TENNESSEE COUNSELING ASSOCIATION JOURNAL

TENNESSEE COUNSELING ASSOCIATION JOURNAL ● VOLUME 8 ● NUMBER 1 ● 2019

Letter from the Editor:

Dear Reader,

On behalf of the Tennessee Counseling Association and the Tennessee Association for Counselor Education and Supervision, I am pleased to offer you the 2019 edition of the Tennessee Counseling Association Journal. We hope the information presented contributes to your knowledge regarding counseling. This is the eighth edition of the journal and we plan to offer many more editions, with the goal of adding to the counseling profession literature.

The purpose of the *Tennessee Counseling Association Journal* remains constant: to promote professional growth and creativity of TCA members, Tennessee counselors, counselors nation-wide, and other helping professionals. We hope the empirical research and expository ideas shared in this journal hearten readers to provide best practices to clients, expand notions of counseling, and share innovative counseling strategies with peers.

The target audience for this journal is counselors in all specialty areas, and we invite manuscripts of interest for professionals in all areas of counseling. We welcome manuscripts that: (a) integrate theory and practice, (b) delve into current issues, (c) provide research of interest to counselors in all areas, and (d) describe examples of creative techniques, innovations, and exemplary practices.

As this edition is completed, I would like to express my sincere appreciation to the TACES and TCA leadership for their continued support of the journal. It is an honor to serve as the editor of TCAJ.

Sincerely,

Susan Lahey, PhD, LMFT
Director of Graduate Counseling/Professor
Trevecca Nazarene University

Tennessee Association for Counselor Education and Supervision

Tennessee Counseling Association Journal Editorial Board

Application of Person-Centered Supervision in Counselor Training: A Case Example

Alyssa M. Swan
Children's Home of Poughkeepsie

A person-centered supervisor believes in supervisees' capacities for self-direction and growth through the development of a supportive, authentic supervisory relationship. Given supervisor provision of and supervisee experience of empathic understanding, genuineness, and unconditional positive regard, supervisees are able to engage in self reflection and develop effective counseling skills. A case example of the author's work, as a person-centered supervisor, with John, a practicum student in a master's-level counseling program, is used to illustrate critical components of person-centered supervision and address multicultural, developmental, and ethical considerations.

Correspondence concerning this article should be addressed to: Alyssa M. Swan, PhD, LPC, RPT; Associate Clinical Director at Children's Home of Poughkeepsie,10 Children's Way, Poughkeepsie, NY 12590; aswan@childrenshome.us

Clinical supervision is recognized as a vital element in training counseling professionals (Bernard & Goodyear, 2009). Experiential learning opportunities for counselors in training, primarily practicum and internship experiences, are noted as critical incidents in the development of beginning counselors (Furr & Carroll, 2003). Due to the high level of introspection and vulnerability associated with learning new skills, supervision received during counseling skills courses has a considerable emotional impact on the training experience of beginning counselors. In an effort to promote client welfare and counselor competency, supervisors need to be able to integrate theory-based supervision models and their corresponding personal beliefs, resulting in supervisory practice that is effective and applicable (Spruill & Benshoff, 2000).

Beginning counselors are in a developmentally active period of their career (Kindsvatter, Granello, & Duba, 2008) and are often motivated to succeed in the field and anxious about professional competence (Stoltenberg, 2005), typically demonstrating less autonomy during supervision and communicate greater desire for direct feedback from supervisors. Thus,

counselor developmental level impacts the supervisory process and clinical training (Heppner & Roehlke, 1984). Notably, the population and settings of supervisee clinical practices additionally impact the supervision experience and individual supervisee needs. Henry, Hart, and Nance (2004) studied a total of 190 doctoral supervisors and master's-level counselor supervisees to investigate supervision topics and reported the two most influential supervision topics, according to both supervisors and supervisees, were supervisee personal issues and counseling skills and techniques. These findings illuminate the importance of supervisor ability to effectively facilitate discussions related to personhood of supervisees.

Johnston and Milne (2012) described several components that contribute to the maintenance of a working alliance with supervisees, including credibility of supervisor, clear expectations, and the sense of safety. The supervisory relationship is fostered by collaboration between supervisors and supervisees. The relationship established in supervision can potentially ease anxiety. For example, a counselor's increased comfort in disclosing relevant information to a supervisor can allow the supervisor to target clinical feedback to enhance the counselor's development and skills (Bernard & Goodyear, 2009). Building a solid working relationship with supervisees contributes to supervisory fit. Through continual discussion of supervisee perceptions of counselor development, supervisees can gain a sense of mastery over evaluating their own clinical progress (Urbani et al., 2002).

Premises of Person-Centered Supervision

In person-centered supervision, the relationship established between supervisor and supervisee is a meeting place for true, relational experiencing and discovering (Mearns, 1997). The supervisory relationship is co-created as an environment in which supervisees can feel safe to explore their true emotions, reactions, questions, and doubts related to clinical practice and professional development (Lambers, 2013). A person-centered supervisor aims to attend to the total person of a supervisee, including personal reflections and client relationships (Rogers, 1977, 1980). Holding to the profound belief in self-actualizing tendency, supervisors do not dictate a specific way on how supervision should or should not be utilized by supervisees, rather creating an environment that encourages supervisees to explore, trust, and grow (Tolan, 2012).

A person-centered supervisor does not separate his or her personal and professional identities, as the person of the supervisor embodies a way of being that is consistent and genuine regardless of the setting (Rogers, 1980). This way of being with supervisees, giving of oneself completely and genuinely, offers a relational component of person-centered supervision in which all parties involved are engaged simultaneously to deepen each other's clinical development (Farber, 2012; Mearns,

1997). For example, triadic supervision is regarded as an effective, credible, and common supervision format in counselor education programs with notable clinical benefits, such as vicarious learning, normalization of supervisee development, sharing perspectives, and safety in relationship (Stinchfield, Hill, & Kleist, 2010). As such, triadic supervision offers an opportunity to capitalize on the benefits of peer feedback (Borders, Brown, & Purgason, 2015).

Thomas (2008) investigated person-centered dimensions of counselor training and highlighted the importance of supervisors developing high levels of self-awareness and continually deepening their understanding of how their presence impacts trainees. The supervisor, just as the counselor in person-centered counseling, is actively and continually self-reflective and self-facilitative, simultaneously paralleling his or her supervisee's process of becoming and self-actualizing (Rogers, 1969). An essential precondition for person-centered training is that the supervisor, or perceived authority figure, feels secure in relationships with self and others to the extent that they can experience utmost trust in supervisees to think and learn for themselves (Rogers, 1977; Thomas, 2008). Further, supervisors strive to be open to the evidence of situations and feedback of all participants in the learning process, valuing supervisees as individuals of worth and impact.

Exploring Person-Centered Supervision: Case Examples of Working with John

Several key components of a person-centered supervisory relationship are described within the current article, including facilitating initial meeting, believing in self-actualizing, conveying core conditions, examining goals of person-centered supervision, using video review, and providing feedback and evaluation. Following each description, the author describes a case example to illustrate each concept. Please note that, in order to maintain the supervisee's confidentiality and privacy, demographic and details throughout this case example are altered.

Facilitating Initial Meeting

Supervisees enter supervisory process with the intersection of past relational and academic experiences, worldviews, and phenomenological perspectives. Supervisees need a balance of personal support and professional development (Bell, Hagedorn, & Robinson, 2016; Heppner & Roehlke,1984). As an integral component of empathic understanding, a person-centered supervisor strives to understand their supervisees' worldviews. In conjunction with individual supervisee academic and interpersonal experiences, it is influential, not to mention ethical and responsible, for a supervisor to also consider the impact of counselor development and multicultural experiences on a supervisee's perspective and approach to clinical training (Pearson, 2001).

John was a 29-year-old, White, heterosexual, Christian, male. Clara and I identified as White, heterosexual females. During our first supervision session, apparent gender differences in our triadic group arose after I reflected my hope for us to create a safe, open environment together throughout the semester in which we could utilize our unique experiences of the world to contribute to each other's growth. Our triadic supervision group facilitated an important discussion on the impact of culture and gender in our supervision group and with their already assigned clients. It was important that multiculturalism became an ongoing dialogue, especially reflections related to power and cultural responsiveness (Costantine, Warren, & Miville, 2005).

Believing in Self-Actualizing

Lambers (2006) described supervision as "a facilitative relationship focused on the development and maintenance of the counselor's ability to relate congruently and a depth with clients" (p. 30). Consistent with person-centered philosophy and counseling, a person-centered supervisor possesses a deep, profound trust in the innate capacity of each supervisee to possess a capacity for motivation and growth toward continued growth as a person and counseling professional. Because each supervisee is revered as uniquely complex and constantly becoming, person-centered supervisors do not attempt to artificially direct the supervision process or expect change in their supervisees. Through self-direction and responsibility in their counselor development process, supervisees incorporate their experiences and beliefs as a counselor into their self-concept and increase their capacity for critical thinking, creativity, communication, autonomy, and self-expression (Khatib, Sarem, & Hamidi, 2013).

Given the foundation that person-centered supervisors trust supervisees' capacity for self-directed learning, supervisors are fluid, flexible, and responsive to supervisees' needs, reinforcing that the power for decision making and creating lies within each individual participant in the supervisory process (Rogers, 1977). Borders (2009) pointed out that counselor trainees can best utilize supervision through the process of discovery, noting this humanistic principle as fundamental to gaining insight and self-awareness.

When I first met John, I was assigned as the doctoral supervisor to facilitate his triadic supervision group for a practicum course at a counseling program accredited by the Council for Accreditation of Counseling & Related Education Programs. Prior to our first meeting, I was approached by another doctoral supervisor who warned me that John was "intense" and "socially awkward." I believe this fellow supervisor genuinely wanted to normalize my potential experience of John. However, I admittedly was frustrated. What I learned was (a) John was not fully accepted by all those around him, and (b) John likely had not received straightforward, genuine feedback about his potential interpersonal rigidity, given I was receiving feedback about

John that was more appropriately suited to be delivered to John directly. I left that interaction eager to meet John and determined to establish my own perception of John, free of conditions of worth others may have placed upon him in past clinical experiences.

Conveying Core Conditions

From this philosophical foundation, person-centered supervisors aim to convey empathic understanding, congruence, and unconditional positive regard to establish a supervisory environment in which supervisees can feel safe, heard, and accepted. These core conditions are regarded as wholly necessary and sufficient to build relationship with supervisee that optimally supports supervisee progress and growth as a counselor (Cornelius-White, 2016; Rogers, 1951; Wilkins, 2003). Bayne and Jangha (2016) regarded empathy as a foundational skill set in counselor training. Similarly, in person-centered supervision, empathy is viewed as a verb (the act of being empathic) rather than a noun (a skill to be learned). Perceiving a supervisor as authentic and congruent was identified as more influential than supervisory style on supervisee comfort in disclosing sensitive topics in supervision (Kreider, 2014).

As supervisees experience acceptance and freedom to be themselves, they can experience acceptance for and trust in who they are, rather than trying to figure out how they should be in order to be accepted by others, including supervisor and clients. This is a distinct hope held by person-centered supervisors—for supervisees to begin to establish and value their own internal locus of evaluation and the ability to self-evaluate and genuinely reflect (Mearns, 1997; Lambers, 2013). It is common, especially for new counselor trainees, to seek external validation from supervisors on their clinical abilities, which is often held in direct relationship with their internalized sense of self-worth. This positioning of supervisors as external controllers of a supervisee's experience is avoided by person-centered supervisors (Rogers, 1977). Reflections and returning responsibility of evaluation back to supervisees conveys that the supervisor genuinely and deeply trusts the supervisee's capacity for a most accurate self-evaluation of self in relational experiences, particularly in his or her clinical relationships with clients (Cornelius-White, 2016; Patterson, 1997).

Initially, John was motivated and cooperative during supervision. He demonstrated responsibility and initiative regarding administrative tasks, including paperwork and client scheduling. However, it was also my experience that John was holding back parts of himself in our relationship—for instance, responding to supervision in a way that he anticipated could be fully accepted and not challenged. From a person-centered perspective, this disingenuous presentation may be a response to threats his self-structure experienced in relation to the anxiety and vulnerability supervision presented (Fall, Holden, & Marquis,

2010). During supervision, John often provided brief reflections that did not extend beyond a direct response to Clara's observations or my feedback. As you might expect, his responses to his clients during sessions also appeared to be lacking depth and genuine connection.

John shared that he believed past supervisors held judgments about his counseling ability—for example, stating during one supervision session, tearfully,

> They always wanted me to be different and I was never good enough but I still don't know what a good counselor is. I don't know how to be anyone but me. So, now I'm in the counseling room and scared I'm going to do something wrong the whole time.

John is entering this new semester and supervisory relationship with previously established conditions of worth and reliance on external loci of evaluation for the basis of his self-worth.

Examining Goals of Person-Centered Supervision

Progress in person-centered theory is characterized by increased self-acceptance and congruence. Shame, resulting from internalized conditions of worth experienced in past or present relationships, can be detrimental to a supervisee's growth process in a new supervisory relationship (Bernard & Goodyear, 2004; Nelson, Oliver, Reeve, & McNichols, 2010). Growing and learning, at a core level, challenges the self-structure, requiring the supervisee to be vulnerable in navigating and grappling previous shame (Lambers, 2013; Mearns, 1997). From a person-centered perspective, this process cannot be forced or externally driven, for it is an internal experience unique to each supervisee and clinical relationship. This learning is regarded as a never-ending motivation and curiosity (Rogers, 1977), continually impacted by new clinical experiences throughout counselor development (or even just throughout one semester of practicum) that challenge supervisees in new ways. For example, supervisors and supervisees functioning in person-centered supervision will collaboratively create an agenda for each session. Relatedly, Quarto (2003) described the supervisee-reported importance of supervisors supporting and encouraging supervisees when they take initiative and control during the supervision process.

Supervisees experience conflicting internal experiences during the supervisory process, often simultaneous feelings of comfort and challenge, fear and learning, support and ambiguity (Ciclitira, Starr, Marzano, Brunswick, & Costa, 2012). When external threats to the self-structure are low, supervisees are freer and, therefore, usually quicker to create more personally

meaningful learning and assimilate new information into their self-concept. Additionally, when supervisees are not distracted by pleasing others or displaying learning in a structured manner, they are internally freer to assimilate the information in a way that is true to who they are and what they most need from supervision. This increased congruence translates to supervisees' relationships with clients, as their self-structure is less rigid and more accepting of inconsistent information or experiences presented by clients during counseling sessions. Supervisees' relational availability and emotional presence with clients allows for supervisees to work in direct response to clients' needs rather than being distracted by satisfying supervisees' own needs first (i.e., transference). Implicit goals of person-centered supervision, as in person-centered counseling, are founded on supervisees becoming more congruent as new information is discovered. Supervisees experience a sense of control and responsibility for the nature and direction of supervision. As the supervisory process continues and evolves, supervisees can provide clients and one another—for example, in triadic supervision with the core conditions and facilitative counseling relationships (Rogers, 1977).

For example, during our next session, John seemed somewhat fearful and restricted. In the moment, I was genuinely distracted by feeling disconnected in relationship to John. In an effort not to assume or label John's experience while also seeking to fully understand and accept his lived experience, I shared with John that I was feeling disconnected to him—reflecting something to the effect of "Sometimes I feel disconnected to you during supervision. I'm curious if you also feel disconnected in some way during supervision, too." John first offered a nonverbal response to this observation with a look of curiosity and hesitation, stating, "Uhh, I don't know if I feel disconnected or not. I'm fine." I had not planned the perfect reflection or words. It was my spontaneous intention to convey nonjudgmental observation and empathically communicate, through body language and genuineness, that I had no expectation that John had to feel connected or disconnected to myself or the supervision process.

Through further exploration and patience, honoring John's process, John began discussing how he sometimes feels disconnected during sessions with his clients, too, and he "didn't know why." John disclosed frustration with his anxiety during counseling sessions and feeling unconfident in his ability to be an effective counselor. I responded to John's continued fear of being evaluated, which makes it difficult to *just be* in sessions. I became aware through relationship with John that the supervisory relationship was not the only place where he was experiencing relational disconnection. I still worried about John's anxiety interfering with his ability to focus on his clients' needs during sessions. With John's agreement, we planned to meet for an individual supervision session to watch another one of his sessions in depth. I also communicated to John that prior to our individual meeting, I would provide him with written feedback on the entire session we had viewed during supervision and would

like for him to also view the session. The concreteness of an individual meeting and written feedback seemed to communicate additional reassurance and care for John.

Using Video Review

All relationship dynamics evident and pertinent in client–counselor relationships cannot be reduced or constrained to conveyance through verbal word. In an effort to demystify the therapeutic process, Rogers (1942) incorporated video-recorded session reviews into training of counselors—a practice that has become relevant and universal across counselor supervision and training approaches. Video review of taped counseling sessions (Huhra, Yamokoski-Maynhart, & Prieto, 2008), and also live observation when an option, supports supervisee development in several ways. First, person-centered supervisors value in-person feedback with supervisees and supervisees generally appreciate direct feedback, both of which are available through the video review process. Compared to self-report, supervisors are able to experience supervisees' relationships with their clients and experience in a more contextual, genuine way, the relational dynamics that present during session (Mearns, 1997; Patterson, 1997).

Second, video review in person-centered supervision allows for a deepened experiencing of supervisees' relationships with clients, therefore providing a platform for supervisors and supervisees to process. Thus, video review can be an anxiety-provoking and intense process, as some of supervisees' most vulnerable and intimate moments with clients are being observed. Supervisees fear judgment and evaluation from supervisor and peers (Bernard & Goodyear, 2009), and I contend that, to an even greater extent, supervisees fear internal criticism and judgment they will exert upon themselves. Experiencing self in a raw way, such as through video-recorded moments, provides little opportunity for supervisees to control how others or self will perceive their clinical work or hide or minimize their fears or doubts in their relationships with clients (Mearns, 1997; Rennie, 1998; Tolan, 2012).

As a person-centered supervisor, I strive to normalize that reviewing recorded sessions during supervision will likely and expectedly evoke some anxiety and vulnerability on the part of supervisees. I am also active in conveying my rationale for reviewing sessions, not to observe perfection rather to experience and facilitate supervisee self-exploration of captured lived experiences of clients and supervisees in that particular recorded relational experience. Given a foundation of trust, support, and acceptance, a supervisor's attitude and facilitation of the video-review process can support supervisees' integration of their true experience and encouragement of supervisees' development of an internal locus of evaluation. Philosophically, as supervisees

are able to be more congruent during supervision, they are able to be more free and genuine in relationship with their clients. This safety within self translates to freedom and confidence and the reduction of anxiety for a supervisee to truly experience their clients' worlds, free of distortion based on their own internal processes (Mearns, 1997; Rogers, 1969, 1977). Entering a client's phenomenological world and communication of empathy are cornerstones to even basic counseling skills.

During our individual meeting, John appeared anxious yet also eager to have individual attention to watch his video at depth. As we began to review John's session, I became aware of a couple things in relationship to John: (a) during the session, he appeared intense and almost abrasive toward his female client and (b) during supervision, he appeared unaware of his aloofness in relationship to the client on the tape and with me in person. After processing our genuine reflections after viewing a portion of his tape, John tearfully disclosed a painful relationship disruption he recently experienced with his female partner. Following John's lead, I facilitated a discussion about how his pain from this relationship disruption in his personal life is impacting his ability to be accepting toward his female client who wants to discuss relationship conflict during the session. I had never witnessed John so emotionally connected as he was during that supervision session, congruently expressing sadness, grief, guilt, and frustration.

Providing Feedback and Evaluation

Person-centered supervisors honor that learning occurs in relationship (Dennick, 2012). Vallance (2004) described "an open, honest, and egalitarian supervisory relationship" (p. 571) as fundamental to the influence of clinical supervision on client impact. Ladany, Mori, and Mehr (2013) studied 128 counseling supervisees about their perceptions related to supervisor effectiveness and concluded that effective supervisors encouraged supervisee autonomy, worked to strengthen the supervisee–supervisor relationship, and facilitated open discussion. These three characteristics parallel three critical theoretical components of person-centered supervision: trust in a supervisee's capacity to be an effective counselor, supervisory relationship as an avenue for growth, and genuineness on the part of the supervisor to facilitate discussion and feedback.

Feedback is created and based on learning goals established by supervisee and supervisor (Bernard & Goodyear, 2009). From a person-centered perspective, it makes sense that a supervisee's goals will likely change or deepen throughout the supervisory process. Person-centered supervisors strive to be open, receptive, and patient to each counselor's growth process in learning and applying new clinical skills. Counselor trainees' needs and development are different (Vallance, 2004) and comprise unique, individual supervisee–supervisor dyadic experiences, even within the context of triadic supervision. Person-centered

supervisors believe in creating a safe, accepting space for students to engage in their own learning process, which cannot be reduced to commonalities between supervisee needs, rather expanded by the limitlessness of each supervisee's individual potentialities and actualizing process (Lambers, 2006; Mearns, 1997). However, for example, in the triadic supervisory process, a supervisor may encourage an individual session if he or she believes a supervisee is hesitant to present a supervisory issue that feels too personal for triad (Goldberg, Dixon, Pence Wolf, 2012). In regard to counselor development, some similarities are important to consider in order to assess the developmental appropriateness of supervisee reflective and clinical abilities. For example, beginning-level trainees often experience and assume less control in supervision compared to more advanced supervisees (Quarto, 2003).

Assessment in person-centered supervision is aimed to enhance and promote deeper growth and awareness (McCombs, 1997; Wright, 2011). Vallance (2004) referenced how increased supervisee self-awareness through supervision impacted their levels of congruence and confidence working with clients. Because person-centered supervision values supervisee freedom, the supervisor is upfront with ongoing feedback and assessment-related discussions. For example, assessment is a continual process of providing genuine feedback and inviting supervisee to engage in honest self-reflection during each supervision session (not just during required midterm and final evaluations). Person-centered supervisors aim to create a safe environment for supervisees to experience feedback and evaluation as a learning experience in which they have voice. Ideally, ongoing evaluation and feedback, verbal or written, is a learning experience that will facilitate rather than threaten supervisee growth.

Oftentimes, supervisees assess external evaluation, such as evaluation provided by supervisors, as anxiety provoking. The type and degree of anxiety experienced, as a result of external evaluation, depends largely on whether supervisees perceive the evaluation as validating or disconfirming to their personal conceptualization of themselves as counselors (Auxier, Hughes, & Kline, 2003). Hereof, gaining feedback from a supervisor who confirms the self-perceptions supervisees maintain leads to diminished anxiety; conversely, anxiety heightens when supervisor evaluations challenge supervisees' impressions of themselves (Auxier et al., 2003). This manifestation of anxiety resulting from evaluation illustrates the value of a supervision model and supervisory relationship that takes into consideration the developmental level of a supervisee to ensure developmentally appropriate evaluations of supervisee competency. It is the ethical and legal responsibility of a supervisor to ensure that counselors maintain client welfare (ACA, 2014, A.1.a., F.1.a.) and support supervisees in upholding their ethical responsibilities (ACA, 2014, F.5.a.). Thus, supervisors serve in gatekeeping roles, assessing supervisors are charged with

determining supervisees' clinical and developmental appropriateness or impairment in relation to professionalism or clinical work (ACA, 2014, F.5.b.).

For example, the week following our individual meeting, program-required midterm evaluations for supervisees were due. I asked John to complete an assessment of himself as well, so we could compare perceptions of his current functioning as a counselor trainee. I was genuine and straightforward in my feedback, noting his noticeable capacity for emotional connection while also providing feedback related to his difficulty being in relationship with his clients due to personal distress. In an effort to be genuine and upfront, it was my responsibility to let him know that due to his level clinical readiness for internship that there was a possibility he would need to retake practicum to give him more time to deepen and demonstrate internship-appropriate counseling skills. During this meeting, John expressed a mix of disappointment and understanding. John shared that he sought personal counseling and began attending a yoga class once a week for self-care, determined to continue his personal growth.

By the end of the semester, John was continuing to grow in vulnerability and awareness; however, John, his faculty supervisors, and I collaboratively discussed his clinical readiness, and John did not pass practicum. John accepted his competency plan, which outlined support for him continuing personal counseling and developing more professional skills. It was important to me as John's supervisor to engage in self-reflection and be intentional in constructing the evaluation process in a way that John could feel as though he had power through voice in his own evaluation.

Conclusion

No *right way* of person-centered supervision exists, as each supervisory relationship is a unique, facilitative encounter between supervisee, supervisor, and client relationships, as experienced in distinct moments of relationship (Mearns, 1997). Person-centered supervision is not just an idealistic orientation, rather a practical reality in counselor education programs. A congruent supervisor can facilitate supervision that is both competent and relational. Person-centered is a way of being (Rogers, 1977); therefore, the current author wrote this article to help person-centered counselors maintain theoretical consistency between their way of being and supervision. The case presented in this article provided examples aimed to help contextualize components of person-centered supervision.

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Body Image Discrepancies and College Students: A Contemporary Perspective

Joel F. Diambra
Robert F. Zakrzewski
Kylie. G. Cole
Alexandra M. Ingram
Dareen Basma

University of Tennessee Knoxville
Private Practice
Palo Alto University

Researchers replicated a previous study by Fallon and Rozin (1985) to assess body image in college students using the original silhouettes to compare *apples to apples* students from 30 years ago to students today. Students (*n* = 473) answered survey questions by choosing from nine silhouettes created by Stunkard, Sorensen, and Schulsinger (1983). We also asked college student participants to evaluate the silhouettes for how well they represented their race. Results showed that both genders desired a slimmer body shape than they currently had and that women believed men were attracted to a female body shape smaller than what men actually reported.

Correspondence concerning this article should be addressed to Dr. Joel Diambra, 448 Claxton Complex; 1122 Volunteer Blvd.; University of Tennessee; Knoxville, TN 37996-3452; jdiambra@utk.edu.

Introduction

Body image represents a multifaceted construct pertaining to an individual's perception, attitude, and cognition, as well as associated behaviors (Stewart & Williamson, 2004). Body image has been defined as "the perception of one's own body size, shape, and appearance, with attendant emotional and sociocultural responses to this perception" (Patt, Lane, Finney, Yanek, & Becker, 2002). A perceptive component of body image, body dissatisfaction, can be defined as a difference between one's ideal body and one's current body size (Šerifović-Šivert & Sinanović, 2008). As such, it includes the ways individuals feel about their bodies on an aesthetic level and how attractive they perceive themselves to be (Johnson, Balasubramanya & Britto, 2015). Body image is a salient factor in the psychological and interpersonal development of adolescents and young adults (Levine & Smolak, 2002).

Body image is associated with other health issues related to food intake such as eating disorders, dieting, and obesity. Despite the increase in nutritional and health knowledge, obesity and deaths from weight-related problems remain high. Reports over the past three decades on the incidence of obesity vary from one third to one half of the population (Ogden, Carroll, Kit, & Flegal, 2012; Sarwer & Wadden, 1999). In contrast to the increasing weight of most Americans, ideal or desired body weight is continuing to decrease. The social construction of body image is one way that society tells the individual about what one's body needs to look like.

Specifically, the sociocultural theory (Heinberg, 1996; Heinberg, Wood, & Thompson, 1995) is the most empirically supported theory to explain the acquisition and maintenance of body image disturbances. The sociocultural theory identifies social pressures (e.g., media, friends, and parents) as the catalyst for an individual to conform to societal standards. This may contribute to the high rates of individuals who were and remained dissatisfied with their bodies (Fallon & Rozin, 1985; Ross, 2012). A meta-analysis conducted by Stice (2002) demonstrated that body dissatisfaction is one of the most consistent and robust risk factors for eating pathology. Furthermore, the Youth Risk Behavior Surveillance System of the Centers for Disease Control and Prevention conducted a nationally representative study examining health risk behaviors among youth and young adults in the United States and found two of the leading causes of morbidity and mortality amongst this population are related to unhealthy dietary behaviors and physical inactivity (Eaton et al., 2006).

Body image has been previously studied in the professional literature (Cohn & Adler, 1992; Fallon & Rozin, 1985; Ross, 2012; Stice, 2002; Stunkard, Sorenson, & Schulsinger, 1983). The current research seeks to determine the relationship

between body shape preferences for college-aged men and women with a random sample of undergraduate and graduate college students. Due to the changing climate of health and fashion over the past three decades, this study seeks to assess possible changes in perceptions and preferences of one's body image by comparing results with Fallon and Rozin's (1985) findings.

Review of the Literature

Evaluation of Body Image

One of the most common methods of evaluating body image is the use of silhouettes, such as those developed by Singh (1993); Stunkard et al. (1983); or Williamson, Davis, Bennett, Goreczny, and Gleaves (1989). Although researchers continue to develop and use more current silhouettes, such as the Contour Drawing Rating Scale (M. A. Thompson & Gray, 1995) among others (Patt et al., 2002; Truby & Paxton, 2002; Williamson et al., 2000), we purposefully selected the previously introduced silhouettes within Fallon and Rozin's (1985) study. We hoped to provide a comparison of results gleaned from 30 years ago to common-day perceptions. We also wanted to provide a comparison and examination of any shifts and changes in the sociocultural construction of body image. Furthermore, using the same silhouettes ensures responses in this study are not influenced by revised silhouettes. Many studies often show participants these silhouettes and prompt them to respond by asking questions such as the following: Choose the silhouette that represents (a) your current body shape, (b) your ideal body shape, and (c) what you think others might find attractive.

The first body figure scale to be published was developed by Stunkard et al. in 1983 wherein the researchers delineated the influence of genetics versus environment on obesity. This scale featured a series of figures ranging in monotonic increases in weight from thin to obese. Participants consisted of Danish adoptees living in Copenhagen who were asked to circle the figure that most identified with their biological and adoptive parents. The researchers assessed the accuracy of their scale by comparing the participants' selected figures to height and weight data previously collected from their biological and adoptive parents and found the silhouettes within their body figure scale to be surprisingly accurate.

In a foundational study by Fallon and Rozin (1985), silhouettes were used to evaluate discrepancies in body shape preference between males and females. Outcomes suggested that women's current body shape was significantly heavier than their ideal shape. Women preferred a thinner body shape than they currently had. This discrepancy serves to keep women dissatisfied with their bodies. On the other hand, men showed little difference between their current and ideal body shapes,

meaning men were more satisfied with their bodies. The results of this study aligned and reinforced the existing literature regarding the social construction of body image among males and females (Cafri, Yamamiya, Brannick, & Thompson, 2005)

In addition to asking the participants to choose silhouettes that represented their current and ideal body shape, Fallon and Rozin (1985) requested that participants choose (a) the silhouette they thought was most attractive to the opposite sex (i.e., women chose the female silhouette to which they thought men would be most attracted) and (b) the silhouette of the opposite sex they found most attractive (i.e., women chose the male silhouette to which they were most attracted). From this data, we discovered women believed men were attracted to a much thinner silhouette than men actually preferred. Thus, women's quest for thinness extended beyond what men found attractive. While men preferred a thinner silhouette of women, it was not as thin as the one women chose as the ideal for themselves. Females, on average, were heavier than what men found attractive in this study.

Cohn and Adler (1992) also investigated female and male perceptions of ideal body shapes. Their study followed up on Fallon and Rozin's (1985) research. They found that women overstated the degree to which men preferred thin body types. Furthermore, they found a similar case for men. Men thought women preferred larger male body types than women actually preferred. The impact of same-sex peers' desired body shape also was investigated. Findings indicated that women thought their peers desired a thinner body shape than they actually did.

Body Image Across Cultures

Researchers have documented that body perceptions and ideals differ across various ages, cultures, and races (Connolly, Slaughter, & Mealey, 2004; Davidson, Thill, & Lash, 2002; Gleaves, Cepeda-Benito, Williams, & Cororve, 2000; Jackson & McGill, 1996). For example, 10-year-old boys and 15-year-old girls preferred significantly different silhouettes than silhouettes preferred by younger children (Connolly et al., 2004). Davidson et al. (2002) found that Turkish children preferred heavier silhouettes than children from America or Mainland China. Regardless of their current weight, obese or nonobese, older African American women did not differ significantly on ideal body silhouette (Sharpe et al., 2001).

Research has also documented the significant impact that both media and social media had in more recent years on influencing our perceptions of the ideal body (Perloff, 2014; Prieler & Choi, 2014). Jackson and McGill (1996) identified that body preferences differed across race. For example, research on African American women highlight that their body image concerns differ from those of Caucasian American women (Perloff, 2014). One reason for these differences can be traced back to the

overexposure of Caucasian American women in the media; while that inevitably impacts the perception of Caucasian American females have regarding their own body image, it does not impact African American women who may not identify with the Caucasian body shape (Perloff, 2014; Prieler & Choi, 2014). While these and other studies have attempted to ascertain differences in body perception and preferences for differing groups, studies have continued to use silhouettes that appear to most closely represent Caucasians.

Although the aforementioned studies on body image and silhouettes have focused on racial differences in silhouette choices, these studies have not considered whether the silhouettes adequately represented the body shapes of non-Caucasian individuals. Overstreet, Quinn, and Agocha (2010) identified that African American women preferred a curvier body silhouette with medium-sized breasts and wider hips; this was also identified as more attractive to African American men. This differs to the preferences of Caucasian Americans who idealize a more slender frame and narrower hips (Overstreet et al., 2010). These differences suggest that generic silhouettes do not adequately characterize persons of different races.

Purpose

The current research seeks to determine the relationship between body shape preferences for college-aged men and women with a random sample of undergraduate and graduate college students. Using quantitative data, we compared results with Fallon and Rozin's (1985) findings to assess for possible changes in perceptions/preferences over the past three decades. This research is necessary due to the significant impact that culture, media, and social media has had on influencing our perception of the ideal body (Perloff, 2014; Prieler & Choi, 2014). In contrast to previous silhouette research on body image, this study seeks to evaluate the Stunkard et al. (1983) silhouettes for various races through the usage of qualitative data from the research. Two main research questions were used to guide the research:

RQ1: Are college students more congruent in their perceptions of current and ideal body shape or has the discrepancy between current and ideal body shape continued to diverge?

RQ2: How do men and women perceive body shape differently?

Methodology

Participants

The sample for this study was 1,108 undergraduate and graduate students chosen randomly from a population of

23,181 students attending a large southern university. Of the 1,108 student sample, 27 did not have a current email address on record with the university and were dropped from the mailing list. After the invitations to participate were sent via email, an additional 18 emails were returned *undeliverable*. This reduced the sample to 1,063.

Of the 1,063 potential participants, 482 participants returned completed surveys. Nine of these surveys were duplicate entries and were removed from the collected data. Thus, 473 out of a possible 1,063 potential participants returned useable surveys—a 45% return rate. The participants consisted of 260 females (55%) and 213 males (45%) wherein ages ranged from 18–63 years with an average of 23.41 years. Regarding participant race, 86% (*n* = 408) identified as Caucasian, 5% (*n* = 23) identified as Asian, 4% (*n* = 17) identified as African American, and 5% did not identify a particular race. Furthermore, 81% (*n* = 383) of the participants identified as being single and 12% (*n* = 61) identified as being married.

Procedures

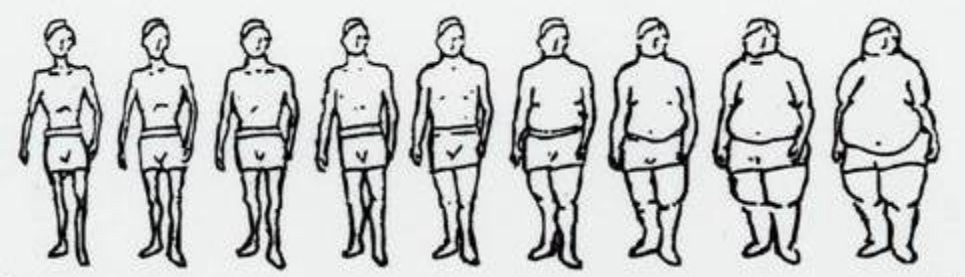
Emails soliciting participation in the study were sent to 1,081 potential participants. All potential participants received three emails (the initial email and two follow-up emails) in 8 days. Participants were provided an incentive—they could anonymously enter into a drawing for one of three $50 gift certificates to local restaurants.

Instrumentation

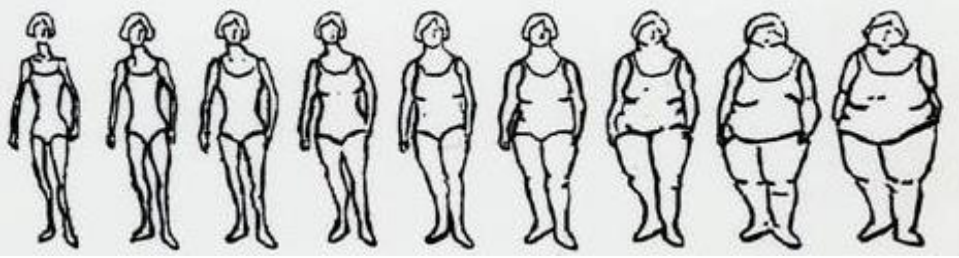
The Fallon and Rozin (1985) silhouettes used in the current study are line drawings of figures that range in shape from thin to obese. They have few details or distinguishing attributes other than to be recognized as either male or female silhouettes. The measure for this study was an online survey that consisted of the silhouettes and 10 questions. It was easily accessible by email link and took approximately 8 minutes to complete.

We first prompted participants to respond to a series of demographic questions, including their age, height, current weight, marital status, race, major, educational status, and U.S. citizen status and if they currently were pregnant or had given birth in the past 12 months.

Female participants were shown nine female body silhouettes ordered from thin to heavy (Stunkard et al., 1983). Likewise, we showed male participants nine male body silhouettes ranging from thin to heavy. The silhouettes were numbered from 1 (the thinnest silhouette) to 9 (the heaviest silhouette; see Figure 1).



1 2 3 4 5 6 7 8 9



1 2 3 4 5 6 7 8 9

Figure 1. Body silhouettes.

Note. From "Use of the Danish Adoption Register for the Study of Obesity and Thinness," 1983, in S. S. Kety, L. P., Rowland, R. L. Sidman, and S. W. Matthysee (Eds.), *The Genetics of Neurological and Psychiatric Disorders*, pp. 115-120. New York, NY: Raven Press. Copyright 1983 by A. J. Stunkard, T. Sorenson, and F. Schulsinger. Adapted with permission.

Using the nine silhouettes, the participants were prompted to complete the following tasks:

1. Choose the silhouette that most closely represents your current body shape. (CURRENT)
2. Choose the silhouette that you would most desire to look like. (IDEAL)
3. Choose the silhouette that you believe is most attractive to the opposite sex. (ATTRACTIVE)
4. Choose the silhouette that you believe is most desired by other members of your sex. (PEER IDEAL)

We then prompted participants to indicate which gender they were most attracted to and then showed them the nine silhouettes that represented that gender. Using those nine silhouettes, the participants were prompted to do the following:

5. Choose the silhouette that you find most attractive. (OTHER ATTRACTIVE)

Lastly, the participants were asked to indicate how adequately they felt the nine silhouettes represented the bodies of persons within their culture and to give details and comments if appropriate. We asked the participants a series of questions

related to their concern about their body shape. These questions and scales follow:

1. How concerned are you about your body shape?
   (a) not at all, (b) somewhat, (c) all the time
2. Compared to how concerned your peers are about their body shape, how concerned are you about your body shape?
   (a) more, (b) less, (c) the same
3. If you could change your height would you:
   (a) want to be shorter, (b) I would not change my height, (c) want to be taller?
4. If you could change your weight would you:
   (a) want to be lighter, (b) I would not change my weight, (c) want to be heavier?
5. In a typical week, how many hours do you spend engaged in exercise?

Measurement

Using the information obtained from the quantitative tasks the participants completed, eight analyses were conducted using either a repeated measures 2 x 2 analysis of variance (comparisons 1-6) or two independent-samples *t* tests (comparisons 7-8). Paired *t* tests were used to further explore significant interactions. For the qualitative aspects of the study, respondents were asked to indicate if they believed the nine body silhouettes adequately represented body shapes found within their race.

Results

Participants were prompted to indicate the silhouette that best represented their current body shape, their ideal body shape, the shape they believed was most attractive to the opposite sex, the shape they believed was most desired by members of their same sex peers, and the silhouette shape they found most attractive. Mean silhouette shapes for the current study in comparison to the Fallon and Rozin (1985) study are shown in Table 1. Due to low frequency of responses, participants who indicated they were lesbian or gay (n = 12), pregnant (n = 1), or had given birth in the past 12 months (n = 2) were excluded from the study. Thus, the final analyses were completed with a sample size of 458.

Table 1

Mean Silhouette Body Shape by Task and Gender

Silhouette task	Mean silhouette shape Current study	Mean silhouette shape Fallon & Rozin (1985)*
CURRENT shape		
Female	3.60	3.60
Male	4.23	4.00
IDEAL shape		
Female	2.65	2.80
Male	3.80	4.00
ATTRACTIVE shape		
Female	2.49	2.90
Male	3.71	4.00
PEER IDEAL shape		
Female	1.79	N/A
Male	3.91	N/A
OTHER ATTRACTIVE shape		
Female	3.71	3.20
Male	3.03	3.70

Note. N/A = not applicable.

*Results are rounded to the nearest tenth and derived from approximate data points represented by arrows on the original 1-9 Likert scale used by Fallon and Rozin (1985).

Comparison 1: Current to Ideal

Results showed a significant interaction between CURRENT body silhouette shape to IDEAL body silhouette shape. Further exploration of this interaction for each gender showed a significant difference between male's CURRENT and IDEAL body silhouette shapes and between female's CURRENT and IDEAL body silhouette shapes.

Males chose an IDEAL body silhouette shape that was on average almost one half silhouette shape smaller than their CURRENT body silhouette shape, whereas females chose an IDEAL body silhouette shape that was almost one full body silhouette shape smaller than their CURRENT shape. An independent *t* test found this mean difference between genders to be significant.

Comparison 2: Current to Attractive

Findings showed a significant interaction between CURRENT and ATTRACTIVE body silhouette shape. Further exploration of this interaction found the mean difference between male's CURRENT body silhouette shape and the male body silhouette shape male's believed females found most attractive (ATTRACTIVE) was significant. A significant difference also was found between female's CURRENT body silhouette shape and the female body silhouette shape females believed males find most attractive.

These results show that males think females are attracted to a male body shape one half silhouette shape smaller than their current male body shape. Conversely, females believe that males are attracted to a female body shape that is over one full female body silhouette shape smaller than their current female body silhouette shape. An independent *t* test found this difference between genders to be significant.

Comparison 3: Ideal to Attractive

Results showed no significant interaction between IDEAL and ATTRACTIVE body silhouette shape; however, a significant main effect was found. Although statistically significant, the results may not be clinically significant due to there being less than one quarter of a silhouette body shape difference between IDEAL body silhouette shape and the body silhouette shape each gender believed the other gender found most attractive (ATTRACTIVE).

Comparison 4: Attractive to Other Attractive

The study found a significant interaction between ATTRACTIVE and OTHER ATTRACTIVE body silhouette shape. Further exploration of this finding showed a significant difference between the female body silhouette shape females believed males found most attractive (ATTRACTIVE) and the female body silhouette shape that males actually reported they found most attractive (OTHER ATTRACTIVE). Females believed males were more attracted to a female silhouette body shape over half a shape smaller than female silhouette body shape males reported they found most attractive. There was not a significant difference between the male silhouette shape females reported they were attracted to and the male silhouette shape males believed females found most attractive.

Comparison 5: Attractive to Peer Ideal

Results showed a significant interaction between PEER IDEAL and ATTRACTIVE body silhouette shape. Furthermore, there was a significant difference between the female body silhouette shape females believed males were most attracted to

(ATTRACTIVE) and the female body silhouette shape females believed other females desired to look like (PEER IDEAL). This shows that females believed males are most attracted to a female body silhouette shape over one half of a silhouette shape larger than the female body silhouette shape females believed their peers desired.

On the other hand, males believed females were attracted to a male silhouette body shape less than one quarter of a body silhouette shape smaller than the male silhouette shape they believed other males most desired to look like. Although this difference is statistically significant, it may not have any practical significance.

Comparison 6: Ideal to Peer Ideal

Results found a significant difference between IDEAL body silhouette shape and PEER IDEAL body silhouette shape. Further exploration of this interaction did not show a significant difference between the male body silhouette shape males rated as IDEAL and the male body silhouette shape they believed their peers desire. There was a significant difference between the female body silhouette shape females rated as IDEAL and the female body silhouette shape they believed their peers desired. Thus, females believed their peers desired a body silhouette shape almost one full silhouette shape smaller than the shape they desired for themselves.

Comparison 7: Current to Other Attractive

We compared male's and female's CURRENT body silhouette shapes to the body silhouette shapes reported as most attractive by the opposite sex (OTHER ATTRACTIVE). Results showed a significant difference between a male's CURRENT body silhouette shape and the male body silhouette shape females reported they found most attractive. Additionally, there was a significant difference between a female's CURRENT and male's OTHER ATTRACTIVE body silhouette shapes. Thus, both males and females indicated they were attracted to body silhouette shapes of the opposite gender that were almost one half shape smaller than the body silhouette shapes both genders reported they currently have.

Comparison 8: Ideal to Other Attractive

We compared male and female IDEAL body silhouette shapes to the body silhouette shapes reported as most attractive by the opposite gender (OTHER ATTRACTIVE). Results did not find a significant difference between the male silhouette body shape that males most desired (IDEAL) and the male silhouette that females reported to be most attractive (OTHER ATTRACTIVE).

However, there was a significant difference between the female body silhouette shape that females reported to be IDEAL and the female body shape silhouette that males reported they find most attractive (OTHER ATTRACTIVE). Thus, males indicated they were attracted to a female body silhouette shape that was more than one quarter of a body silhouette shape larger than the body silhouette shape females reported they most desired to have.

Racial Representativeness of Silhouettes

The respondents were asked to indicate if they believed the nine body silhouettes adequately represented body shapes found within their race. The respondents could answer *yes*, *no*, or *somewhat*. Forty-five percent (*n* = 179) of Caucasians reported the silhouettes adequately represented body shapes within their race; 45% (*n* = 177) reported the silhouettes *somewhat* represented the body shapes within their race; and 10% (*n* = 40) reported the silhouettes did not represent body shapes within their race.

Although the numbers were too small to compare statistically, it is interesting to note that more Asian and African-American respondents believed the silhouettes were not adequate in representing body shapes within their races. Just over 18% (*n* = 4) of Asian respondents and over 35% (*n* = 6) of African American respondents did not believe the body silhouettes adequately represented body shapes within their races (see Table 2).

Table 2

Frequency and Percentage of Representativeness of Silhouettes by Race

Do you think the nine silhouettes adequately represent the bodies of persons within your race?					
Race and count/%		Yes	No	Somewhat	Total
Caucasian	Count	179	40	177	396
	%	45.2%	10.1%	44.7%	100.0%
Asian	Count	8	4	10	22
	%	36.4%	18.2%	45.5%	100.0%
African American	Count	5	6	6	17
	%	29.4%	35.3%	35.3%	100.0%

The current research study gave participants an open-response opportunity to provide specific input regarding the characteristics that made the silhouettes representative or nonrepresentative of their race. The most frequent comment by persons of all races was that the figures did not depict muscular tone well. “It goes from really skinny to chubby and then fat with the males, but doesn’t really include different stages of being muscular,” stated one participant. Another remarked, “The male silhouettes didn’t seem to account for muscle tone, but only concentrated on size and fat.” A female participant stated, “It’s hard to tell if the silhouettes are muscular or bony, so it’s difficult to make a decision about which I would desire the most.”

For some of the African American respondents, the silhouettes were not representative. Most of the responses suggested that the curviness of the African American body type was not depicted well. For example, one African American female remarked, “Black women usually have bigger hips.” An African American male stated, “African American women usually desire a silhouette that represents a thick, shapely body. This is the shape most African American men see as sexy in women.”

Many comments from Asian respondents declared that obesity is rare in the Asian race. “There are very few fat women or men in Asia,” stated an Asian woman. An Asian male commented, “Most Asian females are very slim and they are not

voluptuous. The males are either very slim or very large. I have seen very few males who are in between."

Comparison to Fallon and Rozin (1985)

Participants were prompted to indicate the silhouette that best represented their current body shape, their ideal body shape, the silhouette shape they found most attractive, the shape they believed was most desired by members of their same sex peers, and the shape they believed was most attractive to the opposite sex. Silhouettes ranged from 1-9 on a Likert scale.

In the current study, the mean silhouette shape that female participants identified as the one that best represented their CURRENT shape was 3.60, whereas males identified as a 4.23. Fallon and Rozin (1985) found females also identified as a 3.60; however, males identified as a 4.0. The current study found the mean silhouette shape that female participants identified as the one that best represented their IDEAL shape was 2.65, whereas males identified as a 3.80. Fallon and Rozin found females identified as a 2.80 and males identified as a 4.0.

In the current study, the mean silhouette shape that female participants identified as the one they found most ATTRACTIVE was a 2.49, whereas males identified 3.71. Fallon and Rozin (1985) found females identified 2.90 as the most ATTRACTIVE, whereas males identified 4.0. The current study found the mean silhouette shape that female participants identified as the one that best represented the shape most desired by their peers (PEER IDEAL) was a 1.79, whereas males identified a 3.91. Fallon and Rozin did not look at this aspect in their study. In the current study, the mean silhouette shape that female participants identified as the one that best represented the shape members of the opposite sex would find most attractive (OTHER ATTRACTIVE) was a 3.71, whereas males identified a 3.03. Fallon and Rozin found females identified a 3.21, while males identified a 3.70.

Discussion

Three decades later, the current study's findings echo earlier discoveries, add new information, and pose different questions to better understand body image. This section first compares the current study to Fallon and Rozin's (1985) work. We lay out similarities and differences as well as posit explanations for these changes before discussing the new information attained from the current study of the adequacy of the silhouettes for different races.

Comparison to Fallon and Rozin (1985)

In the current study, both males and females desired to be thinner than they currently perceived themselves. Females

preferred to be almost one silhouette thinner, whereas males preferred to be about half a silhouette thinner. In Fallon and Rozin's (1985) study, females' CURRENT versus IDEAL difference was .85, compared to .95 in the current study. In both studies, women chose an IDEAL silhouette shape that was smaller than their CURRENT shape. Thus, nearly 30 years later, females continued to desire smaller body shapes than they have. Furthermore, women chose a CURRENT body silhouette shape of approximately 3.6 in both the current study and in the Fallon and Rozin study. Thus, over the past 20 years, women's CURRENT body shape has remained relatively unchanged.

Males' CURRENT versus IDEAL changed from Fallon and Rozin's (1985) study to the present. In the 1985 study, males' CURRENT and IDEAL shapes were almost identical and did not differ significantly; however, the current study found a significant difference of half a silhouette shape. This suggests that men may be more concerned about their body appearance than they were 30 years ago; they want to appear slimmer than they are. Men's IDEAL shape was found to be approximately 3.80 in the current study compared to just over 4.0 in the Fallon and Rozin study, while men's CURRENT body shape was 4.23 in the current study and just over 4.0 in the Fallon and Rozin study. This may suggest that men's current weight has increased since 1985, while their ideal has decreased, thus leading to a larger discrepancy in actual versus desired body image.

Fallon and Rozin (1985) did not find a significant difference between male's CURRENT silhouette shape and the shape they believed females found most attractive (ATTRACTIVE). They did find a significant difference between women's CURRENT silhouette shape and the shape they believed males found attractive. The current study found a significant difference for both males and females. Male's CURRENT minus ATTRACTIVE shape was nearly half a silhouette size difference. Female's CURRENT minus ATTRACTIVE silhouette shape was over one full silhouette size different, meaning both sexes in the current study believe their body to be undesirable to the opposite sex; whereas in the 1985 study, only women perceived their bodies to be undesirable. Additionally, women in the current study believed males were attracted to a silhouette shape almost half a shape smaller than women in the Fallon and Rozin study. This emphasizes that over the past three decades, the perception of attractiveness regarding body image and type has continued to move toward even thinner silhouettes.

Fallon and Rozin (1985) also did not find a significant difference between males' IDEAL shape and the shape they believed women found most attractive (ATTRACTIVE). However, they did find a significant difference between females' IDEAL shape and the shape they believed males found most attractive. They suggested, "Factors other than attractiveness to men influence the pursuit of thinness" (p. 104). The current study found that the difference between males and females IDEAL and

ATTRACTIVE silhouette shapes were not significant. Thus, maybe attractiveness to the opposite sex is more of an influence on pursuit of thinness than it was in the original study.

In the current study, males thought females preferred a male to be half a silhouette smaller than their current body shape (ATTRACTIVE), and females reported the male's perceptions to be true (OTHER ATTRACTIVE). However, in Fallon and Rozin's (1985) work, males thought that females were attracted to the same body silhouette that they also chose for their current and ideal (ATTRACTIVE). In actuality, females reported they were attracted to a male figure just over a quarter of a silhouette shape smaller (OTHER ATTRACTIVE), so we might hypothesize from this comparison that men's ideal shape has shifted over the past three decades to closer resemble the shape to which females are attracted. Currently, women believe males are more attracted to a female silhouette body shape over half a shape smaller (ATTRACTIVE) than the female silhouette body shape males reported they found most attractive (OTHER ATTRACTIVE). This is similar to results found by Fallon and Rozin.

Fallon and Rozin (1985) did not report statistics comparing CURRENT to OTHER ATTRACTIVE silhouette shapes. The current study found a significant difference for both male and female CURRENT to OTHER ATTRACTIVE silhouette shapes, suggesting that both men and women desire the opposite sex to be slimmer than they are. Fallon and Rozin also did not report statistics on IDEAL to OTHER ATTRACTIVE silhouette shapes. The current study did not find a significant difference for males. However, there was a significant difference between females IDEAL (M = 2.65) and OTHER ATTRACTIVE silhouette shape (M = 3.03). Females desired to be even slimmer than men desired them to be. It is possible that this attitude leads to the anorexic ideal that there is no such thing as too thin.

Fallon and Rozin (1985) did not collect data on the silhouette shape the participants believed their peer's most desired to look like. However, in a later study, Cohn and Adler (1992) did gather this information with a sample of college students. Men's and women's differences (PEER IDEAL minus IDEAL) were both approximately a quarter body shape, showing that in the 1992 study both men and women desired about the same ideal body shape that they believed their peers desired.

In the current study, the authors also found that men's IDEAL and PEER IDEAL did not differ significantly. However, female's IDEAL and PEER IDEAL body silhouette shapes differed significantly, showing that women tend to believe that their peers desire a smaller body shape than the body shape they desire for themselves. This suggests that women notice that their peers are unsatisfied with their body shape and desire to be thinner. They noted that their peers are more dissatisfied or have slimmer goals than they have for themselves.

Cohn and Adler (1992) also compared PEER IDEAL to ATTRACTIVE silhouette shapes and found no more than a quarter of a silhouette shape difference for both males and females. In the current study, both males and females differed significantly between their PEER IDEAL and ATTRACTIVE silhouette shapes, but females had the most pronounced difference (PEER IDEAL minus ATTRACTIVE: *M* = .70).

Implications for Counseling

Helping professionals become aware that men and women with eating disorders are likely to have distorted body image perceptions has implications within counseling. Current findings suggest that counselors and psychologists need be responsive to similar body image distortions in male clients. Professional awareness is important due to the increasing discrepancy between males' CURRENT and IDEAL body shape and the fact that this discrepancy is more discrete than that found in females. Furthermore, early detection and assessment is more difficult for male clients. Cognitive distortions can be treated via education, accurate information (e.g., bibliotherapy using research studies), bio-feedback (e.g., weight monitoring, fat versus lean weight evaluations, progression tracking by comparing pictures of client over time), intensive and ongoing cognitive–behavior treatment methods, and group counseling (Wilhelm, 2006).

J. K. Thompson and Altabe (1990) indicated the Stunkard et al. (1983) figure rating scale has "good test-retest reliability and moderate correlations with other measures of body image" (p. 615). However, the validity of the silhouette measure is still in question related to people of different races. Since silhouettes have remained the standard for research on body image research, it is imperative that researchers take the time to assess the appropriateness of these figures for different races.

Although more contemporary silhouettes now offer more muscularly defined figures, this only addresses some participants' comments and concerns. Future studies may wish to quantify these remarks with larger groups of minority respondents. It may be necessary to address the specifics of racial body type differences with a variety of silhouettes in order to truly capture body image disparity in minorities. Furthermore, these findings remind professional practitioners that body image perception must be understood within the context of the client's culture. Disregard for cultural influences can lead to insensitivity, misunderstanding, misperceptions, wrong conclusions, and ineffective treatment.

Limitations

While the sample was not diverse enough to run statistical comparisons on whether or not the minority respondents

thought the silhouettes adequately represented their race, the raw numbers suggest that with a larger sample a statistically significant difference may be detected. Current literature suggests that race and culture influence body image perceptions (Davidson et al., 2002; Jackson & McGill, 1996; Sharpe et al., 2001), so it is important to ensure that the silhouettes used to make these claims are valid for non-Caucasian populations.

Conclusion

The current research discovered more differences than similarities when compared to the Fallon and Rozin (1985) study. Findings suggest that body image for both sexes have changed over the past three decades. These changes have implications for the treatment of eating and body image disorders in the college population, especially for men and minority clients. Future research can investigate the cause and effect of these changes. We recommend that future studies also focus on validating current silhouette shapes or constructing new valid silhouette shapes and styles appropriate for use with a variety of racial and cultural populations.

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Infusion of Consultation Theory Into Existing School Counseling Practice

Fred Washburn
Jeffrey Penick

Central Washington University

A major role of a school counselor is to help foster systemic change for the benefit of students. The promotion of this change requires school counselors to act as consultants. Though many school counselors are involved in consultation, the general lack of consultation training among school counselor education programs may cause school counselors to be less effective in their consulting efforts. The authors explore the role of consultation in school counseling and propose the infusion of consultation theories into their practice.

Correspondence concerning this article should be addressed to Fred Washburn Central Washington University 400 East University Way, Psychology Dept. M.S. 7575, Ellensburg, WA 98926; fred.washburn@cwu.edu

The emphasis on consultation has ebbed and flowed in counseling literature. In 1993, the *Journal of Counseling and Development* published two special issues on consultation (Kurpius & Fuqua, 1993a, 1993b). These special issues were to address a gap in the literature that dated back to 1978 when the American Personnel and Guidance Association (currently the American Counseling Association) last focused on consultation (Kurpius & Fuqua, 1993a). Since the 1993 special issues, articles on consultation in the counseling literature have followed a general format: highlight the importance of consultation in counseling; note the lack of published articles on consultation; and promote a new pedagogical/training approach to consultation in counselor education, counseling practice, and/or counseling supervision (Alpert & Taufique, 2002; Carney & Jefferson, 2014; Davis, 2003; Sangganjanavanich & Lenz, 2012). In addition, much of the recent consultation literature has been narrowly focused and

developed through the lens of technical consultation such as using expert knowledge in a given area to provide new techniques or steps to address deficits within that area.

The purpose of the current study is to explain why consultation is important to the practice of school counseling and to suggest simple steps that can be adapted to promote this important role for practicing school counselors. Specifically, the authors propose the infusion of consultation theory throughout school counseling practice. The authors delineate areas where consultation theory fits within school counseling practice and how to apply theory to practice.

The concept of infusion is especially useful when emphasizing and instilling professional ways of relating, being, and working that are implicit in a profession. Academic infusion of consultation theory allows for more opportunities to understand, apply, and synthesize the concepts into practice. In the counseling profession, multiculturalism and ethics are typical topics in which infusion is used. Both are pervasive in building healthy therapeutic relationships. Just as counseling views the relationship as a guiding consideration in the therapeutic process, school counselors must, more specifically, consider consulting theories as their primary way of relating in their work with school personnel and parents to assist students.

The importance of consultation to the counseling profession is highlighted in the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2016) *Standards*. Within CACREP *Standards*, *consultation* or *consult* is referenced a total of 14 times and found across all sections of master's-level training and two of the four doctoral-level training sections. This places the pervasiveness of consultation within counselor and counselor educator training on par with *leadership* and *advocate(s)/advocacy*—both of which are mentioned 18 times. Consultation is also more prevalent in CACREP *Standards* than the term *multicultural*, mentioned six times, and *counselor wellness*, mentioned three times.

In addition to its numeric representation, consultation is one of three services (the others being counseling or human development skills), which CACREP (2016) categorizes as a direct service. In addition to its general importance to the counseling profession, consultation plays a central role in the practice of school counseling (Elysia, 2007; Gysbers & Henderson, 2012; Perera-Diltz, Moe, & Mason, 2011). The centrality of consultation is most clearly demonstrated within the American School Counselor Association (ASCA; 2005) *National Model*, where services to students include indirect services involving interactions with others such as consultation with parents, teachers, other staff, and community organizations.

Why Consultation?

It is difficult to find consistency in how consultation has been defined. As Estrada-Hernandez and Saunders (2005) noted, there is no universally accepted definition of consultation within the counseling professions. At a minimum, common

aspects of consultation include a problem-solving focus, emphasis on improvement, and that it is tripartite (triadic) in nature (Kurpius, 1978). It is the tripartite nature of consultation that leads it to be such a strong guide to school counselors. Because of the nature of the work of school counselors, a tripartite, consultation-based model of interaction is inherent in their work. A deeper understanding of consultation begins with understanding counseling. The ACA (2010) provided an accepted definition of *counseling*: "counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (para. 2). Just as the direct contact of an empowering relationship is viewed as a way of being to benefit clients, consultation models also help to define the roles and interactions in the tripartite relations in the work of school counselors to influence diverse individuals, families, and groups to accomplish their goals.

An illustration of consulting is the common experience of one counselor consulting with another about a client. The role of the consultant counselor is to have some influence on the client without forming a direct counseling relationship by engaging with the consulting counselor about his or her client. The purpose of the consultant counselor is not to change the consulting counselor, rather it is to effect some change on the client through his or her interactions with the consulting counselor. Most consultation theories provide a model to define the relationships involved (e.g., expert/provisional model vs. prescription model), an appreciation of the level of operation (individual, group, or organization), and some definition of the stages and objectives. Although many of the same counseling approaches, theories, and techniques used in consultation are also used in counseling, the application is different in consultation (Lin, Kelly, & Nelson, 1996).

The practice of consultation by school counselors fits with Gysbers and Henderson's (2012) model of the role and time allotment of professional school counselors. Currently, comprehensive school counseling programs place a greater emphasis on systemic services than on individual counseling services (Elysia, 2007). Perera-Diltz et al. (2011) found that 80% of school counselors spend at least part of their day consulting with teachers, parents, and other school staff. Despite an increase in the time school counselors spend doing consultation, there is no current research that examines how school counselors are trained in consultation. With an emphasis on a comprehensive approach to school counseling, practitioners can benefit from consistent and influential ways to emphasize consultation theory and practice by infusing it in their work.

Infusion of Consultation Theories

Much like counseling theories, there is not a single consultation theory that can provide a frame large enough to capture everything a school counselor does in his or her work. The current authors propose the infusion of four different consultation theories (mental health consultation, behavioral consultation, conjoint behavioral consultation, and instructional

consultation)—each highlighting a different aspect of professional school counseling. Mental health consultation provides professional school counselors with two different benefits. The first is a school-specific founder as a role model for professional school counseling identity development. The second benefit is a four-level model of service delivery to be more efficient in delivering systemic services. Behavioral consultation provides school counselors with research theory and tools to track the effectiveness of their work. Conjoint behavioral consultation is a method of utilizing resources outside of the school system to promote student change. Finally, instructional consultation is a method of working with teachers to improve the classroom environment for the benefit of students.

Infusing Mental Health Consultation Into Professional Identity

School counselor professional identity is an important but elusive construct that has undergone multiple transformations (DeKrufy, Auger, & Trice-Black, 2013). As professional school counseling has developed as a unique counseling profession (Lambie & Williamson, 2004), the role of mental health consultant has remained prominent, and one leader in the field, Caplan, has provided a useful mental health consultation model.

Caplan, a child and community psychiatrist, was trained by John Bowlby, Walter Bion, Kate Friedlander, and Anna Freud. Caplan is the father of mental health consultation (Rosenfeld & Caplan, 1954). Erchul (2009) stated that Caplan's career as a consultant began when he was placed in charge of the academic and emotional needs of 16,000 immigrant adolescents who were housed in more than 100 residential institutions in Israel at the end of World War II. Due to the sheer scope of this project, he did not seek to meet with all these adolescents himself. Rather, he trained those who were working with the adolescents to remove their inaccurate perceptions and address potential biases, thus providing more effective means of helping these adolescents.

Caplan's work with immigrants parallels the work school counselors are asked to do now. School counselors—like Caplan—seek to improve the academic, social, emotional, and relational lives of the students in their schools (McGannon, Carey, & Dimmitt, 2005; Whiston & Sexton, 1998). The inclusion of Caplan into the professional orientation dialog would give school counselors a historical role model who worked with mental health issues systemically in a school setting.

Caplan's mental health consultation is founded on four levels: (a) client-centered case consultation, (b) consultee-centered consultation, (c) program-centered administrative consultation, and (d) consultee-centered administrative consultation (Erchul, 2009). The use of each type of consultation is based on two major considerations: consultation focus and goals. Within a school system, the focus of consultation can be individual or administrative. Goals can either focus on utilizing counseling skills

with an individual/group or improve the system's ability to solve its own problems. School counselors are uniquely equipped to fill these roles as they work within the school.

Client-centered consultation is used when a school counselor interacts directly with a student and provides needed counseling services to improve the student's ability to function in school. This type of consultation is best used with more severe student behaviors that may require a referral to outside mental health services. The focus of client-centered consultation is to provide services to an individual with the goal of using advanced counseling skills to help the student in school. Due to the sheer number of students, a school counselor's work would be less efficient if only client-centered consultation was used. Consultee-centered consultation can be used to train teachers on how to work with developmentally normal disruptive behaviors. The focus of consultee-centered consultation is individual (a teacher), but the goal is to help the teacher better solve his or her own problems. An additional benefit to the consultee-centered consultation is it is preventative. Instead of sending students to see the school counselor after they present with an area of concern, teachers can interact with these students to prevent issues from becoming larger problems.

Both client-centered and consultee-centered consultation focus on individual interactions. Program-centered and consultee-centered administrative consultation focus on providing services at the systemic level. Program-centered consultation is used when a school counselor directly influences the development, implementation, and outcomes of a system-wide school program. The focus of the services is the system and the goal is to use advanced counseling skills to improve the system. An example of this kind of consultation would be a school counselor working with school administration in the development, implementation, and measurement of positive behavioral interventions and supports program in the school. The school counselor is an integral part of the team throughout the process.

The final level of mental health consultation is consultee-centered administrative consultation. The focus of this type of consultation is systemic with the goal of helping the system solve its own problems. An example of this kind of consultation would be a school counselor working with teachers, staff, and administrator to develop a more welcoming and inclusive school environment.

Each level of mental health consultation provides a specific focus and goal. With this framework, school counselors have a theoretical model to develop and maintain the mental health components of a comprehensive school counseling program.

Infusing Behavioral Consultation Into Program Evaluation

Lambie and Vaccaro (2011) found that those possessing master's degrees in counseling often had low levels of research self-efficacy once they entered into doctoral training programs. It can be inferred that many practicing school counselors also have low levels of research self-efficacy and interest in applying it to their work. The inclusion of behavioral consultation into practice provides opportunities to strengthen and apply their research practice with clinically relevant research methodology.

Behavioral consultation is based on social learning theory and principles of reinforcement. The consultant's role is to observe and record behavior through specific means, analyze the data, and develop reinforcement contingencies (Bijou, 1970). These contingencies are then passed on to the consultee to implement in the classroom. School counselors can utilize their research methods training and emphasize the opportunities for action-oriented research using these consultative processes within the school setting. Research methods courses commonly teach students to develop a method of collecting data, use appropriate means of analyzing the data, and finally disseminate the results in a user-friendly manner. The difference between behavioral consultation training and traditional research methods is the action-oriented nature of behavioral consultation. Results have an immediate application in schools rather than focusing on developing research articles for publication. Furthermore, this infusion into research methods supports No Child Left Behind and Race to the Top (which focus on empirical methods in school settings), and school counselors would have empirically validated methodology that they could use to demonstrate the effectiveness of their position (Woody, 1975).

School counselors who wish to measure their effectiveness can follow simple research procedures and track specific outcomes. The first step is to decide on what to measure. School counselors can work with teachers, staff, and administrators in developing school-specific outcomes. Once outcomes have been decided on, it is important to clearly and concisely define these outcomes. Measures also need to be selected to ensure that data collected are both reliable and valid. Before data are collected, a data-collection procedure is developed to collect data at regular and consistent intervals. Once this procedure is established, baseline data are collected at multiple points and times before the intervention is used. After baseline data have been collected, the intervention is given and data are collected after the intervention following the data collection procedure. Analysis of outcomes also follows the data collection procedure. Behavioral consultation allows for school counselors to be action researchers and to strengthen and augment their role in their schools by providing a much-needed evaluation service.

Infusing Conjoint Behavioral Consultation Into Systemic and Family Practice

Behavioral consultation focuses solely on students' behaviors within the school. Conjoint behavioral consultation takes the foundation of behavioral consultation and expands its scope to form a school–home partnership (Sheridan, 1997). Within conjoint behavioral consultation, the various parts of a child's life are connected. This view is consistent with ecological systems theory, which does not seek to isolate *problems* within a person or their environment. Rather, problems are seen as a function of the many systems in which a child lives and operates. This view on behavior and problems is consistent with the ecological model taught in family systems courses. For school counselors, greater clarity about consultation models and theories can come by recognizing the similarity and overlap with family systems concepts. Conjoint behavioral consultation allows for school counselors to collect and analyze data not just from the school but also from important systems outside of the school.

Infusing Instructional Consultation Into Classroom Management

The premise of instructional consultation is that not all problems in learning are founded in the learner but may also involve instructional methods used by the teacher The role of the consultant would be to observe classroom instruction and help to identify and analyze the problems students are facing in the classroom. Collecting and analyzing data requires the consultant to use rigorous methodology found in behavioral consultation. Once the data are collected and analyzed, the consultant would work with the teacher in explaining their results and developing solutions based on instructional delivery. These new approaches would be observed and new data collected and analyzed to test the effectiveness of the instructional changes used. If the changes are successful, the consultant seeks to empower the teacher to continue to ensure that his or her instructional methods match the needs of the students.

Conclusion

Although training school counselors as consultants is not new to school counseling literature (Brown, 1993; Davis, 2003; Kahn, 2000; Perera-Diltz et al., 2011; Sangganjanavanich & Lenz, 2012; Warren & Baker, 2013), the current authors' strategy of infusion provides a new approach to this training. The infusion of consultation theories into school counseling practice helps to solidify the professional identity of school counselors and further ingrains this major modality of their work. School counselors do not have to completely readjust their work but rather add effective and empirically based approaches into the role of a professional school counselor.

Due to the novelty of this approach, there is no research to support it as an effective means of training school counselors to be consultants, and there is also no research to demonstrate the effectiveness of consultants trained at the master's level. In addition, the authors aimed to provide an overview and did not provide a comprehensive overview of all

consultation theories. Despite these limitations, the authors believe that the time is right to introduce formalized consultation theories to professional school counseling. This training, while still novel to the field, may prove to usher in a new era of professional school counseling that focuses on greater comprehensive systemic change within the school settings. The implications for school counselors would be the ability to operate from a stronger empirical base in their training and practice.

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A Review of Best Practices and Multicultural and Social Justice Competencies for Counseling Transgender Clients

Bonnie C. King
Amanda E. Johns
Latrina R. Raddler

Midwestern State University
Nicholls State University
Envolve People Care

The purpose of this article is to (a) acknowledge common societal and mental health issues that transgender individuals can experience; (b) apply the Multicultural and Social Justice Counseling Competencies (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016) and provide counselors with information on best practices for working with transgender clients according to a literature review; (c) illustrate goals, multicultural counseling and social justice competencies, best practices, and advocacy efforts with a transgender client through a counseling case study.

Correspondence concerning this article should be addressed to Bonnie King, PhD, NCC, LPC 3410 Taft Blvd. Dallas, TX 76308 Midwestern State University, bonnie.king@mwsu.edu

Transgender, gender variant, bigender, gender fluid, gender expansive, and other nongender binary identifying persons have historically experienced oppression in social, personal, and intrapersonal realms in a variety of contexts (American Psychological Association [APA], 2015; Ehrensaft, 2011). The World Professional Association for Transgender Health (WPATH; 2012), and The Report of the 2015 U.S. Transgender Survey (James et al., 2016) concludes that transgender individuals are at a higher risk than the general population for depression, anxiety, suicidal ideation, substance abuse, personality disorders, eating disorders, psychotic disorders, self-harm, work and relationship challenges, and other mental health issues. The reasons for the

increased risk factors that impact this community include societal oppression, dysphoria regarding their biological sex, body dysphoria, and lack of acceptance in their communities (APA, 2015; Hendricks & Testa, 2012; Human Rights Campaign, 2016; WPATH, 2012). Transgender individuals deserve clinical attention by the counseling community and a shifting of the sociopolitical paradigm through advocacy (Burnes et al., 2009).

Many respected organizations in the counseling and medical fields provide guidelines related to best practices for working with transgender clients. WPATH's (2012) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, is a research-based guide for best practices regarding the treatment of gender nonconforming individuals in mental health and medical care settings. The American Counseling Association's (ACA; 2014) Code of Ethics and the Association for Lesbian, Gay, Bisexual & Transgender Issues in Counseling's (ALGBTIC) Competencies for Counseling with Transgender Clients outline the importance of multicultural sensitivity and competence for counseling practitioners working with diverse populations, including LGBTQ+ clients (Burnes et al., 2009). The Council for Accreditation of Counseling and Related Programs (CACREP; 2009), an accrediting body for counselor education programs, requires the teaching of multicultural competencies to counselors for continued program accreditation.

The current article provides counselors with guidelines for counseling and cultural competence with transgender client populations. The purpose of this article is to (a) acknowledge common societal and mental health issues that transgender individuals can experience; (b) apply the Multicultural and Social Justice Counseling Competencies (MSJCC) (MSJCC; Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016) and provide counselors with information on best practices for working with transgender clients according to a literature review; and (c) illustrate goals, multicultural counseling and social justice competencies, best practices, and advocacy efforts with a transgender client through a counseling case study.

Transgender individuals, sometimes referred to as trans, transsexual, gender fluid, gender variant persons, male to female (MTF), female to male (FTM), and two spirit, are defined as people who experience their gender identity as outside of the traditional gender binary or as having a biological gender that differs with one's internal view of himself or herself (APA, 2015; WPATH, 2012). Not all transgender individuals experience distress related to their gender identity, however, some experience gender dysphoria. Gender dysphoria is defined as psychological distress that is caused by the discrepancy between a person's biological sex and gender identity (WPATH, 2012). Treatment for gender dysphoria is available through interventions such as counseling, gender confirmation surgery (GCS), hormone therapy (HT), and voice and communication therapy (WPATH, 2012).

Medical interventions may help transgender individuals transition and to find more congruence with their physical body and their gender identity. Importantly, not all transgender-identifying individuals consider themselves as transitioning. In fact, many never identify with their assigned biological sex in the first place (WPATH, 2012).

Mental Health and Social Concerns of Transgender Clients

Transgender adults and youth experience mental health concerns in greater numbers than cisgender individuals (APA, 2015; Connolly, Zervos, Barone, Johnson, & Joseph, 2016; Reisner et al., 2015). Forty percent of 27,715 nongender binary respondents of the 2015 U.S. Transgender Survey have attempted suicide—almost nine times the suicide attempt rate of the general U.S. population (James et al., 2016). Grossman and D'Augelli (2007) found that 45% of the 55 transgender youth participants in their study had seriously thought about taking their lives by suicide. Non-suicidal self-injury, depression, and anxiety are also higher in transgender youth populations (Connolly et al., 2016; Reisner et al., 2015). Thirty-nine percent of respondents of the 2015 U.S. Transgender Survey also reported extreme psychological distress in the month leading to the completion of survey (James et al., 2016).

Transgender individuals reported mistreatment in almost all aspects of life because of their gender identity, including family and major institutions such as school and work. One in 10 reported that they experienced physical violence from a family member when they came out, 24% reported experiencing physical violence at school, and 54% reported verbal harassment at school for being either out or perceived as transgender. Individuals in the workplace were also impacted, as 30% of respondents who were employed reported being fired, denied promotion, or had experienced verbal or physical harassment at their place of employment (James et al., 2016). Poverty, unemployment, and homelessness are all major concerns for transgender Americans, particularly for those who are part of other minority groups, such as transgender individuals of color (James et al., 2016). Thirty-three percent of transgender respondents experienced discrimination through verbal harassment or refusal of services because of their gender identity when seeking healthcare treatment (Bockting, Knudson, & Goldberg, 2006; James et al., 2016). This mistreatment may lead to fear or mistrust of mental health providers, especially for those seeking medical treatment requiring letters of support from mental healthcare professionals (Bockting et al., 2006).

In addition to societal oppression, gender dysphoria, or feeling dissatisfaction with one's biological sex features, can lead to risky behavior to achieve ideals related to body shape. Transgender individuals with gender dysphoria often have more dissatisfaction with their body shape and weight and experience body-related anxieties that can lead to disordered eating

(Ålgars, Alanko, Santtila, & Sandnabba, 2012; Witcomb et al., 2015). Furthermore, MTF transwomen are susceptible to the societal pressures that cisgender women experience in western society related to unrealistic expectations of beauty and thinness. Some transwomen, in addition to cisgender women, engage in unhealthy behaviors to achieve this ideal (Ålgars et al., 2012; Thompson & Stice, 2001). The male equivalent of this type of societal pressure is the muscular, masculine ideal body shape, which can negatively impact FTM transgender boys and men (McCreary & Sasse, 2000, as cited in Jones, Haycraft, Murjan, & Arcelus, 2016). These pressures can be compounded the further one feels from one's identified body ideal. The more one *passes*, or the higher the congruence between appearance and how the individual identifies, the less body dysphoria experienced (Kozee, Tylka, & Bauerband, 2012).

While mental health concerns are found to be higher in transgender populations, transition to the gender with which the individual identifies, as well as acceptance and support in one's community, has proven to decrease the risk of suicidal ideation and promote positive mental health outcomes (APA, 2015; De Vries et al., 2014; Singh, Hays, & Watson, 2011). Youth who have socially transitioned and are supported in their gender identity show developmentally normal levels of depression and anxiety compared to their cisgender peers (Olson, Durwood, DeMeules, & McLaughlin, 2016). Olson et al. (2016) inferred that social acceptance and societal change could significantly increase positive mental health outcomes for transyouth. In a longitudinal study, De Vries et al. (2014) confirmed that young adults who had undergone gender reassignment, including HT and GCS, reported alleviation of gender dysphoria and improvements in mental health that were similar to or better than peers in their age bracket. The research is clear that acceptance and physical and social transition lead to major improvements in mental health outcomes for transgender clients (APA, 2015; DeVries et al., 2014; Olson et al., 2016).

While discrimination and oppression in families and communities negatively impact mental health outcomes for trans- populations, acceptance and increased visibility has improved in recent years. More nonbinary individuals than ever before completed the U.S. Transgender Survey in 2015 (nearly 28,000), thereby increasing visibility. Respondents reported that 60% of those who are out to their immediate family were accepted, in the workplace 68% were accepted, and in schools 56% were accepted and supported in their gender identity (James et al., 2016). This indicates that circumstances are improving for transgender clients; however, one can conclude that acceptance by mental health providers is paramount to providing a safe space for gender exploration, particularly because letters of recommendation from providers are required for HT and GCS. Counseling may also be one of the places transgender clients can be accepted for who they are, receive support for transition, and get help with the coming-out process in families and institutions.

Multicultural and Social Justice Competencies

Over the past 30-plus years, counselors have worked to shift the counseling profession to embrace diversity. Counselors are expected to respect the cultures of their clients and avoid imparting personal values (ACA, 2014, A4.b.), which requires them to be skilled and trained in multicultural competencies. Multicultural competence has traditionally focused on working with diverse clients with regard to ethnicity and race. Sue, Arrendondo, and McDavis (1992) recognized the cross-cultural nature of counseling and applied aspirational competencies to the practice of counseling. Since 1992, the scope of multicultural counseling has expanded to include other diverse and marginalized groups whose membership is based on factors such as religious affiliation, ability status, sexual orientation, and gender variance (Bidell, 2012). The ACA has officially endorsed the Multicultural and Social Justice Counselor Competencies (MSJCC) (Ratts et al., 2016), which builds upon the work of Sue et al. Counselors' understanding of multicultural competence has evolved to include recognizing the relevant intersectionality of various aspects of identity (Ratts et al., 2016). The MSJCC reflects this shift and outlines the need for counselors to recognize power, privilege, and oppression and its impact on clients and the counseling relationship.

The MSJCC includes developmental domains such as (a) counselor self-awareness, (b) client worldview, (c) counseling relationship, and (d) counseling and advocacy interventions (Ratts et al., 2016). Culturally competent counselors strive to apply the developmental domains and aspirational competencies to their practice with all clients. The following sections apply the aspirational competencies of the MSJCC, adapted from Sue et al.'s (1992) competencies, to counseling transgender client populations. The aspirational competencies of attitudes and beliefs, knowledge, skills, and action are applied to literature on best practices for counseling transgender clients.

Attitudes and Beliefs

Counselors are expected to gain knowledge about their own privilege, marginalization, personal biases, and limitations and gain insight into their worldviews, assumptions, and attitudes (Ratts et al., 2016). Examination of self might include understanding the etiology of personal biases about transgender identity and challenging and reformulating opinions. The counselor can seek self-knowledge about personal biases or worldviews related to other aspects of culture that might be present to minimize the impact on the counseling relationship. This may include the gender, religion, socioeconomic status, race, ethnicity, or sexual orientation of the client and counselor and an awareness of how these aspects of identity could impact the counseling relationship (Ratts et al., 2016).

The ACA supports a *trans-affirmative* or positive accepting attitude for counselors working with transgender individuals (Benson, 2013; Burnes et al., 2009). A trans-affirmative attitude includes acceptance of individuals and their gender identity and acceptance of gender creativity as a normal facet of human expression (Ehrensaft, 2011). A trans-affirmative attitude is formally supported by ALGBTIC (Burnes et al., 2009) and WPATH (2012). ALGBTIC encourages counselors to create a warm, accepting, and affirming environment for transgender clients (Burnes et al., 2009). Self-reflection by the counselor is encouraged to determine how discrimination, transgenderism, and the effects of gender role expectations in society may have shaped personal biases that could affect the counseling relationship. In order to co-create counseling goals that are based on the client, a curious attitude on the part of the counselor about the transgender client's beliefs, worldview, and perceptions of self can facilitate objectivity. Empirical evidence has shown that individuals who find peace with their nontraditional gender identity have better mental health outcomes than those who do not (WPATH, 2012). In light of this evidence, it is imperative that counselors are supportive of the transgender client's journey of exploring their options regarding transition (whatever that means to the client), which will help them feel more authentic and healthy.

It is recommended that counselors do not attempt to dissuade the client from transitioning or expressing nontraditional aspects of gender; such attempts may be harmful to the client (Burnes et al., 2009). Refusal by any parties involved in the treatment of transgender individuals to provide medical care related to transition can harm clients by keeping them in a physical transitional *limbo*. The limbo state can contribute to more stigma and abuse for clients in their communities. Refusal of medical care can negatively affect mental health (WPATH, 2012).

Counselors are responsible for the important task of assessing client readiness and support for HT and GCS and assessing if the client desires these interventions for transition (WPATH, 2012). The assessment should be made holistically—that is, based on factors related to diagnosis, therapeutic progress, client education related to transition, family and community support, and the desire of the client (WPATH, 2012). A personal inventory of the counselor's biases and personal values is valuable during this stage of therapy to prevent the interference of personal values with this important task (ACA, 2014, A.4b.). Awareness of the inherent power differential that exists between counselor and client is vital, in addition to other factors related to privilege and marginalization that might be present in the counseling relationship (Burnes et al., 2009; Ratts et al., 2016). Such an examination is imperative at this stage in the counseling process, as the client is dependent on the counselor for tangible support in the form of writing letters for HT and GCS (WPATH, 2012).

Knowledge

WPATH (2012) outlined many areas of competence required by health professionals serving the transgender community, such as knowledge related to diagnosis, assessment, HT and GCS, historical and current forms of discrimination, and current research related to transgender clients. Providing holistic counseling for the client includes exploring a variety of important areas of the client's life, such as relationships, work, family, and gender identity. Culturally competent counselors are aware of personal limitations to working with specific populations and take action to understand the worldviews of their clients (Ratts et al., 2016). Counselors learn about historical attitudes, common societal biases, and stereotypes associated with transgender populations. Counselors seek to understand clients' view of their social standing, power, privilege, and how clients believe societal biases impact their lives (Ratts et al., 2016).

Knowledge of appropriate diagnosis, ways to support transition, treatment of comorbid disorders, and providing information and support for HT and GCS are necessary for counselor competence with transgender clients (WPATH, 2012). Assessment is an important part of the therapeutic process for counseling transgender populations. Detailed assessment should include a history of gender identity and dysphoria, stigma and discrimination experienced by the client, and levels of support experienced by the client in family and community settings. Assessment may result in a diagnosis of gender dysphoria, other diagnoses, or both. Appropriate treatment for comorbid disorders is a necessary part of the psychotherapeutic journey (WPATH, 2012).

WPATH's (2012) standards indicate that the counselor is responsible for providing information for clients regarding physical transition and can aid in exploration of gender expression. This information can range from an exploration of gender expression related to dress and gender roles, to coming out socially in institutions such as work or school, and to medical interventions such as HT and GCS (WPATH, 2012). Common steps in the transition process can include social transition, physical transition including HT, gender-affirming surgeries, and legal name change (Human Rights Campaign, 2016). To help clients make informed decisions related to their medical care and transition (WPATH, 2012), the counselor can provide support for exploration of the client's needs and wants regarding transition and referrals to medical professionals and peer support groups. The counselor may include information on helping clients *pass*, such as hairdressers, laser hair removal clinics, and make-up artist referrals appropriate to this population. Safety can be a concern and providing referrals for safe providers for

services in the community can be extremely helpful for clients concerned about how to safely work, shop, and socialize in their community.

Cultural competence includes using appropriate language, including pronouns, acceptable and affirming terms in current use in the transgender community, and an awareness of using the language that the client uses for self-definition. Counselor knowledge of current research about mental health concerns and treatments of this particular population can help provide quality care to clients (Burnes et al., 2009). Spiritual and historical views of transgender identity should be explored. The intersectionality of faith, religion, ethnic and racial identity, gender identity, and developmental level of clients (Ratts et al., 2016) are all areas about which the counselor should be mindful. Burnes et al. (2009) reiterated the importance and necessity of advocacy, seeking knowledge and disseminating information to improve the lives of clients.

The counselor, if applicable, can support clients by helping them prepare for HT and GCS. Counselors can provide support for clients before, during, and after starting hormones or surgery. Counselors can encourage clients to seek knowledge about risks and outcomes involved in making the decisions related to medical care without overstepping their role as a mental health professional. For example, counselors can explore client expectations and feelings related to body dysphoria or anxieties related to possible outcomes. Counselors should refer clients to their doctor for medical questions and concerns. Client support can be accomplished with referrals to appropriate literature such as WPATH's (2012) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People and referrals for safe and licensed health care providers. Regarding assessment, the counselor must determine that the client is psychologically prepared, with realistic expectations, before writing letters of recommendation for feminizing/masculinizing HT or GCS (WPATH, 2012). Medical and reproductive concerns should be addressed with a medical doctor as part of informed consent, according to best practices as stated in WPATH's Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People. While the decision to start HT or GCS rests with the client, the therapist has a responsibility to encourage clients to make fully informed decisions (WPATH, 2012).

One letter from a qualified mental health professional is required to initiate HT, one evaluation and letter is required for breast/chest surgery, and two referrals are required for genital reconstruction surgeries. Counselors who write referral letters share the legal and ethical responsibility for the decision about appropriateness of the interventions with the physician who administers the treatment. Coordination of care and consultation with medical professionals treating the client is highly

recommended (WPATH, 2012). Psychotherapy is not a requirement for HT and GCS. While a thorough assessment by a trained mental health professional is needed for a gender dysphoria diagnosis and referral for HT and GCS, psychotherapy, while recommended, is not required (WPATH, 2012). Clinicians must use their best judgment about when and how much counseling is appropriate. Counselors should remain aware of their ethical responsibility to clients and about their position of power when clients approach them seeking letters for HT and GCS. Counselors should have an understanding of the intersectionality of identities of both the client and counselor and how privilege and marginalization (Ratts et al., 2016) can impact the assessment process for HT and GCS. This awareness can help facilitate a balance between appropriate counselor assessment and expeditious access to medical care for clients seeking HT and GCS.

Skills

Skills that counselors working with transgender clients need include skills pertaining to appropriate assessment, setting appropriate goals, a strengths-based counseling approach, and the ability to skillfully explore societal oppression and advocacy. Assessment of clients expressing gender variance is important, as it is with all clients. Counselors must consider the client's holistic set of circumstances in addition to an exploration of gender identity, staying aware that, although the client may have a nontraditional gender identity, they may be seeking counseling services for a variety of issues that may not be gender-related. Gender is one piece of the client's multilayered, complex identity. Clients have a wide range of gender expression; some clients may want to transition completely, while others will be satisfied with a more gender-ambiguous identity that does not involve permanent surgical or hormonal changes. Counselors can support clients by being curious about the extent to which the client desires to transition, without making assumptions (Singh et al., 2011).

The main goal of counseling with transgender clients is to maximize wellness, while helping clients explore gender identity concerns, express gender identity as they choose, and alleviate gender dysphoria (Coleman et al., 2012; Lev, 2004, as cited in WPATH, 2012). A counselor's focus on the strengths and resilience of the client can be part of a comprehensive and holistic treatment approach (Singh et al., 2011). Counselors can inform themselves about the debate that surrounds the diagnosis of gender dysphoria. Diagnosis can be stigmatizing to many, while also necessary for insurance coverage of treatment. Opening a dialogue about the stigma that surrounds diagnosis can bring up a client's feelings of internalized oppression and stigmatization (Burnes et al., 2009). These feelings can be explored in counseling. Skilled counselors can help

the client explore support, oppression, and marginalization in society as it pertains to gender identity (Ratts et al., 2016). Counselors can help clients gain self-advocacy skills in a variety of settings (Lewis, Arnold, House, & Toparek, 2003).

Action

Due to the marginalization that many transgender clients experience in society, counselor advocacy (Ratts et al., 2016) is key when working with clients on the personal, community, and political levels (WPATH, 2012). Culturally competent counselors "acknowledge that the counseling relationship may extend beyond the traditional office setting and into the community" (Ratts et al., 2016, p. 9). The ACA endorses the advocacy competencies of Lewis et al. (2003). Acknowledged in the Lewis et al. model are domains through which counselors can accomplish the task of advocating for clients. Two levels of advocacy are cited: acting *with* and acting on *behalf* of the client. When the counselor acts with the client, the counselor empowers the client by recognizing strengths in light of oppressive environmental factors that affect the client. The counselor helps the client obtain self-advocacy skills, self-advocacy plans, and the implementation of said plan (Lewis et al., 2003). Counselors can empower clients to examine privilege and marginalization (Ratts et al., 2016) and seek support from other transgender individuals. Counselors can help clients learn advocacy skills that clients can use in a variety of situations.

When working on behalf of the client, the counselor takes on the role of direct advocate by working with agencies to obtain services. Counselors negotiate with institutions, such as school systems and work environments, and bcreate and implement advocacy plans on behalf of the client (Lewis et al., 2003). General ways that counselors can advocate for transgender clients are through institutional advocacy, community advocacy, and political activism to enhance the rights of transgender individuals in society. According to Benson (2013), clients trusted counselors who were knowledgeable, affirming, and directly involved in the LGBTQ+ community. Counselors can work with institutions by addressing institutional inequity (Ratts et al., 2016) and by ensuring client safety in school, church, and workplaces. Counselors can provide a list of safe service providers for transgender clients in the community and identify specific providers such as hairdressers and clothing stores to help clients *pass*. Counselors can work with school counselors and administrators with, or on behalf of, their clients to help them safely *come out* at school. Licensed professional counselors and school counselors can speak with teachers, student allies, and administrators on issues such as name change and safe changing areas in physical education class, identifying allies at school, and managing bullying situations, if they arise. Counselors can be helpful by reaching out to resources, such as Lambda Legal. Lambda Legal can help petition insurance companies denying coverage and doctors withholding treatment and help counselors

and their clients understand laws regarding transgender issues in their state. The Gay and Lesbian Medical Association can be a great resource to help clients find doctors who specialize in medical care for transgender clients (Lambda Legal, 2013).

Career-related concerns frequently emerge when counseling transgender individuals. Acknowledging the possibility of ways to combat workplace discrimination can be incredibly useful to clients. Knowledge about antidiscrimination laws as they pertain to the client's state can be useful. Counselors can help the client explore career options with the understanding that clients may experience challenges due to societal discrimination and oppression. They can also help explore and challenge internalized prejudice in order to expand career options and teach clients how to advocate for themselves in the workplace.

Counselors can set the trans-affirmative tone of acceptance early in the counseling relationship (Kirk & Belovics, 2008). Gender-neutral bathrooms and intake forms that include questions about gender identity can help facilitate a comfortable counseling environment. Using the chosen descriptive pronoun of the client during all interactions with or about the client or using the person's name, as given in the referral, can provide an opportunity for gender-variant clients to feel respected from the beginning of the relationship (Kirk & Belovics, 2008). Research has shown that social and familial acceptance of transgender clients improves mental health outcomes and well-being (Human Rights Campaign, 2016; Olson et al., 2016). Competent counselors have the skills to help support clients and their families with the coming-out process. Family therapy can assist with the coming-out process with the goal of increasing family acceptance of the transgender client (Coolhart & Shipman, 2017; WPATH, 2012). The support can be accomplished through family sessions; the counselor educates the family on transgender-related issues, answers questions, and helps process feelings. A fictional case study is provided to give counselors a perspective on the application of the MSJCC and best practices that can be applied to the transgender population. It is not meant represent any one client or population in totality, but rather provide an example of counseling with a transgender client.

Case Study

The following case study illustrates some of the mental health concerns and goals of a transgender teenage client. The counseling approach, a brief description of strategies, and the implementation of the MSJCC are explained. I received a phone call from Robin's father who was looking for a counselor specializing in transgender issues. He asked if he and his family could meet with me to see if I might be the right person to help. A trans-affirmative approach (Kirk & Belovics, 2008) and informed consent was established with the first contact. I was sensitive to the use of pronouns that matched the transgender identity of the client from the very first interaction. I was self-reflective to acknowledge how my privilege, power, social status, and other

aspects of my identity could affect the counseling relationship. I was aware of my cisgender privilege and how that dynamic may affect the trust levels of the family and client regarding the counseling relationship. I was careful to remain aware of biases or *blind spots* that might emerge for me as a counselor (Ratts et al., 2016). My approach to the child's therapy was egalitarian, goal-oriented, and tailored specifically to the needs, concerns, and empowerment of Robin. I took a holistic approach to her therapy and considered both external and intrapersonal factors that might affect Robin's functioning (WPATH, 2012).

I explained that my goals for clients stem from the clients themselves and that part of the general goals with transgender clients include exploring gender identity, gender roles and society, societal oppression that transgender individuals may experience, self-esteem and fears/worries, and authenticity as applied to the expression of gender identity. I explained that we may discuss the costs and benefits of *coming out*, the spectrum of gender expression and the exploration of ways clients may want to express their gender identity, *passing*, and providing support for transitioning, if it is desired by the client. I shared that I utilize best practices and research, as it pertains to serving and advocating for transgender individuals (ACA, 2014, C.7.a.).

In our first meeting, which included only the parents for the first half of the session and a meeting with the child for the second portion of the session, I was prepared with intake paperwork that was specific to working with transgender clients for both the parents and Robin. The intake paperwork asks specifically about pronouns, gender identity, and other relevant questions one might find on a general intake form. The couple came prepared with many questions. They explained that their 14-year-old, phenotypic male child, who had been comfortably *out* as gay, had recently told them that she always felt like a girl. Their child asked them to start calling her Robin, and they had agreed to comply with the request. They were concerned about her mental health after having found disturbing text messages about thoughts of suicide and self-harm. They had confronted Robin who admitted to self-harming and suicidal thoughts in the past. Upon meeting with Robin (who confirmed past thoughts of suicide), I completed a suicidal ideation assessment. I noted that recurring assessments and safety planning for suicidal thoughts and non-suicidal self-injury would be a necessary part of the counseling relationship and goals. I was careful to ask Robin what pronouns she preferred in our first session and used those pronouns throughout our counseling relationship (Burnes et al., 2009).

The family had already shared that they were willing to support their child but had many questions, such as, "Is this a phase?" They asked me if it was possible that their child was just exploring self-expression and not actually desiring a change in identity. They wondered if this exploration would involve surgeries; HT; and coming out to family, friends, and society. Throughout the therapeutic relationship, I worked with the family and Robin as a team. I was sensitive to the parents' concerns

and shared with them knowledge rooted in research. For example, I shared that supporting their child's identity and transition would result in better mental health outcomes for their child (APA, 2015), and that children supported in their gender identity show similar levels of anxiety and depression to cisgender children (Olson et al., 2016). I also normalized the process of gender identity discovery and acknowledged the wide variety of gender identity and expressions with which individuals identify as part of the human experience (APA, 2015; Ehrensaft, 2011). I acknowledged societal factors that often contribute to higher rates of mental health concerns in transgender youth (James et al., 2016). I provided them with resources and recommendations for reading. I also made sure to highlight the strengths of the family (Singh et al., 2011).

At the beginning of our counseling relationship, Robin was resistant to meeting with a counselor. She was not certain that she wanted to be there, although she had agreed to come. Our beginning sessions involved rapport building and holistic assessment. History was collected related to her life with a focus on transgender identity development. My focus was on creating an egalitarian, trans-affirmative relationship with Robin and creating genuine openness between us. I was transparent with her about my trans-affirmative approach (Burnes et al., 2009; Kirk & Belovics, 2008) and the structure of counseling. During the first stage of counseling, I was curious about her culture and the type of environmental factors that were impacting Robin's mental health. I learned that she was *out* to immediate family and friends. Her school environment seemed generally positive, and her friends were accepting of her gender identity, but she had lost one friend who could not accept her transgender identity. This was a deep sadness, and the grief from this loss was something we would eventually process in the counseling relationship.

Some of the goals we co-created included (a) managing depression and anxiety to prevent self-harm and suicidal ideation; (b) exploring gender identity and expression, including transition; (c) managing body dysphoria with a focus on body acceptance; and (d) increasing self-esteem. Over the course of the next 9 months, we worked toward these goals. During our time together, we navigated the coming-out process at Robin's school. Action taken with the school included finding supportive teachers and administrators to support her coming-out process, advocating for changing her name on school rosters, creating a safe plan for changing in the locker room, and creating an *ally friendly* class schedule (Lewis et al., 2003). I collaborated with her psychiatrist who was managing her medication for the comorbid depression and anxiety she was experiencing.

We explored transition, the benefits and risks of medical interventions available to her, transphobia in society, historical and current societal attitudes that may affect her social standing (Ratts et al., 2016), physical and mental health, and the physical and psychological changes she might experience if she chose to physically transition (WPATH, 2012). We also processed

realistic outcomes and expectations for transition. Exploring gender roles, gender expectations, and body ideals (as defined by Robin) were important foci throughout the course of counseling. I further advocated for Robin by writing letters to help her receive medical treatment, which included puberty blockers. Robin and I engaged in counseling with the family to increase acceptance and support (Coolhart & Shipman, 2017), and processed feelings of grief related to losing one of her best friends through the coming out process. We also processed and worked on coping skills for managing feelings of depression and worked on building self-esteem. Robin made major progress related to self-acceptance, the coming-out process, family acceptance, and transition. She is now on her way to social and physical transition with an engaged support system.

Case Study Reflection and Implications for Counselors

Strengths of the counseling approach demonstrated in the case study that can be applied broadly to counseling practice with trans-clients included an inclusive assessment and intake specific to the transgender population, an egalitarian counseling relationship, research-based knowledge and encouragement provided to the parents, as well as attention to the family system through family therapy. Suicidal ideation assessment, monitoring, and safety planning was an important part of the process throughout the counseling relationship that can be applied to counseling transgender clients experiencing suicidal thoughts. The MSJCC were applied through self-exploration of the counselor's attitude, beliefs, biases, and privilege. Knowledge and skills related to the transgender population led to exploration of the client's worldviews, gender identity, gender expression, and issues around transition. Finally, advocacy and collaboration helped facilitate the process of coming out at school. Application of the MSJCC will help counselors provide comprehensive care to trans-clients.

Limitations also emerged in the case study. Research in the area of transgender mental health treatment is emerging rapidly, and there are still many areas that require further research that could have helped me treat Robin more effectively. As this was a brief and fictional case study, the complexity and creativity of approaches, interventions, and techniques that could be applied were omitted. Further, more specialized knowledge of gender-related body dysphoria could have aided specific treatment of body dysphoria. The fictional family in this case study was very supportive and open to accepting and helping their child. Counselors face greater challenges when families do not accept the transgender identity of the child. Finally, it is important to note that Robin and I worked on issues specific to her. This case study is not meant to represent the concerns of all transgender clients. Transgender clients come to counseling for a wide variety of reasons. Some of those reasons may have nothing to do

with gender identity. As with all clients, an open-minded approach focused on the specific needs of the client is most effective for creating a helpful therapeutic alliance.

Conclusion

Individuals who identify as transgender represent a diverse group of people who may seek counseling for a wide variety of issues. Members of the transgender population often experience societal oppression that can lead to negative mental health outcomes. The current article (a) acknowledged common societal and mental health issues transgender individuals experience; (b) applied the MSJCC (Ratts et al., 2016) and provided counselors with information on best practices for working with transgender clients according to a literature review; and (c) illustrated goals, multicultural counseling and social justice competencies, best practices, and advocacy efforts with a transgender client through a counseling case study. Further research is required to continue to effectively serve transgender clients. Counselors can continue to hone their multicultural competence and stay abreast of literature that illuminates specific issues related to treatment of transgender clients. Finally, counselors can advocate with and on behalf of transgender clients to help mitigate societal factors that negatively impact transgender clients' mental health.

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Multimodal, Multicultural Group Counseling for College Preparedness

Judith M. Justice
Candice Norris-Brown
Erin M. Lefdahl-Davis

Indiana Wesleyan University

College and career choice is a major aspect of high school education. Counselors are in a unique position to effectively assist high school students in making educated and multiculturally sensitive decisions for their futures, including the choice of possible postsecondary options. For high school students who are the first in their families to attend college, these choices might be especially complex, and high school counselors are in a position to help. Multimodal group counseling can be used in high school group settings to attend to students' seven modes of being: health, emotions, learning, personal relationships, imagery and interests, notions, and guidance of actions. This paper suggests using multimodal group counseling with a particular emphasis on multicultural and first-generation complexities to assist high school seniors as they prepare for their residential college experience. Special attention is given to curriculum that embraces the eight components of college and career readiness endorsed by the College Board National Office of School Counselor Advocacy. A progression of possible group sessions are included that may assist students with their college preparedness.

Correspondence concerning this article should be addressed to: Erin David, PhD, Indiana Wesleyan University, 4201 South Washington St., Marion, IN, 46953; erin.davis@indwes.edu

High school counselors are in a key position to help students prepare for college. For students who will be first-generation college students (the first in their families to enter college or university), supportive counseling and education may be critical for personal and academic readiness. A model of multimodal, multicultural group counseling with specific advocacy for first-

generation students is one intervention that might help to optimize students' potential success in college. Multimodal counseling applies theory toward practice in a systematic and organized manner (Vernon & Kottman, 2009). School counselors train, educate, consult, and act as role models as they inform, instruct, provide feedback, and model assertive behaviors (Corey, 2009).

High school counseling departments are foremost in assisting students with college choices, causing them to become increasingly involved in the college preparation process. Counselors are now expected to be experts in helping students and families choose colleges, assisting youth as they prepare their college entry essays, writing letters of recommendation for students, making certain that all pieces of the application are submitted on time, monitoring the acceptance process, and assisting in the securing of financial aid. In addition to these tasks, school counselors aid high school seniors in understanding the expectations of colleges and how to navigate in the new academic atmosphere that students will soon encounter. School counselors are educated in the value and the need for transitioning, and they can assist students in preparing for success in their initial year of college and beyond (Justice & Rosenberger, 2011).

High school seniors who waited until late in their senior year to make their college selection were less ready to make a positive transition to college as compared to their peers who had plans in place earlier (Weiss, 2000). Incoming college freshmen experience a sort of culture shock (Cushman, 2007) that may impede college success. College and university freshmen retention rates remain near 66%, with about one in three freshmen not returning for their sophomore year (*U.S. News & World Report*, 2016).

The American School Counselor Association's (ASCA's; 2012) *School Counselor Competencies* dictate that school counselors assist youth in college and career readiness in terms of their attitude (I-C-3) and planning (IV-B-2). Additionally, the ASCA (2014) *Mindsets & Behaviors for Student Success: K-12 College- and Career-Readiness Standards for Every Student* lists the knowledge, skills, and attitudes required for students to attain academic success, college and career readiness, and social/emotional development. School counselors must eliminate barriers by creating a culture of college achievement by focusing on resources and strategies to bridge first-generation students into college success (Pastor & Reykdal, 2016). Strategies for success may call for prevention and intervention. The current paper focuses on both as it proposes a group counseling intervention to assist high school students early in their senior year with college plans to help improve college preparedness. Three significant factors that influence college success include (a) academic achievement and aptitude factors

measured by test scores, GPA, class ranking, and other such gauges; (b) circumstance variables, including first-generation college attendance, socioeconomic status, ethnicity, and geographic location of college and attendee; and (c) personal, which include motivation to succeed, work ethic, confidence in success at the college level, self-efficacy, organization, habits, critical thinking ability, and decision-making skills (Eunhee, Newton, Downey, & Benton, 2010).

To aid in preparing for college, Conley (as cited in Richardson, 2010) advocated that students attain pertinent knowledge for college entry (e.g., core subjects), learn practical skills that enable students to use the knowledge to their advantage, self-management skills (e.g., goal setting, time management, and persistence), and information on the college application and selection process (e.g., their college choice). School counselors serve as an advocate, provide leadership, and collaborate to promote equity and access to rigorous educational experiences for all students. By integrating a multicultural lens throughout a comprehensive school counseling program, school counselors are in a unique position to address the diverse needs of all students (Lee, 2001).

Post-high school education options include certificates in vocational programs, associate degrees, or bachelor's degrees at community colleges at public or private colleges or universities. These students may commute to a local institution or move out of their homes and into college living accommodations, which will likely be their first experience of living on their own (Justice & Rosenberger, 2011). Vernon (2009) asserted that students with special needs will need specific assistance in going off into the world of higher education. First-generation college students may be particularly vulnerable to a lack of preparation (Cushman, 2007) because their parents have no experiences to share. In addition, first generation students are less likely to take eighth-grade algebra, which is a gateway course to advanced high school math (Horn & Nunez, 2000). Given the lack of parental collegiate experience, the parents of first-generation college students are less likely to encourage their students to enroll in rigorous courses (Horn & Nunez, 2000).

Finally, the college application process is arduous and consists of many tiers, requiring the school counselor to provide intentional guidance to these students and their families. Richardson (2010) believed that college entry skills should be taught in high schools, though most schools do not offer college preparedness. Therefore, the role of the school counselor is an essential piece in college preparation for first-generation college students and their families.

Using a Multicultural Lens with First-Generation College Students

Schwartz, Kanchewa, Rhodes, Cutler, and Cunningham (2016) found that, along with students from racial or ethnic minority or low-income status, first-generation college students had a higher incident of college attrition. First-generation students

face a number of challenges that impact their ability to access information that can aid them in successfully completing postsecondary programs. These students tend to be ethnic minorities, females and/or of low socioeconomic status (Prospero & Vohra-Gupta, 2007; Tym, McMillion, Barone, & Webster, 2004). These students recognize the need for postsecondary education; however, the percentage of first-generation students meeting ACT (2016) College Readiness in at least four of the core subjects has remained between 18% and 19%. In order to prepare more first-generation students to successfully matriculate and complete a postsecondary program, professional school counselors need to ensure that first-generation students are provided with the tools they need to become successful. Research has shown that students relied more on their school counselor than on any other resource for information on college choice (Johnson, Stewart, & Eberly, 1991; Terenzini, Cabrera, & Bernal, 2001). This suggests that high school counselors must strive to improve access for this population.

School counselors are uniquely positioned in schools to reach a large number of students and have the skills to challenge the systemic barriers that prevent them from achieving success. As a result, it is imperative that school counselors understand the intricate needs of this population by integrating a multicultural lens in their practice. Multiculturally competent school counselors possess knowledge of other cultures and worldviews, provide culturally competent counseling and ethical and effective interventions, and use culturally sensitive skills (ASCA, 2009). When school counselors lack cultural competence, they are unable to ensure equitable academic, career, and postsecondary access and personal/social opportunities for all of their students (ASCA, 2010).

To support first-generation college students, school counselors are encouraged to use the eight components of college and career readiness endorsed by The College Board National Office of School Counselor Advocacy (NOSCA, 2010, p. 3). The NOSCA components follow:

1. College aspirations: School's counselors will build a college-going culture based on early college awareness by cultivating in students the confidence to aspire to college and the resilience to overcome challenges along the way.
2. Academic planning for college and career readiness: Promote students' planning, preparation, participation, and performance in a rigorous academic program that connects to their college and career aspirations and goals.

3. Enrichment and extracurricular engagement: Ensure equitable exposure to a wide range of extracurricular and enrichment opportunities that build leadership, nurture talents and interests, and increase engagement with school.
4. Connect college and career exploration and selection processes: Provide early and ongoing exposure to experiences and information necessary to make informed decisions when selecting a college or career that connects to academic preparation and future aspirations.
5. College and career assessments: Promote preparation, participation, and performance in college and career assessments by all students.
6. College affordability planning: Provide students and families with comprehensive information about college costs, options for paying for college, and the financial aid and scholarship processes and eligibility requirements, so they are able to plan for and afford a college education.
7. College and career admission processes*:* Ensure that students and families have an early and ongoing understanding of the college and career application and admission processes so they can find the postsecondary options that are the best fit with their aspirations and interests.
8. Transition from high school graduation to college enrollment: Connect students to school and community resources to help the students overcome barriers and ensure the successful transition from high school to college.

School counselors are encouraged to use the transformative process when implementing the NOSCA eight components of college and career readiness. The cultural competence lens embedded in this process states that school counselors should provide leadership for open and authentic dialogue, advocate against systemic and institutional barriers, and collaborate for shared outcomes that are advantageous to all students.

To further emphasize the value of the school counselor role in advocating for this population, Bryan, Moore-Thomas, Day-Vines, and Holcomb-McCoy (2011) investigated the effects of students' contact with school counselors for college information from the Educational Longitudinal Study of 2002 (Ingels, Pratt, Rogers, Siegel, & Stutts, 2004). They sought to examine whether students' contact with school counselors for college information served as a source of social capital for first-generation students in regard to the college admissions process. They suggested that gender, academic achievement, parental involvement, and school size were relevant predictors for applying to college. Furthermore, student–counselor contact for college information is a significant positive predictor of applying to college, and these effects appear stronger for students before 10th

grade as opposed to after 10th grade. Additional research has suggested that first-generation students require counseling more than students whose parents attended college because the social capital from their parents are depleted as they matriculate through high school (as cited in Pham & Keenan, 2011). Finally, now is the time for school counselors to take action by identifying and connecting with first-generation students.

The Multimodal Counseling Approach

Lazarus initiated multimodal counseling in the mid-1970s, and it was later revised by Donald Keat (Kottman & Vernon, 2009). Keat posited that individuals might need assistance in seven different areas or modes of growth: health, emotions, learning, personal relationships, imagery and interests, notions, and guidance of actions (Kottman & Vernon, 2009). Indeed, each of these seven modes of the multimodal model affects quality choices in life. The current authors successfully used this model with high school seniors. In so doing, the students gained practice and understanding in how their choices will affect their college success.

Each of the seven modes of the multimodal model of counseling as applied to multicultural high school students preparing for college are described. For those who may be first-generation college students, these modes are integrated along with the specific components of advocacy endorsed by The College Board NOSCA (2010).

Health

The health mode involves the individual's physical wellness, energy level, mobility, health and hygiene, and general physical ability to conquer the adjustment to college life. The distance from living quarters to or between classes may be a challenge for a student, especially for those who are disabled or lack physical fitness. Most college-aged students are sufficiently fit for the physical challenges of college life (and the many recreational activities) without difficulty, though the physical struggles could present an issue for some. It is wise to consider this as a viable concern and to plan ahead.

Emotional

The emotional component of the multimodal approach is rooted in self-image. An optimistic perspective is closely related to positive emotional development, with feelings that life is worth living and that learning is personally gratifying. Those with a positive self-image constructively accept both praise and criticism. For first-generation college students and students who

have been minoritized by majority culture, emotional preparedness includes empowering students to stand up for their individual and cultural needs, overcome stereotype threat, and connect with role models who have been successful in college.

Learning

Learning involves the acquisition of the core skills, such as reading, language usage, study habits, critical thinking, problem solving, mathematics, and scientific reasoning. Organizational and study skills are also part of the learning mode. Without guardians nearby, students will need to think and behave independently, so these are critical skills for success in higher education. First-generation college students may need particular support in learning areas that relate to exposure to higher-level study habits, career development, and academic barriers to success.

Relationships

Relationships involve personal attachments; social support and family closeness; and the ability of students to establish and maintain friendships, adapt to a new environment, get along with others, compromise when necessary, work in a team setting, initiate assistance when needed, and remain flexible with the array of new and varied encounters. College is where college students get to *prove* their maturity and skills, specifically in relationship with others. All students should be exposed to multicultural awareness and skills in order to bridge the gap between cultural and ethnic differences often present in a multicultural setting. Diversity enhances education, and cultivating cross-cultural relationships is critical in an educational community.

Imagery and Interests

The fifth multimodal element, imagery and interests, has to do with how people see themselves. Are they comfortable with who they are? Are they interested in learning new skills? Are they confident in their abilities? Do they take reversals in stride? Can they accept being judged differently than they were in prior school experiences? Understanding phenomenology, or self-perception, is the beginning to helping students understand how to best get along in the college setting. First-generation students and minoritized students may see themselves as lacking the necessary skills and abilities to succeed in college and may need support in developing a robust self-perception of resilience and determination to succeed.

Need to Know

Notions, or *the need to know*, is associated with making good decisions. Thorough decision making includes realistic goal setting (Richardson, 2010), perceiving circumstances accurately, and knowing when to seek outside opinions. It is imperative that young people in this stage of life become increasingly proficient in this area as they venture out on their own. Multicultural awareness is often a need-to-know issue, as students make decisions based on familial and cultural understandings of appropriate or *practical* majors, possible extracurricular involvement, and campus activities. First-generation students may need additional support within their academic community to consult when family members are neutral or uninvolved about these decisions.

Guidance of Actions

Guidance of actions, behaviors, and consequences occurs as individuals basically take control of their own behavior. This includes the manner in which they attend to important tasks, monitor time, manage personal obligations, respect the rights of others, and work independently. College students, with newfound independence, will make their own decisions and display behaviors for which they will be known. Their reputation with peers, faculty, and others stands on how they proceed. For visibly minoritized students (those who are visually different in racial features, clothing, religious practices, accent, etc.), understanding of potential stereotyping, discrimination, and/or institutional barriers may be critical in their development of belonging at a college or university.

Group Counseling for High School Students

Corey, Corey, and Corey (2014) advocated for groups in schools, whereby youth assist each other in working through developmental concerns and other issues:

> Group counseling is an ideal venue for engaging all of the strengths and struggles of adolescents . . . to combine personal themes with educational goals . . . [where they] can learn about themselves, what they value, their beliefs, their relationships and their choices . . . [where] the social world blends beautifully with the group process. (p. 353)

Establishing trust, encouraging communication, and practicing group counseling skills of clarifying, linking, role playing, and blocking will assist with the group process for these future college students (Corey et al., 2014).

Multimodal Group Counseling for College Preparedness

Multimodal counseling, using a multicultural lens and being sensitive to first-generation issues, can be of great assistance in working with high school students preparing to embark on this new chapter of their lives. Using the multimodal concept in a group setting helps seniors with tools and experiences needed for academic and social success at the college level and in learning responsible, respectful behavior toward others. Recognizing the elements of the multimodal approach assists counselors to view their students in a holistic way, including physical abilities, social behaviors, personal characteristics, cultural identities, and ethical commitments. Getting Ready for College (see Appendix) is a 9-week group counseling program for high school seniors that is closely modeled after the model for groups suggested in Corey et al. (2014). For successful groups, co-leading is recommended but not required. Additionally, the program is best suited as a closed group, to secure trust for ideal interaction, though circumstances may dictate that members be allowed to enter at a later date. The nine weekly group counseling sessions include an initial introduction session, one session per multimodal element, and a final wrap-up session.

Like most first group counseling sessions, the first meeting is to get to know each other and to discuss the group purpose and guidelines. The subsequent seven sessions focus on a specific multicultural mode (as described previously). Each session begins with a review of the rules and confidentiality, brief journaling and discussion of their personal perception of themselves as it relates to that specific mode, and how that might relate to their college experience. The majority of each session consists of a full-group discussion of the scenarios suggested for each particular mode. The scenarios and questions are presented to the group for discussion and exploration. Several approaches may be used in group counseling sessions to explore the vignette, including question and answer, Socratic discussion, or role plays. Group facilitators assist with rationale of the reality and the need for attention to the areas of wholeness addressed in each scenario. Lastly, as in most final sessions, the final session concludes the group counseling program with reflection on growth and commitments. Additional material may be shared in regard to practical college information. For instance, students may be encouraged to fill out FAFSA applications, college applications, or registrations for ACT or SAT. Searching online for college or scholarship information might also be offered as a resource.

Implications for Counseling Practice and Further Research

The opportunity gap is seen in the discrepancy of school completion rates. This leads to disparities in occupation, career, and general life pathways for students of different ethnic or racial groups (Park-Taylor & Vargas, 2012). This Multimodal Group Counseling Plan is an example of attempting to lessen the opportunity gap by addressing various personal growth areas

of individual students in a group setting. School counselors can influence retention rates and college access by integrating a multicultural lens along with the multimodal group counseling plan. Using a multicultural lens is necessary for school counselors to help first-generation students explore their postsecondary options.

Research could be used to determine success of multimodal group counseling with high school students based on college retention rates of students who have experienced the group counseling as compared to those who had not. Similarly, research could compare high school and college GPA and graduation rates based on participation in multimodal group counseling.

Tech-based college and career lessons are far reaching with magnificent resources (Radcliffe & Bos, 2013). A multicultural, multimodal group counseling program could be restructured and initiated via technology for online students or those without access to the onsite program. ASCA also suggested college admission online resources for students, parents, and counselors, such as www.commapp.org, www.common.org/virtual-counselor, www.commonapp.org/ready, and schoolcounselingcollegeaccess.org (Wong, 2016).

Some high school students will not continue in higher education, and these students would also benefit from multimodal counseling, using a modified version of this plan to address specific scenarios and activities for this population. This could serve as an excellent avenue for all high school students to use in their career search, whether or not their future includes college education.

Additional research could seek to find benefits of mentoring programs, either individually or within group counseling. Schwartz et al. (2016) focused on the impact of a nontraditional mentoring program. The authors suggested that mentoring programs may strongly help first-generation youth to develop social capital relationships where others would assist them academically and with future employment. These mentoring programs assisted with youths' increased confidence when interacting with adults and in positively relating to others, instructed young people how to initiate relationships, and increased understanding of social support and connectivity (Schwartz et al., 2016). Implementing such programs creates opportunities to teach valuable life skills of confidence, communication, and social networking through providing mentors for high school students. School counselors should consider the use of group counseling and mentoring programs to increase college preparedness for underserved high school students, ASCA School Counseling Program National Standards are addressed:

Academic Development: Standard A: Students will acquire the attitudes, knowledge, and skills that contribute to effective learning in school and across the life span;

Career Development: Standard B: Students will employ strategies to achieve future career success and satisfaction;

Personal/Social Development: Standard A: Students will acquire the attitudes, knowledge, and interpersonal skills to help them understand and respect self and others. (Dollarhide & Saginak, 2012)

Conclusion

Low retention rates confirm that many incoming students lack preparation for college success (Weiss, 2000). First-generation college students, minoritized students, and students with special needs may have even more concerns as they consider postsecondary education (Cushman, 2007; Richardson, 2010; Vernon & Kottman, 2009). Though often ignored, college entry concerns are best addressed in high school (Richardson, 2010), and multimodal counseling, with special attention to multicultural sensitivity and tailored to first-generation college students, might serve as an excellent venue to assist students for future college success. Students will be more prepared for college when assisted in their personal and goal-setting ventures (Eunhee et al., 2010; Kottman & Vernon, 2009; Richardson, 2010).

A multicultural, multimodal counseling approach provides an interesting, practical method that school counselors may use to assist seniors who are preparing for a college experience. It will help to explore and increase the readiness of the group members to handle the common challenges that students may experience at a college or university, and it will assist in educating high school seniors on the regiments of college life. Finally, this multimodal group counseling model assists in educating high school students in a relational, integrated manner that can be interesting and fun for those involved in the group experience.

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Appendix

Getting Ready for College Group Sessions

Session 1: Introduction of Group and Participants

Objective: The objective of this session is to form an alliance between group members, begin to trust each other, and establish norms and goals.

Leadership tips: Small groups with adolescents often require coleaders to more effectively perceive and meet the students' needs. To build trust with and between students, practice active listening, reflection, linking, and other group counseling skills.

Group activity: This first session entails general activities of establishing group norms or rules, discussing confidentiality, getting to know each other with ice-breakers, and setting group and individual goals.

1. Begin by allowing students to state or draw something about themselves and their future, including but not limited to their names, plans for degree and career, desire for what they want in a college.
2. Establish where students are in the process of university planning (ACT, SAT, application, acceptance, scholarships, etc.).
3. Encourage whole group discussion and unity.

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Session 2: Multimodal Element of Health

Objective: The objective of this session is to assist youth to think about their health as it relates to them independently moving out on their own, especially as they'll be living with other young people in a new environment.

Leadership tips: Continue to build rapport with youth as they build their alliance around common concerns and plans. Be mindful and respectful of specific health issues that students may or may not be willing to share.

Group activity:

1. Remind students of the established group norms or rules and confidentiality.
2. Begin with a check-in of what they might have done in preparation for college.
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3. Have students think about the following vignettes, write their responses, and then discuss them as a whole group.

Scenario 1: During high school, Keisha played two sports as well as intramural activities. Now Keisha is a freshman at a large state university away from home. She often misses her 7:30 am classes and often falls asleep during the 2:00 pm lecture classes. She claims that it's too difficult to get out of bed for her early classes and she's not sure why she's so tired in the afternoon. Keisha seldom goes to bed at night until after 1:00 am. Her precollege physical examination showed no health problems. What helpful suggestions can you make to Keisha?

Scenario 2: Your college schedule for your first semester includes classes on Monday through Friday at varied times. On Monday, Wednesday, and Friday, classes are at 8:00 am, 10:00 am, and 1:00 pm, and each class lasts 50 minutes. On Tuesday and Thursday, your classes are at 9:30 am and 1:00 pm, and each of these classes lasts 80 minutes. You also have a science lab on Thursday afternoons from 2:40 until 3:30 pm. College counselors suggest that for every hour in class, students should put in 2 hours of preparation out of class. Create a weekly schedule to include all class times. Then fill in times for rest and sleep time, study time, recreation time, three meals a day, and 10 hours of outside work for the week. Discuss the amount of time for each of these areas.

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Session 3: Multimodal Element of Emotions

Objective: The objective of this session is to assist students to recognize that they have some power over their emotions. While self-image is the root of the emotional component of the multimodal approach, self-esteem can become more positive as young adults mature.

Leadership tips: You might want to emphasize attaining a positive self-image to constructively accept both praise and criticism.

Group activity:

1. Remind students of the established group norms or rules and confidentiality.
2. Begin with a check-in of what they might have done in preparation for college.
3. Have students think about the following vignettes, write their responses, and then discuss them as a whole group.
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Scenario 1: Justin graduated in the top 10% of his class with a 3.9/4.0 GPA. Justin received a D on his first freshman composition paper, which was the first grade under an A- for any English class. What might you tell Justin to help mend a crushed academic spirit?

Scenario 2: Cameron is your freshman roommate and rises every morning at 5:30 am, attends class, eats in the dining hall, concentrates the rest of the day on books or his computer, and goes to bed by 10:30 pm each night. Cameron has shunned attempts at your friendship and has no friends that you know of. He leaves for his home early on Friday and returns late on Sunday night in time to unpack fresh clothes and study. How do you feel as his roommate? What problems might arise from this situation? How would you proceed with this situation?

Scenario 3: Though you have always had lots of energy, for no apparent reason you have been feeling very tired. You have trouble getting out of bed, to eat, or to go to class. You choose to stay in and watch TV when your suitemates attempt to get you to go out with them. They've given up on you, and you don't really care. Your grades are slipping and you don't care about that—or anything else, for that matter. What do you think might be going on here? What steps should be taken to prevent or remedy this?

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Session 4: Multimodal Element of Learning

Objective: The objective of this session is to assist students to recognize that while they must learn core skills of reading, language usage, study, critical thinking, problem solving, mathematics, and scientific reasoning, they must also attain organizational and study skills as they are independent from their guardians.

Leadership tips: Many students actually fare academically better in college, as the demands are different. In high school, students are tested mostly on remembering facts, but in college, papers and tests are focused on deeper understanding of more analysis and synthesis of information.

Group activity:

1. Remind students of the established group norms or rules and confidentiality.
2. Begin with a check-in of what they might have done in preparation for college.
3. Have students think on the following vignettes, write their responses, and then discuss them as a whole group.
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Scenario 1: Demi is struggling as a freshman at her state university. Demi spends an incredible number of hours reviewing her notes trying to learn the facts, and her midterm grades are still under average. What would you suggest for Demi to assist with learning in a more relevant and efficient manner?

Scenario 2: Eli is in his first semester as a freshman at a small college. His faculty advisor calls him into his office and asks how Eli is doing with college life. When Eli responds that things are going well, his advisor replies, "Well, you know, Eli, the most important time in your studies is when you close up your computer and books and notes, put on your jacket, and take a walk around campus while you consider how your learning relates to your real life experiences." Is this good or bad advice? Substantiate your answer as to why. Discuss with your group.

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Session 5: Multimodal Element of People and Personal Relations

Objective: The objective of this session is to help students understand their part in personal relations. Students will discuss people skills such as how to make and keep new friends, adapt to a new environment, get along with others, compromise when necessary, work in a team setting, initiate assistance when needed, and remain flexible with the array of new and varied encounters.

Leadership tips: Recognize that the manner in which students behave in group indicates how they behave outside of group. Being genuine with them, at this stage of group, can help them address unhealthy behaviors. The behaviors listed in the objectives could be rated by the students' phenomenological perspectives and then discuss what others believe about them.

Group activity:

1. Remind students of the established group norms or rules and confidentiality.
2. Begin with a check-in of what they might have done in preparation for college.
3. Have students think on the following vignettes, write their responses, and then discuss them as a whole group.

Scenario 1: Two friends from high school are going off to the same university and have decided to room together because they've been best friends since grade school. Is this a good idea? Why or why not?
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Scenario 2: You come from a small school where everyone is from the same ethnic culture as you and your family. You will be going off to college this fall, and your roommate is of a different ethnic background. How do you feel about this? How might this impact your school year? What can you do to connect and build a relationship?

Scenario 3: You live in a suite where your three roommates are the exact opposite of you. They have friends over until the next morning, and you rarely have privacy. Do you deserve some personal space or privacy in your room? What are your rights in this situation? What can you do to make this situation more bearable for you and to work toward a successful school experience?

Scenario 4: Going off to college is an awesome opportunity to meet new people and make new friends. What might freshmen do to meet new people? Is it important to meet a variety of new friends (from different cultures, communities, or countries)? Why or why not?

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Session 6: Imagery and Interests

Objective: The objective of this session is to assist students to develop their self-perception, resilience, and determination to succeed

Leadership tips: Imagery and interests have to do with how people see themselves. Adolescence is a time for youth to discover themselves. In this current arena divisiveness, underserved youth a may especially be confused. Helping students understand phenomenology, or self-perception, will help them succeed in the college setting. First-generation students and marginalized students will benefit by enhancing their self-perception, resilience, and determination to succeed.

Group activity:

1. Remind students of the established group norms or rules and confidentiality.
2. Begin with a check-in of what they might have done in preparation for college.
3. Have students think on the following vignettes, write their responses, and then discuss them as a whole group.

Scenario 1: You are the valedictorian of a small high school and have been accepted to a very selective university. Nearly the entire student body was either valedictorian, salutatorian, or ranked in the top 10% of their high school class.
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Scenario 2: A supposed professional in his high school told Sheldon that he would never attain a college degree and he shouldn't even waste his time or money—or that of the college's.

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Session 7: Multimodal Element of Need to Know

Objective: The objective of this session is to explore what one needs to know to make good decisions, knowing how to set goals, how to accurately perceive circumstances, and know when to seek others' opinions.

Leadership tips: Make sure students are aware of the importance of this mode, especially as they are becoming independent. Remember to let them know that there are only two sessions after this one. It is said that the more you know, the more you know you do not know. In this session, students will recognize they must understand circumstances and remember their goals and make good decisions.

Group activity:

1. Remind students of the established group norms or rules and confidentiality.
2. Begin with a check-in of what they might have done in preparation for college.
3. Have students think on the following vignettes, write their responses, and then discuss them as a whole group.

Scenario 1: Your university is the top seed for the basketball playoffs. It is Monday, and excitement is high as the opening round game is this Wednesday night on your campus, and you are determined to be at that game! However, classes and homework continue: You have two major papers due on Wednesday and Thursday, major examinations on Thursday and Friday, and a group project due on Friday. Besides your 3 hours of daily work–study, you have 3 hours of class and studying to keep up. Classes meet for an hour on Monday, Tuesday, and Wednesday. Map out a schedule for you Monday through Wednesday, keeping in mind your classes, work–study, study time, and major projects and papers. Remember to give yourself 2 hours of study for each hour in class and 2 hours to meet on your group project. Also include meals and sleep time. Share your plan with your peers and discuss your thoughts.

Scenario 2: Sitting in your dorm lounge nearing midnight on Saturday, three of your dormmates run in and tell you that the police are about to raid the fraternity party down the street. Your friends want you to help them assist the brothers in hiding the alcohol
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to avoid legal trouble with the police. What would be your response? Role play the situation using differing strategies and outcomes.

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Session 8: Multimodal Element of Guidance of Actions, Behaviors, Consequences

Objective: The objective of this session is to assure that students are cognizant of the importance of controlling their actions, as all behaviors have consequences. They'll need to be able to monitor their tasks, time, and personal obligations; respect the rights of others; and work independently. Remind students that the next session will be the final session.

Leadership tips: This session differs slightly from the last. The last session was on students' need to know; this one pertains to the subsequent actions, behaviors, and consequences. Students know each other well, at this point. They have established reputations, and you might ask them to describe each other in one word. Then, remind them that they have control to determine their reputation, which can start anew in the college setting. Remind students that the next session will be the final one. For closure, students may want to bring some food to share for some type of celebration next session.

Group activity:

1. Remind students of the established group norms or rules and confidentiality.
2. Begin with a check-in of what they might have done in preparation for college.
3. Have students think on the following vignettes, write their responses, and then discuss them as a whole group.

Scenario 1: You arrive at your college (mid-August) and realize that you have four classes and each class requires a midterm examination (second week of October) and final examinations (second week of December). In addition, one class requires a 5-page research paper and another requires a 10-page research paper (both due the first week of December). Make a semester plan in which you assign study time for the exams and chart your progress for the term paper, including topic selection, research reading, and writing three drafts.

Scenario 2: Three of your four classes have between 15-30 students, but your one lecture has nearly 400 other students in the class and is held in a large auditorium. There is no time to take attendance and the professor never knows if you are in attendance. The course is required for your graduation, but you dislike the subject matter, the large class, and the teaching style, so you are contemplating skipping this class. How should you proceed in regard to this course?
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Scenario 3: Ava and Tessa, a transgendered student, live in the room across the hall from you and Leah, your roommate. Ava spends a great deal of time in your room, sharing concerns with Leah about Tessa. You are torn because you like both of these friends, but you also feel for Tessa who seems to have few friends. How should you respond when Ava and Leah are talking about Tessa? How would you handle having a LGBTQ roommate?

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Session 9: Conclusion and Wrap-up

Objective: The objective of this session is to wrap up the group program, discuss the students' learning, and encourage one another to transfer their group learning into their real lives. An evaluation from students will help with further such groups.

Leadership tips: Final sessions may stir emotions whereby students want to continue to meet and/or conflict may heighten.

Group activity: Remind students of the established group norms or rules and confidentiality. The final session wrap-up of the group will focus on personal and shared reflection of growth and commitments, including accomplishments of goals, confirmed decisions on college choice, applying for college or scholarships, and such.

1. Finish the group with a celebration of their accomplishments.
2. Encourage students to share how they have grown since the beginning of the group.
3. Allow them to exchange contact information, if they so choose.
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Understanding Utilization of Disability Services Among Undergraduates at Minority-Serving Institutions

Tiffany Wilson
Robin Guill Lies

Middle Tennessee State University

With disability legislation, more individuals with disabilities are attending postsecondary institutions (Hall & Belch, 2000). Minority-serving institutions (MSIs) matriculate 14% of all students enrolled in postsecondary institutions (Harmon, 2012). As more students with disabilities seek postsecondary education, understanding how MSIs provide disability services and help students with disabilities achieve academic success is important. This research examines the characteristics of disability services departments at MSIs and the phenomenological lived experiences of disability services administrators utilizing a mixed-method sequential, explanatory survey/interview design (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005). In Phase 1, MSI disability services administrators completed a survey. The results of the survey detailed characteristics of survey respondents, MSIs, students with disabilities who attend MSIs, and disability services departments located at MSIs. Descriptive statistics were computed for each item and subsequently reported as frequencies (i.e., percentages). During Phase 2, four disability services administrators were interviewed. Utilizing hand analysis, Phase 2 narrative data yielded seven themes: (a) challenges of students with disabilities, (b) financial challenges, (c) collaborative efforts, (d) characteristics of disability services departments, (e) MSI designation, (f) legal issues, and (g) the role of disability services administrators. Implications for rehabilitation counselors are discussed.

Correspondence concerning this article should be addressed to: Tiffany Wilson, PhD, LPC, Middle Tennessee State University Box 91, 1301 East Main Street, Murfreesboro, TN 37127; tiffany.wilson@mtsu.edu

Overview

Over the past 30 years, postsecondary disability services have significantly expanded their presence and services across college campuses (Madaus, 2011). With the passage of Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and several other legislative mandates that focused on equality and access, the number of students with disabilities attending postsecondary institutions increased exponentially (Hall & Belch, 2000). Signed into law in 2014, the Workforce Innovation and Opportunity Act (WIOA) focuses upon support services intended to facilitate workplace success, including initiatives to enhance access to employment and training services for "youth and other vulnerable populations" (U.S. Department of Labor, n.d.)

As more students with disabilities attend college, postsecondary disability services face various new challenges. These challenges include the ambiguous interpretation of disability law determined by Office of Civil Rights, the growing diversity of disabilities, and the constant challenge of providing an equitable education, particularly in an online format (Madaus, 2011). Given the rehabilitation counseling profession's historical mandate to help students transition from K-12 environments to postsecondary education, and given enhanced funding brought about recent legislation (e.g., WIOA), rehabilitation counselors may be considered particularly relevant to secondary and postsecondary counseling landscapes.

In 2011, the National Center for Education Statistics (NCES) reported that 88% of Title IV degree-granting postsecondary institutions enrolled 707,000 students with disabilities. These students presented with a variety of disabilities, including (a) hearing (73%), visual (67%), spoken language (35%), mobility (76%), and specific learning disabilities (86%). Minority-serving institutions (MSIs) matriculate over 2.3 million students (Harmon, 2012). MSIs include 105 historically Black colleges and universities, 37 tribal colleges and universities, 223 Hispanic-serving institutions (HSIs), 12 Alaska Native-serving or Native Hawaiian-serving institutions, 33 predominantly Black institutions, 9 Asian American and Native American Pacific Islander-serving institutions, and 7 Native American Nontribal Institutions (U.S. Department of Education, n.d.).

MSIs are known to accept and educate students from lower socioeconomic backgrounds with limited educational opportunities (Gasman & Conrad, 2013; Harmon, 2012). Thus, the intersectionality of disability with the mission of MSIs cannot be ignored, and disability; and social justice elements (e.g., racism, ableism, etc.) cannot be examined in isolation. Rehabilitation counselors are essential in helping individuals navigate high school, postsecondary education, and the workplace. As the number of students with disabilities grows at MSIs, rehabilitation counselors positively impact students'

postsecondary educational outcomes—all the more important given previous research indicating students with disabilities lag behind their peers, and the lost time and effort of which negatively impact future employment (Fleming & Fairweather, 2012).

MSIs were created in response to inequality and lack of access to majority institutions (Gasman & Conrad, 2013). MSIs celebrate diversity and promote discovery and understanding of different groups (Harmon, 2012), creating a supportive and nurturing environment for minority students largely free of racial discrimination (John & Stage, 2014). Likewise, MSIs provide a holistic comprehensive approach to education by promoting cultural traditions through sensitive curricula and programs (Harmon, 2012). Most beneficial, MSIs provide learning environments for minority students to obtain college degrees. MSIs experience various challenges (John & Stage, 2014). Though MSIs have federal support through (a) tax-exempt status, (b) student financial aid, and (c) competition for research money (Wolanin, 1998), MSIs face significant financial burdens. Equally important, MSI students are often not prepared for college work (John & Stage, 2014), resulting in poor graduation and retention rates.

Currently, there are 57 million individuals living with a disability in the United States (Brault, 2012), and 29% of individuals with disabilities are living below the poverty level. Of the mere one third of individuals with disabilities who are employed, only 21% are employed full time (Walls & Dowler, 2015). Individuals with disabilities are more likely to be unemployed, overrepresented in juvenile correctional facilities, and make up 20–60% of welfare recipients (Banks, 2014). By contrast, those with disabilities who obtain a postsecondary education significantly increase likelihood of gainful employment and corresponding financial independence (Stodden, Roberts, Picklesimer, Jackson, & Chang, 2006). With a postsecondary education, individuals with disabilities are more likely to (a) contribute to greater societal fiscal stability, (b) experience enhanced economic power, and (c) improve their overall quality of life (Mullins, Roessler, Schriner, Brown, & Bellini, 1997; Stodden, Roberts, et al., 2006). Rehabilitation counselors are trained to help consumers maximize their vocational potential. Working within their communities, rehabilitation counselors facilitate postsecondary matriculation—one result of which is enhanced employability and greater income potential (Stodden, Whelley, Chang, & Harding, 2001).

In fall 2000, 6% of all first-time, full-time freshmen students reported having a disability (Henderson, 2001); of these, 4% attended an historically Black college and university (Henderson, 2001). The limited nature of these data begs for a fuller understanding of MSIs, students with disabilities, and disability services administrators (Dukes & Shaw, 2004; Henderson, 1995, 2001; Thomas-Davis, 2008). The current sequential, explanatory survey/interview study (Hanson et al.,

2005) investigated (a) student disabilities at MSIs, including identification/classification of disabilities and accommodations; (b) educational challenges unique to students with disabilities; (c) challenges of disability services departments; and (d) lived experiences of student disabilities administrators.

Methodology

With Institutional Review Board approval, and utilizing a sequential, explanatory survey/interview design, disability constructs unique to MSIs were examined. Sequential, explanatory survey/interview designs are composed of two phases (Hanson, et al., 2005; Ivankova, Creswell, & Stick, 2006). Phase 1 includes collecting quantitative data that are generally given greater *priority* in analysis and interpretation. Phase 2 involves collecting qualitative data largely to "augment quantitative data" (Hanson et al., 2005, p. 229). In Phase 1 of the current study, a survey was utilized to collect descriptive statistics; in Phase 2, one-to-one interviews were conducted and narrative data obtained.

Sequential, Explanatory Survey/Interview Design

McLafferty, Slate, and Onwuegbuzie (2010) argued that quantitative and qualitative philosophies are interdependent schools of thought where "one cannot exist without the other" (p. 50). Both operate on a continuum of research practices, and the dichotomous nature of quantitative and qualitative perspectives is often (and unnecessarily) influenced by purists from either philosophy. The notion of *mixing* is further supported by calls within the helping professions for different research methodologies (Hanson et al., 2005). Pragmatism may be the best argument for utilizing a mixed-methods design (Hanson et al., 2005). Gleaning numerical data and triangulating same with narrative (or vice versa) likely provides the more enriched pathway to understanding phenomena.

Participants

Currently, there are 422 MSIs located in the United States, Puerto Rico, and the Virgin Islands (U.S. Department of Education, NCES, 2015). MSIs are comprised of 4-year public and private schools, 2-year public and private community colleges, and trade schools (U.S. Department of Education, NCES, 2015). Of the 422 MSIs disability services administrators contacted, 28% (n = 119) responded.

To acquire participants for this study, a list of MSIs was developed by drawing from the U.S. Department of Education website. After confirming MSI status, disability services administrators from each postsecondary institution were

contacted through email. If no response was obtained through email, the invitation to participate was issued through phone calls. Once the list of disability service administrators was solidified, a link explaining the study's purpose, asking consent to participate, and containing the research survey was emailed to each administrator.

Instrumentation

Utilizing the Survey of Educational Supports for Students with Disabilities at Minority-Serving Institutions (SESSDMSI), disability services administrators were surveyed for their knowledge of rehabilitation law, services and accommodations, student demographics, issues of students with disabilities, and potential educational outcomes of students with disabilities (Dukes & Shaw, 1999, 2004). The SESSDMSI was adapted from a survey developed by the National Center for the Study of Postsecondary Educational Supports (NCSPES; n.d.; Stodden, Whelley, et al., 2001).

Comprised of members from four universities, the NCSPES (n.d.) housed at the University of Hawaii-Manoa developed the National Survey of Education Support Provision to Students With Disabilities in Postsecondary Education Settings to assess educational supports for students with disabilities. The NCSPES survey was piloted among 20 disability support coordinators. The survey was subsequently distributed to a nationally representative sample of disability support coordinators (n = 1500). The NCSPES survey clustered around seven topics: (a) institutional ability to provide supports and accommodations, (b) student population receiving services based on their disabilities, (c) availability of assistive technology, (d) outreach programming for students with disabilities, (e) issues related to funding and trained staff, (f) laws and policies guiding postsecondary disability services, and (g) disability services administer backgrounds (Stodden, Whelley, et al., 2001).

The SESSDMSI is a self-report, internet-based survey, the items of which were revised to reflect postsecondary educational supports for students with disabilities at MSIs. Items address the following topics: (a) MSI students with disabilities demographic information (e.g., Please provide your best guess of the racial/ethnic makeup of students with disabilities at your institution.), (b) background demographics of the MSIs (e.g., What is your type MSI?), (c) characteristics and demographics of the disabilities represented in MSIs (e.g., Please identify disabilities for which the disability service office at your institution provides services. Mark all that apply.), (d) identification of the services and accommodations offered to students with disabilities at MSIs (e.g., Please identify services offered to students with disabilities at your institution. Mark all that apply.), (e) demographics and educational backgrounds of the administrators of disability services at MSIs (e.g., Please list all degrees you have obtained, when and where.), (f) identification of the limitations and challenges experienced by disability services at

MSIs (e.g., Please identify limitations/challenges to services for individuals with disabilities? Mark all that apply.), and (g) administrator identification of the limitations and challenges experienced by students with disabilities (e.g., What is the most significant reason a student with disabilities drops out of college?).

Though adapted from the NCSPES (n.d.) survey, the SESSDMSI is essentially a new survey. Thus, an a priori face validity study of the SESSDMSI was conducted among rehabilitation counseling and postsecondary administrative experts (n = 10). *Expert* was defined as a rehabilitation counseling professional who held a doctorate in rehabilitation or clinical mental health counseling. Experts read each item and responded whether the item was "clear, understandable, and appropriate" (*yes*, *no*, *not sure*). Any item that failed 70% (or more) of the time to meet the test of "clear, understandable, and appropriate" was discarded. Any item that met the mark of *not sure* 70% (or more) of the time was rewritten. At the end of the face validity data collection table, panel members were asked to add additional items they believed would contribute to the value and robustness of the present study.

Procedures

In Phase 1, the SESSDMSI was disseminated to MSI disability services administrators (n = 422) through a nontraceable email link (i.e., Qualtrics). At the completion of the survey, participants were invited to participate in Phase 2, specifically a phone interview. Phase 2 participants were randomly chosen from the list of Phase 1 volunteers.

In Phase 2, phone interviews with disability services administrators (n = 4) from three HSIs and one predominantly Black institution were conducted. Interviews lasted between 20-30 minutes each. Eight interviews were conducted; however, narrative from four interviews was discarded because three interviewees did not submit Informed Consent documentation, and one participant was not a disability services administrator. Interviewee number was considered acceptable in view of recommendations from the literature indicating that an n between 4-10 participants is desired (Creswell & Plano Clark, 2018, p. 173). Narrative data from interviews were audiotaped and transcribed. Once transcriptions were completed, hand analysis was conducted to determine important themes (Creswell, 2008). Confidentiality was also maintained around Phase 2 participant identity and contact information.

Researcher as the instrument occurs when the instrument utilized in the research is designed by the researcher using open-ended questions (Creswell, 2013). This approach along with the data gathered from Phase 1 assisted in developing the questions for Phase 2. For example, in Phase 1, the majority of participants stated that financial challenges

were the most significant issues experienced when providing services to students with disabilities. From this response, Question 2 in Phase 2 was developed (i.e., With financial challenges experienced by most MSIs, how are you able to meet federal mandates for providing services and accommodations to students with disabilities?). With the interview process, Phase 1 statistical data were augmented and greater insights obtained.

The purpose of bracketing is to illuminate possible researcher biases. Historically, some phenomenological researchers have argued that qualitative researchers should strive to discard their preconceptions in order to *see* phenomena through the lived experiences of others. By contrast, other qualitative researchers have suggested that fully removing oneself from the research process is neither possible nor desirable (Tufford & Newman, 2010).

For the purpose of the current study, suspending researcher bias was deemed most beneficial to MSI participant engagement and disclosure (Creswell & Miller, 2000). Thus, a priori the study, the researcher engaged in a bracketing interview with another researcher colleague. The bracketing interview revealed that the researcher held a strong belief in the value of postsecondary and graduate education. Likewise, the researcher expressed heartfelt belief in access and equity within postsecondary educational settings for students with disabilities.

Results and Discussion

Phase 1

Survey data were managed and analyzed utilizing password-protected, internet-based software (i.e., Qualtrics). Descriptive statistics were computed for each item and reported as frequencies (i.e., percentages). Institution affiliation was kept confidential.

Demographic information. Of the 422 surveys disseminated, 119 disability services administrators responded. The majority of respondents were Caucasian females between the ages of 50–59 years old. There was little variation in position description among participants who reported the following position titles: Directors or Coordinators of Disability Services Departments (53%), staff positions within disability services departments (35%), and higher education administrative positions (12%).

Overwhelmingly, respondents informed high levels of professional training and educational preparation, holding either master's (67%) or doctoral (22%) degrees. The majority of respondents had particular training in the

helping professions, specifically counseling (20%), rehabilitation counseling (17%), psychology (12%), social work (8%), and special education (7%). Comparatively speaking, this distribution of respondent training is similar to that found in the NCSPES (n.d.) survey, which reported nearly 40% of disability services coordinators were from counseling psychology. See Table 1 for the full array of respondent demographic information.

Table 1

Percentage of Respondents by Demographic Characteristics

Characteristics	Respondents %
Gender	
Female	74
Male	26
Race/Ethnicity	
European/White (non-Hispanic)	40
African American (non-Hispanic)	24
Latino/Hispanic	24
Native American	6
Asian American/Pacific Islander	2
African	1
Other	3
Age (years)	
20-29	5
30-39	22
40-49	24
50-59	30
60 and older	18

Characteristics	Respondents %
Position	
Directors/Coordinators of Disability Services	53
Staff of Disability Services Departments	35
Higher education/administration	12
Years of experience	
1-5	57
6-10	24
11-15	4
15 or more	14
Participants with helping professional perspectives	
Counseling	20
Rehabilitation counseling	17
Psychology	12
Social work	8
Special education	7
Participants with other professional perspectives	
Educational leadership	10
Higher education	5
Business-related fields	5
Disability-related fields	5
Other	10
Educational preparation (highest degree earned)	
Doctoral degree (or some doctoral work)	22
Master's degree	67
Bachelor's degree	8
Associate's degree	3

Participating institutions and student characteristics. Survey respondents reported that a total of 74,333 students received disability services across participating institutions; on average, these institutions annually served 791 students with disabilities. The majority of respondents (64%) were employed at HSIs; likewise, Latino/Hispanic students constituted the most frequently served group by race and ethnicity. The most common disabilities reported in this study were attention deficit hyperactivity disorder, learning disabilities, and physical disabilities. Findings were consistent with NCSPES (n.d.) survey, identifying learning disability and attention deficit as the most frequently occurring disabilities.

Whereas respondents revealed that a significant number of students receive disability services, they also thought that students demonstrate a worrisome lack of understanding of disability law and how these laws apply to their postsecondary education. On a more uplifting note, survey respondents stated that their students with disabilities graduate from postsecondary programs at the rate of 44%; that post-graduation employment or continuing education rates were even higher, 72% and 68%, respectively. Table 2 outlines data describing participating institutions by student descriptors.

Table 2

Percentage of Participating Institutions Providing Services for Specific Disabilities

Disability	Institutions %
Attention deficit disorder or attention deficit hyperactivity disorder	90
Learning disability	90
Physical disability	90
Health-related condition (e.g., cystic fibrosis multiple sclerosis, sickle cell anemia, etc.)	89
Posttraumatic stress disorder	86
Hearing impairment	85
Autism spectrum	84
Vision impairment	84
Emotional/Psychiatric disorder	80
Psychiatric disability	79
Traumatic brain injury	78
Orthopedic	78
Legally blind	78
Deaf	76
Developmental disabilities	70
Speech and language impairment	69

Disability services, assistive technologies, and education outreach. Survey respondents reported a full array of services and accommodations provided to students. Similar to the NCSPES (n.d.) survey results, respondents (92%) overwhelmingly identified extra time on exams and testing accommodations as the most frequently utilized service among their students. A near-equal number of respondents (91%) highlighted classroom modifications as an accommodation. Alternative print materials (83%), assistive software (81%), note takers (85%), and taped lectures (76%) were also endorsed by respondents. Only 21% of respondents

indicated that students were likely to access modified admission requirements, typists (21%), or an early syllabus (18%). Additional accommodations included preferential seating, sign language interpreters, alternate print materials, and separate setting.

When disseminated in the early 2000s, NCSPES (n.d.) survey participants informed little use of assistive technologies. By contrast, 65% of MSI respondents from the current survey indicated that students often used the JAWS Screen Reader, and nearly the same number of respondents (64%) highlighted student utilization of the Dragon Naturally Speaking Program. Respondents (46%) noted that various Kurzweil Education Systems were requested, and 41% of respondents identified the ZoomText Magnifier Reader Program as an often-requested assistive technology. The least-used technology specified by the respondents included talking calculators (6%), magnifiers (6.2%), iPads (6%), E-Books (6%), adaptive keyboards (5%), adaptive furniture (5%), and ClaroRead Software (5%).

Survey participants reported that they frequently provided trainings, workshops, staff development, and faculty orientation. Disability services providers were much less likely to visit classrooms, collaborate with other departments, or attend conferences and seminars. In four cases, respondents reported that their MSI did not provide education and outreach activities.

Impediments to services. When asked to identify impediments to disability services, 74% of survey respondents indicated that a lack of funding was the most significant impediment to disability services. These data are similar to NCSPES (n.d.) survey findings wherein 69% of respondents identified lack of funding as impacting supports and services. Survey respondents also agreed with previous research indicating that professors are more likely to be supportive of students with disabilities (Hong, 2015; Marshak, Van Wieren, Ferrell, Swiss, & Dugan, 2010). In fact, 97% of respondents felt that professors and instructors within their colleges/universities were either supportive or somewhat supportive of their students with disabilities.

Phase 2

At the conclusion of the survey, respondents were invited to participate in phenomenological interviews intended to augment quantitative data from Phase 1. Questions focused on challenges of students with disabilities and the lived experiences of disability services administrators (DSAs) housed in MSIs. Four survey respondents (i.e., DSAs) volunteered to participate in the telephone interviews.

Interviewees described. DSA-1 was a White female in the age range of 50-59 years. DSA-1 had completed her master's degree, worked in a predominantly Black community college, held the title of Counselor/Special Populations Coordinator, and reported 1-5 years of experience. DSA-2 was a Latina female in the age range of 30-39 years. DSA-2 had completed her doctorate, worked in a his, held the title of Director, and reported 11-15 years of experience. DSA-3 and DSA-4 were both White males in the age range of 60+ years. Both worked at HSIs, held the title of Director, and reported 11-15 years of experience. DSA-3 had completed his master's degree; DSA-4 had completed a doctoral degree.

Analysis. Hand analysis refers to reading the data, marking data by hand, and manually dividing data into parts (Creswell, 2008). Open coding is then implemented whereby data are organized into major categories (Creswell, 2013). Open coding includes highlighting words and phrases and assigning descriptive codes. Similar or recurring codes are then grouped together, producing themes (Creswell, 2008). Seven overarching themes emerged from the phone interviews and were hierarchically ranked from most to least frequently: (a) Theme 1: challenges of students with disabilities, (b) Theme 2: financial challenges, (c) Theme 3: collaborative efforts, (d) Theme 4: characteristics of disability service departments, (e) Theme 5: MSI designation, (f) Theme 6: legal issues, and (g) Theme 7: role of a disability services administrator.

Theme 1: Challenges of students with disabilities. Theme 1 included six subthemes: (a) low socioeconomic backgrounds, (b) first-generation college status, (c) fragmented parental support, (d) increased enrollment, (e) varying high school experiences, and (f) reluctance of disclosure. These subthemes mirror previous reports suggesting these factors predict college success (Lombardi, Murray, & Gerdes, 2012).

Low socioeconomic backgrounds. According to Barnard-Brak, Davis, and Sulak (2009), individuals with disabilities generally experience greater economic hardship and poverty. These findings were supported by interviewees. DSA-1 stated that students with disabilities experience more "financial risk." DSA-3 and DSA-4 concurred, indicating that students with disabilities are hampered by financial distress and need for support. DSA-4 reported that 80% of his students with disabilities were recipients of Pell Grant funds.

First-generation college student status and fragmented parental support. All four DSAs stated that the majority of their students with disabilities were first-generation college students. DSA-4 stated, "The majority of our students are first-generation." DSA-2 indicated that a number of students were both first-generation students and from low-income families. Such comments support previous research illuminating the relationship between first-generation college student status and economic

hardship (Lombardi et al., 2012). Moreover, and upon matriculation into postsecondary environments, first-generation college students are more likely to experience disjointed relationships with their families due to differences between home and school environments and cultures. DSAs identified fragmented parental support as a concern for students with disabilities. DSA-4 stated,

> Parents often don't know how to support their son or daughter because they themselves did not go to college . . . so they support their student as best they can . . . even though they don't really know what their son or daughter are [sic] are going through.

Increased enrollment. Another significant development impacting students with disabilities is increased enrollment in higher education institutions. Federal mandates such as the Americans with Disabilities Act of 1990 have led to an increase in enrollment among students with disabilities (Thomas, 2000). DSA-2 reported that her university's matriculation of deaf and blind students has grown dramatically. Likewise, DSA-4 stated, "We had 300 students registered with us in the December of 2010, and currently our numbers are 972. So we have tripled the number of students who were registered with our office." Concern surrounds economically distressed, first-generation students with disabilities who are often not as prepared for college (John & Stage, 2014). Real administrative and practical challenges coincide with increasing enrollment (Katsiyannis, Zhang, Landmark, & Reber, 2009).

Varying high school experiences and reluctance of disclosure. Banks (2014) stated that previous experiences with disability services in high school impacts the success of students with disabilities in college. DSA-1 agreed,

> It really depends on the high school . . . and how the [disability] services impacted students. There may be some student [sic] that didn't have good services when they were in high school, so they don't even know that they qualify or that they can self-disclose to me that they have a disability and get services.

DSA-2 expressed a similar view:

> We have some students who—like I said—are reluctant to come to begin with and when they come . . . they want the minimum possible. But then we have those who have been receiving accommodations for quite a while, and they will come with a laundry list of things—like a menu, so to speak—of things that they need. So, I don't know that it's the designation of the university, as much as it is the experience of the student having gone through the process.

Several DSAs attributed student reluctance to disclose to cultural views of disability. For example, DSA-2 stated,

> We know that there are students on campus who have disabilities, and for whatever reason they do not come and see us. I suspect it could be cultural beliefs . . . given that we do have a large population of Latino students and being a Latino myself
>
> . . . to go and get help can be really difficult. We have a culture of that [sic] is kind of an Ameripocrisy point of view . . . where you put in hard work and you get results and you don't ask for help unless you absolutely need it.

Likewise, DSA-3 described a Korean student who had been diagnosed with a learning disability, and his family could not accept the diagnosis:

> Their message to him were [sic] always not about using his accommodations; but they were more about you need to work harder, you need to study more effectively. The family couldn't really grasp the idea there could be something going on with him neurologically.

DSA-3 further suggested that cultural ideas about disability can be a bigger challenge than "the general stigma that plays into disabilities." Such stories are difficult to hear in view of compelling research that shows that failure to disclose a disability is a formidable barrier to success in college for students with disabilities (Marshak et al., 2010).

Theme 2: Financial challenges. MSIs historically struggle financially compared to non- MSIs (Wolanin, 1998). Nowhere are these struggles more evident than within disability services offices (Shaw & Dukes, 2001). DSA-3 reported, "Most disability services that I have seen all over the U.S. are operating with a budget that does not match the scope of the work that they have to do." DSA-2 concurred, echoing her frustration with limited financial resources for testing to qualify students for services.

Theme 3: Collaboration. Interviewees also outlined the effects of (a) poor collaboration within the university, (b) positive engagement with other disability services administrators, and (c) critical collaborative efforts with high school transition specialists.

Poor collaboration within the university. With profound frustration, DSA-2 described her worries about how poor collaboration with other university departments can negatively impact students with disabilities:

> They [others in the university community] think we are just the one-stop shop for all students with disabilities. So this is a collaborative effort. This isn't just one department, one person's responsibility. This is university wide responsibility and that's the message that I can't seem to get across.

DSA-4 echoed the same perspective:

> I've been at other universities before this, and there are those individuals that say that this is not my problem; and so they want to refer people elsewhere to take care of something that they really should have taken care of.

Dutta, Kundu, and Schiro-Geist (2009) noted that more collaboration is needed between postsecondary disability services departments and other university departments.

Positive engagement. The helpful effects of positive engagement with other disability service administrators was discussed. DSA-1 shared, "We use each other for resources and such. I can contact other disability services coordinators at other technical colleges and we help each other out and give each other ideas of what do to." Indeed, Dukes and Shaw (1999) provided evidence suggesting that collaboration with other postsecondary disability services personnel can be an approach for effective professional development.

High school transition specialists. The relationship between disability services administrators and high school transition specialists was highlighted. Transition of students with disabilities from high school to postsecondary education is often compromised due in part to the poor communication between the high school counselors and transition specialists and the

college or university disability services departments (Fleming & Fairweather, 2012). DSA-1 shared that student success can certainly depend on "being able to keep communication with the high school and their transition specialists." Collaboration better ensures students with disabilities secure equal access, reasonable accommodations, and success in postsecondary educational endeavors (Korbel, Lucia, Wenzel, & Anderson, 2011).

Theme 4: Characteristics of disability services departments. Theme 4 produced four subthemes: (a) inadequate staffing, (b) inadequate services, (c) inadequate space, and (d) administrative support. These subthemes, combined with increased enrollment, pose particular difficulties for disability services administrators (Korbel et al., 2011). For example, DSA-1

is the only disability services employee for four campuses. DSA-3 echoed inadequacies in his office: "The department moved here in 1997 when they were serving 450 students. So here we are exactly in the exact same space now in 2016 and serving 1500 or 1600 students. So really our space does not match the need." By contrast, DSA-4 stated that the disability services office's

> visibility is quite high on campus, and fortunately we have a lot of support. We're one of many departments under student affairs, and student affairs has a commitment that they want to support the areas of responsibility for each department.

Murray, Lombardi, and Wren (2011) highlighted the importance of administrative support helping students with disabilities succeed.

Theme 5: MSI designation. Interviewees reported that they did not perceive the MSI designation as negatively impacting disability services. DSA-1 declared,

> This is the third college that I have worked at. I don't see it as being any different than any other schools I have worked at really . . . I know that we are a minority-serving institution, but I don't know if that really plays a part in students being served better or worse.

DSA-2 also stated that she believed the budget (rather than the MSI designation) was more impactful upon services. DSA-4 agreed: "We are not treated differently than other nonminority-serving institutions."

Theme 6: Legal issues. Federal statutes protect students with disabilities from discrimination, as well as inform services and reasonable accommodations for these students (Cory, 2011; Thomas, 2000). Nonetheless, implementation of these laws can be difficult. DSA-4 stated that a university within his system had received four Americans With Disabilities Act complaints leading to settlements. DSA-2 described another potential legal issue:

> So, for example, I have a student who is blind and he mostly uses audio books, but now he is about to take math. And he has been blind his entire life, and so he knows braille really well, and he had requested that his math book, and this would be the only book that he wants in Braille. And it was at first quoted at $35,000 and, you know, I shopped around and I was able to find one that was only $5,300. You know [sic] went to my supervisors and said hey we absolutely

have to have this. And I presented it as such that either we pay this and get what they need, or we get hit with a lawsuit, and it's going to cost us at least this.

Theme 7: DSA role. According to the program standards of the Association on Higher Education and Disability (2016), Standard 3: Faculty and Staff Awareness focuses on providing information to faculty regarding academic accommodations, consultation with administration regarding legal responsibilities, and disability awareness training for all campus employees. DSA-2 and DSA-4 gave voice to these responsibilities. DSA-2 believed that DSAs should be "proactive" in training faculty and staff, such that "when they are faced with a situation that could lead to a problem, they can act accordingly." Likewise, DSA-4 shared that the disability services office provided training related to (a) the Americans With Disabilities Act; (b) disability etiquette; and (c) faculty/staff compliance, as well as organized Ability Awareness Week in which various events and seminars are held to educate students about their rights and opportunities.

Discussion

Implications for Rehabilitation Counselors

This study revealed various complexities of students with disabilities and the intricacies of disability services departments at MSIs. Students with disabilities who attend MSIs often present with characteristics that can significantly impact their postsecondary education. Some of these characteristics are related to the disability, while other characteristics are more *traditional* in nature and typical of students struggling to adjust to college life (Fleming & Fairweather, 2012).

Evidence from the current study supports previous research (Hadley, 2011), suggesting that secondary and postsecondary rehabilitation and school counselors, high school transition specialists, and disability services administrators must remain sensitive to stressors associated with first-generation college student status, economic hardship and poverty, and psychosocial demands such as family and work, particularly among students with disabilities (Dutta et al., 2009). The value of positive relationships among rehabilitation and school counselors, high school transition specialists, disability services, and other university departments cannot be overstated. Building relationships with secondary counselors and transition specialists can significantly help students with disabilities navigate the high school to college *highway*.

All too often students with disabilities enter postsecondary institutions unknowledgeable about their disability and postsecondary disability law, how to transfer disability services from secondary to postsecondary learning environments, and how to self-advocate (Skinner & Lindstrom, 2003). These limitations, combined with student autonomy instantiated through age and majority status call for sincere and ongoing intention, due diligence, and flexibility on the part of rehabilitation and other counseling professionals and disability services administrators.

This study revealed the frustration disability services administrators often experience when working with other university personnel and programs. When students with disabilities need services outside of the disability services office, faculty, staff, and other departmental personnel can be less willing to provide certain services or accommodations (Cook, Rumrill, & Tankersley, 2009). Such reluctance is typically attributed to (a) fear of reduced academic standards and hesitancy to assume greater professional responsibility (Cook et al., 2009), (b) architectural barriers (e.g., labs), and (c) no time and few resources (Zhang et al., 2010). Indeed, this study supports earlier findings (Lee, 2014) that indicate that college administrators must develop policies of collaboration to address such campus challenges. Rehabilitation and other counseling professionals,

together with disability services administrators, possess the professional education and clinical experience to provide on-the-job trainings, workshops, and seminars to educate faculty and staff about students with disabilities.

Rehabilitation counselors can provide several services to combat the issues surrounding disability in postsecondary settings. For instance, rehabilitation counselors can collaborate with high school counselors and transition teams to educate prospective students and their parents regarding the differences between the high school environment and that of a postsecondary institution (Marshak et al., 2010). Rehabilitation counselors can also help registered students with disabilities identify their personal goals; assess the supports needed for a range of environments and activities; and develop an individualized support plan that includes building independence, relationships, contributions, school and community participation, and personal well-being (Schalock, 2004). Rehabilitation counselors can achieve these services through consistent visibility on campus and within the community, open communication with registered students with disabilities, and campus-wide educational programming that details issues such as how self-disclosure provides access rather than self-definition and how to self-advocate effectively to faculty and staff. By engaging in these types of services, rehabilitation counselors promote a climate of awareness of and an appreciation for students with disabilities (Marshak et al., 2010).

Limitations

This study is not without its limitations. Though every MSI (as designated by the U.S. Department of Education) was contacted to participate in the study, only 119 MSIs responded. In both research phases, HSIs were overly represented, with 64% of survey respondents and 75% of interviewees housed at HSIs. Such overrepresentation is not entirely surprising given HSIs (*n* = 223) represent 53% of all MSIs in the United States. For the survey, the SESSDMSI was utilized in this study. Adapted from the National Survey of Education Support Provision to Students With Disabilities in Postsecondary Education Settings, the SESSDMSI lacked reliability and validity beyond face validity data collected prior to study dissemination. Though bracketing was utilized prior to implementation of Phase 2, researcher bias is still possible.

Future Research

In the future, the lived experiences of students with disabilities who attend MSIs should be examined. Likewise, more information about minority students with disabilities must be obtained. These data would be valuable to rehabilitation counselors, other counseling professionals, and disability services administrators who provide services to these students.

The majority of survey participants and interview participants were from HSIs. Likewise, HSIs make up 53% of MSIs. Inasmuch as individuals with Hispanic racial and ethnic origins represent the youngest and fastest growing minority group in the United States (Benitez & DeAro, 2004), more research surrounding the lived experiences of Hispanic students with disabilities is necessary.

Finally, more attention must be given to the cultural implications surrounding students with disabilities. In this research, one narrative revealed a story in which a Korean student was diagnosed with a learning disability but refused services because his family told him that such services informed weakness. This story, together with the impressively low numbers with which certain groups present for services (e.g., Alaskan Native, Hawaiian Native, Polynesian, Armenian, East Indian, Middle Eastern, and international), illustrates that a student's cultural thoughts and feelings about disabilities can be more complex and challenging, even heart breaking, than the traditional stigma of simply having a disability. Understanding how various cultures view disabilities and how rehabilitation counselors, other counseling professionals, and disability services administrators can provide culturally sensitive and competent services to combat these unfortunate ideas is important.

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