House Bill 693 may impose some of the strictest laws in the nation on medical care for teenagers in North Carolina. The bill would require notarized written approval from a parent before a doctor or other provider could diagnose, treat, or even counsel anyone under 18. Parental consent would also be required for contraception, pregnancy care, and testing for sexually transmitted diseases.

Proponents of the bill claim that it will strengthen parents’ rights to determine what is appropriate in terms of their child’s medical needs. They also argue that current policies encourage too much confidentiality between teens and the clinicians—leaving out parental judgment.

Opponents of the bill argue that the bill is unrealistic and does not take into account teenagers who have unstable or destructive relationships with their parents. Furthermore, teenagers who suffer from emotional, physical, and sexual abuse are most vulnerable if the bill is signed into law because they will not be able to seek counsel in confidence.

If the bill passes, North Carolina will be the only state in the nation to require parental consent for STD testing. Not only does this bill discourage teenagers from seeking medical and psychological help, but it also puts teens at a greater risk for contracting a disease. If sexually transmitted diseases go undetected or untreated, the risk of more teens becoming infected is extremely high, a point that has yet to be addressed.

The bill insinuates that counseling is a negative process instead of a positive outlet for mental health concerns. Teenagers face many tough decisions and should be able to seek counsel or medical help without the consent of their parents. If House Bill 693 passes, it will be a major setback for the mental health counseling profession in the state of North Carolina.

For more information, visit the NCGA webpage, NC Health News, or the Huffington Post.
Dear Members,

I am excited to announce the 2014 NCCA conference will be held in Pinehurst, North Carolina, January 27th – 29th, 2014. As you know, for the past two years the annual conference was located in Greensboro at the Grandover Resort and Spa. This facility and geographic location seemed to accommodate many counselors from across the state. However there are many counselors, from the central and eastern part of the state, who did not attend the conference due to its location.

For at least the past 5 years, the conference has boasted success in the western part of the state. Now, it is hoped this success will continue by moving the conference to a more central location, Pinehurst. This move will hopefully accommodate more professional counselors—affording counselor educators, students, and practitioners the opportunity to attend one of our wonderful conferences. I firmly believe this change in location will help to equally distribute knowledge of professional counseling practices to counselors across our great state. By making this opportunity more accessible to all professional counselors, citizens across the state should benefit, as the services attendees provide will likely be enhanced.

It is the responsibility of the association to consider the impact conference location has on professional counselors and citizens in the great state of NC. This new location, Pinehurst, demonstrates our commitment to professional counseling in North Carolina. Please mark your calendar, and consider joining professional counselors from across the state in beautiful Pinehurst, NC in 2014.

Sincerely,

Jeff Warren
NCCA President
Dear Members,

I am writing on behalf of North Carolina military Service members and their Families to make a very special request. Over the next 19 months waves of Service members will return from deployment and be reunited with their loved ones. But the joy can be short lived once the realities of transition into every day life begin to sink in.

Many return from deployment to communities where they do not have access to military base programs and services. These Service members are seeking help from local behavioral health providers, but tend to not return for care if the provider does not have an understanding of military life and the impact of deployment.

This is how we can all help. The North Carolina Counseling Association has partnered with Army OneSource to provide four free nationally accredited, NBCC approved continuing education courses on the impact of combat stress and deployment on children and families, military culture and PTSD.

From June 4 to July 24, we will be sending you information about these courses and how you can register. This issue is so important that I am personally committing to taking these courses and I’m asking you to join me by completing one or more of the four free courses. You’ll receive your first invitation by email on June 4.

The sacrifices that these men and women and their families have made is almost unimaginable. Please join me in thanking them for their service by taking these courses and learning more about how we may support them in their return to our communities.

Sincerely,

Jeffrey Warren
NCCA President
2012-2013 Conference Recap:

Keynote Speaker Dr. Aldona Wos

Keynote Lunch with Dr. Scott Hinkle

Poster Sessions

2013 Ella Stephens Barrett Award Winner – Dr. Stanley Baker

For more information about the conference, photos, and presentations, please visit the website by clicking HERE.
The Departments of Nursing, Social Work, and Psychology have successfully collaborated to receive grant funding from the Health Resources and Services Administration. Drs. Mei Chuan Wang and Kim Tran are highlighted as two Counseling Psychologists in the Department of Psychology at Fayetteville State University who have been instrumental in offering free services to the community. The project has been titled The Collaborative Institute for Interprofessional Education and Practice (CI-PEP). CI-PEP is designed to offer biopsychosocial services for military personnel, veterans, and their families. Community Engagement, Military, and Collaborations are three points of distinction involved with this initiative.

The CI-PEP brochure can be found on pages 19 & 20.

Carolina Counselor

**Around Campus: Fayetteville State University**

The Departments of Nursing, Social Work, and Psychology have successfully collaborated to receive grant funding from the Health Resources and Services Administration. Drs. Mei Chuan Wang and Kim Tran are highlighted as two Counseling Psychologists in the Department of Psychology at Fayetteville State University who have been instrumental in offering free services to the community. The project has been titled The Collaborative Institute for Interprofessional Education and Practice (CI-PEP). CI-PEP is designed to offer biopsychosocial services for military personnel, veterans, and their families. Community Engagement, Military, and Collaborations are three points of distinction involved with this initiative.

**DSM-5 Webinar Series Starts 6/26/2013**

The new DSM-5 came out on May 18th. ACA wants to help you navigate this new terrain with six fact-packed webinars. This new webinar series, *The DSM-5: Navigating the New Terrain*, will run weekly on Wednesdays from 1-2pm ET starting on June 26th.

The topics are as follows:
June 26 Jason King, PhD, LCMHC Addictive Disorders
July 3 Georgeanna Gibson, MAE, LPCC ASD/Autism/Asperger’s
July 10 Todd Lewis, PhD, LPC Bi-Polar Disorders
July 17 Shannon Ray, PhD, LMHC Anxiety Disorders
July 24 Gary Gintner, PhD, LPC Depressive Disorders
July 31 Paul Peluso, PhD, LMHC, LMFT Personality Disorders

Register Click [HERE](#) to learn more!
NCAMCD hopes to fill positions of Treasurer and Membership Chair, as well as to recruit other individuals to serve on committees and help with promoting NCAMCD. Additionally, NCAMCD is searching for a web-master for the division who will have the responsibility of creating and submitting timely updates of the division news to the NCCA website. Furthermore, the Conference Chair position needs to be filled. We are looking for individuals willing to contribute time and effort in collaborating with other divisions and organizing the Fall NCAMCD conference.

Please forward letters of interest to Anya Lainas at hlainas@uncc.edu. Please make sure that e-mails contain the position of interest as well as the qualifications and experiences that you have that will make you the best candidate for that position.

The North Carolina Association of Humanistic Education and Development (NCAHC) is pleased to announce that a name change has occurred! The division is now formally known as the North Carolina Association for Humanistic Counseling (NCAHC). This name change occurred by vote of all current NCAHC members, and aligns the North Carolina division with our national parent ACA division—Association for Humanistic Counseling. Also, the elections are complete, and we are pleased to announce that Melia Kizer will be our President for the 2013-2014 academic year. Regina Moro will continue to serve the organization in the position of Secretary/Treasurer.

Dr. Sejal Parikh—President of NC ACES—accepts the award for “Best Improved Division” at the 2012-2013 NCCA Conference.
I write this reflection while waiting to board a plane back to North Carolina, back to my life as a counselor. As I sit at the airport restaurant, carelessly checking my Facebook account, I am greeted with hopes and prayers related to the tragedy in Boston. Because I have been traveling and unhooked from news updates, this is my first awareness that yet another national tragedy is unfolding. I quickly scan for updates from my friends who were running or cheering—feeling a huge sense of relief with the “I’m ok” messages I find. Then follows the feeling of selfishness when I recognize my feeling of happiness that my loved ones are not among those injured. Sadness and grief overwhelms me. I am not sure what to do.

What I do know is tomorrow I return to my job as a counselor working in a medical trauma center. No, I am not a first responder, but I’m working as close to the frontlines as I know how. What I am is a counselor who sees these individuals after their amputations or exploratory surgeries, after the most severe injuries have occurred. I see patients at their bedside, meeting them where they are. I provide many types of counseling for these individuals—some specifically focused on addictions, some family issues, some coping with the physical and/or mental trauma, and some career counseling. I am a counselor working with extremely vulnerable clients. Physically vulnerable, emotionally vulnerable, a type of vulnerability the extent of which I have not seen in other settings.

I feel fortunate to be in this setting, to be a helper in the midst of a crisis. I know I’m not going to fix the world, nor bring peace to everyone, but I do hope and believe healing occurs for the clients I see. Right now, I know there is a lot of need for counselors in the Boston area. However, although not as tragic and large scale, people in our communities were also involved in traumatic injuries today and tonight.

Tomorrow morning I might meet a 28-year-old girl who had a few too many shots of alcohol and drove her car into a tree, suffering severe injuries. I might meet a 15-year-old male who was the victim of a single gunshot wound at the hand of his next-door neighbor. Or I might meet an 87-year-old who slipped and fell in his home, sustaining life-threatening injuries. I’m not sure what awaits me. But I do know that I will be available as a counselor for those who need it here in North Carolina. My hope is that all of those who are affected by trauma—physical, emotional, physiological, and vicarious—seek the refuge of a counseling relationship. I’m proud to work in my setting, and feel as though I am able to sit with clients at a time when they may not immediately think of counseling as an option.
Meet Shanita S. Brown, a current doctoral student in Counselor Education at North Carolina State University. She is a native of Kinston, North Carolina, but currently resides in Raleigh. Shanita earned her Bachelor of Arts degree in Sociology and her Masters of Education in Counselor Education with a concentration in Clinical Mental Health Counseling—both from NC State.

Highly dedicated and involved with the counseling profession, Shanita has presented at state, regional, and national conferences. She won second place for her graduate student poster presentation at the 2011 North Carolina School Counselor Conference. Shanita also received the North Carolina Counseling Association Emerging Leader Award for 2013, Preparing the Professoriate Fellowship, and the Graduate Teaching Award (2013). In addition, Shanita served as the NCCA Secretary (2012-2013) and was elected as a Governing Council Board Member for 2013-2014. She cites having faculty mentors and gaining new mentors from attending counseling conferences at every level as a necessary achievement in her career. When asked to choose her greatest professional accomplishment, Shanita revealed that the day she learned that she was accepted into the Counselor Education Ph.D. program ranked very highly. Shanita continued, “While I cherish my educational accomplishments, there is no greater achievement than to watch clients and students grow and learn.”

Given all of her accomplishments, one might wonder about Shanita’s biggest professional challenge. When asked about this, she remarked, “learning to manage my time and maintain balance.” Shanita’s mentors have helped her to see that “it is okay to say no and not to take on more than I can handle.” She has learned that managing her time helps with self-care and finding a balance among family, academics, and her personal life. Shanita’s favorite counseling resource is “The Gift of Therapy” by Irvin D. Yalom, M.D.
Progress notes have always been a bit of a mystery to me, and I have found that I am not alone. In my early years as a counselor, it seemed that no one had developed a method to capture the work of counselors. I worked at a mental health hospital during my pre-licensure counseling period. Others would often make fun of the in-depth notes I recorded. I recall one psychiatrist telling me, with disdain, that he had read the “story” I had written. Though I felt inexperienced, I found it important to recall all I could in notes so other providers could get an accurate “picture” of a patient. I wanted to record the facts, the patient’s behaviors, and any other pertinent information. I honestly had no way to conceptualize sessions; I would write and write and write.

Later, in private practice, I developed concerns about my lengthy notes. A clinician, who I considered a seasoned professional, revealed that she did not keep any notes to keep from being sued. Horrified at what seemed to be an unethical approach to documentation, I kept notes but was always unsure if I captured too much or too little. It seemed to me that we should take this whole idea of notes seriously since documentation reflects the essence of what we do. As I had never received formal training on how to take a progress note, I did my own research and came across the “SOAP” method; I attempted to adapt “SOAP” to my practice, but it never quite fit.

Within the last two years, two important incidents inspired me to focus more on progress notes. First, LPC-A supervisees have asked me, “How do I take a good progress note?” Supervisees have shared with me their own frustrations with how to document clients’ progress and clearly articulate what therapists do. The second incident was when I was subpoenaed. This was a very uncomfortable experience! I was concerned about my notes and how these might be scrutinized. Fortunately, I did not have to submit them, but this definitely showed me the need to think clearly and methodically about documenting clients’ progress. For these reasons, as well as my firm belief that as counselors we need to impress upon others the importance and significance of the work that we do, I created a step-by-step process for taking therapy progress notes: STEP Notes™.

Notes are vital to the work of mental health providers. They serve as a way to evaluate the course of therapy, determine what works with the client, and monitor the impact of counseling interventions and client functioning. Whether the progress note serves as justification for insurance payment, documentation in legal proceedings, or a record to review prior to the next session with the client, having a consistent, streamlined way in which to take progress notes would be a great benefit for the counseling profession. I know I also work best when a system is simple! So, with all this in mind, I thought through the “steps” in STEP Notes™ and got feedback from other counselors.
The STEPs to Taking Progress Notes

The “steps” in STEP Notes™ provide the underlying structure for the progress note along with a foundation for how to assess, evaluate and plan interventions and goals for clients.

“S” indicates the SUBJECTS the client discussed and the SYMPTOMS the client reported or exhibited. Subjects include topics such as: depression, relationship issues, or self-harm. This format provides the ability to see if the same subject is discussed each session. Symptoms include emotional, behavioral, cognitive, and physical symptoms. Counselors can monitor symptoms and see how they change over the course of therapy.

“T” refers to the THERAPEUTIC TOOLS utilized during session, (e.g., cognitive-behavioral therapy, narrative therapy, reality therapy), as well as what the counselor actually did in the session. Counselors need to use action verbs (e.g., aligned, demonstrated, explored) to describe how they put theory into practice.

“E” is the EVALUATION section. Evaluation involves the client’s level of engagement in therapy and an assessment of current level of functioning. This assessment is essential when working with clients who share suicidal or homicidal ideation and other serious concerns.

“P” references the short- and long-term PLAN. This may include homework, interventions undertaken, and long-range goals, as well as things that came up during the session that need follow-up.

STEPnotes™ for the 21st Century: The Electronic Format

STEP Notes™ has evolved from its original paper version. STEP Notes™ now provides an online format with drop down menus, as well as an assessment of functioning scale. STEP Notes™ helps counselors be more efficient, as notes can be easily retrieved through the online, secure (HIPAA-compliant) system computers or mobile devices.

I also realized the need for customized formats for progress notes, so I decided to tweak the progress note created for mental health counselors. The school counselor note includes choices associated with the American School Counselor Association (ASCA) standards under the “T” (TOOLS) section. The note for career counselors includes a customized assessment scale and areas focused on career assessment and planning. STEP Notes, Inc. is also in the process of creating a note for supervision and progress notes for couples, family, and group counseling sessions.

It is my hope that the “STEPS” will provide counselors with the format they need to systematically and clearly document their counseling sessions, helping them avoid the frustration I experienced that led me to create this format.

Rhonda Sutton, Ph.D., LPC, LPC-S is a member of the American Counseling Association and the North Carolina Counseling Association. She owns a private practice, InnerSights Counseling and Consultation, Inc., in Raleigh, NC. She is also the president of STEP Notes, Inc. (www.stepnotesinc.com) For more information, feel free to contact her at rhonda@stepnotesinc.com.
Some of the most important decisions that individuals face in life are their career decisions and choices. Career decisions are defined as “choices individuals make about occupations, education, training and employment” (Sampson, Reardon, Peterson, & Lenz, 2004, p. 7). Research in the area of career counseling has found that people’s thoughts and beliefs about themselves and their career options affect their ability to make decisions. Research has demonstrated that individuals with positive thoughts relating to career decisions tend to make effective decisions; however, individuals who have negative or dysfunctional cognitions relating to career decision making tend to experience difficulty and display avoidance behaviors in the face of this decisional dilemma (Sampson et al, 2004).

According to Flores, et. al, it is critical that clinical inquiries take into account cultural and environmental influences on the client’s career decision-making process. Assessing cultural variables that may be related to the client’s career issue is a critical and necessary component of culturally competent career assessment. Culturally specific variables that should be considered when working with culturally diverse clients include, but are not limited to, racial or ethnic identity, acculturation, worldview, socioeconomic status, gender role expectations, family expectations and responsibilities, primary language, and relationships. Cultural and environmental influences can shape an individual’s career development such as personal career interests, self-efficacy, decision-making style, and views of how the world of work operates, as well as her or his perceptions of the presenting career concern. (2003).

I have a diverse caseload of clients that includes African-Americans, Latino-Americans and White-Americans. I have noticed how their cultural values and socioeconomic status really influences their career decisions. Career indecision refers to the inability to select and devote oneself to a career choice (Tokar, Withrow, Hall & Moradi, 2003). Various interpersonal and environmental factors have been negatively related to career indecision (Guerra & Braungart-Rieker, 1999). In particular, because many people of color in the United States place a high value on the importance of communalism, interdependence, and kinship networks, researchers have suggested that family-related variables play an important role in their career development (Gravino, 2002; Huang, 2001; Orndorff & Herr, 1996; Whiston, 1996). The relationship between family and career variables has been investigated in a number of studies with samples of color (Carrero, 2003; Lopez, 2002). In a qualitative investigation conducted with culturally diverse middle-school students from low-income families, family support was identified as a contextual resource for students’ educational development (Jackson & Nutini, 2002). In another study of inner-city ninth graders, researchers found that perceived family-related support was related to career aspiration and school engagement (Kenny, Blustein, Chaves, Grossman, & Gallagher, 2003). Other investigators have reported that family support, family involvement, family background, or family expectations were related to the educational and career aspiration of high school and college students of color (e.g., Flores
& O'Brien, 2002; Tang, Fouad, & Smith, 1999; Trusty, 2002). A specific issue that many college students of color face is that they must decide on an academic major in the context of balancing their vocational interests with career options that would be acceptable to their parents (Fisher & Padmawidjaja, 1999; Tang et al., 1999). Lucas, Skokowski, and Ancis (2000) reported that the culturally diverse group of female clients in their qualitative study described career decision-making difficulties in the context of strained relationships with their parents. That is, some college students of color may possess contradictory career-related goals and values in comparison to their parents, and intergenerational family conflicts are likely to result when this occurs (Lee & Liu, 2001). Thus, the presence of positive or negative family regard and support for career-related decisions could either facilitate or impede the career decision process of adolescents and young adults of color.

Because of the high importance placed on the family unit within many African Americans and Latino/Latina American families (Falicov, 1998; Fisher & Padmawidjaja, 1999; Leong et al., 2004) and the potential expectation that all members contribute resources to the family, it is possible that a person’s inability to select a career may be perceived generally as hurting the family. In particular, family tensions may escalate when young adults of color do not know what they want to do with regard to career and are unable to commit to an area of study that will lead to gainful employment in the long term. This finding points to the importance of exploring family attitudes and reactions to these students’ career decision difficulties in career counseling. Counselors are encouraged to assess the degree to which the family is affected and, if noted, may consider working with students of color on how to communicate effectively their career dilemmas with family members and to seek help and support from them with regard to career decisions.

Factors that contribute to the career aspirations of Black and Latino students clearly have relevance to their decisions to pursue higher education or enter the workforce. Among Latino adolescents, for example, challenges to translating aspirations into academic achievement have been found to be a function of numerous psychosocial factors, including acculturative stress and language barriers, incongruity between cultural values and the values of educational institutions, anticipated and experienced academic isolation, and socioeconomic inequities that preclude the likelihood of seeing college as an attainable option (Niemann, Romero, & Arbona, 2000). The degree to which many Black and Latino high school students engage in future-oriented career behavior may be tied somewhat to their perceptions of career barriers and their potential adherence to career myths. For example, literature has shown that although Mexican American adolescents have high vocational aspirations, they have low expectations to achieve these goals (Arbona, 1990). As a result, they may exhibit less commitment and planfulness toward career goals, possibly because they perceive their paths toward their career goals to have barriers beyond their control (Swanson, Daniels, & Tokar, 1996). In addition, the perception of career barriers and adherence to career myths have been related to the tendency for some Mexican American college students to foreclose on career options without deliberate exploration (Ladany et al., 1997). Exposure to positive racial socialization messages and possessing high cultural self-esteem might lessen the influence of perceived barriers on career-related outcomes, such as career indecision and premature
foreclosure on career options. Poverty has been suggested to influence various aspects of career development, including occupational attainment, access to work opportunities, and definitions of work within the worldviews and value systems of individuals (Brown, Fukunaga, Umemoto, & Wicker, 1996). For some Black and Latino high school students living in large urban areas, poverty and factors related to poverty, such as familial unemployment, exposure to crime and violence, and poor health care, are among the environmental stresses that could affect their academic and vocational attainment (Constantine et al., 1998). Further, Black and Latino parents in lower-socioeconomic families may have great difficulty in providing instrumental support, such as information about career-related opportunities, to foster their children's career development (Blustein et al., 2000). It follows that Black and Latino adolescents from lower-socioeconomic classes experience a greater level of incongruence between their career aspirations and expectations than do their White and higher-socioeconomic-class peers (Arbona, 1990).

An emphasis on family support and responsibility may be consonant with values of communalism and close family ties, which tend to be characteristic of the worldviews and cultural norms of many Blacks and Latinos. In particular, cultural values of communalism and obligation to family could pressure Black and Latino adolescents to adhere to parental expectations in the context of transitioning into work or higher education. It is possible that the degree of complexity and possible conflict regarding adherence to values consonant with their families' culture of origin and individualistic values may be reflected in the educational and vocational transitions of Black and Latino youth. For some Black and Latino adolescents, the decision to pursue college could result in physical as well as emotional distance from families and communities (Niemann et al., 2000). For example, African American adolescents who attended racially diverse and/or predominantly Black high schools, or lived among communities of color, might anticipate challenges at predominantly White institutions, such as distance from peer groups of similar racial backgrounds (D'Augelli & Hershberger, 1993). Additionally, urban Black and Latino adolescents may experience a sense of disloyalty to their peer group and community in pursuing college (Constantine et al., 1998). That is, Black and Latino youth who have strong feelings of ethnic loyalty may anticipate and experience profound social costs in the pursuit of higher education (Niemann et al., 2000). Collaboration and consultations with adolescents and their families may be crucial in fostering positive transitions for graduating Black and Latino adolescents. Career counselors could facilitate these students' vocational development processes by reinforcing positive elements of familial support for career development. High school counselors are in unique positions to shape and facilitate the transition experiences of Black and Latino adolescents into higher education and vocation. By acknowledging, normalizing, and directly attending to the factors that could affect these adolescents' transitions, high school counselors might enhance Black and Latino adolescents' sense of overall identity as well as voca-
Effectiveness of the Career Thoughts Inventory (CTI)

Not only does cultural beliefs and socioeconomic status influence career decisions, but it also influences clients’ beliefs about taking career assessments. Often times, I am challenging my clients’ negative thoughts about career assessments. When individuals have dysfunctional thoughts relating to their perceived inability to make a decision (e.g., “Choosing an occupation is so complex, I just can’t get started.”), they may avoid progressing toward their goal of finding a career path. Specifically, individuals may avoid seeking information on careers because they are unsure of how to process the information (Piavandy, et. al., 2008). CTI, derived from Aaron Beck’s Cognitive Theoretical orientation, is a theory-based assessment and intervention resource intended to improve the quality of career decisions made by adults, college students, and high school students, and the quality of the career services delivered to these individuals (Gilbert, 1997). Improving Your Career Thoughts: A Workbook for the Career Thoughts Inventory is a learning resource used in conjunction with the CTI. The workbook provides information and written exercises to help examinees identify and alter their dysfunctional thoughts (Gilbert, 1997). Negative career thoughts, as measured by the Career Thoughts Inventory (CTI; Sampson, Peterson, Lenz, Reardon, & Saunders, 1998), have been found to be inversely related to both career decidedness and choosing a field of study (Osborn, 1998; Saunders, Peterson, Sampson, & Reardon, 2000). For individuals having difficulties with career decisions, it is necessary to identify and challenge their dysfunctional thoughts and behaviors in an effort to change them (Sampson et al., 2004). Prior research revealed relationships between negative career thoughts and perfectionism, depression, decreased life satisfaction, and poor problem-solving skills (Sampson et al., 1998, 2004).

These factors appear to be responsible for maintaining dysfunctional thinking associated with decision-making difficulties. Because career thoughts affect the individual’s decision-making ability, it is important that career counselors learn to identify factors that contribute to the production of negative career thoughts. There are three types of negative thoughts measured by the CTI: decision making confusion (DMC), commitment anxiety (CA), and external conflict (EC). The DMC measures one’s ability to progress through the decision-making process. Specifically, it identifies impaired emotions and/or knowledge deficiencies that may affect the decision making process. The CA measures the ability to commit to a specific career choice and the presence of generalized anxiety about the consequence of making a career decision. The EC measures the ability to balance one’s own perceptions of career choice against the perceptions of significant others (Piavandy, et. al., 2008). The CTI yields percentile and T scores for three construct areas; DMD, CA, and EC. A total CTI score is also expressed as a percentile score and T score. The test consists of 48 negative statements (e.g., item 43, “I’m embarrassed to let others know I haven’t chosen a field of study or occupation”), with a 4-point Likert response scale of strongly disagree (SD), disagree (D), agree, (A), and strongly agree (SA). Administration of the test takes between 7 and 15 minutes, and scoring can be carried out in 5 minutes or less. The CTI has a readability level at the 6.4 grade level, and the Workbook at the 7.7 grade level (Burke,
Higher CTI total score reflects greater dysfunctional career thinking and examination of the construct scores illuminate the specific nature of dysfunctional thinking. The internal-consistency and test-retest correlations offer strong support for the reliability and stability of all scores yielded by the CTI. The four week test-retest stability coefficient for the CTI total score was high (r=.86) for the college student sample indicating little change in responses to the entire 48 items over the four week period. This pattern was also reserved for the high school student sample with the CTI score at r=.69 in the construct scales ranging from .72 - .52 showing that adequate stability exists for the use of this instrument. The manual finds evidence of validity of CTI through content validity, construct validity, and convergent validity.

While there is support to offer that the CTI is effective, and highly reliable and valid, this assessment fails to consider multicultural factors that influence negative thoughts. According to Sampson et. al, consideration of diversity issues are important in the effective use of the CTI and the CTI Workbook. The influence of group membership relating to age, disability, ethnicity, gender, race, sexual orientation, and socio-economic status on career thoughts can be an important environmental factor in career choice. Group membership may enhance career choice via networking and mentoring or it may constrain career choice via stereotyping and prejudice. The specific nature and consequences of these environmental factors on career choice will likely vary with group membership. As a result, the specific career thoughts of an individual are a product of individual experience, mediated by personal characteristics and by group membership in a cultural context.

It is difficult to develop an instrument that reflects differences in life experience between group cultures, and within subcultures of specific groups, that is brief enough to be hand scored for use as a screening tool in service delivery. The CTI was designed to measure career thoughts that tend to be common across groups. In developing the CTI, potential items that were significantly associated with gender or ethnicity were eliminated from the item pool. It is possible, however, to collaboratively use the CTI with the client to identify, challenge, and alter career thoughts of an individual from a specific group. The Professional Manual includes specific suggestions for dealing with diversity issues in interpreting the CTI and using the CTI Workbook (1996).

The value of the workbook depends greatly on the client’s motivation and understanding on the concept. The CTI assumes that a large majority of the people that are served through career counseling have the necessary reading level skills to comprehend the CTI and the workbook. Furthermore, the manual states that a variety of professionals and professionals in training (under supervision) may use the CTI including: counselors, psychologists, vocational rehabilitation specialists, nurses, social workers, and
marriage and family therapists. However, these professionals must have training in both career service delivery and cognitive behavior therapy (Burke, 2007). While the CTI is not typical of the types of assessments administered to employment agency clients or college high school students, its effectiveness in challenging dysfunctional thoughts makes it a valuable companion to the traditional interests and aptitude measures.

Career development for diverse populations

Career development theories and approaches have been criticized for lack of applicability to diverse populations (Walsh et al. 2001). Research on career issues for these groups has been described as limited and sparse. However, cultural diversity is a fact of life in the U.S. population and work force, and career development practitioners must be prepared to work with clients in culturally sensitive and appropriate ways. Although individuals and specific groups have different experiences, there are some common career-related issues faced by diverse populations. Their career choices may be constrained by socialization, access to guidance and assessment, tracking into certain fields, societal and self-stereotypes isolation from networks, and early schooling experiences. Barriers to career development may include lack of developmental feedback or mentors, discrimination in promotion/transfer, tokenism, hostility, plateauing, less access to training, perceived isolation, stress, or self-imposed performance pressure. Many career theories and assessment inventories have been developed to help researchers and practitioners better assist individuals in their career development process. Furthermore, much empirical research has been devoted to examining the effectiveness of these theories and measures (Osipow & Fitzgerald, 1996; Walsh & Betz, 1995). However, until recently, there has been a scarcity of research on the career assessment of individuals of ethnic minority groups (Fouad, 1993; Leong & Leung, 1994). The lack of research is also incongruent with the need for career counseling services expressed by racial/ethnic groups (Leong & Serafica, 1995). Much of the established career counseling information stems from research based on middle-class European American men (Fitzgerald & Betz, 1994). Not surprisingly, the dominant theoretical perspectives and corresponding career assessment tools are based on this same group. With the actual workforce consisting of women and men from a wide array of cultural identities and socioeconomic standings (Fitzgerald & Betz, 1994), the neglect of these groups by traditional career counseling research results in an inadequate base of knowledge. Further, it causes inability to appropriately meet the needs of individuals different from the prototyped European American middle-class man. The need for incorporation of personal and cultural context in career research and development of assessment tools is undeniable (Blustein & Ellis, 2000; Leong & Hartung, 2000; Sagiv, 2002). Cultural differences not accounted for by measures designed for European Americans can lead to misconceptions of individuals of different cultures (Leong, 1991).

As Hartung, Lewis, May, and Niles(2002) highlighted, Westerners’ encouragement for individuation from the family implies that career interests should be individualized and personal desires are primary to the needs of the group as individualistic cultures would foster. Behaviors accepted and expected
Increasing Multicultural & Diversity Competency in Career Counseling

by collectivistic groups such as placing value on parental advice when making career decisions could be falsely assessed as being immature by measures made with individualist thinking. The lack of examination of use and development of career assessment tools across cultures is clear (Leong & Hartung, 2000). From the 1970s to 1980s, only a few studies were identified in the assessment of career interests, career maturity, and occupational values (Leong, 1985). An early study by D. W. Sue and Kirk (1972) examined the effects of acculturation, communication styles, and personality traits in Asian American career development. D. W. Sue and Kirk, using the Strong Vocational Interest Blank (SVIB), found Asian American men and women to be more interested in technical fields, physical sciences, and nonenterprising business jobs over artistic, social, or socially interactive business careers. The same study also found that Japanese Americans whose families had been established in the United States for a few generations preferred all types of vocations. Several recent cross-cultural studies have also examined cultural relevance of career theories and assessment tools with the hope of better understanding Asian Americans by exploring differences in countries of origin (Mau, 2001; Tang, 2001). Results of these studies further highlighted the need for cultural relevance and the importance to not overlook subgroup differences that exist within this heterogeneous population. Not only is there a need to evaluate cultural validity of Western models, as highlighted by Leong and Hartung (2000), there is also a need for examination of cultural variables that would explain why such models do not apply well to diverse populations.

Implications for Future Research

There has not been a lot of research on career assessments of individuals of ethnic minority groups. Future research is warranted on the validity and reliability of career assessments of different ethnic minority groups. Research is presented on the correlation between cultural beliefs and career decisions, research also indicates that family values, perceived family support, and socioeconomic status influence career decisions for African American (AA) and Latino-Americans (LA) people. However, further research is needed about the family values of other minority groups, such as Asian-Americans.

Furthermore, the CTI is an effective assessment to challenge dysfunctional thoughts, but it does lack multicultural factors that may influence these thoughts. I chose to research the CTI, because I had three clients take this assessment and expressed concerns about some of the questions. They stated that there were additional reasons for their dysfunctional thinking that related to cultural values and work, and they really did not know how to answer some of the questions. While research has shown career development for diverse population has recently increased, there is more research needed to better equip clinicians to guide clients throughout the career decision process.
References


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- To promote high standards of professional conduct among counselors.
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