following thought: "rather than automatically responding to your negative thoughts and floundering in a sea of negative emotions, you calmly observe the distortions and fallacies of your thinking and their impact on your feelings; this often leads to you naturally making wiser choices" (p.271). For trauma survivors, it will be important to practice here-and-now experiences on a daily basis (Brown et al., 2013). "Through mindfulness, trauma survivors may build strength and resilience by acquiring a sense of control, developing internal resources for symptom reduction and healing, and facilitating the meaning-making process" (Goodman & Calderon, 2012, p.254). McKay et al. (2007) offer several exercises that are useful with trauma survivors:

1. Breathing exercise. As clients learn to breathe they become aware of their physical body in relation to their environment, while learning to accept the present moment.

2. Body scanning exercise. As clients learn to scan each part of their bodies, they become aware of physical sensations.

3. *Shuttling exercise*. As clients learn to identify physical sensations, emotional sensations, thoughts, and feelings they are able to learn that experiences are transitory and that they can become detached from painful experiences.

4. *White room exercise*. As clients learn to imagine their thoughts entering through one door and exiting out another door, they are able to catch judgments and avoid analyzing their thoughts.

As clients adapt to this new approach to experiencing their lives, they are able to transcend problematic thoughts, while connecting with and developing reverence for the important aspects of their experience. "Ultimately, mindfulness provides the opportunity for clients to recognize that their thoughts and emotions are transient and often insubstantial; because of this, they can choose to relinquish their attachment to them and begin to consider alternative ways of being" (Brown et al., 2013, p. 99).

Clinical Implications

When clients seek out therapy in an effort to address their traumatic experiences, counselors must find a way to support them. Werdel and Wicks (2012) offer distinct images therapists should develop in helping clients to progress, including: (a) honoring the negative aspects of the trauma to help to contain the burden of clients grasping the image alone, (b) holding the hope that clients can attain growth and (c) envisioning the possibility that clients can link the connection between destruction and growth.

With the therapeutic conditions formed, it is useful for counselors to create a mindfulness practice that will enable clients to achieve development. Guidelines used to form a mindfulness atmosphere include focusing on the thoughts, feelings, and behaviors that develop for clients in the here-and-now, identifying clients' strengths that will help them stay in the present moment, and calling upon these strengths as needed (Niemiec, Rashid, & Spinella, 2012). As therapists support clients, it will be equally important for them to engage in their own mindfulness

practices. Werdel and Wicks (2012) offer challenges for therapists to consider in their work with trauma survivors, including, (a) the willingness to address their own life dilemmas (b) valuing the fragility of life, and (c) letting go of the need to know why (to all of life's questions). They further assert that in so doing, therapists are better able to help clients discover new meaning (e.g., when individuals change their perceptions, their lives can be altered in enriching ways).

The purpose of this article was to assist clinicians with fostering an environment for posttraumatic growth to occur through the use of mindfulness interventions. The framework provided helps clinicians with understanding the clients' experience before (i.e., dealing with basic assumptions), during (i.e., dealing with cognitive, emotional, and behavioral issues, as well as intangible losses), and after (i.e., dealing with confronting pre-existing assumptions) the trauma. Through the implementation of mindfulness interventions, practitioners can support clients as they engage in deeper levels of awareness and coping processes (Chopko & Schwartz, 2009).

In this article major frameworks have been developed to address the cognitive processing involved in dealing with traumatic experiences, and factors associated with posttraumatic growth have been identified. Mindfulness interventions have been offered as one guiding framework for enhancing trauma survivors' cognitive processing abilities as they reach for growth-promoting opportunities. What is needed by future practitioners is their consideration of other effective approaches and techniques that will assist clients directly in the therapeutic environment as they seek out growth experiences. Ultimately, it will benefit clients to work with therapists who offer a progressive environment whereby they can experience posttraumatic growth while adapting to changes in their lives.

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Development and Evaluation of an Advocacy Based Program to Promote College And Career Exploration in a Rural School by Counselor-Educators-in-Training

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Abstract

This article presents information gleaned from an evaluation of the Developing Career and College Competencies: Preparing At-Risk Students to be Successful in Career and College Opportunities program, designed to support a collaborative project between a counselor education program and an at-risk rural school district. The project served to provide training, education and mentoring to foster career and college exploration, development and achievement skills among at-risk high school and middle school students.

Keywords: advocacy; career and college exploration; at-risk rural school.

Development and Evaluation of an Advocacy Based Program to Promote College and Career Exploration in a Rural School by Counselor-Educators-in-Training

According to the America's Promise Alliance, the United States is experiencing a national drop out crisis (APA, 2013). In fact, the Alliance reported that approximately every twenty-six seconds, a K-12 student, drops out. According to a speech made by President Barack Obama, "over one million students don't finish high school each year – nearly one in three. Over half are African American and Latino," (Obama, 2010, p. 187). These alarming statistics negatively impact the individual, community and society as a whole. In fact, it is predicted that individuals who prematurely drop out of school, will make approximately $10,000 less a year than individuals with a high school diploma and individuals who do not complete their high school diploma are more likely to be unemployed (Obama, 2010). In addition, individuals who drop out of school are more likely to experience teen pregnancy, increased likelihood of criminal behavior and to rely upon public assistance for survival. According to President Obama (2010), individuals who drop out "cost our economy hundreds of billions of dollars over the course of a lifetime in lower wages and higher public expenses" (p. 187).

There has been an identified need to provide students from at-risk schools, based on economic variables and educational outcomes, with more intensive resources and support to be successful in obtaining a career and college level achievement (Byars-Winston & Fouad, 2006; Turner & Conkel, 2010). Recent trends have suggested that students at schools identified as at-risk, are more likely to encounter challenges in obtaining a desired career, transitioning into college, or staying in college (Diemer & Hsieh, 2008). These students are often in educational settings where there are significant limitations on the type and nature of educational support, resources, and training on career development and college achievement. This is often due to

economic limitations, limited teaching resources, and limited access to other supports (e.g., ACT preparation, college financial aid information, career development training). There is also clear evidence that these limitations may be more significant in schools in rural settings (Cox & Espinoza, 2005.

It is imperative that educational systems consider reforms, evaluate available resources and address academic disparities. One resource available to assist in educational reform is through the utilization and application of school and clinical mental health counselors. It is recognized that counseling professionals must advocate on behalf of clients and society to include systemic change (ACA, 2005; Lee & Sirch, 1994; Ratts & Hutchins, 2009).   Advocacy, has been described as a, "philosophy that professionals take individual or collective action to correct injustices or to improve conditions for the benefit of an individual or group," (Osborne, Collison, House, Gray, Firth & LeCompte, 1998, p. 2). According to the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) advocacy is defined as, "action taken on behalf of clients or the counseling profession to support appropriate policies and standards for the profession; promote individual human worth, dignity and potential; and oppose or work to change policies and procedures, systemic barriers, long-standing traditions, and preconveived notions that stifle human development" (CACREP, 2009, p. 58). Advocacy has a long history in the counseling profession and it is imperative that counselors-in-training are exposed to opportunities in their training programs to serve as advocates, because client's issues often expand to include external obstacles that impact their ability to change (Kiselica & Robinson, 2001; Lewis & Bradley, 2000). Although the recommendation to integrate advocacy into counselor education is well documented (Luke & Goodrich, 2010; Myers & Sweeney, 2004) there is a paucity in outcome data reporting how programs implement advocacy into counselor

training. This article presents the results of a pilot study of the Developing Career and College Competencies: Preparing At-Risk Students to be Successful in Career and College Opportunities program, designed to support a collaborative project with a counselor education program with an at-risk rural school district. The project served to provide training, education and mentoring to foster career and college exploration, development and achievement skills among at-risk high school and middle school students.

Developing Career and College Competencies: Preparing At-Risk Students to be Successful in Career and College Opportunities

The Developing Career and College Competencies: Preparing At-Risk Students to be Successful in Career and College Opportunities was an internally funded grant project at a large land-grant university. Research shows that students who are in poverty and students of color are more likely to reach their academic, career, and personal/social goals and potential when they have access to highly trained teachers, counselors and quality educational materials (Education Trust, 2003). The overall objectives of this project were to 1) provide educational and career counseling services and resources to high school and middle school students; 2) to develop and enhance skills necessary to identify a career, develop career seeking skills, and professional practices in the work environment; 3) to develop college exploration skills, college program application and financial aid knowledge, and development of skills to support college success (e.g., study skills); 4) to enhance and improve students' skills related to gaining college admission; 5) to develop and provide parents with college application and financial aid resources; 6) to provide the identified school district and school counselor with career and college exploration resources; 7) to provide opportunities for counselor education students to develop social advocacy skills and career counseling and educational interventions skills.

Identification of School

The K-12 school selected for this grant-funded project was a rurally based institution with 100% participation in the Federal free and reduced lunch program. Per the school's Continuous Improvement Plan, the school identified a need to incorporate career and technical education opportunities into the class environment, increase the amount of technology available to students and update library resources to make them up-to-date. In response to these identified needs, the K-12 school developed goals to 1) offer counseling services to middle and high school students focused on career interests and preparing for college; and 2) provide information and education to parents regarding the college application process and identifying financial aid opportunities.

Methodology

Program Development and Design

This program attempted to work with at-risk and rural schools to improve the quality of education for K-12 students in low performing schools. This specific program was conducted in three stages: 1) formative assessment stage, 2) development and implementation of program stage 3) evaluation of program stage.

Formative Assessment Stage

Prior to project implementation, a fourteen-item Needs Assessment was disseminated to assess the K-12 teacher's literacy needs (N = 12). Using a five-point likert scale (1 strongly disagree, 2 disagree, 3 unknown/unsure, 4 agree and 5 strongly agree) respondents were asked to report their perceptions of the teacher's literacy needs at the identified school. Results from the

Needs Assessment concluded that, teachers were unsure if their school had a literacy curriculum (mean 3.82), if their school aligned with state standards, (mean 3.83) and if they could confidently provide literacy instruction to all of their students (mean 3.92). In addition, teachers reported that they disagreed that their students were satisfactorily progressing in the school's current literacy program (mean 2.67), that they had sufficient literacy materials and books in their classroom (mean 2.83), that they had sufficient literacy materials available to assist struggling students (mean 2.58), that their classroom library had sufficient materials (mean 2.5) and that their library had adequate genres or non-fiction books available (mean 2.3 and 2.4). According to the open-ended questions at the end of the assessment the following anecdotal information was gleaned, "the books for our current literacy program have mistakes in them" and "it is difficult to read texts/materials on grade level when students are entering the 10th grade on a 3rd grade reading level; therefore, there must be a problem with our literacy program in the lower grade levels". Regarding instructional resources, one teacher said "there aren't enough textbooks for students, so students are limited in their homework capabilities."

Reflecting on the responses received, the Developing Career and College Competencies: Preparing At-Risk Students to be Successful in Career and College Opportunities project was created. Overall, it was identified that there was a clear need to provide education and training related to career exploration and college achievement in the identified K-12 school. To address this need, two counselor educators obtained an internal university grant and developed an advocacy program for counselor education masters and doctoral students. The mission of the social advocacy project was to provide a comprehensive career development and college achievement training to enhance the skill development of 7th-12th grade students at an identified K-12 school. To achieve this mission, two counselor educators obtained a $30,000 grant to

recruit and fund three graduate level counselor education students to work exclusively in the identified school for one academic year. Of the three students, one student was a doctoral level school counselor, one student was a masters-level school counselor and one student was a masters-level clinical mental health-counseling student. Each student was funded for a total of nine months through a graduate assistantship to work with the identified school for ten hours a week. The ten hours could include classroom guidance, individual counseling, career and college preparation activities and grant writing.

Development and Implementation of Program Stage

Based on the needs assessment disseminated during the formative stage, a college and career exploration program was developed to provide informational support and resources to 7th-12th grade students in the identified school. The following objectives were identified and addressed in the following ways.

Outcome #1 Provide educational and career counseling services and resources to high school and middle school students. Three counselor education students attended the identified school weekly to assist the K-12 school counselor by offering assistance and guidance to students who were interested in pursuing secondary education or employment. In this capacity, the counselor education students met one-on-one or in large group guidance lessons to explore college and career exploration. On one occasion, a workshop was developed by the counselor education students to present to the 7th-12th grade students additional resources including instructions on financial aid and applying for scholarships. For 11th and 12th grade students who expressed interest, the counselor education students assisted in completing financial aid and scholarship applications.

Outcome #2 Develop and enhance skills necessary to identify a career, develop career seeking skills, and professional practices in the work environment. Due to the internal funding to support this initiative, counselor education students were provided a wireless laptop to use when working with the 7th-12th grade students. Addressing the needs of the 7th and 8th grade students, counselor education students provided opportunities for these students to engage in exploration that assessed their strengths, weaknesses, interests and future career plans. Using the Kuder, a free online system accessible to everyone was selected to provide the students with an opportunity to complete numerous assessments were provided to assist students in future planning and career exploration. For the 8th and 10th grade students, a training that discussed ACT planning and assessment results exploration was offered. In this training learning how to sign-up for and study for the ACT was emphasized.

Outcome #3 Develop college exploration skills, college program application and financial aid knowledge, and development of skills to support college success. Counselor education students presented multiple classroom guidance lessons with the 10th grade students that discussed college and career exploration. The topics discussed included financial aid, how to find and apply for scholarships, how to apply to college, how to consult with admissions departments at private and public higher education institutions and how to use interest inventories in career selection. For the 11th and 12th grade students, more individualized one-on-one trainings were provided to students that addressed applying for selected colleges and reviewing ACT scores. In addition, a College and Career Exploration Day at the funding university was offered to students to provide an on-campus experience that included a panel discussion with current undergraduate students in various academic disciplines, college tour and interview with an admissions counselor.

Outcome #4 Enhance and improve students' skills related to gaining college admission. Counselor education students provided training to 10th and 11th grade students on resume and cover letter development to submit for future college and career selection. For this exercise, 10th and 11th grade students were introduced to different portions of the resume/cover letter (e.g.,. objective, introduction, employment experience) to help students develop each section intentionally. Students were encouraged to think deeply about the purposes of creating professional documents and how to maximize the counselor educators' services.

Outcome #5 Develop and provide parents with college application and financial aid resources. Counselor education faculty disseminated worksheets to students on current trends and frequently asked questions. Topics covered in worksheets included an explanation of financial aid, considerations when applying for college, how to apply for scholarships and college admissions requirements. Students were encouraged to take these materials home to discuss with their parents. In addition, the counselor education students helped to update the high school's website to include college planning and career exploration resources.

Outcome #6 Provide the identified school district and school counselor with career and college exploration resources. Two College/Career Days were developed for 10th and 11th grade students to assist the students in obtaining knowledge about college experiences, financial aid, different degree programs and collegiate organizations/clubs. For this event, several university faculty, college students and university staff presented information to the students including applying for college, financial aid considerations and transitioning to college.

Outcome # 7 Provide opportunities for counselor education students to develop social advocacy skills and career counseling and educational interventions skills. Counselor

education students were encouraged to apply advocacy skills as discussed in the university's social and cultural counseling course. Although this program emphasized socio-economic status and poverty related issues, issues of addressing racial and ethnic differences were also discussed. In addition, since this program utilized one doctoral student and two masters student, a model of mentorship was applied that included faculty support and supervision. In this experience, counselor education students learned how to prepare and submit external grants at the state, regional and national levels. For their work counselor education students were recognized by the university's Chi Sigma Iota (CSI) chapter (the Counseling Honor Society) and university outreach.

Evaluation of program

The program was evaluated using a program evaluation survey and participant report. No demographic information was collected from participants. To evaluate a specific program offered to the students, anonymous data was collected in the form of a short survey. In the second semester of the grant-funded program, a Career and College Exploration Program was offered to seventy-two 10th and 11th grade students from the identified school (N=72). Of the 72 students who attended the event, 65 students completed a program evaluation of the event.

For the first question, "what type of programs related to attending college would you like in future sessions?" The students reported a desire to learn more about preparing for college admission testing (68%), applying for scholarships and aid (63%) and choosing majors and degree options (51%). In addition to these responses, subjects also expressed an interest to learn more about college admissions and applications (43%) and selecting a college major (48%).

For the second question, "what type of programs related to career counseling or career exploration would you like in future sessions?" The students reported an interest in learning about suitable careers to match their interests (72%), learning about the job responsibilities of different careers (66%), understanding the requirements of different careers (60%) and preparing job applications and resumes (57%).

Of the activities offered for the Career and College Exploration Program, the students reported that the resume development workshop and values exploration exercises were the most helpful for them. In addition, when asked what activity was most interesting, the subjects stated that they enjoyed playing a career game that mimicked the game Jeopardy. Finally, when asked for recommendations for future sessions, the students indicated that they would like to learn more about the military as a professional option and were interested in meeting college students from various majors.

Finally, an overall evaluation of the counselor education students' advocacy work at the identified school was conducted by polling 7th-12th grade teachers. To evaluate the overall program offered to the students, anonymous data was collected in the form of a short survey. Ten teachers out of seventeen completed the student evaluation form. Of the 10 teachers who completed the survey, 100% of the subjects (80% strongly agreed and 20% agreed) reported that the 7th-12th grade students had access to the counselor education students and 100% (70% strongly agreed and 30% agreed) stated that they had observed opportunities for themselves as educators to work with the counselor education students. 80% of the subjects said that their students had participated in a classroom guidance exercise with the counselor education students and 40% of the respondents participated in the Career and College Exploration Program.

Regarding more specific career and college training, the subjects stated that they had observed the counselor education students, help students with academic concerns (60%), present classroom guidance activities (60%), assisted students with post high school planning (70%) and remained visible in the school to students and staff (80%). Finally, the subjects stated that they had directly observed the counselor education students work with students in the following ways discussing grades (60%), disseminating graduation information (70%), providing SAT and ACT information (90%) and preparing college applications (90%). Some of the teacher's comments included: "[the students name has been omitted] has been a wonderful intern! She jumped right in and became a part of our school team from the start," "I did not supervise any lessons; however, I witnessed students engaging in individual conferences. Students seemed to have a positive experience with the interns," and "this activity definitely helps the students."

Recommendations for Future Research

Although positive outcomes appear to be associated with this program, there are several recommendations for future research. The program evaluation data collected in this study was obtained through self-report and it is well known that individuals can report favorably although this may not accurately reflect their experiences. It seems that the results of this study have led to additional questions for future research studies. Clearly, there is a paucity of literature as to how counselor education programs provide advocacy-based programs for counseling students. There is a need for more researchers to focus on the development and implementation of advocacy based initiatives to enhance the counseling profession.

Implications for Counselor Education Programs

The incorporation of experiential learning advocacy-based training opportunities has implications for counselors and counselor educators. For counselors, advocacy initiatives assist practitioners in reinforcing the wellness model through a focus on prevention rather than disease (House, Martin & Ward, 2002). By identifying institutional barriers and treatment limitations, counselors can work to promote equal access of counseling services to all individuals. In addition, counselors can enhance their cultural competency and ability to treat diverse populations.

For counselor educators, advocacy-based interventions can enhance professional scholarship, educational practices and promote the counseling program through professional networking. Although advocacy is frequently cited in the counseling literature, how to conduct advocacy research or promote advocacy in the community is less available. Since counselor educators serve as leaders and innovators in the counseling profession, it is imperative that counselor educators identify and implement advocacy based programs for counseling students and professionals to become involved in.

Discussion

Although a majority of high school students plan to pursue secondary education (Gibbons, Borders, Wiles, Stephan & Davis, 2006; Venezia & Kirst, 2005), students from underrepresented populations are underserved in higher education. In a study conducted by Venezia and Kirst (2005) students from economically disadvantaged families were less likely to have access to college and career exploration resources. In fact, 48% of polled students from economically disadvantaged families did not seek admissions into college post high school graduation (Terenzini, Cabrera & Bernal, 2001).

The implementation of a career counseling and college achievement program for the identified K-12 school provided a flexible and diverse learning experience for counselors-in-training, supervisors and counselor educators. In examining the pilot program and program evaluation data collected, it appears that counselor education students' participation in advocacy was initially beneficial in promoting career and college exploration with 7th-12th grade students in a rural school district. In examining the advocacy literature for counselor education, this program addressed all four categories of the *Professional Advocacy Intervention Categories* as developed by Hof, Dinsmore, Barber, Suhr and Scofield (2009). These categories included advocacy initiatives that focused on professional identity, promoting the profession of counseling in society, offering collaborative opportunities and encourage social action. Furthermore, this plan included the T.A.R.G.E.T. plan as cited in the professional counseling literature (Hof, et al., 2009). By *targeting* a need, *responding* to this need by obtaining an internally funded grant to provide the monies need to offer a program, *articulating* a plan through a thorough review of the career literature, *implementing* a new approach to addressing 7th-12th student career and college explorations, *networking* through collaborative and training opportunities for educators and administrators in the identified school, *evaluating* the program through the examination of our program evaluation data and *retargeting* to promote system change through the dissemination of our results to the counseling profession. This Developing Career and College Competencies: Preparing At-Risk Students to be Successful in Career and College Opportunities program could easily be adopted by other counselor education programs to provide training and experiential learning activities to counselor education students.

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