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**Peter Emerson, Meredith Nelson**  
**Editors**

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## Louisiana Journal of Counseling

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# From *the* Editors

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## Advocacy: What Do We As Counselors Need To Advocate For?

The definition of advocacy is clear and precise, “the process or act of arguing or pleading for a cause or proposal” (Lee, 1998, p.8). What is far less clear, indeed, is what counselors are supposed to be advocating for as a profession. According to McClure and Russo, there are some within the profession of counseling that would argue advocacy for the profession of counseling itself, is “almost selfish or self serving” because we are using the vital energy that could be devoted to client advocacy (as cited in Myers & Sweeny, 2004, p. 466). As startling as that conclusion may seem to some professional counselors, the words of McClure and Russo are substantiated by our own code of ethics. In the American Counseling Association (ACA) Code of ethics, the process or act of advocacy is mentioned only in Section A, The Counseling Relationship, where it states:

### A.6.a. Advocacy

When appropriate, counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or the growth and development of the clients (ACA 2005, P.5).

Section A of the 2005 *ACA Code of Ethics* outlines the professional counseling relationship between the counselor and his/her client, so it would make sense that the advocacy described in this section would focus on the counselor’s responsibility to the client. The authors noted that there is no similar description of our duty to advocate for the profession included in Section C, Professional Responsibility. The Professional Responsibility

section maps out the expectations of the professional counselor in regards to other professionals and in relation to his/her duty to the profession of counseling. Not only is the code silent in this section concerning our role as advocates for the counseling profession, no other mention of advocacy is made in any other section. This may lead the counselor to believe that there is no responsibility to advocate for the profession, but only to advocate for the client. The purpose of this *from the editors* is to underscore the responsibility each of us has as counseling professionals to advocate for the profession. The authors will also suggest specific advocacy activities that counselors need to participate in if the profession of counseling is to continue to move forward.

### Responsibility

The authors have found that there is still a strong misconception among licensed professionals that the responsibility for promoting the profession of counseling lies with their licensure board. The Louisiana Licensed Professional Counselors (LPC) Board of Examiners has never had advocacy as part of its mission (Emerson, 1995). “The mission of the LPC Board to safeguard the public (consumers of mental health counseling)” (p.1) is focused on the client and not the professional counselor. Further, the board is “not to be the advocates for professional counselors” (P.1). If the licensure board is not the advocate for us professionally, who is responsible for advocacy within the profession of counseling?

The primary responsibility for advocacy of the counseling professional falls to the professional organization/s that represents counseling (Feit & Lloyd, 1990). These professional organizations need to be “collectively advocating for the profession as associations (Reiner, Dobmeier & Hernandez, 2013, p. 175). Clearly, the American Counseling Association (ACA) and the Louisiana Counseling Association (LCA) are the two principle organizations that need to be working in concert for the advocacy of counselors in Louisiana. However, this does not mean that the members of each of these professional organizations can sit back and expect the “association” to handle advocacy. “After all, LCA is not someone else doing for us what needs to be done” (Emerson, 2010, p.5), to the contrary “each individual is LCA” (p.5) and bears individual responsibility for advocacy of the counseling profession.

### **Individual Action**

The following are steps to becoming more fully involved in advocacy. It is recommended that the counselor assess where they are in this process and try the next step in advocating for the profession.

1. Join your professional organization.  
Seems simple, however, far too many LPC’s and Professional School Counselors’ do not belong to any professional organization.
2. First step after joining is to read all of the information you are sent. LCA has done a spectacular job of staying on top of all the issues for all specialty areas of counseling.
3. Get active in your state conference. Start by attending, and then get involved in participating.
4. After reading all the bulletins, blasts, and newsletter articles get involved with an area that interests you.
  - a) Respond to a call to action:
    1. Send a form letter to a representative
    2. Compose a letter to a representative

3. Call a representative
- b) Participate in a town hall meeting sponsored by LCA
- c) Join a committee that advocates for something of interest to you
- d) Participate when LCA (you) goes to the capital
- e) Make a personal contact with your legislative representative
5. Continually advocate for Professional Counseling with everyone you have contact with daily.

### **State Political Committee**

The Louisiana Licensed Professional Counselors Political Action Committee (LPC PAC) is a major political voice for the LPC’s of Louisiana. This voice advocates for LPC’s from both a legal and political arena through the education of official about counseling professional issues, and by supporting political candidates whose platform aligns with our professional goals and interests. The Louisiana LPC PAC also provides a consolidated source of information on the legal concerns for LPC’s at both the state and national levels of government, and is solely funded through donations.

### **Counselor Training Programs**

Another entity that should be responsible for increasing advocacy in our profession includes counselor training programs. From the very first day of class, counseling students should be introduced to the concept of advocating, not only for their clients, but for the profession as a whole. Some suggestions for incorporating advocacy into training programs would be requiring student membership in LCA and ACA. Also, requiring students to network in town hall meetings and/or conferences and with other counselors could help indoctrinate them towards advocacy. In addition, assignments related to advocacy such as contacting legislators, studying public policy, and working to collaborate with other mental health professionals may be infused in their curriculum.

One assignment for a recent summer intern class was to submit a journal entry about advocacy and what it means to the student in their counseling journey. Below are a couple of the students' entries:

"The one thing that I've learned is that advocacy goes beyond promoting the health of clients, it's also advocating for the rights of mental health professionals, for example fighting to ensure that we (LPCs) are recognized as being on the same level as social workers and other mental health professionals."

"Advocacy is crucial to our profession as a means to establish a professional identity among other professions in the mental health field. It is a way to get our 'name out there' so to speak. Advocacy is especially important to sustaining the heartbeat of counseling in the midst of the constantly churning mental health field. It is important for novice professionals newly indoctrinated into counseling to see that their field is stood up for--giving them more of an incentive to continue the advocacy, therefore continuing a thread of promotion for the profession."

In closing, since each of us "is" LCA and responsible for advocacy for the counseling profession, the authors hope that each person reading this will renew and recommit to advocacy for the counseling profession.

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*-Mary Emily Matheny* (Masters in Counseling Student, Southeastern Louisiana University)

## **Section I: Professionals' Articles**

### **African American Pastors and Mental Health Professionals: Referral Themes Identified Using Qualitative Research Methods**

**Lizzie L. West, Kathryn W. van Asselt, Andrea Daines, and Andre Judice**

Capella University

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This research study explored the personal experiences of ten African American pastors, located in a south central state, through the use of basic interpretive, qualitative research and a phenomenological design for data analysis. A face-to-face, semi-structured interview methodology was used to examine how African American pastors referred their church members to mental health professionals. Concerns about referrals included not knowing any local therapists, potential cultural barriers such as financial costs and transportation needs, and wanting Christian counselors to work with their church members. This study found that these pastors would refer their church members to mental health professionals if they knew more therapists in the community. Additionally, those pastors who had referred their church members to mental health professionals had no or limited negative experiences with counselors. Discussion and implications for mental health counselors are provided.

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African American pastors provide a wide range of prevention and treatment-oriented programs that contribute significantly to the psychological well-being of their congregants. According to Chatters et al. (2011), 21% of church members with serious personal problems reported seeking help from a pastor. Within the African American community, pastors are sought more often than psychiatrists, psychologists, doctors, marriage counselors, or social workers for serious personal and mental health problems (Chatters et al.). Understanding the factors responsible for mental health referrals is an important first step to finding ways for greater collaboration between pastors, as valued community members, and mental health professionals (Mathews, 2011).

#### **Pastoral Roles in African American Communities**

Developing collaborative strategies with pastors is one way to remove some of the existing barriers to mental health services (VanderWaal,

Hernandez, & Sandman, 2012). The African American community is more religious than other U.S. populations, with 87% belonging to a church and reportedly 53% attending weekly religious events. They have higher rates of church attendance, affiliation, frequency of prayer, and reported importance in life. Seventy-nine percent say religion is very important to their lives (Sahgal & Smith, 2009). VanderWaal, Hernandez, and Sandman (2012) stated that because the church has been a vital empowering source for many African Americans, understanding the roles of pastors in African American churches is essential to the mental health professional working with this population.

#### **African Americans and Mental Health**

The African American population continues to face some cultural adversities, including previous negative stereotypes, mistrust of authority, stigma, and generational economic challenges. While African Americans represent 12% of the U.S., they suffer from more phobias than non-Hispanic



whites and over 25% of African American youth exposed to violence met diagnostic criteria for post-traumatic stress disorder (PTSD). African Americans report higher distress levels and although this has been attributed to socioeconomic and demographic differences, it still illustrates the need for mental health services (U.S. Department of Health and Human Services, 2001). Bledsoe, Setterlund, Adams, Fok-Trela, and Connolly (2013) found that pastors were frequently exposed to many forms of mental illness (e.g., chronic and severe mental illness, crisis intervention, suicide) and they served as a direct point of contact for many of their parishioners. Aten, Topping, Denney and Bayne (2010) explored the collaboration between African American pastors and mental health professionals after Hurricane Katrina, and focused on the role of African American pastors as gatekeepers to potential disaster mental health resources. They found that services that were administered directly into communities via churches following a disaster were highly favored by pastors, and were more likely accepted by their church members. In addition, clergy members reported that church members more often preferred help and support from their clergy than from the formal mental health community (VanderWaal, Hernandez, & Sandman, 2012).

This research explored the referral patterns of African American pastors to mental health professionals. The information explicated in this article may be crucial for practicing mental health and pastoral counselors who want to build trusting relationships within the African American community. Specifically, this research focuses on what considerations were made as pastors looked into referring their church

members to the mental health community.

### **Method**

The participants interviewed for this study were ten African American pastors (eight men and two women), between the ages of 28 and 64 years old who currently work in a south central state, and have served as pastors for at least two years. The first author, an African American Christian who was raised in the south used critical reflection to avoid personal biases and assumptions that could potentially influence data collection. Instead, the author's experiences likely helped to build trust during the conversations. The secondary authors worked to help develop the manuscript. The interviews lasted approximately 20-30 minutes and were conducted in a location chosen by each participant. Trustworthiness was obtained through traditional means, including documentation, field notes, and member checking. Face-to-face interviews were analyzed for groupings of common ideas, emergent core themes, characteristics, and descriptions using Moustaka's (1994) Modified van Kaam method of analysis and QSR XSight qualitative data analysis software.

### **Findings**

Four core themes emerged from the data: (a) influences on rate of referrals, (b) concerns about referring, (c) referral experiences, and (d) mental health professional options and characteristics. Six participants revealed that if they were more aware of mental health professionals in the community, they would increase their rate of referrals. For example, one of these six stated, "If I knew more of those kinds of professionals, I would refer my church members to them. I don't know that many around here." One participant highlighted both the desire to know more mental health



professionals and practical concerns for the parishioners, "Well, one thing is, like I said, I don't know of anyone out there to send them to. Uh, another thing is money, these people don't have the money to see someone for these kinds of thing(s), you know. And another thing is transportation, how will they get there?" Eight participants claimed to have had positive experiences when referring to mental health professionals. One pastor shared, "When I see them later, they are doing well. One lady came back and actually hugged me for sending her." Four participants had no negative experiences and one explained, "I haven't had any personally, and I haven't heard any negative reports from the other ministers either." Seven participants acknowledged that they look for a mental health professional who is a Christian. To illustrate this point one pastor intimated, "...I look for a believer, a Christian."

### **Discussion and Implications**

Mental health professionals can better serve the African American community by developing positive relationships with pastors and churchgoers and becoming recognized in the community. It may be beneficial for mental health agencies to designate a counselor to function as a liaison to an area church or pastor, in an effort to foster understanding of current programs, resources, and services, as well as strengthen the connection between mental health professionals and African American communities. Sahagal and Smith (2009) identified that 59% of African Americans attend historically black Protestant churches. Given the large concentration of black membership, those settings may provide the best opportunities for targeted pastoral alliances. Transparent information about sliding scale fees, pricing, and transportation solutions need to be explicitly shared

with pastors and the community they serve. Openly naming counselors who are Christian can further enhance the future referral patterns of pastors. For counselors, the major implications of this study include identified ways to enhance the relationship between mental health practitioners and the African American community. Further investigation may be needed in order to determine additional innovative ways that mental health professionals can successfully serve this population. However, this research provides a foundation for initial steps and a template for follow-up studies.

### **Conclusion**

Four core themes emerged from interviews with African American pastors about referring to mental health professionals. First, a pastor's knowledge of mental health professionals in the community was especially important when referring congregants. Next, the pastors were concerned about cultural barriers that are associated with African Americans' accepting referrals. Third, the fact that pastors had positive experiences when referring church members to mental health professionals. Finally, pastors looked for a Christian when searching for mental health professionals. With the growing interest in the role of pastors as helping professionals in the African American churches, the major contribution of this study is that it opens an avenue of collaboration between African American pastors and mental health professionals that could, potentially, affect the mental health status within this community in a profoundly positive way.

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# The Role of School Counseling Programs in Promoting College Opportunity: School Counselor's Perceptions

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Increasing student opportunity, especially for at-risk students, to access and pursue college options has become top priority for middle and secondary schools (Venezia & Kirst, 2005). The emphasis on accountability at the federal, state, and local levels accentuates the critical need for school counselors to demonstrate how their school counseling programs enhance the educational opportunities of all students (Dahir, 2004).

In this study, we explore the role of school counseling programs through the eyes of individual school counselors. Interviews were conducted to understand and describe personal and contextual aspects of internal school environmental factors that interviewees perceived impacted student success and delivery of college access information. The findings of this study may be used to inform counseling policy and practice, advancing our understanding of how school counselor's behaviors and activities contribute to positive student achievement.

There is evidence that school counselors provide activities to support students with their preparation for postsecondary options; but the extent of these services varies by school, district, and state. High counselor caseloads and competing priorities are significant barriers that impact the

college related activities and programs promoted by school counselors. School counselors often have to deal with non-counseling tasks such as test administration and scheduling which limits the time available for direct student services. Also, students who attend schools where attending college is not the norm are less likely to be provided with the resources needed to make informed choices about college. Consequently, these students must depend on themselves or their parents to initiate contact with the school counselor regarding college information (Perna, Rowan-Kenyon, Thomas, Bell, Anderson, & Li, 2008; Venezia & Kirst, 2005).

## **Review of Literature**

### **At-risk Students**

Who are the students who miss out on college opportunity? Ishitani (2005) identified high school graduates whose parents had never attended college were 35% less likely to enroll in college compared to students with college-educated parents. These first-generation college students were more likely to enroll in a certificate program at a technical college or an associate's degree program at a community college (Ishitani, 2005; McCarron & Inkelas, 2006; Nuñez & Cuccaro-Alamin, 1998). Certainly, these programs provide

valuable academic and vocational options. However, first-generation college students who aspire to attain a bachelor's degree have a greater chance of attaining a four-year degree if they enroll in four-year institutions rather than community colleges, then transferring to four-year institutions (Engle & Tinto, 2008).

Since many first-generation students have limited role models, they often experience limitations that prevent them from fully understanding college related information and processes (Pascarella, Pierson, Wolniak, & Terenzini, 2004; Roderick, Nagaoka, & Coca, 2009). Considering at-risk students have additional hurdles to overcome in order to gain access to college, it is critical that school counselor programs identify these students and individualize activities in light of their needs.

### **The Role of School Counselors**

The American School Counselor Association (ASCA, 2005) calls for school counselors to accept a leadership role in educational reform and demonstrate accountability. All educators, including school counselors, must share accountability of student achievement (Dahir & Stone, 2003; DeVoss & Andrews, 2006). School counselors must demonstrate how the school counseling program contributes to school improvement and reform (Dahir, 2004; DeVoss & Andrews, 2006), and how the counseling program contributes to positive academic, career, and personal outcomes for all students (Green & Keys, 2001).

Just as educational leaders adopt programs to improve the academic achievement of students, the school counselor as an educational leader develops and implements guidance as a program. The program must be an integrated part of the school's mission and vision. This focus moves the role of

the school counselor from strictly a support role to an integral part of the educational process. Developing a counseling and guidance program that focuses on improving achievement of all students redefines the role of the school counselor as an educational leader (ASCA, 2005; DeVoss & Andrews, 2006).

### **Purpose of Study**

The purpose of this qualitative study was to explore the role school counseling programs play in students' educational experiences regarding preparing for and choosing college options. The qualitative inquiry was guided by the following research questions:

1. What are counselors' perceptions of challenges students face in accessing college?
2. What types of challenges do high school counselors' predominately encounter?
3. What types of college counseling activities and programs are offered by school counseling programs?

### **Method**

A qualitative approach was chosen for this exploratory study in order to gain an in-depth understanding of the shared experiences and choices of school counselors in providing services to students. A purposeful criterion sampling strategy was used to select high school counselors in neighboring school districts. Semi-structured taped interviews were conducted using a standardized interview protocol with open-ended questions to explore the role of the school counseling programs in targeting factors that could impact student achievement, beliefs, and practices regarding preparing for and choosing college options.

### **Participants**

Participants for the study were recruited from a criterion sample of school counselors who serviced high school students in several neighboring public school districts in a southern state. Twenty-four high schools in five school districts participated in a survey to determine the impact of counseling programs on increased college opportunity.

Survey results revealed that 61% of seniors who planned to attend four-year institutions believed their school counselors increased their motivation to attend college. The results also revealed only 36% of the aspiring college students from the high schools had parents with no college (Broussard, 2009). To further explore the college-related programs offered at the high schools, counselors from 14 of the high schools were considered for interviews based on adequate participation from students. Five counselors consented to interviews. All of the participants were white females and provided guidance and counseling to the seniors from the survey. For the 2008 fall semester, 42% of public high school graduates from the participating schools were enrolled as first-time college freshman in two or four-year colleges and universities compared to 46% for all public schools in the state. Counselors are identified by pseudonyms.

**Mary** has 6 years of school counseling experience. The previous school year she was the senior counselor. Her current caseload of freshmen is 480 students. Thirty-seven percent of students at the high school are minority students, and 47% are economically disadvantaged. The average first time freshman rate for the school is 51%, and the average ACT score is 20.6. Sixty-five percent of aspiring first-generation college students reported the programs and

activities provided by their counselor increased their college opportunity.

**Hannah** has 9 years of school counseling experience. She currently has a caseload of 420 freshmen. She is the only national certified school counselor interviewed. Minority students make up 49% of the school's population, and 56% are economically disadvantaged. The average first time freshman rate for the school is 40%, and the average ACT score is 19.3. Eighty-three percent of aspiring first-generation college students reported the programs and activities provided by their counselor increased their college opportunity.

**Val** has 9 years of school counseling experience. She is the freshmen counselor, and her caseload is 400. Thirty-seven percent of students are identified as minority students; 39% are economically disadvantaged. The average first time freshman rate for the school is 41% and the average ACT score is 20. Eighty-three percent of aspiring first-generation college students reported the programs and activities provided by their counselor increased their college opportunity.

**Jan** has 13 years of school counseling experience. She is the only counselor at the high school and her case load is 480. Only 10% of students are identified as minority students; 44% are economically disadvantaged. The average first time freshman rate for the school is 46%, and the average ACT score is 20. Sixty-three percent of aspiring first-generation college students reported the programs and activities provided by their counselor increased their college opportunity.

**Pam** has 5 years of counseling experience. She works with juniors and seniors and her case load is 270. Twenty-seven percent of students are minority students; 44% are economically disadvantaged. The average first time freshman rate for the



school is 34% and the average ACT score is 18.9. Forty-seven percent of aspiring first-generation college students reported the programs and activities provided by their counselor increased their college opportunity.

### **Data Collection**

All interviews were conducted in the school counselors' offices and confidentiality was ensured. The interview protocol included questions regarding programs and activities each counselor presented to help students get the most of their educational experience. The time allotted for each interview was one hour. The interviews were audiotaped to ensure data would be preserved for analysis.

### **Data Analysis**

Taped interviews were immediately transcribed and analyzed to identify major themes. The construction of categories began with the analysis of the initial interviews. Salient phrases related to specific activities and programs that fostered academic and career development of students were highlighted along with phrases that reflected perceptions of the counselors. Phrases were compared to identify common categories.

## **Results**

The main goal of the qualitative inquiry was to explore the role of school counseling programs in promoting academic and career development of students to increase their opportunity to pursue college options. Several themes emerged from the individual responses from the school counselors. Each theme provided insight into the role of the school counselor in helping students to get the most of their educational experience and increasing their opportunity to pursue college.

### **School Counseling Activities Promoting College Opportunity**

There was evidence from the responses that the counselors delivered activities that promoted college opportunity for all students. The guidance activities included both academic and career development activities. Only one counselor discussed a written plan of activities through the course of a year. The counselors revealed they delivered guidance activities to students during classroom instruction and provided informational workshops for parents. These activities were consistent with program delivery promoted in the ASCA model.

### **Promoting Academic Development**

Academic development is one of the three domains listed in the ASCA National Standards for Students (ASCA, 2005). None of the counselors used the standards to develop activities, but there was evidence that the counselors promoted student competencies listed in the standards. All of the counselors described activities to help students choose the right courses to prepare for college: "I show the curriculum compared to the (state based scholarship curriculum). What needs to be taken, what is required to get into college? We talk about it a lot." (Mary). Similarly, Pam stated, "We provide academic counseling, and we do five-year plans where they actually plan out the types of courses they need to take so they kind of have a map to follow throughout their school career." In another interview, a counseling team approach was described:

"We meet with each classroom, at the most 30 kids. Most of the time, the four counselors were in there. The kids went on the (electronic five-year educational planner) and looked at their plans and if they had questions, we were there to

answer them. You want to go into the medical field; these are the steps you are going to have to take.” (Val)

Current state policy mandates all students be given information regarding college preparatory courses to qualify to attend a four-year institution and to qualify for a state based scholarship. The counselor responses indicated they used a state based five-year educational plan to keep students on track.

All of the counselors talked about presenting ACT's PLAN score results to students in tenth grade and provided students with resources such as ACT prep courses and online ACT practice materials to prepare for the ACT.

### **Promoting Career Development**

Career develop is also a domain listed in the ASCA National Standards for Students (ASCA, 2005). Career development is also a course in school counseling graduate programs as required by the Council for Accreditation of Counseling and Related Education Programs (CACREP, 2009). Though it is part of the training that school counselors receive to prepare to work with students, there was little evidence from the interviews that career guidance lessons as promoted in the ASCA model were a major focus of the school counseling programs. Career exploration appeared to be more of a focus for freshman and sophomores indicating the importance of expanding these services to students through graduation. The counselors also talked about using the PLAN results with sophomores, and using the (electronic planner) to provide students opportunity for career exploration. Some counselors talked about developing and coordinating career activities that were presented by teacher advisors.

Activities to help students choose postsecondary options varied among

the counselors. There was minimal evidence from the responses that the counselors delivered activities or programs designed to help students choose college, especially for underrepresented groups, in a systematic way. “We have a wall that has all kinds of different postsecondary things for them to look at, and it is in our lobby area.” (Hannah).

“We also use the (electronic five-year educational planner) for that, and we use the web, and we help kids to explore. We also have college fairs and career pathway fairs that we have kids involved in so they can see what possibilities there are and explore where they might want to go so that we can direct them into the right type of guidance activity.”(Pam). “We go in and show them the back, the interest inventory, we look at all that. Even before they take it we tell them not to blow it off it is important.” (Mary).

### **Parent Activities Promoting College Opportunity**

Overall, the participants in the study revealed the importance of parental involvement and each made efforts to involve parents and provide guidance in helping their children to choose an appropriate college. Several counselors used call out systems to inform parents about scheduling and parent meetings. Each counselor also provided workshops or individual meetings to inform parents of scholarships and the college application process. "We have an open door policy where parents can just drop by and meet with us if they have a concern. We act as a liaison between the parent and the teacher and the child and come together as a group to try to help the child. So we do encourage the parents to come." (Pam).

“We had a parent university meeting and parents came. I showed them what a transcript was, what a GPA was, and



this mom says, this is the first time I ever understood how you get a GPA.” “All of the counselors introduced the (electronic five-year educational planner) and how to look up different things on that website. We talked about scholarships and courses. The senior counselor talked about scholarships and FAFSA.” (Mary).

### **Using Results Reports to Improve School Counseling Activities**

Each counselor was asked how they determined if their school counseling program was successful in increasing college opportunity. Four of the counselors revealed they collected data from graduating seniors regarding post-secondary intentions, but the information was not used to develop future programs and activities to improve college opportunity. The state does provide data regarding the number of students from each high school that are first time college freshman, but none of the counselors knew the information was available. This suggests a need for greater awareness of available data resources, which could be used to better inform program development.

Using data is a key factor in ASCA model programs. Data is used to demonstrate accountability by showing the effectiveness of the school-counseling program. Data is also used to determine why the program exists and gives the school counselor information to effectively manage the school-counseling program (ASCA, 2005).

### **School Counselor Professional Development**

Interviews revealed that all of the counselors attended yearly workshops provided by colleges, organizations, and their local school districts. The majority of professional development described was geared toward increasing

college opportunity for students. “(Organization name) does a workshop and they give us information on financial aid.” “Right now college admissions are no longer the same.” (Val). Other counselors indicated that workshops are readily available to them as well as Internet resources. “We have a lot of workshops during the school year.” (Jan).

“The thing we go to that we all really like is when (Technical College Name) usually has a luncheon for us, and we go to that and all the cool programs that they have and how much in demand a welder is. That probably for us is the closest we get to career education. They tell us what is in demand and what they offer.” (Mary).

The counselors also discussed what they have done to grow professionally. “Last year I did several site visits to different schools in (another state) that were already on career pathways and was able to interview several counselors there.” (Hannah). “I don’t want to give out the wrong information. I educate myself on what I need to know for my kids.” (Val). The counselors also discussed school district level counseling supervisors that served as a valuable resource. “For course selection, our supervisor, if we have any questions, I can call her, email her again. If she doesn’t know, she will find out for me. I think we have a lot of good people that we can contact if we don’t have answers.” (Val).

### **Barriers Limiting College Activities and Student Impact**

The two major barriers that emerged limiting school counselor activities and the positive impact of their services were large caseloads and school test coordination. The school counselors also were involved in entering student courses and other scheduling duties. Counselors commented on the demands of their non-counseling responsibilities. “Unfortunately, our

world revolves around scheduling and testing. If there is time somewhere else then we will go to the classrooms.” (Mary). “The biggest one that I deal with is test coordination. That is the thorn that is in my side the most. The one thing that takes away from counseling is test coordination, and that starts after Christmas. That takes up the whole second semester.”(Hannah).

Only one counselor was in a position that could be characterized as a clerical position. “Basically, I am responsible for student registration. I am also responsible for all student records for students that have withdrawn or requesting records. I am also responsible for all student records for the history of the school. Any time any previous graduate needs any kind of records...All record keeping. All students’ records, I am responsible for. Testing, scheduling and pretty much anything else that comes along.” (Jan).

Despite limited time available during the school day to work with the students, the counselor has found ways to meet with students. “I meet with kids all the time. Not necessarily in my office because they don’t tend to come in. So whether it is at the baseball park, I pull duty every day. I don’t have a duty position, but I go out there every day. A lot of it doesn’t happen in here. ... They will call me at home, wherever I am.” (Jan).

It appears that while counselors are largely occupied with clerical type duties, there is a slight move in the right direction. School administrators are beginning to make efforts to alleviate some of the paperwork that has consumed counselors’ time. This trend, if continued, would allow counselors to devote more of their time to activities directly related to student success. “We did this year hire a test coordinator. So this is the first year the new counselor is with us and she has

assisted in testing ASVAB, PSAT, PLAN, and we have done (state test) retakes.” (Mary).

### **Challenges Preventing Students from Pursuing College**

Each counselor was asked what they saw as the most significant challenge preventing students at their schools from going to college. Students’ home lives emerged as a barrier. “Home life, home environment. What they have been told at home, the priorities that have been put on education. I have some kids who are at-risk. No one has even finished high school.” (Mary). Two of the counselors talked about college entrance exams that prevented students from pursuing college. The counselors also talked about their measures to help students overcome challenges to accessing college. “Without breaking any of the rules, with the importance of family, we work hard to get them to think for themselves. We do a lot of individual counseling.” (Hannah). “The ones that I know will have some issues with going to college, the parents don’t support it or they don’t have transportation, we have to drive there or financial aid. I’ll meet with those individually, and we will work around those obstacles. Sometimes we’re successful; sometimes it’s more effort than they are willing to put forth.” (Jan).

### **Discussion**

The interviews revealed the counselors wanted to help students. Many discussed their goals were to help students develop postsecondary plans. Many shared the personal gratification in helping students. “When I see my kids graduate, and I know how hard I have had to work or they have had to work to get through high school. That for me is the greatest reward.” (Mary).

The recommendation by the ASCA National Model is for school counselors to spend the majority of their time providing services from which every student can benefit. This requires the school counselor to develop a method for delivering a guidance curriculum to all students and provide a system of activities so all students have the opportunity to establish personal goals and plans for their future. Using the National Standards for Students would provide a guide to the counselors in developing appropriate guidance activities to meet the needs of all students (ASCA, 2005).

There is evidence the counselors provided an opportunity for all students to establish a plan throughout high school regarding course selection to prepare for college and students were given information about college and a state based scholarship. The counselors talked about meeting with individual students to provide college-related information. There was little evidence that planning was systemic to ensure all students including at-risk students such as; aspiring first-generation college students, and low-income students, were provided the extra guidance. These at-risk students are likely not to take advantage of available resources to assist with preparing and applying for college resulting in lower percentages accessing college (Ishitani, 2005). Survey data from the schools showed aspiring college students were less likely to be first-generation college students. Interviews revealed the counselors were aware of challenges faced by students in pursuit of college options.

School counselors' large caseloads and non-counseling duties limited opportunity to provide guidance activities and students' exposure to the school counseling programs. Implementing the ASCA model would

help the counselors balance the guidance program with non-counseling, and also provide evidence of the benefits of the school-counseling program. This would allow the school counselors to advocate for a role focused on students and less on clerical tasks.

### **Limitations**

This study provided valuable insight into the perceptions of school counselors regarding their role in providing college opportunity for students. However, using a convenience sample of only five participants limits generalizing findings. One of the researchers is also a practicing school counselor in a recognized ASCA Model Program, and researcher bias may have impacted the study. To address researcher bias, interview questions covering a variety of school counselor scenarios were used to elicit responses from each participant. Prior to collecting interviews the researcher reflected on personal experiences as a school counselor to identify personal prejudices and assumptions in an effort to bracket these experiences (Creswell, 2007).

The questions used in the study are another limitation. The ASCA National Standards for Students (ASCA, 2005) were used to generate the questions, but the researcher did not consult with other professional school counselors during the construction of the questions. In order to validate the interview protocol, the questions were piloted to identify and adjust specific questions that did not yield the responses that the researchers had intended (Glesne, 1992).

### **Conclusion**

The interviews revealed all students had access to some college information

during yearly guidance activities. The counselors also discussed providing information to students who initiated contact. Yet, there was little evidence the counselors systemically provided college guidance, nor was a cohesive school-wide counseling program focused on research-based findings or the ASCA model. In general, the findings of this study revealed the current school counseling programs played a minor role in providing activities and programs in high school that enhanced college opportunity especially for underrepresented populations.

Survey data showed aspiring college students from the schools were less likely to be first-generation and low income (Broussard, 2009). This suggests first-generation and low-income students needed more support from school counselors to consider attending college. Programs and activities should be designed to address the specific needs of at-risk groups who often heavily depend on the school context to provide both support and information. If counselors are going to have an impact on increasing educational opportunity for all students, then counselors need to accept the role of educational leaders and implement preventative programs and activities that address the academic, career, and personal development of all students. Using the ASCA model would provide a framework to help these counselors develop and manage activities designed to promote college opportunity for all students, especially underrepresented groups.

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# Ethical Considerations for Dual Licensed Professionals

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In 2013, seventy nine percent (79%) of Licensed Marriage and Family Therapists were dually licensed as Professional Counselors in Louisiana. Dual licensed individuals are required to adhere to multiple ethical codes based on state licenses and regulations. Additionally, membership in professional associations require adherence to yet other ethical codes. In order to assist dually licensed professionals in Louisiana, a review of the ethical codes associated with such professional licenses and associations is provided. Ethical codes that differ are identified and discussed.

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In 2009, both the Marriage and Family Therapy and the Counseling professions experienced the joy of the existence of professional licenses in each profession in all 50 States. Throughout the years leading up to these momentous events, Marriage and Family Therapists (MFTs) in Louisiana sought licensure as Professional Counselors (LPCs) due to the lack of an LMFT license. When Louisiana introduced the LMFT license, several LPCs as well as other professionals (LCSWs, Licensed Psychologists, etc.) applied for the LMFT license through the grandfathering avenue. Some clinicians may see the advantages of having more than one license. For example, some insurance companies in some states may have only recognized one license versus the other. The road to licensure for both professions has resulted in the establishment of several dually licensed mental health professionals. There are other reasons why a clinician or professional may seek multiple licenses, but that discussion is beyond the purpose of this paper.

As of March 8, 2013, there are 2733 Licensed Professional Counselors, 869 Counselor Interns, 810 Licensed Marriage and Family Therapists, and 115 MFT Interns in Louisiana (LA LPC Board Administrators, personal communication, March 8, 2013). Of

those licensed or working towards licensure, there are 639 dually LPC and LMFT licensed professionals registered in Louisiana (approximately 23% of LPCs and 79% of LMFTs are dually licensed) and 32 dually registered Counselor Intern/MFT Intern (approximately 3% of Counselor Interns and 28% of MFT Interns are dually registered). The rules for each license (LPC and LMFT) require adherence to profession specific codes of ethics (Code of Conduct for Licensed Professional Counselors, Chapter 21; The Louisiana Code of Ethics for Licensed Marriage and Family Therapists, Chapter 47). Therefore, a clinician in Louisiana licensed as an LPC and as an LMFT would have to abide by both the Code of Conduct for Licensed Professional Counselors (CCLPC) and the Louisiana Code of Ethics for Licensed Marriage and Family Therapists (LCELMFT). The Louisiana LPC/LMFT rules both acknowledge the importance of being aware of additional codes:

Counselors shall be familiar with the Code of Ethics and the Standards of Practice and other applicable ethics codes from other professional organizations of which they are members, or from certification and licensure bodies. Lack of knowledge or misunderstanding of an ethical responsibility shall not a defense against a charge of unethical conduct.

(CCLPC §2117. Resolving Ethical Issues, A. Knowledge of Standards)  
And

Licensed marriage and family therapists have an obligation to be familiar with this code of ethics and its application to their professional services. They also must be familiar with any applicable ethical codes that govern other licensure that they hold or are responsible for through certification or membership in professional organizations. Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct. (LCELMFT §4701. General)

To complicate ethical considerations, many LPCs in Louisiana are members of the Louisiana Counseling Association (LCA) and many LMFTs are members of the Louisiana Association for Marriage and Family Therapy (LAMFT). Additionally, there are several dually licensed professionals in Louisiana that are members of both LCA and LAMFT. Given that membership in LCA requires adherence to the ACA code of ethics and membership in LAMFT requires adherence to the AAMFT code of ethics, dually licensed professionals with dual membership would be prudent to check all four codes when facing an ethical dilemma or exploring guidance for ethical questions. Even if an LPC is not a member of LCA or ACA, LPCs in Louisiana are subject to administrative actions by the LPC Board of Examiners if they violate the ACA Code of Ethics (§1301. Causes for Administrative Action).

Interestingly, the Rules for continuing education for the renewal of a LMFT license specifies three hours of ethics in Marriage and Family Therapy related topics (Louisiana LMFT Rules, Continuing Education Requirements, §350.C.3.e.iii). An example of approved ethical training specifically identified in

the Rules includes the American Association for Marriage and Family Therapy (AAMFT) Code of Ethics; however, the example does not specify the Louisiana Code of Ethics for Licensed Marriage and Family Therapists (LCELMFT). Although there are many common sections and codes between the CCLPC, ACA, LCELMFT and AAMFT codes, there may also be some significant differences. The purpose of this article is to highlight the significant clinical practice oriented codes that differ among the codes and standards. Such differences can lead to complicated ethical decision-making or ethical conflicts between the two or more codes. For the purpose for this paper, the term “dual licensed” will refer to clinicians licensed as professional counselors (LPC) and as marriage and family therapists (LMFT) in Louisiana.

### **Multiple Ethical Codes**

Herlihy and Remley (2011) identified concerns regarding multiple codes of ethics when they expressed the potential for conflicts to exist between the ethical codes of counseling professional associations (i.e. the American Counseling Association, the Association for Counselor Education and Supervision, etc.). Herlihy and Remley recommended a “best practices” terminology instead of a code of ethics to reduce such conflicts. However, Herlihy and Remley addressed the multiple codes of ethics under the counseling profession and did not explore the cross professional ethical dilemmas. Additionally, with professional associations, membership is voluntary where professionals would have a choice as to whether they put themselves in a situation of belonging to multiple professional associations and resulting compliance with multiple ethical codes. Joining different



associations does not impact the practice ability of clinicians since the license is issued by the state and not by the professional association. The dually licensed professional in Louisiana may choose to have multiple licenses but the choice may be influenced by scope of practice factors related to insurance reimbursement, ability to diagnose, and ability to be recognized to work with state level agencies.

Herlihy and Remley (2011) also express concerns regarding consumers' understanding of the different ethical codes; however, clinicians themselves may struggle in exploring multiple ethical codes associated with their practice. Dually licensed professionals with dual professional memberships (LCA and LAMFT) would be required to check four codes when exploring ethics related questions and concerns. Differences between two or more codes can lead to confusion and the need to consult and eventually make a decision regarding which code takes precedence or is the "best fit". Considering an ethical decision making process (Corey, Corey, & Callanan, 2011) would help dually licensed professionals by including all required codes of ethics.

### **Ethical Codes Overview**

The AAMFT Code of Ethics (AAMFTCE), revised in 2012, includes eight sections addressing ethical areas of consideration: 1) Responsibility to clients; 2) Confidentiality; 3) Professional competence and integrity; 4) Responsibility to students and supervisees; 5) Responsibility to research participants; 6) Responsibility to the profession; 7) Financial arrangements; and 8) Advertising. The Louisiana Code of Ethics for Licensed Marriage and Family Therapists (LCELMFT) also has the same eight sections as the AAMFTCE, however, the

specific content of those sections are somewhat different as well.

The ACA Code of Ethics (ACACE), revised in 2005, also has eight sections addressing ethical areas of consideration: 1) The counseling relationship; 2) Confidentiality, privileged communication, and privacy; 3) Professional responsibility; 4) Relationships with other professionals; 5) Evaluation, assessment, and interpretation; 6) Supervision, training, and teaching; 7) Research and publications; and 8) Resolving ethical issues. The Code of Conduct for Licensed Professional Counselors (CCLPC) also has eight sections with similar headings and titles but there are also some differences in the content as well.

Clearly, the LCELMFT and CCLPC were initially modeled after the AAMFT and ACA Codes of Ethics, respectively. However, both the AAMFT and ACA codes have been revised in 2012 and in 2005, respectively. The LCELMFT and CCLPC are somewhat dated since the rules and resulting codes were approved several years prior to the professional organizations code changes.

### **Common ethical standards with differences**

For the purposes of this paper, the focus will solely be on sections and codes that address clinical practice and professionalism. Sections and codes associated with students, supervisees, and research participants will not be addressed.

### **Confidentiality and Mandated Reporters**

The AAMFT Code of Ethics (AAMFTCE) provides a general statement regarding the limits of confidentiality and informing clients of such limits: "Therapists review with clients the circumstances where

confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures” (Code 2.1). The ACACE specifies that disclosure is warranted and confidentiality not guaranteed when there is a need “...to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed” (Code B.2.a.). The CCLPC also identifies the limit of confidentiality when “...required to prevent clear and imminent danger...” (§ 2501.A.3) and in other sections of the LPC Rules, the rules address the requirement to report suspected abuse or neglect (elder or child) (§1301. Causes for Administrative Action). The LCELMFT also specifically address areas where mandating reporting and the breaching of confidentiality are appropriate (i.e. abuse or neglect of children, elderly, or individuals with disabilities) (§ 4707, C). The specifics of legal requirements may not be identified in the ACACE and AAMFTCE due to the AAMFT and ACA being organizations with a national footprint. Different states have different laws regarding mandated reporting so more vague language is understandable. Still, dually licensed professionals in Louisiana would, in the case of confidentiality, better inform clients by specifically identifying the LCELMFT specific content and identifying specific examples where limitations to confidentiality exist.

Additionally, dually licensed professionals in Louisiana are encouraged to explore the specific limitations identified in the CCLPC and the ACACE regarding disclosures to third parties when it comes to life threatening diseases such as the Human Immunodeficiency Virus (HIV). Both the CCLPC and the ACACE

provide guidance in informing identifiable third parties who are at “...high risk of contracting the disease” when the client has been diagnosed with a “...disease commonly known to be both communicable and fatal” (§ 2501.A.4). The AAMFTCE and the LCELMFT do not address the topic of contagious and life threatening diseases and potential ethical considerations. However, some states do mandate the reporting of contagious and life threatening diseases by other laws and mandates that may apply to LMFTs and/or LPCs in those states. Regardless, dually licensed professionals in Louisiana are encouraged to not only check other laws that may apply to the reporting of contagious and life threatening diseases but also to refer to the CCLPC for additional considerations.

### **Relationships**

Sexual relationships, multiple relationships, and exploitation of clients are also addressed by both codes. In particular, one significant difference is the timeline regarding sexual relationships with former clients. For example, the CCLPC (§2103.G.2), LCELMFT (§ 4705.F) and the AAMFTCE (Code 1.5) addresses sexual relationships with former clients and identifies a minimum of a two year period without contact with the former client from the period of termination of the therapeutic relationship to ensure that exploitation of trust is not occurring. However, the ACACE (Code A.5.b) indicates that a five year period needs to pass prior to engaging in romantic or sexual relationships with former clients. Additionally, the ACACE (Code A.5.b) and the AAMFTCE (Code 1.5) identify concerns regarding sexual activity with family members and partners of former clients and encourage similar prohibition, 5 years and 2 years respectively, as the ones

applying to sexual relationships with clients. However, neither the CCLPC nor the LCELMFT address sexual relationships with family members and partners of former clients. Dually licensed professionals with membership in either LCA and/or LAMFT would be encouraged to be aware of these differences between state level and organizational level guidance. Additionally, dually licensed professionals in Louisiana with membership in LCA who are considering sexual or romantic relationships with former clients and/or their family members may be better protected from ethical violations by adhering to the 5 year rule as indicated by the ACACE.

Both the ACACE and the AAMFTCE address therapeutic relationships in different manners. The AAMFTCE (Code 1.9) and the LCELMFT (§ 4705.F) state: "...therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship". The ACACE (Code A.1.c) does include the following statement: "Counselors and clients regularly review counseling plans to assess their continued viability and effectiveness, respecting the freedom of choice of clients" (ACA, 2005). The CCLPC (§2103.G.2) practically says the same thing as the ACACE Code A.1.c. The ACACE (Code C.2.d) and the CCLPC (§2107.B.4) also address the effectiveness of counselors explaining that counselors seek supervision, if needed (i.e. private practitioners), to help evaluate their efficacy. The difference is in the responsibility of the therapist (AAMFTCE and LCELMFT) to be proactive with addressing the impact or benefit of services to the client and the implied task to recommend a referral or termination if the client is not benefiting. The ACACE encourages communication between the counselor

and client regarding the effectiveness but implies that the client has the choice. One significant question is whether or not it would be ethical to refer a client and terminate services even when the client wants to continue, despite a lack of progress or clear evidence of the client benefiting from the therapeutic relationship. Or, to rephrase the question, would it be considered a violation of the AAMFTCE or the LCELMFT if dually licensed professional continued to work with a client simply because the client wants to continue in therapy despite the lack of progress or improvement?

### **Violation of Codes and Reporting Unethical Behavior**

The unethical conduct or behavior of other professionals can be difficult to handle. The ACACE (Code Section H.2. Suspected Violations) and the CCLPC (§2117.B) address how to identify and handle suspected unethical behaviors of colleagues or other professionals. The AAMFTCE (Code 1.6) and LCELMFT (§4705.G) simply direct marriage and family therapists to "...comply with applicable laws regarding the reporting of alleged unethical conduct". However, if no specific licensing laws or other laws directly address the need to report the unethical behavior, then, the marriage and family therapist may find themselves without much guidance from either code regarding the appropriate steps to take. Concerns with individual interpretation of ethical codes may lead to inconsistency among therapists and counselors. Of course, consultation with other professionals, lawyers, and professional associations (state and national) can assist dually licensed professionals in making appropriate decisions to ensure the protection of clients from inadvertent or purposeful unethical behaviors from other clinicians.

The AAMFTCE code 3.15 explains that the conviction of felony or certain misdemeanors "...if related to their qualifications or functions" or engaging in activities that may lead to such convictions may lead to termination of membership in the AAMFT. Some of the other instances that could lead to "...termination of membership or other appropriate action..." by the AAMFT include when a member has been "...expelled from or disciplined by other professional organizations" or if members have their "...license or certification suspended or revoked..." (AAMFT, 2012, Code 3.15). The LCELMFT (§4709.P) also indicates a violation of the code when one is convicted of a felony or certain misdemeanors or engage in activities that may lead to such convictions may lead to "...revocation or suspension of licensure...." The ACACE does not specify any potential consequence for convictions of crimes. The CCLPC and the LCELMFT do list other areas where violations of other rules and statutes outside of the Code of Ethics and/or Code of Conduct would result in other consequences (suspension of license, etc.).

### **Discussion and Conclusion**

Some ethical predicaments associated with the counseling and/or therapeutic relationships and mandated reporting/confidentiality present with challenges that can be regularly faced by dually licensed professionals. These particular challenges have more questions than answers associated with them. For example, if a dually licensed professional follows one ethical code over another, would the professional be in jeopardy of being reported for an ethical violation associated with the code that was not followed? All four codes address potential conflicts between the ethical code/code of

conduct and organizational/company rules. The ACACE also specifically addresses the need to be aware of and address potential conflicts between the ethical code and laws. While the LCELMFT and the CCLPC address the need to be aware of other ethical codes based on licenses held and membership in organization, the codes do not provide specific guidance as to the hierarchy of the codes. Therefore, consultation is recommended for dually licensed professionals in Louisiana, in particular, dually licensed professionals with dual professional membership. The ACACE does address the hierarchy of laws over ethical codes but only when there is a conflict between the two.

Since the ACA and AAMFT Codes of Ethics tend to be updated and change over time, it is recommended that the LPC and LMFT laws/rules in Louisiana be changed to mandate adherence to the profession specific ethical code versus having a specific code for the license in the law or rules. Some states have already implemented the Code of Ethics from national organizations (i.e. AAMFT) into the state laws/rules for LMFTs (West, Hinton, Grames, & Adams, 2013). Ethical codes for LPCs and LMFTs in Louisiana can be readily updated by identifying the professional association code of ethics as the ethical code for the licensed individual. Otherwise, the rules dictating the ethical codes for the licensed individuals will need to change to reflect the changes being made in research and practice. The LCELMFT and CCLPC were modeled in the same fashion as the AAMFTCE and ACACE, respectively. Why not simply refer to the AAMFTE and ACACE?

Dually licensed professionals in Louisiana are challenged with balancing and adhering to both the LCELMFT and CCLPC. Both codes of ethics provide their unique focus and

guidelines. Of course, the LCELMFT is more focused on marriage and family therapy oriented ethical concerns while the CCLPC focuses more on general counseling to include some codes that address group counseling and family counseling. Complications increase for dually licensed professionals with dual professional membership in the ACA and AAMFT. Although one code of ethics is not necessarily better or worse, understanding all four and adhering to the more conservative code may help reduce the risk of ethical violations among dually licensed/dual member professionals. As ethical codes are revised, dually licensed professionals with dual professional memberships are encouraged to review updates to both the ACACE and the AAMFTCE to continue exploring what codes overlap and which codes may have different guidelines (i.e. relationships with family members, number of years between types of relationship, etc.). Finally, dually licensed professionals would benefit from a review of the ACACE in continuing education every two years similar to the rules established for LMFTs in Louisiana.

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# Undergraduate Major and Other Factors' Effects on Success in Counselor-Training

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Counselor education programs need to understand what factors contribute to success of counseling students. In this study, the authors examined the influence of undergraduate major, undergraduate grade point average (UGPA), and length of time since last degree. The researchers collected archival data from a diverse sample of 110 counselors in training. The results of the study indicated no difference in success, as measured by graduate GPA and CPCE scores, based on undergraduate degree or years since graduations. However, UGPA was significantly correlated to both measures.

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Graduate programs in counseling must thoughtfully consider aptitude for graduate study when reviewing admissions criteria (CACREP, 2012; Smaby, Maddux, Richmond, Lepkowski, & Packman 2005). task presents numerous challenges because many factors contribute to the potential success of counseling students (Schmidt, Homeyer, & Walker, 2009; Smaby et al., 2005). Additionally, academic success can be measured using a variety of ways such as focusing on content knowledge or skill development (Smaby et al., 2005). There are many valid assessments of student success, but in this current study, the focus of academic success is content knowledge as measured by GPA and the Counselor Preparation Comprehensive Exam (Center for Credentialing and Education, 2012). In this study, the authors explored factors that may contribute to the success of counseling students, and the authors attempted to address several assumptions used in the admissions process. These factors include undergraduate major, undergraduate grade point average (UGPA), and the number of years since graduation from the undergraduate degree.

## **Undergraduate Major and Counselor Education**

A review of the admissions requirements for a variety of counseling programs demonstrated a desire for candidates with an undergraduate background in social sciences such as Psychology or Social Work (e.g. Sonoma State University, 2011, para 1). In contrast, other programs state on their admissions' web page that a Bachelor's Degree is required, but no particular major is indicated (e.g. University of North Texas, 2011, Para 7; University of South Dakota, 2011, para 1). It is possible that faculty weigh the significance of the undergraduate major even though it is not emphasized in the published requirements. There was a lack of research relating to undergraduate majors for counseling graduate studies; however, Specht, Britt, and Frost (1984) in an older study explored how undergraduate majors related to outcomes of graduates from a Master's of Social Work program. They studied post graduate outcome variables such as employment, salary, publications, and other objective measures. The undergraduate majors they compared were students with a Bachelor of Social

Work (BSW) and students with a Bachelor of Arts (BA). The results from that study indicated the BA students outperformed the BSW majors in a wide variety of measures. The authors concluded that BA majors developed a wide range of academic skills that were not present in the more specialized degree program of BSW. These results highlight the possible influence of undergraduate majors that more specialized majors may not necessarily lead to success in a related program. Counselor training programs might prefer students with a background in behavioral sciences although this preference may not be a valid indicator of success.

### **Undergraduate GPA and Counselor Education**

Prior studies have explored the predictive validity of using undergraduate grade point average (UGPA) as a predictor of success in a graduate counseling program. Smaby et al. (2005) found that undergraduate GPA significantly contributed to the prediction of CPCE scores. Yet, when focusing on skills and dispositions, the influence of UGPA had mixed results. It did not significantly predict Personal Development and Counseling Skills as measured by the Counselor Skill and Personal Development Rating Form (CSPD-RF) developed by Wilbur (1991) and modified by Torres-Rivera (2002). But scores on the Skilled Counselor Scale (Urbani et al., 2002) were significantly predicted by UGPA. The Understanding Scale, specifically, was predicted while the Exploring and Acting Subscales were not predicted (Smaby et al., 2005).

Schmidt, Homeyer, and Walker (2009) completed a similar study with a larger sample (n=403). UGPA was a significant predictor of CPCE total scores for both studies. Although UGPA

is a valid predictor of future counseling knowledge as measured by the CPCE they only accounted for less than 25% of the variance. Therefore, UGPA is a valid consideration for admissions; however, many other factors such as essays, reference letters, and interviews must also be considered when reviewing admission criteria.

The above mentioned studies (Schmidt, Homeyer, & Walker, 2009; Smaby et al., 2005) also explored the influence of scores on the Graduate Record Exam (GRE) as a factor of success. Smaby et al. (2005) found that the GRE verbal scores and undergraduate GPA significantly contributed to the prediction of CPCE scores. The GRE Quantitative scores did not significantly contribute to the prediction. The GRE Verbal scores were the best predictors overall. GRE scores did not significantly predict Personal Development and Counseling Skills as measured by the CSPD-RF developed by Wilbur (1991) and modified by Torres-Rivera (2002). Scores on the Skilled Counselor Scale were significantly predicted by GRE Verbal scores. Schmidt, Homeyer, and Walker (2009) also studied GRE scores and the CPCE results (n=403). GRE Verbal scores were significant predictors of CPCE Total scores for both studies. Schmidt et al. also found, in contrast to the Smaby study, that GRE Quantitative scores were significant predictors of the total CPCE scores. Although GRE scores are valid predictors of future counseling knowledge as measured by the CPCE they only accounted for a small portion of the variance. Therefore, many other factors must be considered when reviewing admission criteria.

### **Years Since Graduation and Older Students**



Many new counseling students earned their Bachelor's Degrees many years prior to beginning the counseling program. Williams and Seary (2011) explored how confusing and anxiety provoking re-engaging can be in higher education after many years. The mixture of work and family responsibilities with school can lead to role overload and increased stress. Despite these challenges, older college students often demonstrate higher levels of motivation which is reflected in performance (Bye, Pushkar, & Conway, 2007). Although admissions committees do not consider age or years since graduation as important for admissions criteria, (Bye, et. al. 2007) many potential students can fear this gap in education will negatively impact them (Bye, et. al. 2007). This factor needs to be explored for advising and mentoring purposes. If older students perform at similar or higher levels than their younger classmates, then knowledge of this may help reduce stress levels. In a study with undergraduate students, age was actually positively correlated with GPA (Owens, 2003).

The goal of this study is to examine the impact of undergraduate major and amount of time since receiving an undergraduate degree on CPCE scores and GPA. The research questions are: What is the effect of undergraduate major (Degree in Psychology versus other) on CPCE scores; and what is the effect of number of years since undergraduate graduation on CPCE scores? The relationship between GPA and CPCE scores will also be explored.

## **Methods**

### **Sample**

The sample was comprised of 110 counseling students from a private university located in the Southeastern United States in an urban setting. The

gender distribution for the sample was 97 females (88%) and 13 males (12%). The ethnic distribution was 58 African American students (53%), 37 Caucasian students (34%), 3 Hispanic students (2-3%), 2 multiethnic students (1-2%), and the remainder of the sample did not identify ethnicity. A slight majority of the sample was represented by undergraduate Psychology majors (n=59) while the rest of the sample (n=51) had majors other than Psychology. The researchers identified twenty-eight other majors, such as education, nursing, business, and communications overall.

### **Procedures**

Archival records from a sample of 110 students from a diverse student population were used to collect data. The data collection documents included student admissions' files along with student transcripts. A random month was selected to begin adding files until a nearly equal number of students with and without Psychology majors were selected. The study was approved by the Institutional Review Board.

### **Instruments**

Archival data was used from student records. A spreadsheet was developed to transfer the information from records to a usable database. Only one of the variables related to a standardized test or instrument, the student's Counselor Preparation Comprehensive Exam (CPCE). Comprehensive testing using the CPCE was implemented for program evaluation and student outcome assessment (Schmidt, Homeyer, & Walker, 2009). Because the CPCE is widely used it is important to determine what factors help to predict how well students might perform on this assessment as well as GPA in the future.

## **Results**

In this study, factors influencing student success in a counseling program were explored. Initially, students with an undergraduate major in Psychology were compared to students who were not Psychology majors with regards to CPCE scores (see Table 1). There was no significant difference based on major  $t(109) = 1.31$ ,  $p > .05$ .

The correlation between UGPA and CPCE scores was analyzed next. There was a significant relationship between undergraduate UGPA and CPCE scores,  $r(108) = .20$ ,  $p = .036$ . The other variable of student success used was graduate GPA. There was a significant relationship between undergraduate GPA and Graduate GPA scores,  $r(108) = .2665$ ,  $p = 0.0049$ . The correlation between CPCE scores and the number of years since graduation was determined and a positive though not statistically significant relationship [ $r(108) = .1618$ ,  $p = .09$ ] was reported. CPCE scores were higher for students who have been away from school longer. And finally, the correlation between graduate GPA and CPCE scores determined there was a significant relationship between Graduate GPA and CPCE scores,  $r(108) = .5126$ ,  $p < .0001$ .

There was no significant difference in GPA based on undergraduate major  $t(109) = .0225$ ,  $p > .05$ . The scores (see Table 2) were almost identical and there was no significant correlation between years since graduation and graduate GPA,  $r(108) = .05$ ,  $p > .05$ .

## Conclusions

Counselor educators and admissions committees should consider the following conclusions based on the results of this study. First, undergraduate GPA is a valid predictor of academic success (e.g. GPA and CPCE Scores) in counselor education,

but it accounts for a small percentage of variance for the CPCE scores. This supports the results of the two previous studies on this topic that also indicated the influence of UGPA (Schmidt, Homever, & Walker, 2009; Smaby et al., 2005). This variable is an important consideration for admissions, but other factors need to be considered when selecting students. This could support the option of conditional admission status for students with low UGPA or the use of a weighted formula rather than the use of a cutoff score. Second, students with undergraduate majors in Psychology, in this sample, did not perform better than non-Psychology majors on the CPCE or graduate GPA. This result supports the conclusions of Specht, Britt, and Frost (1984) who reported that for graduate students in Social Work, a specialized undergraduate major did not lead to greater success. Therefore, potential students from a wide variety of undergraduate majors should be considered for admission. One potential caveat for this conclusion would be that undergraduate Psychology majors with strong background in research and testing may have an advantage in these challenging areas. Third, students who have more years since completing the undergraduate degree (older and more non-traditional) did not score significantly higher on GPA and CPCE .

## Implications

Admissions committees may not need to consider an undergraduate major in Psychology as being more beneficial than other degrees when considering admissions criteria. However, being a Psychology major may show a longer and deeper interest in the area of mental health, and perhaps counseling departments may even prefer Psychology majors, but the

empirical evidence does not support a link to greater success.

Admissions committees should continue to use UGPA and GRE scores as valid indicators of aptitude for graduate studies in counseling, but realize that these quantitative indicators alone are not strong predictors of success. Other methods such as essays, reference letters, and interviews need to be considered for admissions decisions. More innovative interviewing techniques also need to be considered.

Students returning to graduate school several years after earning their Bachelor's degree actually perform similarly or better than more traditional aged students. This information can be shared with the number of older students who enter counseling programs concerned about their potential success.

In conclusion, since GPA seems highly linked to CPCE scores, it can be used to identify students who might be at-risk of not passing the CPCE at the end of the program. Students with lower GPAs might need additional resources when preparing for the CPCE. Access to study guides and to study groups can facilitate their preparation. Faculty should take an active role in helping students prepare for the CPCE.

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Table 1. CPCE Scores Based on Major

<u>Group</u>	<u>n</u>	<u>M</u>	<u>SD</u>
Psych Majors	59	86.07	10.16
<u>Non Psych Majors</u>	<u>51</u>	<u>88.86</u>	<u>12.11</u>

Table 2. GPA Scores Based on Major

<u>Group</u>	<u>n</u>	<u>M</u>	<u>SD</u>
Psych Majors	59	3.6879	.2030
<u>Non Psych Majors</u>	<u>51</u>	<u>3.6869</u>	<u>.2654</u>

## **Section II: Graduate Students' Articles**

### **James Marcia's Identity Development Statuses: Implications for Counselors in Louisiana (Theoretical Article)**

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The pilot study presented in this article was conducted as part of a dissertation research project by Dwayne Jacobs, who is a doctoral student at the University of New Orleans.

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Louisiana's Student College & Career Readiness Act (SCCRA) has significant influence on the career development of the state's public school students. Counselors in Louisiana working with clients in the area of career counseling and who have an awareness of James Marcia's identity development statuses could facilitate the career development of those clients. This article presents: the background of both SCCRA and James Marcia's identity development statuses; the pilot study of a dissertation research project; and implications and considerations for counselors in Louisiana.

*Keywords:* career options law, identity statuses, James Marcia, career development

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#### **Introduction**

##### **Student College & Career Readiness Act**

In 1998 Louisiana public schools began implementation of the Career Options Law, Act 1124 of 1997. The law was legislated with the intent to increase students' career awareness and career planning in early stages of their education. The law required that each student, with the input of his or her family and a school advisor, develop a career-focused educational plan by the end of the student's eighth grade school year. This plan was known as the students' Five Year Educational Plan (FYP). The FYP included courses that were consistent with the students' goals for one year after their high school graduation and was reviewed

annually by the student, parents, and school advisor and revised as needed (Career Options Law Act 1124, 1997).

In 2009, the FYP became the Individual Graduation Plan (IGP) as a component of the Student College & Career Readiness Act (SCCRA) 257. The purpose of the IGP and its related activities are for students to: explore educational and career possibilities; make appropriate secondary/postsecondary decisions as part of an overall career plan; plan based on their talents and interests; and consider graduation requirements relevant to their chosen area of concentration and postsecondary entrance requirements. To facilitate the development of students' IGP, schools are required to provide the above mentioned career related activities to

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students beginning in their sixth grade school year (Student College & Career Readiness Act 257, 2009).

Again, it is SCCRA's intent that the student guidance process to gain career awareness and career planning begin in middle school (Student College & Career Readiness Act 257, 2009). It is the intent of this article to highlight implications that SCCRA may have for these students' by exploring James Marcia's identity developmental statuses (Marcia, 1966).

### **Theoretical Framework**

Erik Erikson's 1950 work on psychosocial development and James Marcia's 1966 work on psychosocial moratorium form the theoretical grounding for this study. Erik Erikson developed a model of human development that spans from infancy to late adulthood. His model consists of eight stages, each presenting the individual with a new challenge to be mastered and building on the completion of the previous stage. In the stage "identity versus role confusion," the individual's primary task is reaching identity achievement. Erikson stated that individuals in this stage experience a necessity to establish an identity and one's place in the larger social order. He believed that individuals that have not successfully progressed through this stage might experience difficulties choosing and maintaining an occupational identity (Erikson, 1950).

Later, James Marcia would build on Erikson's theory of 'identity achievement' by identifying four distinct identity statuses as part of identity development. He states that an individual that has reached 'identity achievement' has experienced a crisis and has made a commitment to one identity. Marcia (1966) states: "Crisis refers to the adolescent's period of engagement in choosing among

meaningful alternative(s); commitment refers to the degree of personal investment the individual exhibits." Identity foreclosure status occurs when an individual has committed to an identity absent of identity exploration (may result from parental expectations or those of other social authorities). Identity diffusion status is when an individual has neither experienced a period of identity exploration nor made an identity commitment (may experience non-discriminatory changes in occupational choice). The identity moratorium status can be described as a period in which an individual is actively exploring different identities, but has not made a commitment to one (Marcia, 1966).

### **Research Pilot Study**

The researcher has implemented qualitative research methods in a pilot study in order to inform, strengthen, and focus the research topic. Marcia (1966) states: "crisis refers to the adolescent's period of engagement in choosing among meaningful alternative(s)" and "commitment refers to the degree of personal investment the individual exhibits." While the primary research involves exploring the identity moratorium status; which can be described as a period in which an individual is actively exploring different identities, but has not made a commitment to one; this pilot study explored the alternative identity statuses in an attempt to add further context to the primary research. The researcher sought to understand the experiences of participants who were identified as having been in identity statuses foreclosure or diffusion during their transition from high-school to college and their perception of their level of college readiness. Identity foreclosure status is when an individual has committed to an identity absent of



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identity exploration (may result from parental expectations or those of other social authorities). Identity diffusion status is when an individual has neither experienced a period of identity exploration nor made an identity commitment (may experience non-discriminatory changes in occupational choice) (Marcia, 1966). The researcher also sought to examine participant responses through the perspective of Erikson's assertion that individuals that have not successfully progressed through the stage of "identity versus role-confusion" might experience difficulties choosing and maintaining an occupational identity (Erikson, 1950).

### **Research Data Collection**

The data collection for this series of pilot interviews began with the identification of the alternative identity statuses to identity status moratorium: foreclosure and diffusion. Three individuals that have experienced one of the identity statuses were study participants. The researcher had become acquainted with the individuals via university settings (University of New Orleans, Delgado Community College, and Louisiana State University at Eunice). The individuals were selected via stratified purposeful sampling. Stratified purposeful sampling aims to illustrate characteristics of particular subgroups of interest and facilitate comparisons (Creswell, 2009).

The data sources utilized were two in-person semi-structured interviews and one semi-structured interview by telephone. The researcher conducted the in-person interviews at the University of New Orleans (UNO) campus. The researcher utilized in-person interviews to allow for the collection of non-verbal behaviors. Semi-structured interviews were utilized to provide direction to the interview process, while allowing

participants to answer without restraint. Interview notes and audio-taping were the data recording procedures utilized. The researcher utilized interview notes to allow for the recording of non-verbal communications and key terms during the interview process. Audio-taping allowed more opportunity for the researcher to focus attention on the interview process (Creswell, 2009).

### **Research Coding System**

Although the coding for the primary research will utilize grounded theory methods, the initial coding system for the pilot study was validated coding (Creswell, 2009). The two researchers reviewed all interviews independently, identifying general themes. The team reviewed each other's themes and compared shared and disparate terms. The two researchers developed a collaborative list of themes and subthemes. In Vivo Codes are codes that the researcher develops directly from analyzing the data. Priori Codes are codes that the researcher utilizes from existing phenomenon knowledge. The primary researcher later recognized that although the intention was to maintain, whenever possible, the use of raw participant data to facilitate the validity of the study, most of the study's identified themes and sub-themes were not the language used by the participants but researcher developed themes.

This awareness challenged the primary researcher to analyze all data again to ensure the previously identified themes and sub-themes are appropriate, and that other themes have not been overlooked. This is ultimately necessary to ensure that the researcher's prior knowledge did not hinder the analytic process, thereby jeopardizing the validity of the study. In addition to personally analyzing all data again, the primary researcher requested that research participants

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offer feedback on the identified themes and sub-themes as they relate to the information that they shared during their interviews; this is a qualitative research validation technique (Creswell, 2009). Participants were previously granted copies of their transcribed interview for revisions as well as the pilot study results that explained how their data was used. Specific feedback was requested regarding the identified themes and sub-themes, in which participants responded with validation of previously identified themes and sub-themes. This list, or "frame-book," became the tool used to further explore the content of the interviews. A description of themes and sub-themes can be found below, followed by a table of themes and sub-themes:

- 1) Social Influences- influences from external factors (family, society, etc)
  - A) Positive- influences from external factors which are positive
  - B) Negative- influences from external factors which are negative
- 2) College Readiness- preparedness as perceived by participants
  - A) Positive Early- positive perception of preparedness entering college immediately after high school
  - B) Negative Early- negative perception of preparedness entering college immediately after high school
  - C) Positive Later- positive perception of preparedness entering college a year or more after high school
  - D) Negative Later- negative perception of preparedness entering college a year or more after high school
- 3) Self-Awareness- awareness of one's own goals and ideals

- A) Initial Realization- initial realization of one's own goals and ideals
- B) State of Resolve- reflections and thoughts about previous experiences

### **Research Data Analysis**

The foreclosure interview was the only interview that exhibited positive social influences.

The foreclosure interview also exhibited significantly more negative social influences, while the diffusion I and diffusion II interviews were close in the number exhibited. All interviews exhibited a similar number of positive early readiness. The diffusion interviews exhibited similar numbers of negative early readiness and significantly more than the foreclosure interview. The diffusion interviews also exhibited similar numbers of positive later readiness, while the foreclosure interview did not exhibit any. The diffusion I interview exhibited negative later readiness, while diffusion II and foreclosure interviews did not exhibit any. All interviews exhibited a similar number of initial realizations. The foreclosure interview and diffusion interview I exhibited a similar number of state of resolve, while diffusion II interview did not exhibit any. All interviews exhibited experiences of difficulties choosing and maintaining an occupational identity. And all interviews also exhibited a time of a year or more after high school graduation for their experiences of self-awareness.

The primary challenge experienced by the researcher was the development of themes utilizing the participants' language. The researcher maintained awareness of potential biases through this process to minimize the risk of jeopardizing the validity of the study. This validation process was facilitated through the continued use of member checking. The revelation of the

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foreclosure interview's positive social influences was unexpected by the researcher. The researcher's previous knowledge created some bias prior to the data analysis process, resulting in the anticipation of only negative social influences as part of the foreclosure interview. This may be of significance in the final study as it provides support for some degree of positive external factor influences.

### **Research Pilot Results**

The pilot study results provide support to Marcia's (1966) description of experiences of individuals in identity statuses foreclosure and diffusion. The foreclosure interview exhibited the social influence described by Marcia: "I enrolled in college after high school because it had always been the expectation of my family that I would attend college." While the diffusion interviews exhibited experiences of non-discriminatory changes in occupational choices: "I didn't have an idea of what I really wanted to do, so business administration I figured any business I could get into."

The pilot study results also provide support for Erikson's (1950) assertion regarding individuals who have not successfully progressed through the stage of "identity versus role-confusion". All interviews exhibited experiences of difficulties either choosing or maintaining an occupational identity. While the foreclosure interview exhibited difficulty in maintaining occupational choice: "It wasn't really until after I graduated from college and started working as a lawyer that I wasn't very happy working as a lawyer." both of the diffusion interviews exhibited difficulty in choosing an occupational choice: "Well my first thought, I wanted to be a veterinarian. And so I went off to college for my first year of prerequisites; did not like it."

And finally, the pilot study results provide support for the primary research proposal that psychosocial moratorium experiences influence college readiness. All interviews exhibited experiences of feeling assured of their occupational choices at periods of one and a half years or more after their graduating from high-school. As one participant stated: "Whereas if I had postponed college a year and a half, two years, or been a little more mature...I would have been fine." This final observation of the pilot study results lends further credence to the assertion in the primary research that psychosocial moratoriums influence college readiness.

The researcher plans to advance the pilot study results in the primary research through in-depth interviews with individuals identified as having been in identity moratorium status prior to their enrollment into college. These individuals will be interviewed to gain an understanding of their experiences of different psychosocial moratoriums. The researcher will also attempt to identify themes of the psychosocial moratorium experiences associated with the individuals' college readiness. The identification of these themes will be utilized in answering the research question: "Which psychosocial moratorium experiences influence students' college readiness?"

### **Conclusion**

#### **Implications for Counselors in Louisiana**

The results of the pilot study suggests that individuals' identity development status at the time of their career choice has consequences for their career development. Individuals who were in identity foreclosure status at the time of their career choice may commit to a career based on parental

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expectations or those of other social authorities. This is exhibited in the foreclosure interview of the pilot study: "I enrolled in college after high school because it had always been the expectation of my family that I would attend college." Individuals who were in identity diffusion status at the time of their career choice may have experienced non-discriminatory changes in career. This is exhibited in the diffusion interview of the pilot study: "I didn't have an idea of what I really wanted to do, so business administration I figured I could get into."

### **Considerations for Counselors in Louisiana**

Counselors in Louisiana working with clients in the area of careers should assist the client in his or her exploration of the rationale and or reasoning behind their previous career choices. This exploration may facilitate the client's discovery of the basis of previous career choices and allow him or her to determine its validity. This validation can be supported through the utilization of interest and ability assessments for clients. Even clients

who may have taken interest and ability assessments at an earlier time may find new insight through revisiting these assessments. Counselors should also encourage these clients to consider different career options while explaining the rationale. Clients who have experienced multiple career changes, particularly those who may have previously been in identity diffusion status, may feel frustration and or despair choosing a career.

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## Section II: Graduate Students' Articles

Fig. 1- Theoretical framework utilized in the pilot study

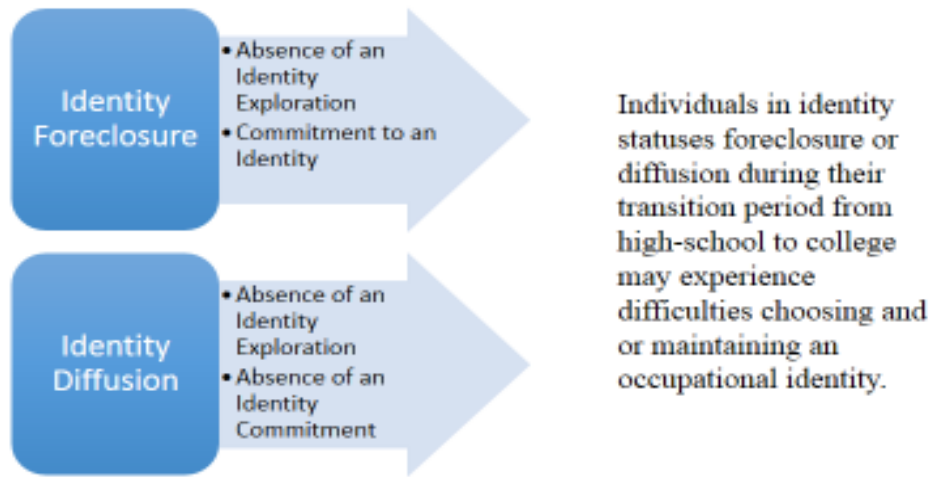


Fig. 2- Themes and Sub-Themes Data Table:

Themes	Sub-Themes
Social Influences	Positive
	Negative
College Readiness	Positive Early and Negative Early
	Positive Later and Negative Later
Self-Awareness	Initial Realization
	State of Resolve

# Test Questions for Licensed Professional Counselors

A score of 100% is needed on the following items. You need to submit this test along with the request for a certificate to receive hours. Once scored, you will receive a certificate verifying **2.5 CLOCK HOURS** of CEUs.

CE/CEU Questions for African American Pastors Article:

1. Which of these was NOT a primary referral theme that emerged during the interview of the African American Pastors?
  - a. Experiences with referring congregants
  - b. Characteristics of a Counselor
  - c. Age of the Counselor
  - d. Concerns about referring their congregants

CE/CEU Questions for the article on School Counselors' Perceptions:

2. According to the article, large case loads and school test coordination activities were perceived as barriers/limitations to school counselors.
  - a. True
  - b. False

CE/CEU Questions for the Ethical Considerations Article:

3. Which of the below organizations **BOTH** address disclosures to third parties regarding life threatening diseases within their Code of Ethics or Code of Conduct?
  - a. The LA Licensed Professional Counselors (LPC) and The American Association for Marriage and Family Therapy (AAMFT)
  - b. The American Association for Marriage and Family Therapy (AAMFT) and the American Counseling Association (ACA)
  - c. The American Counseling Association (ACA) and Licensed Marriage and Family Therapists (LMFT)
  - d. The LA Licensed Professional Counselors (LPC) and the American Counseling Association (ACA)

CE/CEU Questions for the Undergraduate Majors Article:

4. Students who had been away from school for longer periods of time tended to score higher on the CPCE.
  - a. True
  - b. False

CE/CEU Questions for the Identity Development Statuses Article:

5. According to the article, individuals in identity foreclosure status may experience non-discriminatory changes in career.
  - a. True
  - b. False



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## GUIDELINES FOR AUTHORS

The *Louisiana Journal of Counseling (LJC)* publishes articles that have broad interest for a readership composed mostly of counselors and other mental health professionals who work in private practice, schools, colleges, community agencies, hospitals, and government. This journal is an appropriate outlet for articles that (a) critically integrate published research, (b) examine current professional and scientific issues, (c) report research that has particular relevance to professional counselor, (d) report new techniques or innovative programs and practices, and (e) examine LCA as an organization.

### MANUSCRIPT CATEGORIES

Manuscripts must be scholarly, based on existing literature, and include implications for practice. The following categories describe the nature of submitted manuscripts. However, manuscripts that do not fall into one of these categories may also be appropriate for publication. These categories were adapted from the American Counseling Association's *Journal of Counseling and Development (JCD)*.

1. **Conceptual pieces.** New theoretical perspectives may be presented concerning a particular counseling issue, or existing bodies of knowledge may be integrated in innovative ways.
2. **Research studies.** Both quantitative and qualitative studies are published in *LJC*. The review of the literature should provide the context and need for the study, followed by the purpose for the study and the research questions. The methodology should include a full description of the participants, variables, and instruments used to measure them, data analyses, and results. The discussion section includes conclusions and implications for future research and counseling practice.
3. **Practice articles.** Innovative counseling approaches, counseling programs, ethical issues, and training and supervision practices may be presented. Manuscripts must be grounded in counseling or educational theory and empirical knowledge.
4. **Assessment and Diagnosis.** Focus is given to broad assessment and diagnosis issues that impact counselors.

## MANUSCRIPT REQUIREMENTS

All manuscripts must adhere to the guidelines set forth in the *Publication Manual of the American Psychological Association (6<sup>th</sup> ed.)*. The *APA Publication Manual* sets forth all guidelines concerning manuscript format, abstract, citations and references, tables and figures, graphs, illustrations, and drawings. Special attention should be given to the guidelines regarding the use of nondiscriminatory language when referring to gender, sexual orientations, racial and ethnic identity, disabilities, and age. Also, the terms “counselor” and “counseling” are preferred to “therapist” and “therapy.”

1. Submit an emailed, electronic, blind copy in Word of the entire manuscript to Meredith Nelson, [mnelson@lsus.edu](mailto:mnelson@lsus.edu), Psychology Dept., One University Place, Shreveport, LA 71115 or three (3) clean, hard copies of the entire manuscript with an electronic version to Peter Emerson, *LJC* Editor, [pemerson@selu.edu](mailto:pemerson@selu.edu), SLU Box 10863, Hammond, LA, 70402.
2. Include a cover letter with your manuscript submission that contains your name and title, place of employment and position, address, telephone number, and e-mail address.
3. Manuscripts should not exceed 18 pages, including references.
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6. The *LJC* is published annually in the Fall.
7. Material that has been published or is currently under consideration by another periodical should not be submitted.
8. Generally, authors can expect a publication decision within 3 months after the acknowledgment of receipt.
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