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## **Addressing the union of counselor education and military families : creating best practices**

Katherine M. Wix

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## ABSTRACT

### ADDRESSING THE UNION OF COUNSELOR EDUCATION AND MILITARY FAMILIES: CREATING BEST PRACTICES

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Northern Illinois University, 2015  
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This qualitative study explored how counselor educators infuse military culture in counseling curriculum as public policy suggests professional counselors will be called upon to provide services to military and veteran populations. The National Defense Authorization Act for Fiscal Year 2011 authorized the Department of Defense (DoD) to publish standards allowing Licensed Professional Counselors to practice and bill TRICARE, or The Triple Option Benefit Plan for military families. However, TRICARE requires counselors providing services to military families to be graduates of CACREP accredited programs although CACREP standards do not currently address military culture.

In order to effectively and efficiently help military populations to be successful in life, society, and education counselors must learn military culture and structure. Therefore, a gap exists between the standards of counselor preparation programs and the calling for more professional counselors to work with military families. As the need for more qualified providers increases, counselor education and accrediting agencies must respond appropriately.

This study used a qualitative method to identify what counseling programs should be doing to best prepare all Counselors-in-Training to work with military families, especially deployed families, in military, mental health, and school settings. Additionally, this study sought to identify valuable resources, necessary experiences, and key concepts relevant to counseling

military populations. Furthermore, this study identified barriers and ways to overcome barriers to include military culture in counseling curriculum.

*Key words: counselor education, best practice, military, military culture, counseling  
military populations*

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ADDRESSING THE UNION OF COUNSELOR EDUCATION AND MILITARY FAMILIES:

CREATING BEST PRACTICES

BY

KATHERINE M. WIX  
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A DISSERTATION SUBMITTED TO THE GRADUATE SCHOOL

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

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DEPARTMENT OF COUNSELING, ADULT, AND HIGHER EDUCATION

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“For those who fight for it, life has a special flavor the protected [will] never know.”

Unknown Marine at Khe Sahn, Vietnam, 1968, inscribed on a “C” ration box

## DEDICATION

This dissertation is dedicated in honor of our U.S. military members and their families, who perform the ultimate of sacrifices in service to our country; to Adam, my very own military hero; and to my siblings, Jimmy, Michael, and Danny who constantly push me to be a better person.

In memory of PFC Michael D. Rotenberry, US Army, 1980-2009

## TABLE OF CONTENTS

	<b>Page</b>
<b>LIST OF TABLES.....</b>	<b>xiv</b>
<b>LIST OF APPENDICES .....</b>	<b>xv</b>
<b>CHAPTER 1: INTRODUCTION.....</b>	<b>1</b>
<b>Background of the Problem .....</b>	<b>2</b>
Social Justice .....	2
Serving Military Members and Families.....	4
Licensed Counselors and TRICARE.....	6
Multicultural Competence .....	8
Military as Its Own Culture.....	8
Current Legislative Significance .....	10
Military Prevalence .....	11
<b>Statement of the Problem .....</b>	<b>11</b>
<b>Purpose of Study .....</b>	<b>14</b>
<b>Research Questions .....</b>	<b>15</b>
<b>Assumptions of the Study .....</b>	<b>15</b>
<b>Significance of Study.....</b>	<b>16</b>



	<b>Page</b>
<b>Definition of Terms .....</b>	<b>18</b>
<b>Summary .....</b>	<b>20</b>
<b>CHAPTER 2: LITERATURE REVIEW .....</b>	<b>22</b>
<b>Military Culture .....</b>	<b>22</b>
Demographic Challenges .....	23
Lifestyle Challenges .....	24
Deployment Frequency and Concerns .....	26
Secrecy .....	26
Male-Dominant Culture .....	27
Women in the Military .....	28
<b>Crisis and Trauma in Military Families .....</b>	<b>29</b>
<b>Combat-Related Mental Health Issues .....</b>	<b>29</b>
MST versus Combat Trauma .....	30
Posttraumatic Stress Disorder .....	32
Emotional Struggles .....	34
<b>Treating Trauma .....</b>	<b>34</b>
Evidence-Based Treatment Options .....	35

	<b>Page</b>
Additional Treatment Options .....	36
Counseling Services .....	37
<b>Military-Connected Families .....</b>	<b>38</b>
Military Spouses .....	39
Military Children .....	40
Resilience and Vulnerability .....	41
<b>Increasing Awareness in Education .....</b>	<b>42</b>
Confronting Adversity .....	43
Barriers .....	44
Quality Education .....	45
Uniform Curriculum .....	46
Collaborative Partnerships .....	46
<b>Educators as Advocates .....</b>	<b>47</b>
Identification of Military Students .....	48
School Counselors .....	49
Interventions and Accommodations .....	51
<b>Accessing Mental Health Services .....</b>	<b>53</b>
Civilian Counselors .....	55

	<b>Page</b>
Counseling Children with Deployed Parents .....	55
<b>Counselor Preparation .....</b>	<b>56</b>
Counselor Development .....	57
<b>Higher Education .....</b>	<b>60</b>
Constructivist Pedagogy .....	61
Transition Models to Constructivist Models .....	62
<b>Incorporating Standards .....</b>	<b>62</b>
Accreditation .....	64
Missing Pieces .....	64
Conceptual Framework .....	65
Future Pedagogical Visions .....	65
<b>Previous Research .....</b>	<b>66</b>
<b>Closing the Gap .....</b>	<b>67</b>
<b>Conclusion.....</b>	<b>68</b>
<b>CHAPTER 3: METHODOLOGY .....</b>	<b>71</b>
<b>Overview of the Study.....</b>	<b>71</b>
<b>Research Paradigm .....</b>	<b>72</b>
<b>Research Design .....</b>	<b>74</b>

	<b>Page</b>
<b>Research Strategies of Inquiry.....</b>	<b>76</b>
<b>Rationale for Using the McCracken Method .....</b>	<b>76</b>
<b>Participants.....</b>	<b>77</b>
Criteria for Selection .....	77
<b>Collection of Participants .....</b>	<b>78</b>
Instruments .....	78
Demographic Form.....	79
The Long Interview .....	79
Documents.....	80
Procedures .....	80
Data Collection.....	82
Data Analysis .....	83
Trustworthy Research.....	85
Thick Description .....	87
Audit Trail .....	88
Role of the Researcher .....	88
<b>Summary.....</b>	<b>90</b>
<b>CHAPTER 4: FINDINGS .....</b>	<b>71</b>

	<b>Page</b>
<b>Demographics .....</b>	<b>92</b>
<b>Participant Biographies .....</b>	<b>97</b>
Adelaide.....	97
Brandon .....	97
Carleton .....	98
Daniel .....	99
Evalynn.....	99
Frank.....	100
Grace .....	100
Hope .....	101
Isaiah .....	102
Jimmy .....	103
<b>Findings of Research Question 1 .....</b>	<b>103</b>
Redefine Culture.....	104
Intentional Infusion .....	105
Adhere to Ethical Obligations .....	110
Advocacy.....	113
Recommended Resources.....	117

	<b>Page</b>
<b>Findings of Research Question 2 .....</b>	<b>122</b>
In-depth Discussion and Reflection .....	122
Narrative and Personal Storytelling .....	124
Guest Speakers .....	126
Reading and Writing .....	127
<b>Findings of Research Question 3 .....</b>	<b>128</b>
The Military Experience.....	128
Deployment Cycle.....	134
Trauma.....	139
Treating Trauma .....	141
Transitioning to Civilian Life.....	143
<b>Findings of Research Question 4 .....</b>	<b>145</b>
Department Support .....	145
Time to Address Current Curriculum Standards.....	147
CACREP Requirements .....	148
Lack of Inclusion.....	150
Lack of Opportunity .....	151
<b>Overcoming Barriers .....</b>	<b>153</b>

	<b>Page</b>
Intentional Diversity .....	153
Purposeful Advocacy .....	155
Infusion via Collaboration.....	156
Supportive Leadership.....	158
<b>Summary .....</b>	<b>159</b>
<b>CHAPTER 5: DISCUSSION .....</b>	<b>161</b>
<b>Discussion of the Findings .....</b>	<b>161</b>
What CES Programs Can Do to Create Best Practices .....	161
Key Concepts .....	181
Identified Barriers.....	188
<b>Conclusions and Recommendations .....</b>	<b>190</b>
<b>My Lived Experiences in Relation to the Findings .....</b>	<b>183</b>
<b>Implications .....</b>	<b>198</b>
Counselor Education .....	198
Professional Counselors in the Field.....	200
Professional Organizations, Accreditation, and Legislation .....	201
<b>Limitations .....</b>	<b>205</b>
Saturated Participants .....	205

	<b>Page</b>
Strict Inclusion Criteria .....	206
Lack of Professional Access.....	207
<b>Future Research Recommendations .....</b>	<b>207</b>
<b>Summary.....</b>	<b>209</b>
<b>REFERENCES.....</b>	<b>210</b>
<b>APPENDICES.....</b>	<b>226</b>



## LIST OF TABLES

	<b>Page</b>
Table 2.1. Comparison of Military Traumas.....	31
Table 4.1. Research Participant Gender.....	93
Table 4.2. Participant Age Range.....	94
Table 4.3. Military Veteran Status.....	95
Table 4.4. Teaching Experience.....	96

## LIST OF APPENDICES

	<b>Page</b>
APPENDIX A: DEMOGRAPHIC FORM.....	226
APPENDIX B: INTERVIEW GUIDE .....	230
APPENDIX C: ADULT CONSENT FORM.....	233
APPENDIX D: RECRUITMENT EMAIL.....	237
APPENDIX E: ORIGINAL LIST OF NODES BASED ON UTTERANCES.....	239
APPENDIX F: MILITARY STORIES: FIRST-PERSONACCOUNTS.....	241

## CHAPTER 1: INTRODUCTION

Twenty-two veterans commit suicide each day (Jordan, 2014; Mathewson, 2011).

Alarming statistics such as current veteran suicide rates continue to shed light on the various stressors and life struggles military service members battle on a daily basis. The American Counseling Association (ACA, 2014) encourages meaningful delivery of counseling, guidance, and educational programming for all clients, calling for counselors to develop and promote high standards of professional conduct. For the sake of this dissertation, the term *counselor* is inclusive to mental health professionals (e.g. clinical mental health counselors, counseling psychologists, marriage and family therapists, professional school counselors, social workers). The ACA (2014) Code of Ethics strongly emphasizes cultural diversity. Culturally competent counselors respect cultural differences and are committed to making ethical decisions when working within cultural contexts (Lee, 2008). Many multicultural courses focus on race, ethnicity, gender, socioeconomic status, religion, sexual minorities, older adults, and individuals with disabilities (Sue & Sue, 2007), but there is a discrepancy between ACA sponsor-informed books, such as multicultural textbook content, and the ACA (2014) Code of Ethics as military culture is not included. Counselors are called upon to provide equitable services to all, and from a social justice perspective, this should be inclusive of military service members and their families. However, a disconnect is present as the profession advocates for social justice movements but does not incorporate language and content pertinent to military culture.

## **Background of the Problem**

The current research study came to fruition after my personal experience as a school counselor called upon to work with a military-connected student whose mom's Reserve unit was called to active duty. I was asked to work with this student to help her adjust to her mom's deployment, the shift in family dynamics, and continue to support her academically.

Additionally, I met my husband when he was a drill instructor for the U.S. Marine Corps working at Marine Corps Recruit Depot San Diego. I spent a lot of time with military families, learning military culture, volunteering on base, and having to adjust my own conceptualization of family or partner dynamics. Thus, I realized how much I did not know when it came to being able to provide mental health or counseling services to active-duty military service members, veterans, and military-connected families.

Counselors have strong advocacy and educational opportunities with this population and can become catalysts for expanding compassionate care and wider spread understanding of the complex, timely, and unique needs of current military members and the systems behind them. Counselors are ethically challenged to become knowledgeable about these issues, and best care practice for this population, and the need for contribution from interdisciplinary teams of researchers and practitioners. (Whiting, Bradley, Moody, & Wheat, 2010, p. 6)

A gap exists regarding the preparation of counselors-in-training (CITs) in counselor education programs where CITs are graduating with little to no knowledge of the military populations.

Counselor education training programs need teach CITs about the unique needs of military culture (Whiting et al., 2010).

## **Social Justice**

According to Marbley, Steele, and McAuliffe (2011), social justice is a narrower version of culture, which addresses power differentials, existing hierarchical scales, and the lack of

equitable services for oppressed individuals or populations. Counselor educators are tasked with helping CITs uncover inherent values in an effort to help CITs understand that social injustices are central to the counseling profession (Marbley et al., 2011). According to Bemak and Chung (2007),

Creating a climate and commitment to do social justice work; it is critical to develop a diverse and responsive learning community that embraced cultural and socioeconomic differences and international and global perspectives with support for a critical discourse by both students and faculty. (p. 244)

Thus, counselor educators introduce CITs to their moral and ethical obligation to advocate for the oppressed. Social justice is to be infused throughout counseling curriculum to include research, scholarship, and course content emphasizing human rights (Lee, 2007). In order for counselors to provide meaningful and appropriate services to military populations, counselor education must look to include military populations in curriculum. Therefore, counselor educators need to know how to prepare CITs to meet the unique needs of military families. One of the most important pieces of information civilian counselors can learn is that service members are taught that the number one priority is the mission, not the family unit (Fenell, 2008; Hall, 2008), which is different from the civilian way of life. Treatment is similar in that the primary concern of the military is treating its service members, while the partner, spouse, or family comes secondary (Numbers, Osterlund, & Ungvarsky, 2011). Developing cultural competency is a life-long journey, and a developmental process. Counselor educators can work to enhance this developmental process by teaching and processing the dynamics and concepts that underlie culture. Counselors can commit themselves to understanding clients as not only complex individuals but also as cultural beings (Lee, 2008).

## **Serving Military Members and Families**

Military service members confront challenges most people cannot imagine and need help from skilled, knowledgeable mental health professionals to process and work through realities associated with military life (Hall, 2008). Active-duty military personnel struggle with extraordinary stressors as they live demanding lifestyles (Hall, 2008). Upon return from Iraq and Afghanistan, service members report serious mental health challenges, ranging from depression to substance abuse (Schmuldt, Gentile, Bluemlein, Fitch, & Sterner, 2013). Many service members are young, married, and have children (Fenell, 2008; Hall, 2008; Schmuldt et al., 2013). Military-connected families confront many challenges and demands in addition to military requirements of mobility and multiple transitions, which exacerbate stressors to which young men and women are subjected (Hall, 2008; Schmuldt et al., 2013). Military service members rarely face the existential crisis of finding meaning, as meaningfulness is reinforced daily and experienced through dedication required by all (Hall, 2008). Military personnel may struggle with the very real-life threat of death as well as isolation from family during deployment. Mental health professionals can help military families who struggle with many hardships by knowing how to help address and resolve problems and challenges (Hall, 2008).

Researchers and practitioners tend to focus on military service members, rather than military-connected spouses, partners, and children (Numbers et al., 2011). Stressors and casualties of war have an enduring effect on military service members, spouses (Numbers et al., 2011), and families. Military-connected families are left home wondering if their loved one will return home, and if so how will they return mentally, emotionally, and physically (Marshall,

2006; Numbers et al., 2011). Partner and child mental health also requires special consideration as mental health issues are often overlooked (Keim & Suh, 2013; Numbers et al., 2011).

In order to provide services to military service members and their families, Hall (2008) recommends that counselors be malleable and well informed of military culture. Counselors can be aware of the mental health challenges military families face and remain informed of the most recent research, various therapeutic approaches, and community resources (Hall, 2008). Counselors need to be prepared to address life concerns, family issues, and various stressors related to military culture and lifestyle (Duchac, Stower, & Lunday, 2013). Military culture is different from civilian life, where roots are established through training (Hall, 2008) and intense responsibility. Military life is comprised of unique characteristics, traditions, and specific expectations about behavior; some of which are formal while others are written laws (Springle & Wilmer, 2011). Counselors can create a safe space for therapeutic relationships to grow with military service members and families that embrace compassion for understanding military culture by succumbing to modesty (Hall, 2008). Civilian counselors should learn basic information before working with military families, such as research evidence-based interventions sanctioned by the Veterans Administration (VA), know the structure and function of the Department of Defense (DoD) as well as present military conflicts (Springle & Wilmer, 2011). Counselors can be taught to include specific questions during intake sessions with military service members, veterans, or their families but should also ask for clarification in the same manner as if they were working with clients of a different culture than their own (Springle & Wilmer, 2011). The Department of Defense has allocated funds for mental health treatment, recognizing the importance for mental health professionals to respond and support military

members and families seeking mental health services (Hall, 2008). Military service members will always experience the unforeseen. Therefore, counselors can work to be as informed as possible and ready to help.

### **Licensed Counselors and TRICARE**

The National Board for Certified Counselors (NBCC), in conjunction with other coalitions, spent years advocating for mental health counselors to provide services to military personnel and veterans via the military insurance plan called TRICARE (NBCC, 2015). “Success was achieved when the National Defense Authorization Act (NDAA) for fiscal year 2011 directed the Department of Defense (DoD) to establish requirements for counselor independent practice” (NBCC, 2015, para. 2). Counselors who pass the National Clinical Mental Health Counseling Examination (NCMCHC) and hold a license as Clinical Mental Health counselor can become TRICARE providers and provide counseling services to military service members and veterans (McDaniel, 2013). Providing competent care to military service members and families means counselors can learn specialized counseling skills and apply multicultural competencies (AMCD, 1996) endorsed by the American Counseling Association (Fenell, 2008). Multicultural counseling competencies serve as a foundation for counselors to develop awareness, knowledge, and skills within the domains of multicultural competence (Ahmed, Wilson, Henrickson, & Windwalker Jones, 2011). “By viewing the military as a distinct culture and developing interventions based on the recommendations contained in the multicultural standards, counselors can increase their ability to help their military clients” (Fenell, 2008, p. 9). Counselors can take advantage of continuing education opportunities to learn how to provide appropriate services to military service members and families as they make up a unique culture (Reynolds & Osterlund,



2011). Learning about military culture ensures counselor advocacy for multicultural social justice (Ahmed et al., 2011).

Civilian mental health providers possess clinical competency to provide care to military service members, veterans, and their families. However, civilian counselors often lack the military cultural perspective necessary to be successful in working with this population (Springle & Wilmer, 2011). Military service members, veterans, and their family members often do not want to seek services provided by the direct care system and choose to see care from civilian providers, particularly because Tricare now allows civilian counselors to assist off base (Springle & Wilmer, 2011). “Psychological concerns among family members of deployed and returning OIF and OEF veterans, while yet to be fully quantified, are also an issue of concern. Further, hundreds of thousands of U.S. children have experienced the deployment of a parent. Clearly, the challenges are enormous and the consequences of non-performance are significant” (Springle & Wilmer, 2011, p. 240). Research supports counselors learning about military family families and culture, yet graduates of counseling programs are entering the profession undereducated in unique knowledge, skills, and resources to provide adequate services and specialized counseling, which creates barriers to treatment (Springle & Wilmer, 2011). While counseling programs stress the importance of being culturally competent, counselors must also understand military “worldview, mind-set, and culture” to successfully work with military families (Hall, 2008; Springle & Wilmer, 2011, p. 243).

## **Multicultural Competence**

Counselors can advocate for multicultural competence by approaching counseling from the context of each client's personal culture (Ahmed et al., 2011; Sue, Arrendondo, & McDavis, 1992; Sue & Sue, 2007). "Counselor educators must prepare counselors to become culturally competent through (a) revamping training programs, (b) developing multicultural competencies as core standards for the profession, and (c) providing continuing education for current service providers" (Ahmed et al., 2011, p. 20). Additionally, Lee (2007) shared a call to action for counselors to begin a social justice movement beginning with self-exploration and promoting accessible and equitable services to all.

Application of the multicultural counseling competencies is necessary for counselors to best help military service personnel, veterans, and military-connected children and families (Fenell, 2008). Culturally competent counselors are open to learning the norms, values, and culture of clients (Ahmed, et al., 2011; Sue & Sue, 2007). Multicultural skill competence is a process of discovering culturally different individuals or groups and harmony (Pedersen, 2002). Pedersen (2002) broadly defined culture as demographic status, affiliation, and ethnographic variables in order to re-frame relationships not normally thought of as cultural, such as the cohesion of a civilian counselor and a military service member, veteran, or military-connected child/family into a relationship between two cultures. Reframing relationships into cultural categories allows people and groups to hold various worldviews (Pedersen, 2002).

## **Military as Its Own Culture**

Studies support the notion that the military is its own culture, one in which each individual maintains cultural, ethnic, and gender identity while simultaneously acculturating to

the military (Bray, 2014; Fenell, 2008), and is a unique culture because of the various races, ethnicities, religions, and cultures that comprise it (Fenell, 2008; Hall, 2008). Hall reported that the military found roots in their intense culture, defined through training of the mind and heart. Other research supports the idea of military as a unique culture because of the various races, ethnicities, religions, and cultures that comprise it (Fenell, 2008; Hall, 2008). Developing an understanding of military culture and creating interventions based on multicultural competencies will help counselors to increase their ability to help the military population (Fenell, 2008; Hall, 2008).

However, not all civilian counselors are aware that the military is a unique culture, which is also comprised of many subcultures (Danish & Antonides, 2009; Fenell, 2008). Civilian counselors working with military service members, veterans, or military-connected children and families need to be mindful of military cultural knowledge in order to understand the military client lens (Bray, 2014). Military culture begins when every military service member is sworn into service, takes an oath of office, and agrees to follow the Uniform Code of Military Justice (Fenell, 2008). Civilian counselors can gain an increasing awareness of military culture and take steps to be culturally competent, fully immersed in multicultural competencies, to provide ethical services (Bray, 2014; Fenell, 2008; Hall, 2008).

Multicultural competencies provide a framework for counselors to provide effective services, and encourage counselors to be self-aware, recognize values and biases, understand worldview of military clients, and implement appropriate interventions for military clients (ACA, 2014; AMCD, 1996; Fenell, 2008). Professional counselors are encouraged and expected to be culturally competent; counselors with little military knowledge may have biases about

military culture and military service members that would thwart the counseling relationship (Fenell, 2008). Counselors who work to create safe environment for clients learn to see the world through the lens of military clients. In order to understand military clients, counselors need to know that military personnel share several common values: maintenance of physical fitness, additional training prior to deployments, never abandoning fellow warriors in combat, the military mission always coming before individuals, and military personnel never showing weakness to fellow warriors or the enemy (Danish & Antonides, 2009; Fenell, 2008; Hall, 2011). Counselors working with military service members and veterans can learn and understand military terminology, ask for clarification, and seek consultation to augment effective counseling (Fenell, 2008). The plea for qualified and competent counselors to provide services to military personnel only increases as the Global War on Terror (GWOT) continues.

### **Current Legislative Significance**

On March 8, 2014, the West Virginia legislature passed a house bill amending the state code to require inclusion of continuing education for counselor licensees specific to helping Veterans and military family's mental health needs.

Each person licensed to practice professional counseling by the West Virginia board of Examiners in Counseling, shall complete two hours of continuing education for each reporting period on mental health conditions common to veterans and family members of veterans, as the continuing education is established or approved by his or her respective licensing boards. (West Virginia Code, 2014, §30-1-7a. Continuing education [c])

Continuing education hours pertinent to mental health conditions common to veterans and military-connected families will include training specific to inquiring about whether the patients are veterans or family members of veterans and screening for PTSD, suicidal ideation, depression, grief, and suicide prevention ([http://www.legis.state.wv.us/bill\\_status/Bills\\_all](http://www.legis.state.wv.us/bill_status/Bills_all)

\_pass.cfm). State governments and licensure boards are beginning to realize the importance of mental health counselors learning about military culture and requiring specific training targeting this special population.

### **Military Prevalence**

The United States is currently participating in the longest war in its history. The GWOT is currently amid its 13th year. Military service members continue to experience increased deployments and the demand for reserve units remains elevated, which leads to an increased need for mental health treatment (Cole, 2012; Keim, 2009). Researchers looked at children and responses to deployment during Operations Desert Shield, Desert Storm, and the First Gulf War and found that internal and external symptoms increased, but most did not reach levels of clinical significance (Keim, 2009). However, due to the current nature of military operations and multiple deployments, researchers are unsure of the effects of the GWOT on military service members, veterans, and military families (Fenell, 2008; Hall, 2008; Keim, 2009). Military-connected families are no longer limited to areas of military installation, and service members can be trained anywhere within the United States (Keim & Suh, 2013).

### **Statement of the Problem**

Professional counselors are taught skills, strategies, and theories to work with people of diverse backgrounds through counseling training programs or certificate programs. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) sets a standard for program excellence, requiring quality education and enhanced opportunities (CACREP, 2009). CACREP standards ensure development of professional counselor identity as well as mastery of skills and knowledge to counsel effectively (CACREP, 2009). “Graduates of

CACREP-accredited programs are prepared for careers in mental health and human service agencies; educational institutions; private practice; and government, business, and industrial settings” (CACREP, 2009, p. 1). CACREP reported that graduates of CACREP-accredited programs are prepared to work as counselors. However, CACREP does not require current counseling curriculum to be inclusive of military culture or populations.

CACREP (2009) defined multiculturalism as the diversity of race, ethnicity, cultural tradition, socioeconomic status, age, gender, sexual orientation, religious beliefs, and physical, emotional, and mental abilities. CACREP requires accredited programs to uphold quality educational standards incorporating multiculturalism. According to these standards, understanding military culture is necessary to work with military service personnel, veterans, and military-connected children and families (Bray, 2014; Fenell, 2008; Hall, 2008; Park, 2011). However, a discrepancy exists, as CACREP does not specifically require programs to incorporate military in multicultural courses or competencies. With the growing demand for counselors to assist military populations, it becomes important for counselor educators to be aware of military culture and the military experience as the majority of counselors are likely to work with clients who identify as a service member, veteran, or military-connected.

The U.S. military system and personnel will ebb and flow with the demand of current and future conflicts as will the need for competent mental health providers (Everson & Figley, 2011). The demand for mental health positions serving the needs of the military community is high, yet licensed counselors continue to compete with social workers for those counseling positions (Rudow, 2013). Counseling students need to be prepared to offer the best counseling services to all clients, especially military clients and families. Furthermore, counseling students should be

prepared to meet the cultural needs of military clients and families with current and empirically supported skills (Rudow, 2013). The majority of counseling programs are not preparing CITs to work with military populations, which is why best practices have yet to be defined. This research study is necessary so that counselor educators with extensive knowledge and experience in teaching and working with military families can share ideas in training to address the needs of this population and bring counselors to the forefront in working with military and veteran populations.

The American Counseling Association supports the AMCD Multicultural Counseling Competencies (1996), which supports counselors gaining awareness of client's worldview. Culturally skilled counselors are familiar with relevant mental health research and its effect on various multicultural groups (AMCD, 1996). Culturally competent counselors are aware of institutional barriers that limit access to counseling services or prevent minorities from seeking services (AMCD, 1996). However, the current AMCD competencies do not address core competencies necessary in working with individuals immersed in military culture. The U.S. Department of Defense (DoD) and the U.S. Department of Veterans Affairs (VA) worked together and created a culturally competent checklist for health care professionals in hopes to increase awareness and sensitivity of military culture for practitioners (The Center for Deployment Psychology, 2013). The checklist was designed to foster self-reflection among those providing services to military and veteran populations. Both CACREP and ACA standards dictate excellence in preparation and education while supporting multicultural counseling competencies. However, as previously mentioned, counselor preparation in military culture is not a current requirement.

The military is a distinct culture whose members face extreme, often traumatizing, circumstances in the defense of others (Cantrell & Dean, 2005; Hall, 2008; Fenell, 2008). Military service members' experiences have a direct effect on their families, especially their children. The need for the inclusion of military culture in counseling curriculum and multicultural counseling competencies is not only evident, it is crucial. Military-connected children routinely face stressors seldom experienced by non-military-connected children and school counselors need to be prepared and informed to assist this population.

Counselors can help military service members and families' process stress, guilt, life transitions, and future decision-making (Hall, 2008). Although each military service member may not react the same to pressures of military life, there are consistent and general issues all service members and families encounter. Hall stated, "It is imperative that civilian services and programs that target military populations begin to have additional information to better prepare to meet the needs of the families of service members in their communities" (p. xvii). Counselors seeking additional training have the potential to become competent in working with military populations (Bray, 2014; Fenell, 2008; Hall, 2008). Furthermore, the call for more training listed above is not enough as counselor educators need to prepare CITs by incorporating military content in coursework.

### **Purpose of Study**

The purpose of this study is to attempt to operationalize best practices in counselor education programs when it comes to preparing CITs and SCITs to work with military populations. The main goal of this study is to find out what counseling programs should be doing to prepare CITs and SCITs to work with military families, especially deployed families, in



military, mental health, and school settings. In order to achieve this purpose, I developed several research questions.

### **Research Questions**

The following research questions will guide this study:

1. What should counseling programs do to best prepare all Counselors-in-Training to work with military families, especially deployed families, in military, mental health, and school settings?
  - a. What resources are recommended when preparing CITs and SCITs to work with military populations?
2. What experiences do Counselor Educators and Supervisors, with extensive knowledge and experience in working with military families, suggest Counselors-in-Training need to have to better understand military culture?
3. What key concepts do Counselor Educators and Supervisors, with extensive knowledge and experience in working with military families, suggest be learned?
4. What barriers have Counselor Educators and Supervisors, with extensive knowledge and experience in working with military families, identified and what strategies do they suggest in overcoming obstacles in preparing counselors to work with military populations?

### **Assumptions of the Study**

According to ACA and CACREP, counseling training programs incorporate curricula that promote excellence and requires consistent enhancement (CACREP, 2009). In my experience as a counselor from a CACREP program called to work with a military-connected

student in my first year as a professional school counselor I did not feel adequately prepared to help the student or her family. Additionally, I felt lost not knowing where to go to find resources. I relied upon my basic counseling skills and rapport building, which worked to some extent but I left wondering how much more I could have done to help had I known even the slightest bit about military families and appropriate interventions and identification of military-connected families. As a result, I am passionate about learning and advocating for counseling-related issues of service members, veterans, and their families as well as preparing counselors to work with this population.

As the wife of a veteran, my interest in this topic has grown; consequently, I have several assumptions about this study. The first is that the majority of counseling training programs neglect to incorporate curricula on military service members, veterans, and military-connected children and families. The second is that the majority of professional counselors are not knowledgeable on the structure and culture of the military, and therefore are not trained or qualified to counsel military service personnel, veterans, or military-connected children and families. The third is that the majority of counselor educators are not knowledgeable on military structure and culture, and therefore not comfortable teaching about how to work with this population.

### **Significance of Study**

The answers to these questions will aid counselor educators and supervisors, and professional clinical mental health and school counselors by furthering their knowledge of how to incorporate military families in curriculum and clinical practice. There has not been a large body of research related to what CES are doing to incorporate military families in counseling

curriculum or potential needs of this population. Moreover, there is a dearth of research when it comes to civilian mental health professionals helping military service members and their families (Hall, 2008; Keim, 2009, 2014; Park, 2011). The literature does not define expertise in the field of mental health and services provided to military populations as this concept is still in its infancy stages. Much of the existing literature focuses on military members' diagnoses, treatment, career, transition, and the deployment cycle. I have yet to read literature that explores CITs preparation in conjunction with knowledge of military members and families. Consequently, this study is an examination of the best practices in order to help CITs learn how to intervene with military members and military families who are experiencing issues related the military culture, and specifically the deployment cycle. Additionally, this research has the potential to contribute to the literature regarding the congruence between CIT preparation, counseling program education standards/requirements, and what national organizations and governing bodies are recommending. This study may also help CITs become more educated regarding the special concerns of the military family so they may be better able to serve them in the future.

Research gathered from this project will inform training practices of counselor education and supervision programs. Additionally, this study's results may be used to implement a call to action for CACREP to incorporate the needs, strategies, and interventions necessary for working with military service members, veterans, and military-connected children and families in program-required content.

### **Definition of Terms:**

**Active duty:** Members of the Department of Defense (DoD) Army, Navy, Air Force, Marine Corps) and the Department of Homeland Security (DHS Coast Guard) who have signed a contract of enlistment for a specified term of service or hold a commission as an officer on full time duty (Keim, 2009). They work for the military full time, may live on a military base, and can be deployed at any time (The National Center for PTSD, 2012).

**ASCA Model – American School Counselor Association (ASCA) National Model:** ASCA National Model comprehensive national school counseling model developed by the ASCA that supports the school's overall mission by promoting academic achievement, career planning and personal/social development. ASCA National Model serves as a framework to guide states, districts, and individual schools in designing, developing, implementing, and evaluating a comprehensive, developmental, and systematic school counseling program (ASCA, 2008).

### **Council for the Accreditation of Counseling and Related Educational Programs**

**(CACREP):** CACREP is an independent agency recognized by the Council for Higher Education Accreditation to accredit master's degree programs in career counseling; college counseling; community counseling; gerontological counseling; marital, couple, and family counseling/therapy; mental health counseling; school counseling; and student affairs. CACREP also accredits doctoral degree programs in counselor education and supervision (CACREP, 2008).

**Combat operational stress (COS):** Changes in mental or physical functioning or behavior resulting from the experience or consequences of military operations and their aftermath.

Changes can be positive and adaptive or they can be negative such as distress or loss of normal functioning (Department of the Navy U.S. Marine Corps, 2010).

**Emotional firewall** – Coping mechanism or filter created to block out possible harmful information and threats to self, an emotional shield or barrier (Cantrell & Dean, 2005).

**Emotional numbing** – Distance placed between people: emotionally from conversations, situations, and people that may often seem cold, aloof, uncaring, or detached (Cantrell & Dean, 2005).

**Military-connected children and families** – All individuals connected to a military family, including both traditional and non-traditional family units, extended and binuclear families, spouses, significant others, sons, daughters, stepsons, stepdaughters, brothers, sisters, parents, grandparents, and so forth (Park, 2011).

**Posttraumatic Stress Disorder (PTSD)** – A diagnosis one may receive after a trauma or life-threatening event, it is common to have reactions such as upsetting memories of the event, increased jumpiness, or trouble sleeping. If these reactions do not go away or if they get worse, you may have Posttraumatic Stress Disorder (National Center for PTSD, 2015).

**Research paradigms** - Belief systems or worldviews that guide investigators in choosing methods as well as identifies the theory in which research is grounded (Guba & Lincoln, 1994).

**Reserves** – Army, Marine, Air Force, Navy, and Coast Guard part-time federal troops typically attending drill one weekend per month and serve 2 weeks of active duty per year but can be called up for active duty (Danish & Antonides, 2009).

**Traumatic grief** – A complicated phenomenon defined by symptoms of both trauma and grief following a traumatic death (Goodman et al., 2002).

**Veteran** – An individual who has a history of military service (Army, Navy, Marine, Air Force, and/or Coast Guard). The definition includes active-duty service members and individuals who served in the reserves and the National Guard who have been deployed (Danish & Antonides, 2009).

### **Summary**

In conclusion, this study is essential for continuous growth as counselors learn more about their role in working with active-duty military members, veterans, and military-connected children and families. The purpose of this study is to determine what counselor educators can do to best prepare CITs and SCITs to work with the special needs of military families, especially deployed families, in military, mental health, and school settings. Primary goal of this study includes learning necessary experiences to understand military culture as well as key concepts to be incorporated in course material. A secondary goal is to learn about barriers that exist in trying to incorporate military populations in counseling curriculum and strategies to overcome those barriers.

## CHAPTER 2: LITERATURE REVIEW

The Global War on Terror (GWOT) will enter its fourteenth year this September, making it the longest war in U.S. history and affecting more active-duty service members, reservists, and National Guard members and families than ever before. In 2012, the Department of Veterans Affairs noted that 1.7 million service members were deployed to Iraq and Afghanistan (U. S., 2012). In 2013, Duchac and colleagues (2013) noted that more than two million service members had been deployed. Current military service members are experiencing deployment more frequently than previous military service members had. Clinicians have been witnessing increased diagnoses among service members' returns (Duchac et al., 2013; Schmuldt et al., 2013). Thus, the need to increase awareness exists among mental health practitioners.

Hall (2008) noted that there are more than 2.3 million active duty and reserve U.S. military personnel; and when spouses, children, veterans, families were included a total of close to one third of the U.S. population was accounted for. Therefore, a significant portion of the U.S. population experiences military culture and lifestyle to some extent, which is important when considering issues and challenges that may be discussed in counseling. Counselors will be called upon to help families in need, but in order to do so must be knowledgeable of military culture (Camancho, 2007; Fenell, 2008; Foyou, 2014; Hall, 2008, 2011).

The purpose of this section is to increase readers' awareness of the history of active-duty military service members, veterans, and their families, a detailed description of the needs of

active-duty military service members, veterans, and their families, an overview of the importance of identifying military-connected families, and civilian counselor preparation. This chapter lays the foundation for understanding the current research study as a whole. The concept of counselor preparation is the underlying principal that drives this study. Competent preparation and training can be achieved if counselor educators learn ways to introduce to infuse military populations into current counseling curriculum.

The following section provides a detailed description of military-connected families and the family structure, the civilian counselor preparation and learning processes, and the foreseen extensive need for services in years to come. More specifically, this section will inform readers of necessary military cultural components and will provide a review of family preparedness, cultural competence, and identifies military family strengths. This section will provide an in-depth overview of crisis and trauma as it relates to military culture as well as resilience and vulnerability. This section will pointedly discuss the role of civilian counselors and discuss how they can work to identify military-connected students, create partnerships with local community resources, and will discuss special considerations when working with active-duty military service members, veterans, and their families. Finally, this section also addresses learning components and counselor education pedagogy in an effort to close the gap that exists between counselor preparation, learning military culture, and providing appropriate and equitable services to all.

### **Military Culture**

Military culture has been defined as rigid, authoritarian in nature, and structured around clear rules for behavior, speech, and language (Hall, 2008). Military communities have been characterized as both comforting and suffocating, where culture is defined as inward focused,



consistent structure, and hierarchy (Hall, 2008). Basic aspects of military culture directly impact service members and their families (Schmuldt et al., 2013). To understand military culture, counselors must understand foundations of basic military training (Mathewson, 2011) as rigorous training and beliefs of commitment, honor, courage, integrity, teamwork, mental toughness, and respect for the military and the U.S. come first. Military culture can be defined by its values of collectivism and camaraderie where mission is the primary importance (Schmuldt et al., 2013). Military culture is also defined by mobility, which often results in isolation and alienation from civilian life and extended family units. Within active duty societies, at least two subcultures exist: officers and enlisted ranks (Hall, 2008). Noncommissioned officers typically fall within the top five of the nine enlisted ranks and have the appearance of having power, but do not associate with officers or live near officers. Military-connected children of both noncommissioned officers and officers attend the same schools, but rarely associate outside of school with children of the other rank, which can be very confusing for young children (Hall, 2008). Additionally, military service members have two families; personal families comprised of a spouse and child(ren) and members of the military unit. The military unit family tends to take precedence emotionally as well as out of a sense of duty (Hall, 2008).

### **Demographic Challenges**

Military communities are unique when compared to civilian communities. Several differences are apparent. First, of the nearly 22 million veterans living in the United States (U.S. Census Bureau, 2014) more than 85% are older than 40 years old (Zarembo, 2011). Less than 5% of the 22 million veterans have served since conflicts with Iraq and Afghanistan began nearly fourteen years ago (National Center for Veterans Analysis and Statistics, 2013). Additionally,

most veterans who have served since the GWOT began are under the age of thirty, which may add to developmental struggles (The Pew Research Center, 2011).

As of 2012, there were more than 3.6 million active duty and selected reservist military members (Military OneSource, 2012). According to the report, there are a total of 202,876 active-duty women (or 14.6 percent) in the military, and less than one third of total active-duty military identify as a minority (420,395 active-duty members). The 2012 demographics report (Military OneSource, DoD, 2010) indicated that more than 56% of active-duty military are married, and there are a total of 3,066,717 family members, which includes spouses, children, and adult dependents of active-duty members, which is over one third of the U.S. population. Military service personnel come from each of the 50 states, but states with the most active duty military are located in California, North Carolina, Texas, and Virginia followed by Georgia, Florida, Hawaii, and Washington (Hall, 2008). In addition to active-duty service members, there are Reserve and National Guard units, commonly referred to as “suddenly military,” which comprise many more children and families. Reservists and National Guard personnel are typically older and more educated than active-duty personnel (Hall, 2008).

### **Lifestyle Challenges**

When duty comes before family, challenges will exist (Schmuldt et al., 2013). Military-connected families struggle through difficult trials due to rigorous expectations that come with giving your life to the military. Many military-connected families have disclosed issues related to transitions, mobility, financial disparity, alcohol abuse, physical and emotional violence, and abusive relationships. Marital affairs are common as is emotional distance and anger (Hall,

2008). Infidelity remains a concern for all service members as a result of current and frequent transitions, deployments, and mobility (Hall, 2008).

Experiencing intense combat attacks, grief, and loss leave many active duty military and veterans internalizing feelings associated with grief and trauma. The National Military Family Association (2014) reported a profound need for professional counselors, and counselors interviewed in Hall's (2008) book concurred noting that unexpressed emotions and unshared feelings lead to isolation. "Stoic behavior is rewarded, whereas emotionality is not only discouraged but often punished; often the first casualties are family relationships" (Hall, 2008, p. 57). Denial is often present in the lives of military service members; worries of disaster are repressed. Veterans return home from deployments filled with feelings of trepidation, joy, and doubt which lead to increase in mental health diagnoses (Schmuldt et al., 2013). Returning from deployment and learning that many changes took place while they were gone may ignite new family issues (e.g., specific decisions regarding children, household duties, finances, and activities). As Schmuldt and colleagues (2013) inferred, deployments are unpredictable. Therefore, counselors need to be prepared for anything. Families can work together to create balance in redistribution of partnership responsibilities. Learning to reconnect on various levels takes time, but is crucial to the family unit (Cantrell & Dean, 2005), and counselors can help military families by understanding that openness and expression of feelings is not easy to explore. Counselors must also be knowledgeable in group development, wellness, and family systems (Schmuldt et al., 2013).

## **Deployment Frequency and Concerns**

Since 2005, overseas deployments have increased more than 300%, solidifying the need to help families experiencing stress, deployment, and mental health concerns (Houppert, 2005b). Approximately 19 percent of Operation Iraqi Freedom (OIF) service members reported a mental health concern upon returning from tour, and approximately 30 percent sought at least one mental health visit within the first year of returning from deployment (Miller, Finn, & Newman, 2014). However, only half of military veterans from OEF/OIF/OND who chose to leave the service and are eligible for VA benefits have sought services (Miller et al., 2014). Military-connected families have slowly started seeking mental health services from civilian counselors (Hall, 2008), but many families hesitate to seek services for fear it will reflect poorly on their service member (Becker, Swenson, Esposito-Smythers, Cataldo, & Spirito, 2014; Hall, 2008).

Many military-connected families believe they should be able to deal with life and its struggles on their own due to military beliefs of self-reliance (Becker et al., 2014; Hall, 2008). Regardless, counselors need to be prepared to provide appropriate screening methods and effective treatments (Miller et al., 2014). The DoD and VA health care systems have initiated trainings for providers to learn evidenced-based mental health interventions, yet military service personnel seeking treatment outside of the DoD or VA system may come into contact with providers who are unfamiliar with proper screening, assessment, and treatment for deployment-related issues (Miller et al., 2014).

## **Secrecy**

Secrecy is of the utmost importance as military service members and their families adhere to stringent rules and are aware that their actions may reflect poorly upon the military

member (Hall, 2008). “Incidents of child abuse, domestic violence, alcoholism, and drug use (before mandatory testing) were rampant but often beneath the surface, where they were difficult to detect” (Hall, 2008, p. 55). Alcohol abuse and domestic violence incidents have increased as GWOT continues (Hall, 2008). Many times reported violence is derailed by unqualified investigators protecting armed service members. For years, couples seeking mental health counseling identified the spouse as the client or one with diagnosis. However, this is happening less frequently as military service personnel are seeking treatment outside Military OneSource (Hall, 2008).

### **Male-Dominant Culture**

Traditionally, the military has been a male-dominated culture (Hall, 2008). As previously mentioned, honor is the driving force of the military and military operations, which is central to male psychology. Counselors need to consider the possibility of doing harm when asking military service personnel to increase self-awareness (Hall, 2008) as the concept of honor presents several obstacles within therapeutic relationships. Military service members often hold a belief that family and relationships issues may not need to be addressed. What can appear as neglect to counselors can also be seen as honorable in the name of duty (Hall, 2008), further declaring differences in culture.

**Male psyche.** Male service members are passionate about honor while conforming to military tradition, which can be difficult for counselors to comprehend when examining client’s assumptions about life (Hall, 2008). Military men enlist and essentially marry the military, putting mission or the military first at all times. Male psychology appears to be rooted in shame,

often repressed throughout adolescence (Hall, 2008). Thus, males tend to honor traditions and expectations required by the military and may struggle with existential assumptions of life.

### **Women in the Military**

Women comprise approximately 14% of military service members, and continue fighting to overcome stereotypes and generalizations made by male service members (Hall, 2008). More recently, the Department of Defense (DoD) statistics reported that female service members represent 20% of new recruits and 15% of current active duty force (Mathewson, 2011).

Counselors need to be aware of gender-specific issues female service members face while at home as well as in combat (Mathewson, 2011). Civilian counselors lacking understanding of military culture and its impact on women service members will struggle to address needs of women especially those experiencing combat stress (Mathewson, 2011). Additionally, a major issue female service members face is deployment during motherhood (Hall, 2008). Feelings of abandonment and guilt are often present as are feelings of dedication to the mission.

Furthermore, many women experience sexual assault and sexual abuse, but are unwilling to report for fear of retaliation and negative consequences regarding military as a career. Thus, the need for civilian counselors to best understand the challenges female service members and their families face is crucial (Mathewson, 2011).

**Female psyche.** Civilian counselors must not only understand challenges female service members confront but also need to be familiar with military culture to best help female service members, especially female service members experiencing combat stress (Mathewson, 2011; Street, Vogt, & Dutra, 2009). Female service members have divulged struggles interacting with their children, attachment struggles, and traumatic flashbacks upon returning from deployment.

Research informs us that gauging needs of female service members is difficult and continued research is needed. Additionally, Hall (2008) states that counselors need to be mindful of exposure to combat trauma and military sexual trauma. Civilian counselors can empower military women by teaching coping skills and building upon adaptive coping strategies (Mathewson, 2011), but need to know how to properly assess female service members.

### **Crisis and Trauma in Military Families**

Military families experience various crises and trauma both interpersonally and interpersonally. Active-duty service members and veterans may experience crisis and trauma from current duty stations, war, or training missions resulting in a variety of diagnoses such as depression, anxiety, PTSD, substance use/abuse, suicidal ideation, suicide, and TBI (Duchac, Stower, and Lunday, 2013; Schmuldt et al., 2013). Family members often experience secondary traumatic responses when loved ones struggle with mental illness as a result of their duty.

### **Combat-Related Mental Health Issues**

“Every participant in a warzone *will* manifest some aspects of COS (hyper-alertness, anxiety, frustration, anger, confusion, intolerance of ‘stupid’ behavior, sleep disruption, etc.)” (Cantrell & Dean, 2007, “A Special Message to the Military”). Stress reactions can continue after veterans return home, which is referred to as the reintegration process, and may interfere with trust and emotional disconnection from partners (Beier & Sienrukos, 2013; Cantrell & Dean, 2005, 2007; Whealin, n.d.). Researchers have found that veterans are often afraid to address what happened to them and families of veterans may avoid talking about trauma or related problems (Whealin, n.d.).

Much of the research focuses on service member suicide with statistics substantially higher for both men and women veterans than civilian counterparts (Ghahramanlou-Holloway et al., 2011). Also important to note is that mental illness is highly diagnosed in military populations (Hoge, Lesikar, Guevara, Lange, Brundage, Engel, & Orman, 2002), as is complex trauma where veterans who experienced trauma in childhood converges with current trauma (Sarno, 2014). Furthermore, approximately 15-20% of veterans returning from combat report symptoms of depression, anxiety, or PTSD (Waliski & Kirchner, 2013). Symptoms of anxiety and depression can be found in individual service members or in military families (Chandra, Lara-Cinisomo, Jaycox, Tanielian, Burns, Ruder, & Han, 2010; Waliski & Kirchner, 2013). While the long-term effects on mental illness are not yet known (Waliski & Kirchner, 2013), counselors may benefit from and choose to focus on learning the reintegration process (Cantrell & Dean, 2007) as well as how families process reunification. Combat stress and trauma may affect men and women differently. Moreover, traumatic stressors may adversely affect service members' mental health.

### **MST versus Combat Trauma**

Researchers have begun to focus on specific forms of trauma such as MST or military sexual trauma (Katz, 2016; Mathewson, 2011). Military sexual trauma refers to experiences of sexual trauma, which occur during one's active duty military service (Katz, 2016). The VHA (2010) defines MST in Title 38 United States Code (U. S. C.) 1720D as,

Psychological trauma which in the judgment of a mental health professional employed by the Department, resulted from a physical assault of a sexual nature which is threatening in character and occurred while the veteran was serving on active duty or active duty for training. (p. 1)



Trauma is present among those immersed in military culture. As Katz (2016) notes, service members expect to be challenged, trained adequately, and prepared for war. A major difference between MST and combat related trauma is that one does not expect to experience MST. MST is convoluted by a familial sense of camaraderie and trust (Katz, 2016; Weaver, 2015). More specifically, as MST and combat related traumas are studied, researchers are finding that women are more likely to develop PTSD from sexual trauma, whereas men are more likely to develop PTSD from combat (Fontana & Ronsenheck, 1998; Katz, 2016; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). Combat related traumas are often accepted and better understood as a result of duty. Katz (2016) shared the differences between MST and combat trauma (see Table 2.1).

Table 2.1

## Comparison of Military Traumas

Combat Trauma	Military Sexual Trauma
Shared trauma	Individual trauma
Public knowledge	Secret/shame/difficult to disclose
No need to report	Often feel conflict: pressure to report or fear of reporting
Impersonal	Personal (victim may feel targeted)
Trained for/expected	Not trained for/betrayal of expectation
Enemy is to blame	Victim is often blamed
Enemy is external	Enemy is internal-have to live and work with perpetrator or rely on friends of perpetrator
Preserves unit trust/bonds	Destroys unit trust/bonds-isolation
Enemy remains overseas	Enemy returns home-at VA medical centers, in community, still vulnerable/afraid

(Katz, 2016, p. 11)

Table 2.1 is a visual representation of how MST is unique, where victims often feel targeted and continue to suffer the effects of the trauma after removal from the incident(s). Service members rely on one another, are trained to support one another, and are taught not to leave a member behind. Various traumas may result from deployment. As the number of deployments increases, so do concerns of vast mental health diagnoses upon return (Schmuldt et al., 2013). Women veterans have struggled to report MST for many reasons such as career concerns, fear of retaliation, and lack of action taken on previous reports (Katz, 2016). Current reports reveal increased rates of sexual harassment and assault during combat (Ghahramanlou-Holloway, Cox, Fritz, & George, 2011; Katz, 2016; Mathewson, 2011). Women are more likely than their male counterparts to experience PTSD, and while many female service members come back from combat stronger in many respects, many also face the increased responsibility of parenting and interpersonal relationships difficulties during reintegration.

### **Posttraumatic Stress Disorder**

Recognizing posttraumatic stress disorder (PTSD) as part of war's aftereffects helps counselors working with veterans and their family members (Cantrell & Dean, 2005). Many active-duty service members and veterans experience PTSD (Murdoch, Sayer, Spont, Rosenheck, Noorbaloochi, Griffin, Arbisi, & Hagel, 2011), while even more admit to feelings of survivor guilt and emotional distance from partners, children, and others, which is tough for families to understand (Cantrell & Dean, 2005). The Pew Research Center (2011) shared that veterans experiencing reintegration may continue to process ongoing challenges present during transitions. Reintegration is the process in which service members transition back into familiar

roles and take on previous responsibilities held prior to deployment. Additionally, reintegration can also be one's transition from military culture back to civilian society.

Veterans in the reintegration phase may experience a low frustration tolerance unbeknownst to partners or children. Resnik and colleagues (2012) shared that service members often struggle socially, emotionally, in familial roles, spiritually, and economically, which can lead to significant issues such as domestic violence (Cantrell & Dean, 2005). Anxiety and nervousness lead to an exaggerated startle response known as hyper arousal or hyper vigilance. The effects of these hyper states on children are still unknown. Failed expectations of reunification often lead to struggles, where psychological and emotional wounds have to be expressed before the healing process can begin (Cantrell & Dean, 2005).

Active-duty military members and veterans create personal trauma firewalls in effort to deal with unwanted outside threats. Firewalls are also a coping mechanism to buffer feelings of pain (Cantrell & Dean, 2007). Exposure to combat correlates to a myriad of mental health challenges (Hoge et al., 2004). The Pew Research Center (2011) reported approximately half of the veterans who have served since the GWOT began conveyed relationship or familial difficulties since separating from the military. Emotional barriers can create detachment or strain on relationships between veterans and their partners and children (Cantrell & Dean, 2007). Trauma has a profound effect on the reintegration process for the veteran and the family (Cantrell & Dean, 2005). Unfortunately, when working with military families counselors must also be aware of those that come home injured and of those who do not come home at all.

## **Emotional Struggles**

Veterans return from deployment and experience vulnerability in stress reactions, where family members may witness anger, withdrawal, isolation, aggression, or emotional numbness (Cantrell & Dean, 2005; Shaler, Hathaway, Sells, & Youngstedt, 2013). Moreover, Shaler and colleagues (2013) found that levels of PTSD were significantly correlated to anger in OEF/OIF veterans. Denying emotion or opportunities to express feelings leads to lack of intimacy and intimate relationships (Cantrell & Dean, 2005, 2007), and discussion of feelings is not part of military culture (Hall, 2008). However, anger management classes and social support networks may help veterans process feelings (Shaler et al., 2013). Veterans naturally withdraw from others and prefer not to talk about experiences associated with traumatic events (Cantrell & Dean, 2005, 2007). Therefore, counselors may benefit from talking about military culture and training before discussing emotions and dispelling stigma (DeCarvalho & Whealin, 2012). Active-duty members often fear close connections and worry about hurting loved ones once family sees pain endured while deployed (Cantrell & Dean, 2005). Veterans have to learn to love those whom they entrust their lives, but returning home may lead to not allowing others to get that close again for fear of failure (Cantrell & Dean, 2005).

## **Treating Trauma**

Trauma has been defined as a normal response to an abnormal situation (Gladding, 2013). Counselors who are employed in trauma areas have received additional training to help clients in crisis. The American Psychiatric Association (2000) defined trauma as exposure to an event, which threatened death, injury, the perception of death or injury, or a threat to one's well-being. Counselors have traditionally used one of two prominent models when treating trauma

(Gladding, 2013). The first model is referred to as the crisis intervention model and the second is the continuing-therapy model. According to Paulson and Worth (2002), crisis intervention models must encompass the importance of therapeutic relationships and validating feelings. Moreover, counselors begin by helping clients develop increased self-awareness. Once clients gain insight through self-awareness, counselors can assist in creating a new identity that helps clients cope with grief and loss (Gladding, 2013; Paulson & Worth, 2002). Rogers (2001) also introduced an existential-constructivist framework that many counselors adopt when treating trauma (Gladding, 2013). Rogers' framework demands commitment to long-term sessions. Treatment can take place in many forms (Gladding, 2013).

### **Evidence-Based Treatment Options**

The VHA and the DoD have recognized and offer two forms of evidenced-based therapy for treatment of trauma diagnoses in veterans. Both evidenced-based therapies adopted by the VHA are forms of Cognitive-Behavioral Therapy (CBT). The first treatment is known as Cognitive Processing Therapy (CPT), and the second form of treatment is Prolonged Exposure (PE) therapy (U.S. Department of Veterans Affairs, 2014). The goal of CPT treatment is to help clients understand and change the way clients think about the trauma, whereas the goal of PE is to decrease fear related to memories of the trauma (U.S. Department of Veterans Affairs, 2014). Additionally, the VHA and DoD have supported research on use of Eye Movement Desensitization and Reprocessing (EMDR) to treat PTSD. However, as Hubbard (2013) noted, empirical research has not been conducted on a large enough scale to provide sufficient evidence of use of EMDR to treat combat veterans. The VHA does however; acknowledge additional

supports such as medication management, group therapy, and family therapy (U.S. Department of Veterans Affairs, 2014).

### **Additional Treatment Options**

Dialectical Behavior Therapists have received specialized training to provide treatment to clients reporting trauma symptoms. Dialectical Behavior Therapy (DBT) is used when clients present with symptoms of PTSD (Schmuldt et al., 2013) and focuses on acceptance and change (Linehan, 1993). Counselors examine stressors present in clients, and consistently work to identify positive responses existing in client's environment. DBT teaches clients mindfulness, where clients report feelings, thoughts, and awareness in the moment (Schmuldt et al., 2013). Eye movement desensitization and reprocessing (EMDR) was mentioned above. The International Society for Traumatic Studies has conducted research and assessments using EMDR with military veterans. Literature appears to suggest that EMDR will be recognized by the VHA as a form of evidenced-based treatment (Schmuldt et al., 2013; Schnurr & Friedman, 2008). Additionally, Viktor Frankl's (1970) logotherapy has been used to treat military-related PTSD (Lantz, 1992) as well as when treating substance abuse resulting from military-related PTSD (Smith, 2013). Logotherapy is used to seek meaning when substance abuse has developed as a coping mechanism for PTSD. As Frankl (1979) shared, finding meaning when stuck in meaningless situations is difficult but challenges individuals to create meaning when stuck in uncontrollable circumstances. Thus, counselors work to empower clients, which lead to overcoming present obstacles (Smith, 2013).

## **Counseling Services**

Numbers and colleagues (2011) reported that military-connected families could benefit from working with counselors who have experience working as support group facilitators, as these counselors understand group dynamics and group support that is present among military service members. Additionally, Everson and Figley (2011) stressed the importance of practitioners understanding the vast differences of service members involved in current conflicts before engaging in therapeutic work. Once counselors understand the dynamics of current military families and current conflict stressors, implementation of specific techniques and creation of action plans can take place (Everson & Camp, 2011). Throughout the re-entry or reintegration process counselors can assist by engaging family members and providing support (Beier & Sienrukos, 2013).

Counselors are responsible for developing and teaching strategies to relieve anxiety and depression while providing comfort and support (Numbers et al., 2011). Counselors may also be responsible for creating psychodynamic groups to teach military-connected families about the deployment cycle, which incorporates sessions on living with an absent parent or life without your partner (Numbers et al., 2011). Counselors can help by knowing community resources, maintaining structure, and helping to provide support necessary to get through holidays, birthdays, and daily life with an absent parent or absent parents (Numbers et al., 2011). Counselors are responsible for providing ethical services to clients. Therefore, it is imperative for CITs to be exposed to military culture as military-connected family members are affected by deployment (Cook, Slater-Williams, & Harrison, 2012) and exist everywhere.

### **Military-Connected Families**

Military families can be described as highly mobile and at a greater risk for deployment, which may affect adaptability, learned coping skills, and adjustment (Bradshaw et al., 2010). Military families average nine relocations, meaning military-connected students change schools nearly every 3 years; or three times as often as civilian peers (Bradshaw et al., 2010; Esqueda et al., 2012; Keim, 2009), as active-duty military members are reassigned every two to three years (Park, 2011). Multiple rotations and extended hours have long-term implications for veterans and their families (Cantrell & Dean, 2005). Often, families move closer to relatives during deployment, which leads to a loss of existing military support and loss of friends for both children and parents (Levin, 2007; Park, 2011). Highly mobile students are vulnerable to adjustment problems and stressful situations, which may hinder adolescent progress or maintenance (Bradshaw et al., 2010). Military-connected students may experience feeling rootless and struggle to create deep relationships and make long-term commitments, which can be detrimental to development (Park, 2011). Furthermore, spouses often take on various conflicting roles creating confusion and challenges adolescents working to create balance within family units (Everson & Camp, 2011).

Counselors who learn to recognize that veterans and military service members do not experience war individually and that experiences of war do not end once military service personnel return home will be better able to help military families (Hall, 2008). Experiences of war and conflicts continue for years, and even generations, to come. Military families can reflect that of a military unit, depending on parents' adaptation of military lifestyle and need to adhere to military expectations (Hall, 2008). Thus, boundaries are created and defined by members of



each family (Everson & Camp, 2013). “A ubiquitous structure, clearly defined social expectations for conduct, and closed quarters opportunities for community camaraderie exist in military communities (Hall, 2008, p. 73). Many military members structure their families similarly. Moreover, military families struggle to explain their lifestyle to civilians, especially with the increased political polarization (Hall, 2008).

Furthermore, suddenly military families are a separate entity to consider when hypothesizing about conducting military research or creating case conceptualization. Suddenly military children are children whose lives are suddenly changed when a parent who is in a reserve branch of the military service is activated, mobilized, or deployed (Horton & Lima-Negron, 2010). Suddenly military families are faced with leaving their civilian jobs, even temporarily, which can cause great financial stress on their families. Additionally, families may not be located near a military installation making it difficult to easily access government-provided assistance (Kennedy, 2008). Researchers do not know the effects of sudden military status on families, children and families of civilian contractors, employees working in war zones, and the grief and loss suffered by siblings of service members as Reservists and National Guard units have not been mobilized as much in the past (Park, 2011).

### **Military Spouses**

Military families learn to conform to uncertainty, change, and adjustments, which may be challenging as members re-negotiate roles and adapt at different phases of the deployment cycle (DeCarvalho & Whealin, 2012; Orthner & Rose, 2006). Military spouses have been instrumental in advocating for policy change when it comes to getting more support and help from the government. Current conflicts have demanded repeat deployments, which increases risk for

mental health problems (Hoge, Castro, Messer, McGurk, Cotting, & Koffman, 2004). However, spouses of active duty deployed service members are also at high risk for developing mental health problems (DeCarvalho & Whealin, 2012). Additionally, spouses living off base may feel isolated, but regardless of location, all spouses have access to military resources.

### **Military Children**

Military-connected children are confronted with psychological stressors and struggles; experiencing unique challenges as they grow and develop in addition to normative adolescent development (Bradshaw et al., 2010; Esqueda et al., 2012; Wood et al., 2012). Military-connected children consistently face challenges such as complex transitions, parental deployment, parental combat injury or death, combat-exposed health issues, trauma, as well as reintegration to civilian life after deployment (Levin, 2007; Wood et al., 2012). Military-connected children are likely to experience increased stress related to transitions which may negatively influence academic, psychological, and social emotional outcomes (Bradshaw et al., 2010; Cole, 2012; Esqueda et al., 2012).

Military-connected children often deal with the absence of one parent and in some cases both parents. Military parents often miss important life events due military demands. Mobility, transitions, and adjustments often work against deep and lasting attachments to friends, loved ones, and communities; resulting in either parents protecting family units from the pain of separation or the family forming a cohesive unit keeping the military parent at a distance (Hall, 2008). Children may be negatively impacted by parents suffering from PTSD, which often leads to diminished parenting and adjustment-related challenges (Lyons & Elkovitch, 2011). Support systems are essential to helping families readjust and find a new normal.

## **Resilience and Vulnerability**

Military family experiences are vastly different from civilian families (Foyou, 2014). Families are most often the primary support systems for veterans, and can provide feelings of companionship and support (Whealin, n. d.). Military-connected students have strengths, assets, and coping skills that need to be recognized (Keim, 2009; Park, 2011; Wood et al., 2012). As some military-connected children grow developmentally, they are open to exploring new interests, gain self-confidence, social competence, and develop resiliency (Keim, 2009). Military-connected children tend to be goal-oriented and college bound (Blum, 2005). Military-connected children are also known to have strong social skills, cultural awareness, empathy, and are able to adapt well (Hall, 2008; Levin, 2007; Park, 2011; Ruff & Keim, 2014).

While military life presents many challenges, there are also many opportunities for children and families to grow (Hall, 2008; Park, 2011). Research indicates military children have greater respect for authority (Park, 2011), as well as are resourceful, responsible, and embrace differences (Hall, 2008; Levin, 2007). Military-connected children also get to visit new places and experience diverse cultures (Park, 2011) and are raised with specific values accentuating service, sacrifice, honor, teamwork, loyalty, sense of purpose, community, and pride (Park, 2011).

**Child and adolescent development.** Adolescent development shows that children ages 14-18 are developing a capacity for abstract thinking and pondering the meaning of life (Erikson, 1964). When abnormal or non-normative life events take place, such as deployment, military-connected children work through developmental stages in addition to making meaning of new family dynamics (American Academy of Child and Adolescent's Facts for Families, 2008).

Adolescents' social emotional development focuses on self-involvement fluctuating between high expectations and low self-esteem (American Academy of Child and Adolescent's Facts for Families, 2008). Military-connected children may have experienced an increase in responsibilities while a parent was deployed leading to an increased sense of self, but when the parent returns roles change leading to confusion and defiance as adolescents continue to find themselves. For instance, children under the age of 14 may be happy when parents return from deployment, but adolescents (over age 14) may become defiant as familial roles change (Keim, 2009). As with any major change, military children are encouraged to discuss reintegration and share struggles with family members and support systems.

Military-connected children are especially at risk because the trauma and grief they experience comes rather suddenly and usually in forms of violent death or injury (Goodman et al., 2002).

### **Increasing Awareness in Education**

Approximately 2 million children in the U.S. live with an active duty military parent (Department of Defense, 2012), and between 1 and 2 million children in military families, with the majority (approximately 90%) attending public schools (Astor, 2011; Bradshaw, Sudhinaraset, Mmari, & Blum, 2010; Cole, 2012; Ruff & Keim, 2014; Thompson & Facon, 2011; Wood, Greenleaf, & Thompson, 2012). Military-connected children comprise almost 4% of school-aged children in the United States. Over 2 million children in the United States have been affected by the deployment of a parent or parents (Becker et al., 2014; Bradshaw et al., 2010; Chandra, Martin, Hawkins, & Richardson, 2010). Educators and school personnel need to learn about specific challenges faced by military-connected children attending public schools

(Astor, 2011). Deployment intensifies stress experienced by military-connected students exposed to much mobility (Bradshaw et al., 2010). Thus, school personnel can expect a military-connected child to transition to or from their school (Ruff & Keim, 2014).

*Military connectedness* is broadly defined to reflect the expansive nature of who can be included within the family of a military service member. With so many military-connected children transitioning, school personnel need to be familiar with the unique challenges that multiple school transitions entail to effectively meet the needs of these students and families (Ruff & Keim, 2014). School personnel may benefit from knowing that military families are often young; children ages 12 years and under comprise approximately 72% of children with parents on active duty (Levin, 2007). Current research is being conducted to learn more about military-connected children and academic performance, which will be used to direct resources to support military-connected children's education (Thompson & Facon, 2011).

Members of the U.S. Armed Forces have been serving in the longest, and one of the most significant conflicts leading to increased stress of all military-connected individuals (Milburn & Lightfoot, 2013; Park, 2011). Adolescent development typically consists of identity establishment and autonomy (Erickson, 1950; Piaget, 1950), but normative development may delay when military-connected adolescents face frequent moves, relocations, and parental deployments (Milburn & Lightfoot, 2013). Expanding research is necessary to understanding military-connected families and its relationship to adolescent development. Literature has traditionally focused on school-aged children with less attention on adolescents.

### **Confronting Adversity**

Military-connected children are facing a greater number of hardships (Keim, 2009) as crises and disasters plague society. Children handle vulnerability as they are taught to by adults, which, influences future reactions to vulnerability (Goodman, Courtney, & Gurian, 2002). Literature reveals at-risk characteristics that are found in the general population, but also supports resilience in children (Keim, 2009; Park, 2011). Some children are exposed to higher risk factors such as family instability and poverty (Keim, 2009). Moreover, when children are exposed to higher risk factors they are also at greater risk for developing mental health issues, learning disorders, and/or behavior disorders (Esqueda et al., 2012; Keim, 2009). It is important to note that children exposed to risk environments at a young age can develop into self-confident and competent adults (Keim, 2009; Park, 2011).

### **Barriers**

Researchers are calling for counselors to pay attention to military-connected children, supporting the need for research focusing on academic, social/emotional, and psychological challenges (Esqueda et al., 2012). Military-connected children may hesitate to make friends or keep friends at a distance for fear of the next transition (Hall, 2008). Additionally, Bradshaw and colleagues (2010) noted that military-connected students struggle with the ability to make and maintain relationships over time, and superficial friendships can lead to lack of school connectedness (Ruff & Keim, 2014). Creating new social identities, making friends, and learning to maneuver new schools every few years is arduous, and many military families do not seek services to help with the transition (Becker et al., 2014; Hall, 2008; Ruff & Keim, 2014). Furthermore, military-connected students with special needs suffer to receive appropriate services with transition (Bradshaw et al., 2010; Hall, 2008; Park, 2011).

Research supports the idea of military-connected children being involved in extracurricular activities (Blum, 2005; Bradshaw et al., 2010; Keim, 2009; Keim & Suh, 2013; Ruff & Keim, 2014; Thompson & Facon, 2011). However, military-connected children experience difficulties staying involved and experience discrimination when participating in athletics and activities because transitioning effects team dynamics (Ruff & Keim, 2014). Limited access to athletics and extracurricular activities can also lead to mental health concerns, further withdrawal, and behavioral challenges at home or in the classroom (Ruff & Keim, 2014). Military-connected children require the attention of educators, administrators, and counselors to safeguard equity of services.

### **Quality Education**

Military families are concerned about the quality of education and support. Multiple transitions lead to academic concerns and obstacles such as differences in content per grade level from school to school, various curricula, achievement standards, graduation standards, and having to learn the same material repeatedly (Park, 2011; Ruff & Keim, 2014). Thus, military children often fall behind in school, lose credits due to various curricula and standards which vary state to state, miss specific curriculum units, and lack necessary requirements for graduation often leading to additional schooling to graduate (Astor, 2011; Bradshaw et al., 2010; Esqueda et al., 2012). Bradshaw and colleagues (2010) found that “parents and school staff overwhelmingly agreed that there is the need for standardization across schools in relation to academic requirements and services provided to students” (p. 100). Schools are responsible for informing students and families of academic options and requirements while also determining appropriate interventions (Blum, 2005). School connectedness is important for all students, but

especially for military-connected children (Blum, 2005). Educators can work to create stable, safe, engaging environments so children can thrive.

### **Uniform Curriculum**

In response to parent and educator concerns, the U.S. Department of Defense Education Activity (DoDEA) adopted uniform curriculum and standards in hopes to reduce struggles of mobility experienced by military families (Esqueda et al., 2012). The DoDEA works with public civilian schools to implement after school programs and peer support groups for military-connected students (Esqueda et al., 2012; Keim, 2009). Educators working for DoDEA schools stress importance of investing in development and maintenance of school supports and functioning from sound understanding of military culture (Esqueda et al., 2012).

Furthermore, the Interstate Compact on Educational Opportunity for Military Children (ICEOMC) created policy goals that serve as a template for understanding issues faced by military-connected students (Esqueda et al., 2012). The goal of ICEOMC is to eradicate educational barriers across state lines to stabilize academic standards and requirements (Esqueda et al., 2012). Partnerships with various educational organizations are essential to raising awareness, increasing knowledge, and sharing resources within education communities (Blum, 2005; Cole, 2012).

### **Collaborative Partnerships**

The Educational Partnership Program supports military-connected children registered and attending schools within local education agencies (Thompson & Facon, 2011). Various community organizations and higher education systems support programs addressing the needs of military-connected children and families (Hall, 2008; Keim, 2009). Purdue University created



the Military Family Research Institute, which provides web-based information for families; the Military Child Initiative is located at John Hopkins University, and the Military Child Education Coalition focuses on school adjustment and academic success (Hall, 2008; Keim, 2009).

Additionally, the Center for Posttraumatic Stress Disorder offers resources through the Veterans Administration, the National Coalition Against Domestic Violence, RAND Corporation, and the National Institute on Alcohol Abuse offer resources for military families on their websites (Hall, 2008). Educators can help by being informed of existing programs. Finally, Esqueda and colleagues (2012) noted that the Obama administration issued a presidential directive in 2011, providing funding to make the education of military-connected students high priority.

### **Educators as Advocates**

Wood and colleagues (2012) stated that it is common for schools and educators to lack knowledge and understanding of military families and military culture. Schools are unfamiliar with specific issues and struggles military-connected children face, often leading to unrealistic expectations (Ruff & Keim, 2014). Relationships created between local education agencies and government bodies can help assist military-connected children with transitions (Thompson & Facon, 2011). Counselors are ideal advocates and can collaborate with other professionals and provide information to other educators to meet the needs of military-connected children. However, before collaboration efforts begin, educators need to identify their military families.

Some empirical research has been conducted in school settings, and results suggest that deployments are positively associated with decreased academic performance (Esqueda et al., 2012). Results also suggested that public schools might not know how to best help military-connected students during a deployment or transitions (Bradshaw et al., 2010; Esqueda et al.,

2012). Descriptive research is needed to support unique educational needs of military-connected students to increase awareness of strengths and challenges as well as appropriate resources (Esqueda et al., 2012). Researchers suggest specialized training in identification of student emotions associated with loss, separation, and grief due to deployment as well as chronic stress (Wood et al., 2012).

### **Identification of Military Students**

Military-connected children attend either public school or schools on military installations. Children attending schools on military installations are surrounded by community support and individuals who recognize stressors associated with deployments (Cole, 2012; Keim, 2009). Children attending public schools lack support. As Keim (2009) stated, current data does not exist regarding the extent to which public schools are aware of the needs of military-connected children. Hence, identification of military-connected students and families is essential to providing suitable support services (Astor, 2011; Keim & Suh, 2013). However, school personnel may benefit from being sensitive to the fact that military-connected families may fear discrimination and choose not to reveal military connections. Building rapport and trust of military families is essential for collaboration (Ruff & Keim, 2014).

Educators can advocate for military families by informing administration and local legislation of identified needs of military families. Additionally, educators can push to increase state and national awareness of the unique and challenging circumstances to create military-friendly schools (Astor, 2011; Keim & Suh, 2013). However, schools should assess current ways in which buildings or administrators are addressing needs of military families before striving to improve advocacy efforts (Esqueda, Astor, & Tunac De Pedro, 2012). Professional school

counselors are skilled at conducting needs assessments and can gather necessary data in which schools can use to create action plans (ASCA, 2012). Counselors can work to develop effective strategies to support students by using active listening skills and collaborating with teachers to create adaptive assignments (Wood et al., 2012).

### **School Counselors**

Fenell, Fenell, and Williams (2005) reported, “School counselors are the key to designing school-wide programs to support these students” (p. 129). Counselors are prepared to operate from a developmental perspective, which is particularly important when working with children, to identify strengths and weaknesses (Park, 2011). Developmental frameworks are supported by the American School Counselor Association (ASCA) dedication to comprehensive school counseling programs (ASCA, 2012). The ASCA National Model (2012) supports equity in programs for all students, which shall include military-connected students (Keim, 2009).

The ASCA model (2012) identifies best practices for school counselors and focuses on academic, personal/social, and career development for all children, which leads to academic success in hopes children are prepared to lead fulfilling lives and become responsible members of society. Barter (2005) also supported innovative programming to include design and delivery. School counselors can promote safety and positive learning environments by working to develop resiliency in schools (Keim, 2009). “To initiate change, school counselors must first be informed about military life and become knowledgeable about resources and culturally sensitive interventions suited for military students” (Ruff & Keim, 2014, p. 108). Once school counselors are knowledgeable, they can help to recognize and embrace the importance of their role in collaboration and leaders (Cole, 2012) and advocate for mandated staff trainings, increases

funding of school counseling programs, create progressive policies to help find support services for military families, and facilitate military cultural needs (Ruff & Keim, 2014; Wood et al., 2012). Thus, reinforcing the importance of school counselors being knowledgeable in military culture to providing trainings, seminars, and workshops for teachers and other school personnel effectively manage classrooms when students are experiencing traumatic responses (Astor, 2011; Bradshaw et al., 2010; Goodman et al., 2002).

Trainings and workshops can help to conceptualize military-connected families as a specific cultural group (Bradshaw et al., 2010; Fenell, 2008; Hall, 2008; Keim, 2009; & Keim & Suh, 2013). School counselors can create response plans to assist when parents are seriously injured, killed in active duty, or to support relocation assignments is essential (Wood et al., 2012). Counselors can collaborate to foster communicate between military and non-military families to increase sensitivity in the classroom (Cole, 2012; Wood et al., 2012). Furthermore, school counselors can help increase awareness of transitions and mobility of military-connected students, which is strongly correlated to students' academic, social, emotional, and career development (Astor, 2011).

Keim and Suh (2013) examined school counseling practice with military-connected students in public schools and found that not all school counselors are aware of specific services for students with a deployed parent, which may indicate limited counseling services to military-connected children. Keim & Suh's findings strongly suggest an active role need be taken on multiple levels in order to provide school counselors with professional development and resources to best help this population. Goodman and colleagues (2002) specifically noted that school counselors can identify students at risk for academic failure or interpersonal problems and

can provide information to parents and school personnel while also collaborating with other counselors. Counselors and school professionals who lack familiarity of military culture may adversely impact academic and social emotional growth (Ruff & Keim, 2014). However, it is important to note that school counselors are trained in not only growth, development, and mental health (Cole, 2012) but also in basic interpersonal skills, counseling theories, group processes, multiculturalism, careers, and ethics leading them to be a primary resource for military-connected children and families (Nelson & Neufeldt, 1998).

### **Interventions and Accommodations**

School counselors can help parents define or identify appropriate expectations and responses to trauma and grief. School counselors are taught to collaborate with others to create appropriate and effective interventions to help students academically and behaviorally. However, interventions are dependent upon accurate diagnosis and knowledge (Goodman et al., 2002). Understanding the needs of military-connected children and families is crucial as is learning to understand military culture (Cole, 2012). For that reason, counselors need to be introduced to cultural differences as they are in a unique position to provide necessary and pertinent information to administrators, school counselors, and teachers.

Counselors and school counselors are trained to recognize signs of separation anxiety, symptoms of other disorders, and can help identify struggles by monitoring attendance, peer interactions, monitoring behavior and grades (Kennedy, 2008). Counselors and school counselors can also teach coping skills, relaxation techniques, and create a safe space for activities to help express feelings (Kennedy, 2008). Counselors and school counselors can initiate contact and build rapport with military families and help parents navigate appropriate

household duties, responsibilities, negotiating bedtimes, limit setting, and co-create appropriate interventions such as allowing frequent phone calls, letter writing, or emails be sent to help children feel connected to deployed parents (Cantrell & Dean, 2005; Wood et al., 2012).

Counselors and school counselors can educate school personnel on expected changes in behavior as children will likely display signs of stress, immaturity, aggressiveness, discipline problems, become oppositional, regressive, withdrawn, isolative, and display disruptive behavior in regards to uncertainties (Cantrell & Dean, 2005; Cole, 2012; Keim, 2009; Levin, 2007). Wood and colleagues (2012) suggested small groups targeting anger, anxiety, sadness, loneliness, and even pride and resilience to assist military-connected students. Additionally, school counselors can address academic and career issues via direct student services by meet with military-connected children to discuss credits, graduation requirements, testing requirements, academic placement, extracurricular activities, and assist in college and career decision making (ASCA, 2012; Kennedy, 2008; Wood et al., 2012).

Counselors and school counselors can also work with educators to maintain consistent expectations in regards to behavior, roles, and routines (Cantrell & Dean, 2005; Keim, 2009) as it is important to provide reassurance, extra support, empathy, and patience to help children return successfully to routines and more usual behavior patterns (Cantrell & Dean, 2005; Keim, 2009). Strengths-based interventions provide a wellness approach to counseling military-connected children, and helps students to identify their personal strengths to overcome areas of weakness (Keim, 2009) and effectively identify interventions and goals (Wood et al., 2012). If additional support is needed, PSC can refer military families to a community counselor.

**Monitoring well-being.** Emotional responses vary from child to child, but there are several similarities in how children feel when life is impacted by war or threat of war and those are feelings of fear, anxiety, depression, loss of control and stability, anger, isolation, and confusion (Cantrell & Dean, 2005; Everson & Figley, 2011; Fenell, 2008; Wood et al., 2012). Military-connected children may also experience anger outbursts, short tempers, and difficulty concentrating, staying engaged, and learning which lead to increased absenteeism and a decline in academic performance as well as an increase in mental health-related issues (Cole, 2012; Wood et al., 2012). Military-connected children may lose interest in family, peer groups, and social interaction where educators can work with counselors to pay particular attention to military-connected children's drawings, journal entries, or writing pieces as they may become violent (Keim, 2009; Wood et al., 2012).

### **Accessing Mental Health Services**

The American Psychological Association Presidential Task Force on Military Deployment Services for Youth, Families, and Service (2007) published a preliminary report stating a primary goal of identifying mental health needs of military-connected families. The Task Force also noted that TRICARE was not providing adequate mental health services to spouses and families as the referral process consisted of seeking consultation via a primary care physician to obtain a referral for mental health services (APA, 2007; Numbers et al., 2011). Reserve and National Guard members have been experiencing difficulties in obtaining mental health treatment as they are isolated from military installations (Numbers et al., 2011). Additionally, the APA Task Force and the Council for the Accreditation of Counseling and Related Educational Programs (2009) standards support studies on current programmatic

approaches supporting military-connected children and families. The Department of Defense (DoD) supports Task Force and TRICARE efforts in working to increase services within the mental health care system for active-duty service members (Reynolds & Osterlund, 2011), specifically stating that the mental health care system lacks fully-trained personnel to support psychological health and growth. Consequently, the need for civilian counselors to provide services to military-connected individuals and families is growing.

Family readiness and service member readiness encompass mental health wellness, emotional stability, and well-being. In order for military service members and their families to accomplish and maintain wellness, they need to know how to access mental health services (NMFA, 2006). Military OneSource has been a consistent resource, providing up to six free mental health visits, for active-duty service members and their families as well as National Guard and Reserve members and their families (Hall, 2008). Military OneSource provides assistance for military families dealing with stress associated with deployment or reunification (Hall, 2008), but mental health concerns are on the rise as the Global War on Terror continues, yet 90% of mental health professionals surveyed in 2003-2005 reported no formal training or supervision in PTSD therapies (Hall, 2008). In addition, mental health workers currently in the military are being deployed, which lessens the number of trained and knowledgeable professionals available to help those in the states, whereas mental health providers who remain home are busy helping active-duty members returning from deployment or preparing to deploy and lack time and resources to help family members (Hall, 2008). Properly trained counselors outside of the DoD and VHA are needed (Hall, 2008; Miller et al., 2014; Wood et al., 2012). Recently, licensed clinical counselors were added to a list of service providers to military



TRICARE insurance plans. However, continued advocacy is needed to gain access to more service provider lists as more and more service members are seeking counseling services upon returning home (Wakefield, 2007).

### **Civilian Counselors**

Civilian counselors encompass compassion and sensitivities essential to working with clients. However, the majority of counseling professionals perceived having a lack of knowledge and appropriate skills to effectively work with military families (Capella, 2008; Reynolds & Osterlund, 2011), which leads to a “pressing need for counselor education programs to equip counselors with the skills to work more effectively with and to advocate for improved mental health services for military families” (Reynolds & Osterlund, 2011, p. 2).

Civilian counselors can be trained to work with military-connected families, but in order to do so need to learn understand the worldview and culture of the military (Hall, 2008). Learning military culture and issues is vital to maintaining ethical integrity and to providing best practices to clients and military-connected families (Miller et al., 2014; Park, 2011). Military-connected families fear a lack of understanding, particularly when discussing topics of tragic loss, which is unfamiliar to most civilians (Hall, 2008). Therefore, counseling professionals need to expand their comfort and knowledge of military culture to provide ethical and competent services (Keim & Suh, 2013).

### **Counseling Children with Deployed Parents**

Military families make tremendous sacrifices as a result of lengthy separations, multiple deployments, loss of employment, loss of benefits, and financial uncertainties resulting in additional strain (Hall, 2008; Keim, 2009; Levin, 2007; Wood et al., 2012). Children will experience fear for parent's safety as well as fear for their own personal safety (Cantrell & Dean, 2005; Keim, 2009; Levin, 2007; Wood et al., 2012). Counselors may be aware of parental stressors as well as conflicts occurring between parent and child, which can intensify emotional stress already felt by military-connected children (Ruff & Keim, 2014). Military-connected children have reported tension and feelings of anger and resentment in response to constant mobility (Ruff & Keim, 2014).

“During deployment, the well-being of military children needs to be approached not just at the level of the individual child but also in terms of larger social systems – the extended family, neighborhoods, schools, and communities” (Park, 2011, p. 68). As deployments increase, counselors can increase familiarity with transitional stressors affecting military-connected children, as well as coping skills, and methods to help children in transition (Bradshaw et al., 2010). Military-connected children face challenges that are exacerbated by community inability to recognize or provide appropriate support (Park, 2011). Due to the significant shortage of evidenced-based programs, research is critical and essential for counselors to learn how to coordinate and disseminate information about existing programs while working to increase accessibility (Cole, 2012; Park, 2011).

### **Counselor Preparation**

Counselor education accreditation standards do not currently require counselors-in-training to learn about military culture. Counselor educators are tasked with focusing on adult learning processes and curriculum content to implement changes promoting cultural counselor preparation, growth, and development. Reynolds and Osterlund (2011) reported that advocating for military families should shape counseling program curriculum as well as include examples of how faculty and students can work with the community to advocate for services to benefit military families. Many counselor preparation programs do not incorporate objectives targeting military families in their curriculum. Thus, civilian counselors graduate and begin working as professional counselors lacking necessary cultural knowledge to ethically provide services to military-connected individuals and families.

In order to meet the needs of military-connected students and clients, counselors need to understand challenges and strengths related to military culture, as well as have an understanding of how the military functions during peace and wartimes to provide effective services (Park, 2011). Preparing counselors to enter the helping professions by providing direct services to military-connected students and families is crucial (Astor, 2011). Counselor educators can help by preparing counselors to seek additional education on trauma, grief, and traumatic grief to inform the public, parents, and educators. Counselors can help by providing information to educate families and parents on trauma responses.

### **Counselor Development**

Counselor self-efficacy involves “expectation and confidence to successfully master those skills specific to the effective practice of counseling” (Barbee, Scherer, & Combs, 2003, p. 110). Barbee and colleagues went on to explain that there appears to be a positive relationship

between level of counselor-in-training, development, and self-efficacy. CIT self-efficacy is also influenced by developmental level, client type, counseling experience so efficacy grows in time and practice. Barbee et al. (2003) concluded that CITs with related work experience had increased self-efficacy, which seems consistent with Bandura's (1977) direct mastery experiences where the drive to complete a task was influenced by personal experience with that particular task. Choate and Granello (2006) pointed out that most students demand structure and student development or self-efficacy is not an indicator of cognitive complexity.

**Critical thinking.** Higher levels of cognitive development predict successful functioning in multiple areas related to counseling and supervision, including greater empathic communication, more autonomy and interdependence, increased flexibility in counseling and teaching methods, a greater tolerance for ambiguity, a reduction in prejudice, improved multicultural appropriateness, greater self-efficacy, and less anxiety (Granello, 2010). Melton et al. (2005) indicated that counselors-in-training with higher levels of ego development experience less cognitive dissonance about performance than less ego-developed peers do suggesting that CES provide cognitive interventions to manage counselor-in-training anxiety. Providing real-life scenarios, guest speakers, and personal stories particularly those related to active-duty military service members, veterans, and military-connected children allows for CITs to develop critical thinking skills and conceptualize culturally appropriate ways to work with this population.

**Cultural competence.** Military culture is foreign to most civilian mental health professionals (Hall, 2008). In order to provide ethical and culturally competent services counselors should be aware of their own biases, understand the worldview of clients, and actively develop appropriate strategies to best meet the needs of clients (Hall, 2008; Sue & Sue,

2007). Working with active-duty military members, veterans, and their families requires professional counselors to be aware of beliefs and values concerning the military; to include beliefs about who joins, why they join, and why they stay in the military (Hall, 2008). In addition, unexplored beliefs or biases based on family experiences, political and religious beliefs may need to be confronted and processed (Hall, 2008). Keith and Whitaker (1984) shared:

Counselors must learn how to respect and possibly even use the concept of military honor as a way to generalize honoring family, women, and children. Perhaps the most powerful point for civilian counselors who work with military families is that the military family does not come to the clinic to learn how to become a civilian family, but rather it needs help to live inside the military system. (p. 150)

In order for civilian counselors to earn the trust and respect of military families much training is needed (Hall, 2008).

Specifically, to be considered culturally competent when working with military populations counselors need to understand military acronyms, rank and grade systems, military culture, unspoken beliefs of military culture, struggles with long absences of parents/spouses, and impact of frequent transitions (Hall, 2008). In addition, civilian counselors can learn to understand the rigid nature of military boundaries, rules, and regulations (Hall, 2008). Flexibility and understanding are also important as military clients may request services once they reach crisis, and may not be able to wait for an appointment. Culturally competent counselors working with military populations will want to speak the language of the military. For instance, gathering pertinent information would include home of record, deployment history, pay grade, change of duty station history, unit, and chain of command (Hall, 2008).

Part of counselor development is learning about cross-cultural or multicultural counseling, and knowing how multiculturalism impacts theory and practice (Lee, 2008).

Counselor education programs teach counselors-in-training ethical behavior and expectations as well as to increase awareness of personal values, biases, and culture (Mitcham & Greenidge, 2013). Diversity is accentuated by the constant changing demographics, resulting in an increased diverse society. Counseling across cultures requires several key significant concepts. For one, counselors must understand client's social and historical context (Lee, 2008). Competent counselors examine counseling relationships especially when there are significant differences between counselor and client (Lee, 2008), which is especially necessary when counselors work with military service personnel, veterans, or military-connected children or families (Center for Deployment Psychology, 2013).

Lee (2008) reported that counselors enter cross-cultural zone when cultural backgrounds are significantly different from the client's culture. Counselors adopt broad cultural perspectives, encompassing more than race and ethnicity, but acknowledging various cultures. Issues of acculturation and social class affect clients. Counselors who are sensitive to clients' experiences of oppression or discrimination utilize culturally competent counseling skills to empower clients (Lee, 2008). Ambiguity in this sense may lead to anxious responses in the classroom.

### **Higher Education**

Learning consists of collaboration and interaction between instructors and learners, and in this particular case, counselor educators (CES) and counselors-in-training (CITs). According to Freire (1993), traditional educators act as oppressors while students are passive recipients of information. Different approaches to learning have developed over the years, and recently CES have begun to adopt constructivist approaches to teaching and learning. Constructivists criticize

traditional education because it emphasizes the educator as an expert, while constructivism challenges educators to exercise more humility about what they know (Freire, 1993).

### **Constructivist Pedagogy**

Constructivism is rooted in theoretical and research-based beliefs and assumptions and are products of meaning making based on social contexts where meaning and learning are context bound (Nelson & Neufeldt, 1998). Constructivist educators assist students in gathering and processing information while inviting students to provide input and insight learning experiences. When the learning process is learner-centered, learners initiate and facilitate the process, whereas previous knowledge-centered learning emphasized the role of the instructor as primary and as expert (Smith, 2010). Learning can be assessment-centered, where learning is tested via a variety of formative and summative feedback (Smith, 2010). Similarly, constructivist educators invite questions and facilitate discussions regarding questions that may be solved collectively. Constructivist processes allow students to wrestle with various bits of knowledge exercising intellectual and emotional intelligence.

Counselor educators who embody constructivist methods focus on reflective processing where counselors-in-training are asked to digest and synthesize knowledge. For instance, case studies are often used to enrich the engagement process via examination of real life scenarios. Student learners incorporate textbook knowledge and real life experiences to draw conclusions for case conceptualization, diagnosis, and treatment planning. However, as graduate students transition from undergraduate studies where they are passive learners to graduate studies where individuality and experience are necessary components they become vulnerable to the process. Constructivist methods involve active participation and openness to social co-construction,

questioning, evaluating, and invention of information by both educators and students. Current literature in education reveals an ongoing struggle between transition models of education and dialogue/participatory models of learning (Giroux, 1992; Jaeger & Lauritzen, 1992). Therefore, counselor educators can use transition models to support and encourage student growth and development.

### **Transition Models to Constructivist Models**

Transition models help to incorporate traditional methods where educators present information to students with the intention that through practice skills will reach a mastery level, which can be assessed by test performance, research paper format, or student performance. Freire (1993) criticized transition models because active student engagement is not part of the discovery process, which deprives students of skills necessary to problem-solve and become critical thinkers. Freire responded to transition models by creating or introducing a constructivist model. Dr. Angela McDonald, counselor educator and supervisor disclosed support of constructivist model of learning and shared, “I found that service learning provides a valuable opportunity for beginning counselors to get exposure. If you are considering ways to engage your students or future students I would highly recommend service learning with military families as a teaching tool, in conjunction with reflective activities after the service piece is complete” (electronic communication, January 5, 2015). CES are responsible for aiding student development through various growth opportunities. Teaching students to think for themselves and to question material is a foreign concept for most people, but a necessary lesson to learn throughout graduate studies.

### **Incorporating Standards**



CACREP requires counselor educators to maintain multicultural competence by infusing specific standards throughout counseling curriculum (Mitcham & Greenidge, 2013). Experiential education fosters multicultural competency, role-play, and interactive discussion throughout the group process or the approach to learning (Mitcham & Greenidge, 2013). Constructivism is based on the individuals actively creating the world as they experience it (McAuliffe & Eriksen, 2011) with the goal of researchers understanding experiences of the participants. Researchers have supported transformative learning, which is a combination of social constructivism and postmodernism, specifically integrating personal stories applied to multicultural courses (Mitcham & Greenidge, 2013).

CACREP designates that multicultural coursework shall be cross-categorically taught in every class (Mitcham & Greenidge, 2013). The goal in teaching multiculturalism is to prepare counselors-in-training to counsel diverse clients, and understand the views and values of people from different backgrounds and experiences (Mitcham & Greenidge, 2013). Counselor educators can facilitate cross-cultural opportunities for counselors-in-training to ignite their senses, broaden perspectives, and participate in various cultural immersion experiences (Mitcham & Greenidge, 2013). “An important aspect of multicultural competence lies in the counselor educators’ awareness, knowledge, and skills regarding special populations, as well as their level of multicultural self-efficacy” (Mitcham & Greenidge, 2013, p. 5). Therefore, CES need to become aware of military culture and learn basic knowledge to incorporate active-duty military service members, veterans, and military-connected children and families in current counseling courses.

## **Accreditation**

CACREP requires counseling programs to hire CES who have “earned doctoral degrees in counselor education and supervision, preferably from a CACREP-accredited program” (CACREP, 2009, p. 6). Researchers have provided a specific framework to transition from doctoral studies to professor of counselor education (Fernandez, 2013). Some research supports the notion that “good” pedagogy incorporates a range of strategies, practical skills, and sound theoretical understanding (Fernandez, 2013). Professors of counselor education need to have the knowledge of content and knowledge of pedagogy, which can happen by incorporating specific teaching strategies such as: independent study, small and large group work, mini lecture, videos, role-play, and journal or reflective writing (Fernandez, 2013). McAuliffe and Eriksen (2011) reported that the combination of experience and positive effect are most powerful on counselor-in-training development.

## **Missing Pieces**

Counselor training and preparation has not yet focused on active-duty military service members, veterans, and military-connected children and families, which will become an issue as the 300,000 plus U.S. service members who have been deployed overseas come home (Marshall, 2006). Counselors will not be prepared or equipped to work with the emotional realities of war and reintegration (Marshall, 2006). Counseling courses focus on topics such as health, stress, addictions, relationships, and interpersonal communications, which allows for vulnerability to share emotions (Fernandez, 2013). However, military culture designates that military service personnel do not talk about feelings or emotions (Fenell, 2008; Fernandez, 2013; Hall, 2008; Marshall, 2006). Emotional burdens become heavier when individuals are not “allowed” to

express emotions or relationships, leading to compounded mental illness when military service members are away from family and loved ones (Fernandez, 2013).

### **Conceptual Framework**

An important value in the pedagogy of counselor education is to promote student development in strategies for understanding and addressing client problems. CESs continue to develop and improve methods for helping students in developing strong conceptual skills. Multicultural literature is overflowing with questions about the universality of particular ideas commonly taught in counseling programs. Feminists in counselor education have criticized traditional training models for not taking a cross-curricular approach to incorporating gender issues in training (Hoffman, 1996). While Midgette and Meggert (1991) proposed multicultural training be placed at the core of counselor education programs. A singular course in multicultural counseling is not adequate preparation for students to address the various facets that come in working in the helping profession. Creating opportunities for multiculturalism to be taught across the curriculum allow students to explore biases on a frequent basis.

### **Future Pedagogical Visions**

Counselor education provides many of the necessary conditions for students to engage in a reflective process. Requirements such as the experiential group process and individual and group practicum provides structure for student engagement in cognitive and emotional reactions in interpersonal contexts. Internships continue to contribute to student exposure to contextual learning. Windschitl and Wells (1997) recommended several necessary components of constructivist teaching. CESs should facilitate deep, but flexible, knowledge base focusing on problem solving, utilizing current resources, and helping students learn how to budget their time.

Finally, CESs can use "scaffolding" strategies to reduce complexity of tasks particularly when it comes to teaching multiculturalism (Windschitl & Wells, 1997).

Implementation of constructivist methods in preparation programs specifically incorporating active-duty military service personnel, veterans, and military-connected children is essential to the learning process. Co-creation of meaning allows students to share personal stories as well as learn from others' stories. As CESs and CITs share their subjective experiences and interactions with others everyone learns in the process. Active-duty military service members, veterans, and their families can participate in the learning process, feel heard, and can begin to process life as they experience it.

### **Previous Research**

Previous research conducted on military service personnel, veterans, and military-connected children and families has been qualitative in nature; studying the effects of war, military lifestyle on military service personnel, veterans, and military-connected children and families. Specific topics addressed in research have been deployment, veterans' experiences with suicidal ideation, PTSD, depression, substance abuse, and physical conditions such as pain and traumatic brain injury (Denneson, Teo, Ganzini, Helmer, Bair, & Dobscha, 2015). "Military and civilian research collaboration and a coordinated community response team can be of great assistance for veterans in need, whether in the housing, educational, vocational, medical, or mental health arenas" (Mathewson, 2011, p. 216). Research opportunities are present to further add knowledge regarding diagnosis and treatment, but furthermore to address partnerships to help active-duty service members, veterans, and families in all areas (Denneson et al., 2015). A gap in the literature exists whereas little to no research has been conducted on best practices to

incorporate military culture in current counseling curriculum within counselor preparation programs.

### **Closing the Gap**

The current study strives to build upon existing literature focusing on struggles and challenges that military families encounter, and investigate the relationship between counselor educator expertise and best practices to incorporate work with military populations in current counseling curriculum/programs. I plan to bridge the gap between the knowledge of increasing awareness of the military population/culture and counselor educators to create dialogue regarding best practices in counselor education. I have yet to cross a study indicating best practice in teaching military families. Recent TRICARE changes allow licensed clinical professional counselors (LCPC) to provide services to military families. Seeking mental health services is more acceptable as military families struggle to cope with the effects of war, but few counselors have been specifically trained to work with this population.

Answering the first research question may lead to more empowering, research-informed, CES interactions, and to overt attempts to change how CES train and supervise CIT's and SCIT's. The second research question seeks to learn what CES with extensive expertise and knowledge suggest CITs need to best understand military families. Finally, the last couple of questions will provide identified barriers to incorporating military families in current coursework as well as strategies to overcome these barriers.

## Conclusion

Well over one million military service members have deployed to combat zones since the GWOT began (Fenell, 2008). Counselors are in a unique position to provide ethical and competent services to active-duty military, veterans, and military-connected children and families if trained properly. Currently, the DoD and VHA provide specific training to personnel hired to work within. Civilian counselors can pay particular attention to courses offered, such as The American Mental Health Counselors Association webinar series featuring invited speakers from the Center for Deployment Psychology: Preparing Professionals to Support Warriors and Families to discuss military culture, deployment, and the impact of military culture on military families (Mathewson, 2011). Counselors are instrumental in working with families, and CESs can advocate for work with military families by raising awareness and focusing on program development.

Learning about military culture is essential to working with active-duty service members, veterans, and military-connected children and families. Counselors can assist families during transitions, teach coping skills, and help aid the reintegration process. Educators commonly lack awareness and knowledge of military families and culture and may benefit from specialized training (Wood et al., 2012). Identification of military-connected children and families is necessary to provide appropriate interventions. Collaboration between counselors and educational institutions may help decrease the number of at-risk military-connected children by paying particular attention to academic struggles and social emotional barriers by capitalizing on individual student or family strengths (Camacho, 2007; Everson & Figley, 2011; Park, 2011). Counselor educators are in the unique position to research, teach, and inform counselors-in-

training and practicing counselors of existing programs or creating new programs to support military families. Therefore, a call to action for counselor educators and supervisors, counselors, and professional school counselors to raise awareness in program development for military-connected children and families is necessary.

## CHAPTER 3: METHODOLOGY

The purpose of this chapter was to outline the research questions and describe the method used in the current study. A detailed description of the study is provided in the following sections, as is an examination of the rationale for conducting a qualitative research study using the McCracken method of the long interview. Finally, an explanation of the proposed research design is included in the following sections: (a) research paradigm (b) research design, (c) research strategies, (d) criteria of participants, (e) recruitment of participants, (f) data collection procedures, (g) data analysis procedures, (h) trustworthiness, and (i) role of the researcher.

### **Overview of the Study**

The purpose of the current study was to explore the phenomenon of how counselor educators with extensive knowledge and experience with military families and culture identify best practices in infusing or creating courses to best prepare all counselors-in-training to work with military families. A second goal was to obtain a comprehensive and shared understanding about best practices and teaching modalities by interviewing counselor educators with extensive experience working with military families and learning from their experiences while incorporating their suggestions into counseling curriculum. Finally, the study was an exploration of counselor educators' perceptions of barriers withholding the inclusion of military populations in current counseling curriculum as well as strategies to overcome these barriers.

The McCracken method of the long interview was selected to help answer the research questions in a systemic way, in hopes of resulting in information to help counselor educators and



counseling professionals best serve their clients. The current study utilized a transformative social justice perspective to identify active-duty service members, veterans, and military-connected children and families as a population that needs special attention. Counseling in social justice contexts engages individuals and families as well as community members, government agencies, and institutions that are necessary to influence change (Cohen, de la Vega, & Watson, 2001).

This study aimed to explore how counselor educators, with have extensive knowledge and experience working with military families, incorporate military populations in counseling curriculum. The McCracken method of the long interview was implemented to provide a thick, rich description of the topic to delve into this phenomenon. Most previous research conducted on military families focuses on meeting the needs of military children, transition, barriers to seeking mental health services, intimate partner communication, and specific diagnoses prevalent in military populations, which has traditionally been included in journals for mental health disciplines other than professional counseling (Anderson, Cutter, & Hill-Anderson, 2014; Astor, 2011; Becker et al., 2014; Borelli et al., 2014; Bradshaw et al., 2010; Brown & Hall, 2009; Cook, Slater-Williams, & Harrison, 2012; Cornish, Vogel, & Wade, 2014). These studies have been both quantitative and qualitative in nature, but I did not come across an in-depth interview assessing pertinent content, key concepts, resources, and experiences necessary in preparing counselors-in-training to work with this population. The following research questions guided this research study:

1. What should counseling programs do to best prepare all Counselors-in-Training to work with military families, especially deployed families, in military, mental health, and school settings?

1a. What resources are recommended when preparing CITs and SCITs to work with military populations?

2. What experiences do Counselor Educators and Supervisors with extensive knowledge and experience in working with military families suggest Counselors-in-Training have to better understand military culture?

3. What key concepts do Counselor Educators and Supervisors, with extensive knowledge and experience in working with military families, suggest be learned?

4. What barriers have Counselor Educators and Supervisors, with extensive knowledge and experience in working with military families, identified and what strategies do they suggest in overcoming obstacles in preparing counselors to work with military populations?

### **Research Paradigm**

*Research paradigms* are belief systems or worldviews that guide investigators in choosing methods as well as identifies the theory in which research is grounded (Guba & Lincoln, 1994). The transformative social justice paradigm guided this study. Social justice is defined as a basic value or desired goal for equitable and fair access to laws, various institutions, resources, and opportunities, without limitations (Lee, 2007). The social justice paradigm is a multifaceted approach used to implement and promote human development while concurrently

recognizing the common good by addressing challenges related to individual and distributive justice (Counselorsforsocialjustice.net, 2011).

Social justice is the conceptual basis for social action where counselors intervene on behalf of their clients, but also in the world around them (Lee & Hipolito-Delgado, 2007). A social justice paradigm was used in this study to understand participants' experiences as well as to advocate for a specific population, which in this case was active-duty military service members, veterans, and military-connected families. Utilization of a social justice perspective supported efforts to promote socially just work environments, culturally inclusive, and rich in dignity and respect (Counselorsforsocialjustice.net, 2011). A social justice paradigm was adopted for this research study because it empowers multiple layers of professionals and individuals as they work to empower clients and openly discuss inequality in society. This study encompassed the four social justice components of equity, access, participation, and harmony by focusing on military culture, context, and individual needs of military populations.

Accompanying the social justice paradigm was the transformative paradigm, which helped identify philosophical assumptions and provided a framework to address inequality and injustice while using culturally competent, qualitative strategies (Mertens, 1999, 2007). Methodological inferences of the transformative paradigm revealed potential strengths of implementing qualitative research methods (Mertens, 2007). More specifically, this study utilized the transformative paradigm's ontological assumption, questioning the social justice implications of accepting reality that had not been subjected to a critical analysis on the basis of power differentials.

This research study illuminated the interpretation of reality. I utilized data gathered from interviews to provide a critical analysis of necessary content in creating best practices for inclusion of military families in counseling curriculum. I used qualitative data from interviewees with extensive knowledge in curriculum design and work with military families to obtain pertinent information regarding critical components and experiences of teaching counseling students about military children and families.

### **Research Design**

The McCracken long interview research method permitted exploration of counselor educators with extensive knowledge and experiences in working with military populations as well as developing best practices to prepare CITs. The McCracken research method attempted to answer the “whys and hows of human behavior” (Schreiber & Asner-Self, 2011, p. 194) by allowing me to ask participants in-depth questions and to create a holistic picture based on participants’ detailed reports (Creswell, 2002). Data analysis examined the values that the participants perceived for their world (Creswell, 2002). The McCracken method of the long interview consisted of several key characteristics making it an appropriate research approach to exploring counselor educators’ competence, experiences, and knowledge in working with active-duty military service members, veterans, and military-connected children and families. These characteristics included the importance of context, humanness of research, thick rich description, and an interactive, flexible design (Hays & Singh, 2012). The McCracken method allowed for rich discussion of context and description that would not otherwise have been gathered (Hays & Singh, 2012).

The current research study explored the experiences of counselor educators with extensive knowledge, in relation to what they believe, necessary experiences, key concepts, barriers, and strategies to overcoming these barriers when developing and infusing or implementing military families in counseling programs. There is a dearth of literature when it comes to the inclusion of military culture or populations in counselor education curriculum. Much of the existing research focuses on other mental health disciplines and specificities of military families such as deployment or interventions. The current research study explored counselor educator's beliefs in relation to what is necessary to infuse or incorporate when teaching counselors-in-training to work with military families. Another characteristic of qualitative research is the humanness component a characteristic where researchers bring their own subjectivity to the research project (Hays & Singh, 2012). I sought deeper insight and understanding to fully understand best practices in regards to preparing counselors-in-training to work with military families (Hays & Singh, 2012). The current research study explored the experiences of counselor educators in relation to their training and competence in teaching professional clinical mental health and school counselors-in-training about working with military service members and military families. For this study, I conducted interviews with participants via telephone. The interview component was important to the current study in gathering rich description. In this study, I gained insight into the process of creating best practices when infusing or incorporating military families in current counselor training programs, specifically working with active-duty military service members, veterans, and military-connected children and families. I gathered rich description of current curriculum and content and was able to describe this process for the reader.

### **Research Strategies of Inquiry**

Creswell (2008) defined strategies of inquiry as “designs or models that provide specific direction for procedures in a research design” (p. 11). This qualitative study implemented strategies of grounded theory research, as I inductively developed a new theory as a result of direct analysis of data gathered. Grounded theory research gathers information through one-on-one interviews, focus group interviews, and participant observation (Merter & Charles, 2011). I utilized a constant comparative method of data analysis, which involves continually comparing emerging themes and developing theory surrounding new data emerging after each interview.

### **Rationale for Using the McCracken Method**

To answer my research queries, I adopted McCracken’s (1988) long interview method as the strategy of inquiry. McCracken created an in-depth interview structure allowing researchers to gather participant experiences and reflect on the study’s phenomenon. The McCracken method is powerful method in qualitative research, revealing a rich description of the world of the interview with respect to interpreting the meaning of the described phenomenon (Creswell, 2002). Maxwell (2005) contended that qualitative research is better to explain how the subject of research occurred. McCracken (1988) stressed the importance of asking open-ended questions to encourage and allow respondents long, elaborated answers to describe their experiences. Qualitative research is an inherently processual orientation used to identify meanings and influences of events and activities to people and their involvement. McCracken (1988) introduced a four-step model producing an open-ended interview schedule. The McCracken method allowed for efficiency and less obtrusion, where interviewers focus on rapid and intrusive open-ended questions in order to maximize the value of time spent with each

participant (Prescott, 2011). The McCracken approach enabled an in-depth study and allowed experienced counselor educators and supervisors in working with military families to share the importance of specific content. Therefore, I was able to meet the purpose of this study by employing the McCracken method of qualitative approach.

## **Participants**

### **Criteria for Selection**

I interviewed 10 counselor educators with extensive knowledge and experience working with military families. In order to articulate criteria for counselor educators who have extensive knowledge and experience in the field I consulted with two well-known researchers and members of the Association for Counselors and Educators in Government (ACEG). I used a multiple-criteria approach to identify counselor educators who were qualified and competent in the field of counselor education and military families. Participants for this study met the following criteria:

- Had a recognized, terminal degree in counselor education or highly related field.
- Had at least three years of experience teaching in counseling programs.
- Did at least two of the following:
  - Wrote peer-reviewed articles in national journals on counseling military personnel, veterans, and military-connected families.
  - presented on counseling military personnel, veterans, and military-connected families at National or regional conferences

- Established/currently practices in a professional clinical practice for at least two years counseling military personnel, veterans, and military-connected families.
- Lived experience as a military member, veteran, or a member of a military-connected family.

### **Collection of Participants**

I utilized a professional counselor network: the listserv for the Association for Counselors and Educators in Government (a division of the American Counseling Association). Specifically, I sent an email invitation for participation to the listserv where I stated the purpose of my research study, listed criteria sought for experienced participants, and asked potential participants to contact me via email if they were interested in participating in a long interview process. I also asked if anyone receiving the email knew of a potential candidate to please forward the email or send me an email with the name and email address of the contact person. Thus, I chose to use purposive sampling for this study. Once contact information was sent to me, I sent an email to prospective participants with my request for participants, participant criteria, and the consent form and demographic forms.

### **Instruments**

The following section identifies three instruments, which guided this study. Once I was able to identify potential participants, email communication took place, where I sent potential participants a copy of the Adult Consent Form (see Appendix C), an explanation that interviews would be audio recorded, and a Demographic Form (see Appendix A). Once I reached the interview, I began the research process with a verbal description of the study. Finally, I ended



each interview by asking participants to email me course syllabi and other various resources pertinent to working with military families or culture.

### **Demographic Form**

A demographic form was created in order to learn more about each participant as well as to help eliminate a more lengthy interview process than necessary (see Appendix A). The demographic form sought basic information such as: age, gender, race, veteran status, scholarly work, work history, and location of current position. Additionally, the demographic form sought specific information pertaining to each participant's training or preparation, licensure, relevant certificates (e.g., military workshops or seminars), and program content or delivery of military families or culture. The demographic form was also used to determine whether each prospective participant meets criteria for being an experienced counselor educator with extensive expertise and knowledge in working with military populations.

### **The Long Interview**

The research strategies of the McCracken method of interviewing were employed to collect data for this research project. Data collected for this research project included an in-depth interview for each identified CES with extensive knowledge in working with military families. In-depth interviews began with a focus on what counseling programs need to do to best prepare all CITs to work with military families, especially deployed families, in military, mental health, and school settings. Specific interview questions will be similar to the following: 'Describe your preparation to work with military families,' 'Describe your scholarly work in military families,' and 'Describe your lived experience as a military-connected member.' Interviews progressively sought more detailed information, much of which focused on what each participant incorporated

or would choose to incorporate in a military families course, barriers encountered, and what each participant did to resolve those barriers, as well as suggestions for specific or key components, activities, and knowledge necessary to include when teaching CITs to work with military families. Questions throughout the interview included: ‘In what ways are you aware of the needs of military families,’ and ‘How have you come to understand the nature of this (military) experience?’ I specifically sought participants who understand the marriage between the military experience and counselor training, and asked ‘Can you tell me what this means to you?’ (For a full list of interview questions, see the Interview Guide in Appendix B). All interviews were conducted via telephone for this study, and all interviews were recorded using a digital audio recorder.

### **Documents**

Qualitative researchers often use documents as a secondary form of data collection (Hays & Singh, 2012). Documents may be pertinent in understanding important aspects of a study left unexamined, or for clarification of information not understood without the documents. I collected copies of participant’s syllabi and curriculum vita as secondary forms of data. These forms were analyzed to see if participants are incorporating similar textbooks, journal articles, reading assignments, and assignments to help seek best practices. Results of gathering these documents are located in the findings section of the dissertation.

### **Procedures**

In order to find 8 participants (as recommended by McCracken), reputational, purposive, and snowball sampling were employed to recruit participants for this study. “Reputational case sampling is when the person is chosen or a recommendation is made based on some criteria”

(Schrieber & Asner-Self, 2011, p. 96). Criteria for participants in this study had a terminal degree in counselor education (or highly related field), had at least three years of teaching experience in counselor education programs, and had done at least two of the following: published peer-reviewed articles in national journals on counseling military personnel, veterans, and military-connected families, presented at national or regional conferences on counseling military personnel, veterans, and military-connected families, established/active professional clinical practice for at least two years counseling military personnel, veterans, and military-connected families, or had lived experience as a military member, veteran, or a member of a military-connected family.

Once I identified potential participants who met selection criteria two things occurred. First, I emailed each potential participant a copy of the Demographic Form and asked that it be completed and sent back to me prior to their interview. I also notified participants that I would contact him or her within twenty-four hours to set up the interview. Then, I implemented snowball sampling. Once I found participants who met selection criteria, I asked each participant to refer other potential participants who met the criteria and would be willing to participate in the study (Hays & Singh, 2012; Schreiber & Asner-Self, 2011). In regards to participant demographics, I attempted to achieve a balance of both male and female participants along with a variety of ethnicities. I also sought counselor educators who had experience working as counselors with military families in a variety of settings including, private practice, mental health, school, and military settings.

## **Data Collection**

The data collection of this research study consisted of a qualitative interview, following the McCracken method of the long interview, composed of 13 open-ended interview questions to guide the interview process. All interviews were conducted over the phone. Interviews lasted anywhere from just over 52 minutes to 70 minutes. Interviews focused on Counselor Educators' experiences and preparation to work with military populations as well as identified how they include military populations in current curriculum or coursework. Using an Olympus WS-821 digital voice recorder, I recorded the interviews and either transcribed the interviews myself or paid a service to transcribe the interviews verbatim.

To address the study's primary goal, interview questions were developed to generate feedback on what counseling programs can do to best prepare all CITs to work with military families, especially deployed families, in military, mental health, and school settings. To address subsequent goals, interview questions were constructed to generate feedback on suggested experiences that will help CITs have a better understanding of military families, key concepts to incorporate in curriculum, and barriers to inclusion of military population in current curriculum. Questions pertaining to barriers were general and open-ended in order to elicit as many potential barriers as possible. In addition, a set of supplemental questions were designed to explore participants' views about the elements of an ideal curriculum incorporating military populations. Supplemental questions were more targeted in nature: including delivery method, instructional methods, specific knowledge, skills, topics, and techniques necessary.

Following each interview, I used audio recordings to transcribe interview content verbatim in a Word document. Transcription was completed by myself (the researcher) as well as

a transcription company. I selected a transcription service that ensures confidentiality by preventing any one transcriber from having full access to recorded information. Once transcripts were complete, I sent the respected transcript to the participant for review. At this time, I asked each participant permission to contact for follow up as necessary. All documents including informed consent, audio recordings, transcripts, and documents remained in a double-password protected system (e.g. computer, email, phone, application system).

### **Data Analysis**

Grounded theory method was used as a guide (Martin & Turner, 1986), where data collection was conducted throughout the interview process. Data analysis is a “disciplined, empirical process – of description, interpretation, analysis, and synthesis – and an aesthetic process of narrative development” (Lawrence Lightfoot & Davis, 1997, p. 185). Analysis of qualitative data is referred to as an inductive analysis where the researcher begins analyzing specific observations (Merter & Charles, 2011). Thus, I noted specific observations, documented patterns, and formulated tentative hypotheses in order to develop general conclusions and theories (Merter & Charles, 2011). Qualitative analysis attempts to view the phenomenon holistically. Therefore, I specifically factored in data gathered, setting of each participant, participant experiences, and documents such as syllabi, which contribute to the uniqueness of specific context under investigation (Merter & Charles, 2011).

There are varying opinions with in qualitative research on whether data collection and analysis are separate steps in the research process. Seidman (2013) recommended keeping data collection and analysis separate. In contrast, Lawrence-Lightfoot and Davis (1997) endorsed “an iterative process of data collection, interpretation, and analysis” (p. 214), while McCracken

(1988) suggested a constant comparative method of data analysis. I followed the McCracken (1988) method of continually comparing emerging themes and developing theory surrounding new data. The object of data analysis was to determine the categories, relationships, and assumptions that inform each respondent's view of the world and topic at hand (McCracken, 1988). I used the four phases listed above to guide my data collection and analysis plan while adhering to McCracken's analysis categories.

In sorting and organizing the data, McCracken suggests four categories of codes: contrast, category, special incident, and auto-driving (McCracken, 1988) with the ultimate goal of developing emerging theories. There are five stages to the analysis process when using the McCracken method: each stage leading to a higher level of generality (McCracken, 1988). The first stage of analysis treats the words in the transcript in its own terms rather than in relationship to other aspects (McCracken, 1988). Throughout the first stage, I constantly read the transcript, but did not participate in a meaning-making process. I did not make assumptions at first, and took the transcript literally. I served as an instrument and read the transcript carefully to see what stood out in the data. Then, I matched language from each transcript to the current literature review.

The second stage of analysis has three stages within it. "The second stage takes these observations and develops them, first, by themselves, second, according to the evidence in the transcript, and, third, according to the previous literature and cultural review" (McCracken, 1988, p. 42). I continued to develop observations created in stage one, but extended observations until all possibilities were considered. Once this process was complete, I related observations back to the transcripts and literature. Then, in the third stage, I linked connections from the

identified second-level observations. At this point, I focused on the observations themselves, and not the words of the transcript. The transcripts were then used as a reference check as observations emerge. During the fourth stage, I looked at the observations and collectively scrutinized them. As McCracken (1988) says, this was the time for judgment where I general themes emerged. Finally, the fifth stage was a review of conclusions drawn from stage 4 and incorporate each of the interviews. I was able to determine patterns and themes as a process of transformation, where I identified cultural categories. At this time, I thought in terms of how the world sees this phenomenon from an analytical perspective. In the organizational process, I reduced narrative data gathered from interview transcripts and added information from existing documents (e.g. syllabi).

### **Trustworthy Research**

In qualitative research, trustworthiness establishes the quality of the research study. Quality of research is demonstrated by rigor, consistency, believability, and whether the project measures what it purported to measure. The qualitative researcher can display trustworthiness by ensuring transferability, credibility, dependability, and conformability are evident within the research (Given & Saumure, 2008). Multiple measures were employed throughout the study to ensure trustworthiness of this study. First, prior to this study being conducted, the research proposal underwent rigorous review by my dissertation committee members and the Northern Illinois University Institutional Review Board. This process ensured that the theoretical foundation and research methodology upon which the study was built were sound. Upon successfully meeting the IRB's strict regulations for performing research with human subjects

and completing an oral proposal defense to my dissertation committee, I was able to begin this study. This measure of trustworthiness set the foundation for others to follow.

Second, to maintain the integrity of the spoken word as data, transferability was a measure taken into the utmost consideration. Measures used to ensure transferability included a combination of audio recording, transcription, and NVivo 10 for PC. Each interview was recorded using an Olympus WS-821 digital voice recorder. I transcribed two audio files by hand and then hired a confidential transcription service to transcribe the 8 additional interviews in verbatim format. Upon their completion, the transcripts were reviewed. I checked for accurate transcription before sending copies of each transcript to its respective participant to ask for follow up review (also a version of member checking).

Third, audit trails were used to provide the most accurate representation of the data. The primary audit trails used in this study included (a) raw data, (b) reflexive notes, and (c) methodological process notes. As previously explained, the integrity of the raw data was maintained through use of a digital audio recorder and transcribing the spoken words to text. Reflexive notes on utterances and observations were taken throughout the entire research and interview process from start to finish. Emails with my dissertation chair and dissertation committee, edited drafts, track changes, and personal notes fulfilled the purpose of the reflexive journal. Methodological notes recorded in similar fashion helped me achieve increasing efficiency in terms of recruitment, note-taking, and interviewing. These notes were particularly helpful with improving participant recruitment and engaging participants during the interviews.

Fourth, triangulation took place across one dimension, which was comparison of new data against the peer-reviewed literature upon which this study was built. By critically reviewing



the data against the peer-reviewed data, I was able to determine that information found in this study closely resembled previous literature on military culture. However, since this study is one of the first of its kind, it cannot be compared to peer-reviewed literature on some other levels.

A fifth dimension entailed member-checking. Member checking also referred to as respondent validation, where I solicited feedback about my data and conclusions from study participants (Maxwell, 2006). Each participant was emailed to confirm accuracy of his/her transcript. Of the ten participants, 8 responded: (Adelaide, Brandon, Carleton, Daniel, Evalynn, Frank, Hope, and Isaiah). Beyond several technical errors such as typos, or specific words/phrases not captured accurately, participants confirmed accuracy in transcription. Several participants reacted to the number of interjectors (e.g. uhm, like, mmhmm, etc.) documented in the transcripts. One participant made sure that all identifiable information would be removed during analysis and asked whether I transcribed the interview, paid a transcriptionist, or used a computer program and noted that there were several instances in which sentences did not make sense or indicated that several sentences did not make sense within transcribed statements. Additionally, another participant noted that he did not include was the issue of refugee and disaster work done by the military, which can have as great or an even greater effect than combat on military service member. No additional thoughts were noted.

### **Thick Description**

I presented the research process, participants, and findings in a detailed manner. Thick description allows readers to understand the process that occurred during the data collection and analysis of the project. In addition to understand the research process, I wrote up the results and

findings in a detailed manner so that not only the experiences of each participant are understood, but also the meaning they attribute to the experience.

### **Audit Trail**

Conducting trustworthy and ethical research requires an audit trail (Hays & Singh, 2011). An audit trail refers to physical evidence gathered, specifically systematic data collection and analysis procedures. I kept an ongoing log of research activities, which included contact with participants, demographic information, interview transcriptions, and codebooks that functioned to provide evidence that this research study was conducted ethically. I utilized NVivo 10 for windows software to track my research activities.

### **Role of the Researcher**

My role, as researcher, in this study was one who recognized inequalities and injustices in society and strives to challenge the status quo, and raise awareness of this underserved population. I believe that this qualitative study provides a basis for social and educational change. My goal is that this qualitative research study increases CES awareness in preparing all CITs to recognize military families as an underserved population, worthy of incorporating in current curriculum. In conducting transformative social justice research, I remained aware of societal values and privileges while determining the reality that holds potential for social transformation and increased social justice (Mertens, 2007).

I became a counselor in 2005, when I earned my Master's degree in Counseling and specialized in school counseling. I worked as a school counselor for 4 years in suburban Illinois. I am a Licensed Professional Counselor (LPC) in the State of Illinois, and I worked for several years in a community agency setting. During my first year working as a school counselor, I

became aware of my role as a professional school counselor when I was called to work with a military-connected student on my caseload. I noticed that my working knowledge of military culture was lacking, and while my basic counseling skills kept me afloat, I was responsible for learning the best ways to help students encountering family transitions due to military culture and lifestyle. My personal and professional experience with military culture has led me to be interested in developing best practices for preparing counselors-in-training. Due to my interest in this phenomenon, I have my own biases about this process. My biases are as follows:

- I believe that all counselor preparation programs need to incorporate military families and culture in curriculum.
- I believe that military culture is complex and includes vastly different values and beliefs from the majority of civilians, and that counselors need to be prepared to hear the life experiences of the military via graduate training to help in their clinical work with clients.
- I believe that inclusion of military families in counseling curriculum is an ongoing process; a process that confronts barriers but will help counselors-in-training throughout their career.

As the researcher of this study, I was both an insider (emic) and outsider (etic). Being a member of the counseling field makes me an insider in being able to understand the larger context of counseling. Even though I am a fellow counselor and counselor educator-in-training, I will also be an outsider, as I have not had personal relationships with the participants and have different counseling and educational experiences. Also, I do not consider myself to have extensive knowledge in military families and have little clinical experience working with

military families. Participants were located across the United States and are considered to have expertise and knowledge working with military families in various settings and with client populations that are different from my own counseling experience.

### **Summary**

This chapter described the proposed qualitative research design to be employed and the rationale for choosing a qualitative design to address the purpose statement and research questions. The research strategies of the McCracken method (also known as the long interview), the data collection procedures, and data analysis procedures were described. The selection and recruitment of participants was outlined. Issues regarding expertise were discussed and strategies to ensure expertise were described.

## CHAPTER 4: FINDINGS

The purpose of this study was to identify and create best practices for incorporating strategies for counseling military service members, veterans, and their families into counselor education curriculum. As recommended by McCracken (1988), I conducted long interviews with leaders who are professional educators with knowledge regarding counseling military members and their families. By focusing on participant perceptions of important content to include, data acquired may help to inform other counselor educators, counselors, school counselors, educators, and other stakeholders to help them develop and implement methods, approaches, modules, and integrative strategies for use in graduate counseling courses. Therefore, the ultimate goal of this study was to inform counselor education of best educational practices for inclusion of strategies for counseling military populations.

The central question to this study was *What do veteran counselor educators with extensive experience in working with military populations find necessary to teach in counselor preparation programs?* As such, interview questions (see Appendix B) solicited key information necessary and relevant to teaching counselors-in-training how to work with military populations or military-connected individuals.

This chapter primarily focuses on the data collection and data analysis processes as well as provides results of this research study. First, research participants' demographics are provided.

Then, an overview of the analysis phase is given. Finally, chapter 4 concludes with a summary of the research findings that address the research questions.

### **Demographics**

Ten counselor educators participated in this research study. In order to participate in this study participants had to have a recognized terminal degree in counseling or a highly related field. Eight participants met criteria and two participants were added with approval of my dissertation committee. One of the additional participants had a terminal degree in law but has worked with military service members, veterans, and their families and taught in counseling programs for at least three years. The tenth participant was interviewed two weeks before successfully completing his dissertation defense, has eight years of experience counseling military populations, and has taught in counseling programs for more than three years. All participants had at least three years of experience teaching in counseling programs.

Table 4.1 represents study participant gender. Four out of ten participants identified as female, while the remaining six identified as male.

Table 4.1

*Research Participant Gender*


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Participant Alias	Gender
Adelaide	Female
Brandon	Male
Carleton	Male
Daniel	Male
Evalynn	Female
Grace	Female
Hope	Female
Isaiah	Male
Jimmy	Male

---

Table 4.2 displays study participant age range. Thirty percent of participants fell within the 25-35 age range. Forty percent of participants fell between the 36-45 age range. One participant, or ten percent of participants, fell within the 46-55 age range, another participant (ten percent) fell within the 56-65 age range, and finally the tenth participant fell within the sixty-six and older age range; making up the last ten percent.

Table 4.2

*Participant Age Range*


---

Participant Alias	Age Range
Adelaide	25-35
Brandon	36-45
Carleton	25-35
Daniel	56-65
Evalynn	25-35
Frank	66 +
Grace	36-45
Hope	36-45
Isaiah	46-55
Jimmy	36-45

---

Table 4.3 demonstrates study participant veteran status. Forty percent of participants identified as military veterans. Additionally, forty percent of participants identified as military-connected, meaning participants indicated that they were an active duty service member or veteran's spouse, the child of a military veteran, or both a child of a veteran and a spouse of a service member. The remaining twenty percent of study participants indicated no familial affiliation to the military.



Table 4.3

*Military Veteran Status*


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Participant Alias	Military Veteran
Adelaide	No
Brandon	No
Carleton	Yes
Daniel	No
Evalynn	No
Frank	Yes
Grace	No
Hope	No
Isaiah	Yes
Jimmy	Yes

---

Table 4.4 represents years of teaching experience. The range of experience teaching in counseling programs varied from three years to twenty-three years. One person had twenty-three years of experience preparing counselors, whereas the majority of participants ( $n = 8$ ) ranged between three and six years.

Table 4.4

*Teaching Experience*


---

Participant Alias	Number of Years Teaching in CES
Adelaide	3
Brandon	6
Carleton	6
Daniel	15
Evalynn	3
Frank	23
Grace	4
Hope	4
Isaiah	5
Jimmy	3.5

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The next section presents individual information on the participants who were interviewed for the study. Please note that brackets [ ] have been used around certain words or ellipsis . . . were used between words to make reading more understandable.

## **Participant Biographies**

Before interviews were conducted, participants completed a demographic form to provide basic information such as terminal degree, years of teaching experience, publications, and presentations pertinent to military populations. This section provides some of that information.

### **Adelaide**

Adelaide received her terminal degree in counselor education and completed three years teaching in a counselor education department in the Southern region. Adelaide has worked with military families for four years. She is not located near a military installation. Adelaide has published five peer-reviewed articles, and one non-peer reviewed article. Most of Adelaide's published work has focused on military transition and reintegration. Adelaide has presented on military populations at national and state conferences. Adelaide has chosen to provide counseling services and conduct research on military populations because of the experiences her husband and father had returning from their service, which inspired her to give back to the U.S. military and acknowledge veterans' sacrifices. Adelaide currently delivers content and materials on military populations via infusion in current curriculum.

### **Brandon**

Brandon received his terminal degree in counselor education and has taught for six years in a counseling department at a university in the East. Brandon has worked with military families for three years. He is not located near a military installation. Brandon has published ten peer-reviewed articles and seven non-peer reviewed publications. Most of Brandon's publications have focused on the examination of family service providers on benefits, barriers, and

opportunities for expanding collaborative opportunities as well as coordinated care for those who have suffered from traumatic brain injury. Brandon has presented at several national, regional, and state conferences. According to Brandon, he researches and counsels military populations because he values their unique experiences as well as how their experiences connect with the counseling profession. Brandon said that he appreciates opportunities to learn about military and veteran experiences as well as the opportunity to assist in the transition process and addressing concerns. Currently, Brandon delivers content and materials pertinent to military populations via infusion in current curriculum.

### **Carleton**

Carleton completed his terminal degree in counseling psychology, and has been teaching part-time for nearly 6 years in an educational psychology program in the Western region of the United States. Carleton has worked with military families for eight years and is located near a small reserve base. Carleton has had five peer-reviewed articles published and six non-peer reviewed articles published. However, none of these articles specifically focus on military populations. Carleton presented at a regional psychology conference. According to Carleton, he is passionate about working with military populations because military service has been the “family business.” Carleton has many family members who dedicated their lives to the military, and he is a veteran. Carleton is dedicated to identifying common presenting concerns and related factors to Veterans’ mental health. He does not currently deliver content on military populations in his courses, but has plans to infuse topics in his syllabi and curriculum content for the upcoming fall semester. Carleton also commented that military populations and topics did not

come up in his program's curriculum unless student veterans make that a topic of discussion in their own courses.

### **Daniel**

Daniel completed his terminal degree in human services/counseling/public service administration. Daniel has been teaching in the counseling field for fifteen years and has worked with military families for twenty-nine years. Daniel is located near a military installation and currently works in the Midwest. Daniel has published one peer-reviewed article and five non-peer reviewed articles. Daniel has presented at state conferences and describes his scholarly work with military families as focusing on complex trauma due to childhood and combat posttraumatic stress disorder. Daniel appreciates counseling military populations because they are usually a highly motivated group and are compliant with treatment directives. Daniel teaches a military families or populations course and teaches at a local Army Education Center as well as Leader Skills Enhancement Courses offered through the Army Education Center.

### **Evalynn**

Evalynn received her doctoral degree in counselor education and supervision. She has worked with veterans for more than ten years, and has more than five years of teaching experience in counseling and social work programs. Evalynn currently works at a university in the East and is not located near a military installation. Evalynn has had one peer-reviewed article published, two articles under review, and other articles in progress related to military issues. Additionally, Evalynn has multiple non-peer-reviewed articles published and has written numerous "blog-type" articles for various organizations. Evalynn has presented at multiple

national, state, and local conferences. Evalynn's interest in military populations developed after she met a service member who later became her husband. Evalynn was an intern with the Department of Veterans Affairs, worked full-time with the Department of Veterans Affairs, teaches military courses, and leads a Military Research Team. Evalynn's research and clinical work has focused on PTSD, anger, and other concerns associated with veterans and their spouses.

### **Frank**

Frank received his terminal degree in Human Services and has been teaching in counseling programs for twenty-three years. Frank currently works in the Southern United States. He has had two peer-reviewed articles published and three non-peer reviewed publications. Frank has presented at national and state conferences. Frank researches and provides counseling services to military populations because he served active duty for twenty-five years, which included three combat tours and three refugee or recovery operations. Frank was treated for posttraumatic stress disorder before it was an actual diagnosis. He is especially oriented toward military children. Frank currently infuses military populations materials and content in counseling curriculum.

### **Grace**

Grace completed her terminal degree in Counselor Education and Supervision and has been teaching for four years in a counseling program preparing school counselors and clinical mental health counselors in the Northeastern Region. Grace is currently located within fifty miles of a military installation. Grace has worked with military families informally for nineteen years,

and formally for three to five years. Grace has published six peer-reviewed articles, and four non-peer reviewed articles. The majority of Grace's scholarly work on military populations focuses on career transition, life satisfaction, and veterans and substance abuse. Grace has presented at several national and state conferences. Grace is passionate about working with and conducting research on military families because her spouse was an active-duty Marine and a Naval reservist. Thus, their personal lives were very connected to military communities. Personal connections led her to professional roles working with military members. Grace considers military members and veterans to be exceptional clients, most of whom are motivated and engaged in the counseling process. Grace's research tends to focus on career transition and life satisfaction of transitioning military members, college student veterans, veterans and substance abuse, and counselor educator's perceptions of the military as a culture. Grace does not teach a particular course on military populations, but infuses topics, content, and materials in current counseling curriculum.

### **Hope**

Hope completed her terminal degree in Counselor Education and Supervision. Hope is an assistant professor in the College of Medicine Department of Psychiatry. Hope has worked with military families for six years. Hope works in the Southern region and is located within fifty miles of a military installation. Hope has published thirteen peer-reviewed articles and five articles in non-peer reviewed journals. Hope has presented at national conferences, with the Veterans Administration Health Services Research, and Academy Health. Hope is passionate about working with military populations because she values her country as well as those who

chose to serve. Hope has family members who have served, and although she did not want to go into the military, she has always wanted to serve in some way. Hope's scholarly work in military families focuses on issues faced by military families, veteran suicide, suicide prevention, and educating non-VA clinicians on military culture and issues. Hope does not teach a military populations course, but does host workshops for clinicians to learn about military issues and culture.

### **Isaiah**

Isaiah received his terminal degree in Counselor Education. Isaiah has more than ten years of experience as an educator and school counselor in the public schools, often working with military families, and has served for the last five years as an Assistant Professor in a professional counseling program at a university in the southeast. Isaiah has published peer-reviewed articles (three concerning military populations and two on ethical issues in counseling) as well as book chapters and reviews. Isaiah also has presented at international, national, regional, and state conferences. As a veteran, Isaiah realized that most counselors have a limited exposure to military culture and therefore lack an understanding of this culture as a distinct population. As such, Isaiah described himself as being passionate about continued research serving military populations because he hopes to see the counseling profession effectively meet the needs of military communities. In order to meet these needs, Isaiah believes counselors should expand services and education opportunities to military populations. Isaiah's primary research focus is on advocacy within the profession and with groups that work with military personnel, their families, and children of the veteran population. Toward this end, Isaiah



designed and instructed several sections of a course on working with military personnel and their families, he has supported student-led research in this area, and he helped to establish a local chapter of the Student Veterans of America (SVA) as well as a veterans' center at the university in which he was employed at the time this research was conducted.

### **Jimmy**

Jimmy has a Master's degree in Counseling Psychology and his Juris Doctorate in Law. Jimmy is getting ready to begin his doctoral studies in counseling. Jimmy is a veteran and has worked with military families for fourteen years as his prior career was as a Navy JAG lawyer. Jimmy has three and a half years of adjunct teaching experience in the Graduate College of Psychology and Behavioral Sciences (Counseling Psychology) at a university in the Northwest. Jimmy is located within fifty miles of a military installation. Jimmy has presented at national and state counseling conferences. Jimmy attributes his passion for working with military populations to shared history and culture that exist between veterans. Jimmy is motivated to learn more about veteran and military-connected families and mental health services. His current research focuses on law and ethics of professional counseling practice as well as clinical self-care particularly in the context of working with trauma clients. Jimmy does not teach a military families or populations course, but infuses military content in counseling curriculum.

### **Findings for Research Question 1**

*What should counseling programs do to best prepare all Counselors-in-Training to work with military families, especially deployed families, in military, mental health, and school*

*settings? 1a. What resources are recommended when preparing CITs and SCITs to work with military populations?*

Counselor preparation programs prepare counselors-in-training to provide counseling services to people in various settings and from various cultures. Four themes were derived from data collected: *re-defining culture, intentional infusion, ethical obligation, and advocacy*. Additionally, in response to research question 1a., a list of suggested resources for CESs to address military culture in counseling curriculum concludes the analysis of research question one.

### **Redefine Culture**

Participant statements were strong in saying that military culture must be incorporated in the definition of multiculturalism. All ten participants reported that the military is its own culture, and in order to provide competent and ethical services counselors need to be aware of cultural aspects. Isaiah recalled conversations with his dissertation committee, where his chair was vaguely familiar with military, but “the others were either not familiar or even hostile to the concept of education in that area.” Similarly, Frank said:

A lot of people don't realize military is its own separate culture. And we've got our own language, we've got our own rights and rituals, we've got our own religion [if you will] that's incorporated around the mission. So, it's a very, very distinct culture from the rest of the country.

Isaiah said:

I think that's why we can go back to the multicultural class - when we start talking about working with different [cultural] populations, we often define them by gender or ethnicity. Even that's one of the biases within the profession; it's very difficult to try to promote the idea of looking at the military population from a multicultural perspective

and getting that published because the profession looks at diversity mainly as gender and ethnicity.

Jimmy explained how he views military as a culture:

I think the big thing when teaching [how to work with] veterans, military personnel, and families is [to do so] in a similar way to any other multicultural competency. And I exclusively do think that it is a cultural – a multicultural issue more than anything else. . . Just like when you teach about Hispanic populations or Asian populations you can't just say all veterans are this. . . When we're working with military you need to do this, because again, it's culturally different.

Adelaide shared:

Whenever I say military culture, I want students to understand the basic training process. I want them to understand the goals of basic training. I want them to understand something as simple as the reason why [service members] people . . . why they eat so fast. I want them to understand or experience what that basic experience was like. Once you understand basic training, goals of military it's like the basis from which you can then say this is this culture. They [military service members] value camaraderie. There's more differences within the culture than without and so having students understand that Marines are very different from Air Force in their goals and in their mentality and so whenever I say military culture that's what I'm meaning.

Acknowledging military culture and recognizing military culture as a cultural category is necessary as is intention infusion in cultural discussions.

### **Intentional Infusion**

Another major theme derived from the data is the need for intentional infusion of military culture in counselor preparation programs. Daniel, Evalynn, Isaiah, and Hope currently teach courses or workshops on military culture to include concepts such as how to create interventions for service members and military-connected individuals, identify military family struggles, coping with military lifestyle, and VA recognized treatment modalities. The remaining participants ( $n = 6$ ) actively work to infuse discussions pertaining to military populations in

current counseling curriculum. All participants ( $n = 10$ ) supported infusion of military culture and counseling strategies for working with military families in counseling curriculum.

Brandon proposed full integration across counseling curriculum rather than elective courses:

I'd like to have [military culture] be fully integrated into all areas of the curriculum because then [students] who aren't even aware that it's a [culturally diverse] population have some exposure to it. Anybody can end up working with a military service member, a veteran, or a family member so with full integration [CITs] will have some understanding of what it might be like to work with [veterans and military-connected families] even if [CITs] don't see that as a population that they're strongly motivated to work with. Fully integrate [military] into all elements of the curriculum like we do when we talk about cultural aspects and different racial or ethnic groups or sexual orientation and things like that. I think that an integrated element could really be more powerful.

Frank said:

I think we've got a couple of places in curriculum where discussing military populations is absolutely in context. The first one of those in the multicultural class because a lot of people don't realize that the military is its own separate culture. . . I also incorporate working with military families when I teach residencies and we are talking about basic counseling skills. . . developing foundational theories, working in groups, and so doing group therapy.

Both Grace and Isaiah commented on how multiculturalism is woven throughout counseling curriculum. Grace said:

Almost every CACREP program will infuse two areas in nearly every class and that is multicultural ethics and wellness - into almost any field class you take. So, if you look at almost every syllabus at [my university] there's objectives linked to multicultural ethics and wellness even though the topic itself is in an ethics class or the topic itself is within a wellness class. So, in discussing those topics, shifting multiculturalism from just being aware of multicultural differences, I always talk about the military population.

And Isaiah shared:

One of the reasons that we teach a multicultural class, and try to incorporate it across the curriculum, is that in order to ethically provide services for populations we need to

understand them, and one of the things is the lack of recognition of the military population as a distinct population with specific challenges, cultural values. Trying to respect those values in counseling, trying to understand that population, and trying to meet them where they are rather than forcing all the values as a profession on that population is challenging.

Adelaide said:

I don't teach the multicultural class, so there's not a specific time for me to discuss [military culture], but there are times when I try to include or incorporate multicultural competencies in [the courses I do teach] and spread the love of all different populations.

Additionally, Grace shared the following:

When I teach career counseling I do a whole unit on military populations. . . Where it doesn't fit in naturally -- but where I infuse it -- is in the mental health field courses. I teach a lot of practicum and internship, Internship I and Internship II, so that helps. Again, we're talking about special populations, and I always include it in special populations.

Carleton intentionally infuses military in his Crisis, Trauma, and Disaster Counseling class:

I try to teach to the Code of Ethics through the eyes of crisis counseling. I can do that because I can talk about suicide, homicide, and I can talk about major depression, moral crisis, and I can do that in a crisis class really easily to illustrate some of these counseling virtues, which are very relevant in the military.

Although Evalynn teaches military specific courses she also supports infusion:

Because of my background and working for the VA, because of my research, and because of my background as a military spouse, I intentionally weave [military populations] into my own courses. I think it should be woven in as a population along with other various special populations.

Participants supported recognizing the military as a separate culture in order to infuse content in counselor education. Participants continued to share how they intentionally infuse military culture in current counseling curriculum. More specifically, participants noted use of client

stories and discussed various treatment modalities to inform students of how military clients differ from civilian clients.

**Lived examples.** Intentional infusion of military culture in counseling curriculum can be done by sharing clients' stories. Several participants described the importance of sharing client stories and how personal narratives can help civilians learn about cultural differences in the military . . . Jimmy described a course he taught where the majority of students were veterans:

That class is different because we had all that shared culture and it was pretty interesting. The way that discussions were and just having that shared knowledge. We never really specifically addressed veteran issues, but we talked about them a lot because it was a small class and all veterans. . . I do often use military examples because that's a lot of my practice. I use military examples because that's what I know.

Grace described the importance bringing veterans with her when presenting her research so audience members have access to authentic stories.

I always say to my audience, "you know they're [the military members] the experts, I'm the researcher." And that's really how I see myself. . . and as much as I can support military and know military and work with military, I haven't experienced what they've experienced, I haven't walked in their shoes essentially. So, it doesn't mean I can't help them, but I'm not the expert for knowing military culture.

Additionally, Isaiah shared how he is restructuring a special topics course he teaches on counseling the military.

What I'm going to do is bring in more guest speakers and do some of the basics as an intro [to the topic] but then also find out what some of their [students enrolled in the class] interests are, what things do they need to find out, would like to know about, build that into the course, and bringing guest lecturers from the local military instillation. . . Find some folks, maybe a public affairs officer from a National Guard or reserve unit because they're going to have a different perspective, especially related to mental health issues.

Isaiah also emphasized the importance of contacting guest speakers.

Talk to individuals. There's often times a military liaison within the school system so you can possibly bring them in to talk about things relating to military population: What are some of the things that they do to identify a population, specific assistance programs, whether that's tutoring, whether that's access to enrichment programs either during the year or during summers, and scholarships pertaining to that nature.

Participants noted the importance of intentionally infusing information on accepted treatment modalities for military service members to help increase viable civilian counselor candidates for work within VA settings.

**Treatment modalities.** Interviewees stated the need to understand effective treatment modalities is paramount to counselor training. Three participants indicated that the VA has adopted several evidence-based treatment modalities and deemed them appropriate for treatment of PTSD in military clients. Infusing this into the curriculum was supported by several participants. Evalynn teaches military courses offered through a certificate program, and intentionally includes topics that address treatment of service members and families:

This course really focuses on posttraumatic stress disorder and the three evidence-based therapies that the VA recognizes for that, which are EMDR, prolonged exposure therapy, and cognitive-processing therapy. We also focus on anger management for veterans, sexual trauma, and the uniqueness of military and sexual trauma as opposed to sexual trauma that took place outside of the military. We look at similarities and differences in terms of treatment and culture.

Additionally, Carleton shared how important it is for CES's to be familiar with government rules and regulations.

I'm comfortable with saying at the very least, if you're gonna work with veterans – we're talking about PTSD rate of let's go at 15%, there is only two approved evidence-based modalities for PTSD at the VA. There is only two. There's a couple that have been looked at for research – or are preferred research such as EMDR, but have not been approved for actual practice. Well, I would hope that the professor . . .[would know] that EMDR doesn't have the authorization with the VA so you [students] may want to consider this [PE or CPT] instead . . .[and provide ] that kind of guidance.

While these two quotes from participants are not congruent in identifying the number of accepted treatment modalities, they both exemplify the importance of knowing what types of treatments are deemed appropriate. Furthermore, these participants reinforced the need for intentional infusion in counseling curriculum if CITs want to pursue a career as a counselor in the VA or specialize in trauma. Frank also commented on recommended treatment modalities endorsed by the VA but suggested incorporating a discussion on the various mental health professionals and how the counselor's lens may be very different from what the VA expects.

I think that the basic philosophy of counseling itself is a good foundation for working with the military. The three major professions [psychology, social work, and counseling] have their own philosophy of change and helping. And the way I put it to my students is as follows: psychologists are trained in the medical model, and so as therapists they have to come up with the right diagnoses, which would lead to the "right" treatment, which would lead you to helping the person. But it's all focused on therapist to do the right thing. Then, social workers are trained in an institutional model. The client has problem, you connect them to whatever the institution is which is going to help them, and there again all the work is on the therapist or the social worker to make those connections. Now, counselors are trained in a developmental model that Humanistic-Maslow-Rogers dynamic that says everyone has within themselves to overcome their own problems. And so, the job of the counselor is simply to help the client reign into the strength, bring it to the surface, encourages the client to rise above and use that internal drive towards success, which is pretty much engrained in the military culture if you think about it.

Thus, participants noted intentionally infusion of military culture in counseling curriculum allows CES's to discuss topics relevant to case conceptualization, diagnosis, and treatment planning for clients who identify as culturally different from their respective counselors.

Furthermore, participants discussed counselors' obligation to provide ethical services.

### **Adhere to Ethical Obligations**

Participants emphasized the need to adhere to the ethics of the counseling profession as part of what CES's and counseling programs can do to address the needs of military clients.



Three of the four veteran participants shared issues regarding counseling military service members and ethical obligations counselors adhere to as part of the profession. Isaiah and Carleton mentioned addressing ethical obligations by reading the ACA Code of Ethics. Carleton said, “There are lots of opportunities for exploring the Code of Ethics whether you’re using the NBCC Code of Ethics or the ACA Code of Ethics. . . I don’t think [counselors] appreciate how their influence of ethics doesn’t necessarily address interacting with [clients] who have got that kind [military culture or military-related trauma] of an experience.” Isaiah shared, “I believe that there’s definitely an ethical aspect to it [counseling the military]. I think you can even go into the Code of Ethics and find, line by line, which [codes] would apply to working with the specific populations.”

Furthermore, participants noted the importance of counselors’ ethical obligation of acceptance of all clients. More specifically, participants reported that counselor preparation programs could combat these ethical issues by helping CITs confront biases. Carleton suggested the following:

I think there has to be some kind of a model when we’re training counselors. There has to be a model for training them on how to accept their client’s history whether they agree with him politically or not, what they are doing, what they have to do. . . What does that really mean when you finally have to talk to a young person who just had to do what they had to do [referring to direct orders in combat]?

Furthermore, Jimmy shared the following story of how counselors may not understand ethical obligations and counseling the military. He said:

There is going to be ethical issues. I remember being at an ethics training focused on working with veterans and one of the participants said something to the effect of, “Well, I’m required to report war crimes, aren’t I?” . . . Can you imagine a veteran coming into that session and saying, “I want to talk about some of the things that I did” and this

clinician saying something like, “What you’ve just told me about is a war crime and I have to report that?” Number one, it’s completely unethical and a total violation of confidentiality. There’s no exception for reporting war crimes, but on the other hand, what a way to alienate a client and maybe even aggravate the situation even more.

Jimmy’s example above illustrates a need for more education surrounding ethical obligations and counseling military members who may need to process some of the internal turmoil they’re experiencing. The example also indicates that counselors may do harm if not clear on what their ethical obligations actually are. Additionally, Jimmy reported a personal account of not feeling accepted:

One of the things I dealt with all the time, being a veteran, was this assumption of a very conservative worldview. I think that’s a specific conflict with the academic worldview. In academia there’s this assumption that everyone is liberal, and that everyone has this liberal worldview, and that’s not always accurate either. I think we often, culturally outside the military, feel a lot more comfortable with stereotyping military members than we do with stereotypes of other groups. So, recognizing that a lot of what we think we know about what military members look like might not actually be true or accurate.

Jimmy’s statement encourages counselors to examine their biases and listen to their clients before judging. Additionally, participants repeatedly talked about how military-connected individuals and families are no longer restricted to areas near military installations and can be found all over the world. Participants also discussed the wide definition. Counselors need to operate from a wide definition of military-connected as they may see people from the National Guard or reserve units. As Evalynn stated, *military-connected* can mean, “Deployed service member, parents, spouse, child, best friend, roommate, whoever,” and counselors are responsible for asking, “What does this look like and how does it impact them?” Brandon commented, “We see whoever walks through the door or we are operating unethically, which is a consideration but we don’t get to just refer every client until we have examined their needs.” Jimmy reported:

As counselors, you may need to learn a different approach, the different values, or different experiences that you need to recognize, as well as where your competency as a practitioner is or isn't and what you need to learn from the clients.

Participants were clear in encouraging CES's to discuss ethical obligations as they pertain to counselor recognition of limitations, as well as increased cultural awareness to include military populations prior to referring out or deciding not to work with a military service member or military-connected individual.

### **Advocacy**

A fourth theme that emerged from the interviews is the need for increased advocacy for military members and military-connected families in the counseling profession. Some of the data that emerged from participant interviews alluded to small scale advocacy efforts and other participants spoke of larger scale advocacy efforts. For instance, Isaiah recounted:

What I realized very early on as a counselor educator is that not only do I need to help to educate my students but I need to advocate within the profession to raise that level of awareness and to help other counselors to understand, both in schools and in a mental health settings, that this population exists.

Eight participants noted the importance of building collaborative partnerships with organizations affiliated with the military, and utilizing professional counseling organizations. Brandon, Grace, and Isaiah each noted that they support and share information distributed by ACEG: Association for Counselors and Educators in Government (as of July 1, 2015 is called Military and Government Counseling Association), NCDA: National Career Development Association, and ACA: American Counselor Association. Isaiah turns to professional organizations, "because they seem to be at the forefront of trying to raise awareness within the counseling profession overall." Brandon reported:

For career elements there's actually a monograph through the National Curriculum Development Association which focuses on career transitions for veterans. I believe there's some case studies with also some other experiences as well. There are also some articles in the ACEG journal that have case studies as part of it. There was a special issue of the Career Planning and Adult Development journal that focused on veterans and I think they had some case studies in there as well.

Brandon introduced these resources as a way to advocate for military and veteran populations in the classroom. Furthermore, Adelaide, Brandon, and Grace referenced a special issue of the Career Planning and Adult Development journal that focused on veterans and introduced counselors to some case studies as well. Brandon also mentioned a, "special edition of the American Psychologist . . . I think would be useful in addition to the ACEG journal."

Hope advocates for military and veteran populations. She said:

I just wrote a grant to build a Coalition for Military Student Veterans and what we're going to try and do with that if we get funded is to identify resources and have them in some type of share point to were all your faculty, student affairs, admins, and things like that can start to network and chat and figure out what's needed and what's going on with specific veterans within their populations. And I would like for this to become a way for the VA to get their information out and the DoD (or whoever has the resources) out to the community. Hopefully, if this pilot works, we would think about doing that more on a national level.

Participants said counselor educators and counseling programs need to find a way to work together, with other agencies, to advocate for inclusion of military culture in counseling. More specifically, Daniel and Hope explained how they worked with the VA and other government agencies to advocate for inclusion of military culture.

Hope shared that when she was the president of her state counseling organization, members had recognized changes within their communities due to multiple deployments of

active-duty service members as well as reserve and guard units. Hope explained how she advocated for counselors' needs:

I had to go out and find information on that [counseling military-connected individuals and families], and it ended up being that when I came to ask them [the local VA], they also said, "Hey, we need somebody who understands children and families."

Once Hope was able to locate resources to help the counselors of her state, she accepted a position within the VA system. Hope acknowledged that the VA could do better with regard to providing mental health services to veterans, but to do so, community agency counselors must be prepared to do the work. She said:

We know that almost half of the veterans in the nation are not seeking care through the VA. We know that 22 veterans die by suicide a day, but only five of those 22 are seeking VA services. We want [veterans] to seek VA services, and we want to get them in here, but if not - we need to be training people in the community to identify the warning signs or the symptoms of whatever mental health issue and get that help. The VA cannot provide services for every veteran.

Adelaide, Brandon, Grace, and Jimmy discussed collaboration with several agencies. Adelaide shared, "I was volunteering at the Vet Center while I was working on my LPC." Brandon said, "I also worked with veterans and active-duty military who were staying at the Veterans Resource Center for about three years or so and so I provided services on personal and career counseling." Grace reported collaborative efforts made between institutions and military installations:

I was working for the university career center . . . where I was the regional director of their military programs. I oversaw their programs at [various military installations] and I had staff at all these offices where we were advising and providing career counseling and services to the [university veteran] students that were there.

Jimmy said, "I would encourage educators to get in contact with clinicians at the VA facility or a Vet Center." Additionally, Hope mentioned the following, "The American Student Veterans

Association [if you go on their website], they will give you information on different programs, tool kits, and resources for children and families. Furthermore, Frank said, “I mentioned a project - a project that [my university] did in the past with Joint Forces of America.”

Moreover, six participants (Brandon, Daniel, Evalynn, Frank, Hope, Isaiah) shared advocacy efforts by infusing military culture in counseling by teaching military specific courses, facilitating military specific workshops, or including modules pertaining to counseling the military to inform CITs of military culture. Isaiah researched the prevalence of military populations in counseling programs and found:

In 2010-2011 we were able to find three classes and actually a fourth one, but that didn't develop. So, in essence, four courses [Counseling the Military] across the United States. And, now it's much more common. I think the profession is getting it. I'm not sure how widespread that is at this point.

Brandon and Isaiah reported that they were recently contacted and asked to present on counseling the military and military culture at several universities. Brandon said:

I just went down to another counseling program and they have a professional development academy. I did a presentation on counseling the military, and so that was an opportunity they provided for their students to gain exposure to and it wasn't a part of the course.

Isaiah shared his experience as a presenter for Chi Sigma Iota:

I actually did a presentation for our local chapter of Chi Sigma Iota, open to the students and other faculty to talk about the veteran population, talking about working with our veteran counseling and career services here to present on the population, how we can better serve in the university setting. . . Counselor educators can be subject matter specialists or subject area specialists to talk about that with others in the education field, but the biggest part of it is educating yourself about the population, meeting with veterans here in Clinical Mental Health, learning from these experiences, hearing their stories, bringing that or those themes that emerged from the counseling environment [to the classroom].

Other ways to advocate for military populations is to seek out a mentor who can help facilitate research, as well as counselor growth and development. Brandon was seeking opportunities to conduct research when a professor suggested looking into military-related issues.

I started to really understand the incredible complexity of that context [military culture] and just how little I knew about it, and so for me that was my first element. It was really more of a scholarly content. Then, we did a presentation at a student conference on working with the military, specifically female veterans and so that was me “dipping my toe in it.”

Brandon’s professor aided in his professional growth by mentoring him in counseling research and advocating for counseling research on military culture. Daniel also shared his doctoral experience:

I had good mentors who helped mentor me in working with military families. Then, in terms of when I was working on my doctorate, which was post 9/11, I had people [instructors/mentors] who were sensitive to “A lot of your work that you will be doing is working with military families,” “You need to be sensitive and aware of these individuals and families,” and “This is what you need to know and here’s some pitfalls to avoid.”

Daniel learned how to navigate the mental health system, and was able to participate in experiences and trainings so that one of his areas of specialization is counseling the military.

Additionally, Isaiah recognized the importance of connecting with student veterans on campus.

I was trying to help organize the students [veteran students] on our campus into a chapter of the Student Veterans of America. I helped to get that started, and then we advocated with the administration of the university to recognize the connection to adult learners.

Participants shared various instances in which collaborative efforts and partnerships can be created so that counselor educators can learn more about military culture without feeling overwhelmed by time and curriculum constraints.

### **Recommended Resources**

A second part of research question one asked for recommended resources to help counselor educators and supervisors become more knowledgeable on military culture. Various resources were identified during participant interviews. In order for the counseling profession to expand and be inclusive of this population, all study participants suggested spending time reading literature pertinent to military culture and military populations. Participants noted textbooks, workbooks, information distributed by professional and government organizations, books on trauma, legislative acts, and first-person stories.

**Military specific textbooks and workbooks.** Adelaide, Brandon, Carleton, Frank, and Isaiah mentioned a textbook reference entitled, *Counseling Military Families* by Lynn Hall. Frank exceptionally likes that “She [Hall] goes through the whole deployment cycle and some of that kind of stuff that a lot of people – don’t even realize is out there.” Additionally, Isaiah reported that Hall’s text can be “used as kind of the starting point for conversations.” Beyond Hall’s textbook, Evalynn shared two resources she has adopted for her courses: *The Veteran and Active Duty Military Psychotherapy Treatment Planner* and *Treating PTSD in Military Personnel [A Clinical Handbook]*, which include evidence-based practice interventions sanctioned by the VA. Hope pointed out two specific resources to use when working with military children/adolescents: *Resiliency: Children and Teens* and *Finding My Way, A Teen's Guide to Living with a Parent Who has Experienced Trauma*. Additionally, Frank mentioned a book by Karen Petty called *Deployment Strategies for Working with Kids in Military Families*. Finally, Carleton recommended *Families Under Fire: Systemic Therapy with Military Families* written by Everson and Figley. Furthermore, all of the participants noted the importance of



gaining information and resources from professional and government organizations and counseling associations.

**Organizations and associations.** Participants noted the importance of utilizing data produced by government agencies or entities such as the DoD or VA. Daniel, Carleton, Evalynn, Hope, and Jimmy all try keep up to date with current resources and practices sponsored by the VA and DoD. Hope referenced finding materials published by the Mental Illness Research and Clinical Center (MIRCC). MIRCC is part of the VA system and publishes many educational materials. Hope also shared that she looks up information published by the Rand Corporation because “their research is really strong.” Hope and Isaiah incorporate current research in classes and workshops. Hope specifically mentioned the 2012 VA Suicide Data Report by Janet Kemp and Robert Bossarte, and stressed the importance of practitioners becoming familiar with national reports and manuals published by the National Alliance for Suicide Prevention.

Additionally, Hope said that CES’s interested in helping veterans on campus can utilize information from Vital, a program focused on getting universities to start supporting veterans. Hope and Isaiah also support the American Student Veterans Association, and reported that they have information on different programs, tool kits, and resources for children and families. Daniel incorporates work the VA is doing to help veterans when he shows a 60 Minutes video to his classes. Daniel reported the following:

The video shows how advanced cognitive behavior training is being utilized in residential counseling as part of the VA in Littlerock, Arkansas. They’re using it and there’s a great 15 minutes piece that shows the value of what they’re experiencing and how to get around it. It is a great video, a great training piece. The video also shows one of the workbook journals of the soldiers who is journaling. The title of the workbook is “Pain and How to Deal with It.”

Daniel, Grace, Frank, and Hope referenced much of the work the Army has been doing which focuses on resilience. Specifically, Grace commented:

A piece of literature that I think is really important is the Army Resilience Training. It's awesome and I think that's important stuff to include because the concepts are really universal and while we talk about them [concepts] and they're talking about them in terms of preparing for war and becoming resilient in that environment. Those same concepts that are a part of the resiliency training can be used in life.

Daniel noted the Soldier for Life program, which was designed to be implemented in the Army:

The Soldier for Life is now part of the Army culture where in this they [soldiers] are getting trainings specifically on resilience skills, skills that they need to take home to teach their family, help their family with resiliency.

Daniel also mentioned the Comprehensive Soldier Fitness program, where the Army has focused further efforts on developing a program to help soldiers and their families with resiliency. Hope utilizes information from the National Center for PTSD, and Evalynn seeks information published by the Center for Deployment Psychology, which focuses on preparing professionals to work with military members and their families. Jimmy likes information published by the Veteran Training Support Center (VTSC) because they offer veteran-focused continuing education for mental health providers. Jimmy also mentioned The Soldier's Project because they train volunteers and host a military orientation, which is a basic course for civilian practitioners without military experience orienting them to military culture. Therefore, there are many resources available to CESs and CITs. Carleton, Daniel, Evalynn, and Jimmy focused on services sanctioned by the VA, and therefore books that focus on trauma were also recommended.

**Trauma focused materials.** Jimmy and Isaiah both suggested trauma-focused books. Jimmy recommended, *Waking the Tiger: Healing Trauma* by Levine and Frederick, and said he likes this book because, “It kind of normalized and put things in terms that would be accessible to clients.” Isaiah suggested reading Edward Tick’s *War and the Soul*, which aimed at helping veterans heal after experiencing trauma. Further, Carleton stressed the importance counselors being knowledgeable on current legislation.

**Acts and legal documents.** Carleton provided an example of a specific document he believes all counselors should become familiar with entitled, The National Defense Authorization Act of 2013, because this document indicates which mental health professionals are sanctioned to work with military members and veterans. Carleton says:

I think they have to be exposed to the language of the National Defense Authorization Act of 2013. They need to know what the standards for training in order to work with the military communities are. Very few people knew know the content of this document, which means that faculty members may inadvertently prohibit students from moving on to a career working with military populations.

Knowing current legislation will help counselors navigate managed care options and further assist clients seeking services. Counselors can also learn from reading personal stories and considering how current counseling standards relate to military culture.

**Additional books and resources.** Frank recommended first-person account books and provided a list (for a full list of references, see Appendix F), which are connected to specific conflicts. Frank and Grace suggested two supplementary references that are often utilized in counseling programs; not just in working with military populations. Frank indicated that he would suggest reading existential resources. More specifically Frank stated, “I encourage my

students always to read Viktor Frankl's *Man's Search for Meaning*. I think when you are working with the military population that therapy approach and that story touches military people like hardly anything else." Grace also noted that utilizing multicultural textbooks may be a good resource. However, Grace revealed, "the only [multicultural] textbook I could find with the chapter on military populations is the new one by Cortland Lee."

In summary, one of the challenges counselor educators may encounter is finding ways to systematically infuse military content into curriculum. All study participants encouraged counselor educators to talk with military veterans, invite veterans to speak in your classes or at workshops, utilize resources pertinent to military culture and counseling the military.

### **Findings for Research Question 2**

*What experiences do Counselor Educators and Supervisors, with extensive knowledge and experience in working with military families, suggest Counselors-in-Training need to have to better understand military culture?*

In an effort to create best practices for inclusion of military populations in counseling curriculum, specific experiences were explored by educators who infuse military populations in current counseling curriculum. Four major experiences were identified by participants: *in-depth discussion and reflection, narrative and personal story-telling, guest speakers, and reading and writing.*

#### **In-depth Discussion and Reflection**

In-depth discussion and reflection are powerful experiences, as participants noted. Students may learn to express or change biases through these experiences. Adelaide, Brandon,

Daniel, Frank, and Jimmy mentioned instances in which they utilized lecture and discussion.

Brandon said, “I think just starting with in-depth discussion of the population, related to service members or veterans.” Carleton shared:

I wrote a series of questions that I was hoping to share with students . . . and they give people the opportunity to weigh their – lets say beliefs - about a population. And it’s based on somebody’s responses – so maybe the answer was, “I honestly don’t know a single veteran and I think they might have enjoyed what they did.” [Then I can say] “Okay, well, fascinating you should feel that way. Lets explore that as an opportunity for learning about their own biases for learning about that sub-population.”

Thus, exploring biases is important in cultural discussions. Frank incorporates “a unit discussion where the focus is on issues with a veteran and the other one’s with an active-duty soldier.”

Evalynn requires her students to participate in online discussion forums to process student reflections. Grace shared the following statement, in which she begins by talking about military culture in lecture and discussion format and then utilizes improvisation followed by questions:

I am always trying to bring it [military] in terms of culture and in terms of varying cultures. I do a presentation on military culture where I talk about or I ask folks to give me stereotypes about military culture and sometimes those being things like being brave, powerful, courageous, and selfless come up but then there are more like killer and all those really negative connotations come up as well sometimes.

Additionally, Frank is able to lead small group discussions during practicum and internship to process counseling military populations.

I’ve got twelve interns that I’m working with, and two of them are down at a [military post]. They are seeing a lot of military population. And so, when we do group supervision every week, they will often times talk about their clients and the dynamics of what’s going on and things like that. So the other students that are in that group get to hear that.

Frank continued to explain:

If I can get them [CITs] to just understand that when you’re working with military, you’re working with different dynamic and you need to learn about that. And I’m

working to get them curious and have to do their own research; I think I have been successful.

Each of these experiences could be enhanced, as Adelaide reported, “We always have self-reflection papers. How did that impact you and your understanding of this population?”

Additionally, Brandon, Grace, and Frank suggest educators incorporate case studies or case discussions relevant to military populations, culture, and families. Adelaide supports infusion of various strategies to fully learn about military populations: “I would have my students do experiential activities as much as possible. For instance, we would go to the vet center and then have a roundtable discussion within it [to process the experience].”

Adelaide shared that, “Reflection papers are then assigned to see how the topic or article impacted them personally or to get a feel for their understanding of the population.” Another experience participants shared was the use of narratives or personal story-telling.

### **Narrative and Personal Story-telling**

Each participant recalled instances in which they utilized personal story-telling to teach about military culture or processed military service members’ narratives in class. Carleton said, “I believe that I was able to increase the consciousness of military and veteran families in the graduate school community by virtue of doing that, by talking about it passionately and openly – and sharing stories.” Daniel disclosed that he uses his experiences as an MFLC (Military and Family Life Counselor) and teaching military members in undergraduate psychology classes in lecture and discussion while prepping CITs for counseling the military:

I’ve learned from these families who have four, five deployments and I learn what is important to them, what do we talk about, what do we not talk about, what’s an issue, what’s a non-issue. Sharing it right from them [military members or families], reading it

in their papers and so forth and I'm able to process all that and then, confidentially of course, give that information to the graduate clinical counseling students to help them prepare to work with that population. Many of them have an interest in it, some of them are service members, and both can validate some of the things I'm saying and help modify it in their own approach.

Carleton shared how he incorporates his military experience/knowledge in the classroom:

Imagine you are seeing this [military service member] client for three weeks or for three sessions and you've talked about various psychosocial problems and suddenly he calls you in a state of emergency to tell you he is thinking of abandoning the military . . . my assessment of that story is that it gives a cool opportunity for the student to get an understanding of the military.

Frank and Grace incorporate improvisation activities such as role-play and simulation. Frank's specifically shared the following, which he implements in his foundational theories and group work courses, "I'll always bring in or give them a role play that involves a veteran or military spouse - something like that." Grace said:

They [the students] have to do some on-the-spot role-play. So again some of those things include scenarios about military, and then will have a dialogue about what that means, what that service member may be going through, how do they know about service communities, etc. So, it's [infusion of military] not as formal as I'd like it to be, but I try to always make sure it's part of the exercises, the examples, and the activities whenever I can.

Daniel discussed a video he showed his class:

I showed a 60 minutes video where they're showing advanced cognitive behavior training uh residential counseling in the VA in Arkansas, Littlerock, Arkansas. They're using it and there's a great 15 minute piece that shows the value of what they're [service members] experiencing . . . And you even hear the guys. Like one guy says "you know I'm not faulting the Army, I like my Army, I'm not faulting the unit. I'm not faulting my leader. It's just the best they can do. It's just the way life is - life sucks." He basically says after that "I don't want to go home, I'm not ready to go home" and then he starts crying and he gets up and leaves the table of the interview.

Videos are another way educators can incorporate client stories in the classroom. Additionally, several participants discussed bringing in guest speakers. Brandon said:

I think something that would be useful is the specific contact with a member of the population and a member of the population meaning active-duty, veteran, military-connected family member and just talking with them. . . I think there's a need for videos, informational interviews, or just for a cup of coffee with somebody and just talking about their experiences life. . . Trying to facilitate this meaningful engagement with people who are influenced by the military context I think would be useful.

Participants shared students can learn a lot from conversations and hearing people tell their stories.

### **Guest Speakers**

When educators lack personal examples, or are not familiar with military culture or family literature participants suggested seeking guest speakers. Guest speakers can be active-duty service members, veterans, reservists or National Guard members, or one who works with this population in a variety of settings. Jimmy reminded educators to lean into community or collaborative partnerships for assistance in teaching unfamiliar topics such as military culture:

I would encourage educators to get in contact with clinicians at the VA facility or a vet center. I say this especially because there are VA hospitals, clinics, and vet centers almost everywhere in the country. Wherever you are as an instructor, there is a VA facility somewhere relatively close by with those clinicians [familiar with military populations]. I am here at our vet center and if an instructor called and said, I'd actually like to sit down and just talk about what issues you guys are aware of, or if an instructor asked someone to come to a class and address the truth [of what clinicians at Vet Centers are seeing] I know that somebody would do that.

Daniel shared his personal experience with a guest speaker:

The best place I've ever seen deal with that [introduction to military culture] was the spouses training . . . which the family readiness center put on once a month, and the new spouses came into the base for a luncheon and one of the speakers was a gal who was



really funny and she spoke on the acronyms in the military and helped all the spouses to understand and I often thought, “man, we ought to have that for counselors.”

Counselor educators may have to tap into various resources to find appropriate speakers.

### **Reading and Writing**

Brandon and Isaiah ask students to do some research on military families, and then write a literature review or produce a research paper incorporating knowledge learned about military members or culture. Brandon assigns a literature review:

We do a literature review assignment for the research and statistical analysis counseling course. I think for me the unique opportunity with the literature review is that they, the students, do an extensive examination of a clinical situation whether there be a diagnosis, into our topic and then they do an in depth examination of it, and then they produce a document and then in addition to that they do a research product, an artifact, a poster.

Furthermore, Brandon encourages his students to produce artifacts or posters in conjunction with their literature reviews, “The posters - I think they’re really interesting because they [CITs] had an opportunity to present them in conferences, which we have several students do at our state conferences.” Brandon provides his students with opportunities to present at conferences and build on collaborative partnerships with other professionals. Evalynn prefers to have her students complete a comprehensive treatment plan for a military service member. She said, “I also have the students complete a treatment plan, a comprehensive treatment plan so they [CITs] look at a specific military-related problem and they write a treatment plan.”

Thus, participants shared key experiences to incorporating military culture in counseling curriculum. Participants supported in-depth discussion and reflection, narrative and personal story telling, guest speakers, and opportunities to read and write about the military. A

combination of lecture and discussion was most often reported by participants and later combined with various reading and writing assignments.

### **Findings of Research Question 3**

*What key concepts do Counselor Educators and Supervisors with extensive knowledge and experience in working with military families suggest be learned?*

Creating best practices for inclusion of military populations in counseling curriculum means identifying key concepts to introduce to CITs. Four thematic concepts were identified: *military experience, deployment cycle, trauma, and reintegration.*

#### **The Military Experience**

The military experience was identified by each study participant as a key concept to introduce to CITs as well as necessary knowledge for counseling military populations. Military culture is unique, and is comprised of complex layers of sub-cultures. Military culture involves intra-service and inter-service cultural aspects. Thus, being informed of subcultures helps in understanding individual military experiences. As Frank explained:

A lot of people don't realize military is its own separate culture. And we've got our own language, our own rights and rituals, our own religion - if you will - that's incorporated around the mission and so it's a very distinct culture from the rest of the country.

Military members learn how to operate within this culture rather quickly. Adelaide mentioned her intentionality of teaching students about the basic training process. Adelaide wants her students to:

Understand the goals of basic training. The difficulty that it is, and even though it's a short amount of time in the grand scheme of things it is a complete and utter life changing acculturation – quick acculturation – into a new culture.

As most participants noted, civilian counselors can begin to understand the military experience by learning the organizational structure and history of the military as these components are crucial to understanding the nature of respect as well as its values, ethics, norms, morals, and expectations, which are not necessarily present in civilian communities. Hope said civilian counselors learn the following:

I think it's a benefit to know what branch of the military clients come from, to understand the rankings, what is expected as far as when they tell you what position or service area that they've been working under. Understanding those kinds of things, you've got to find a way to connect during those first two, three sessions. Understanding the difference between a sailor, seaman, the different positions. The difference between an officer compared to an enlisted person. What they have to go through to kind of get to those.

Information such as rank, officer status or enlisted service member, and whether service members are part of the National Guard or Reserves directly affects one's military experience and connection to various communities.

**Accepting cultural norms.** Participants commented on several aspects of the military experience. Each participant shared specific, basic information such as familiarity with military time will help build rapport with military populations. As Jimmy said, "You need to know the surface level, simple stuff and then the deeper cultural aspects, like shared values and experience will emerge." Military branches are specifically structured, and following chain of command is required. Familiarity with the military's linguistic culture is also important. Participants emphasized knowing military acronyms, functionality of each military branch, and each branch's specific mission is also important. Military values are an integral piece of the culture. For instance, the value of being on time is prudent. As Jimmy said, "values of being a part of a team, and supporting others, and working with other people, and being reliable, and volunteering our

commitment.” Thus, the military experience is driven by service member commitment to the military itself and commitment to the mission. As Frank indicated, commitment to duty, honor, and country are central to one’s service:

Duty to the mission. Duty to do what I say I’m going to do as enlistment talks about following the constitution and the orders of the officers appointed over you. Honor. I’ve said I’m going to do it. I am going to do it. Oh, and by the way even if it kills me. And the concept of country. It’s greatest country in the world and part of my mission or my duty is to protect and defend from the all enemies foreign and domestic to go back to that enlistment of.

Hope noted that service members’ mission first mentality is worn as a “badge of honor.” Each participant ( $n = 10$ ) noted that immersion in military culture equates to mission first. As Hope shared:

Military positions often come in front of family; whether it's acknowledged or not. And it's expected within the leadership that that's going to be a priority and a lot of times they're taught or encouraged (particularly in times of deployment) to detach from family so that they can survive what they’re going to go through. Civilian counselors need to learn to understand that military families end up growing apart through the process, but it's not the same thing as when somebody is there and growing apart.

Adelaide, Brandon, Daniel, Evalynn, and Frank commented on the constant mobility of the military experience. Adelaide spoke of mobility in terms of learning to empathize with military clients. Brandon focused on mobility and loss. Daniel, Evalynn, and Frank all shared stories of mobility linked to family resilience. Introducing CITs to the transient nature of military families can help counselors shape counseling sessions and goals.

**Military family experience.** Military families operate in ways dictated by the military. Adelaide and Hope noted military populations are trained to repress feelings and emotions. More specifically, Adelaide commented that during basic training, “our service members are

programmed to minimize feelings as much as possible.” Military members are trained to protect one another at all times, and acting on command assures follow through. Hope clarifies Adelaide’s statement and adds to Frank’s comments by sharing how military training affects the family unit:

In the general public you can sit and some people will talk about a spouse or whatever they're talking about it as they believe it. They're supporting their service member but at the same time they do know that they're kind of – brainwashed to defuse sometimes, really being able to cut that off or cut off those emotions. Then, the family left at home is not trained in that way and still expects to have that close relationship. When they don't, it makes it difficult.

Brandon added being familiar with the following:

Elements of being continually mobile, from a familial standpoint. Some of the behavioral challenges the children weather and experience based on certain things can also have a strong impact on the family in terms of promotion and career of the service member.

Moreover, several participants noted that military families grieve differently than civilian families and stressed exploring grief as each member discloses it. Grace shared the following about the military experience and grief:

That goes along with their identity, regardless of who they’ve lost. Plus part of their unit has been wounded or killed, there is that loss of identity, there is that loss of stuff, there’s that survival guilt. There’s so much grief and loss that goes around with that.

Brandon extrapolated on the concept of loss from a familial perspective, “Not just the physical loss, but just loss in terms of social networks related to mobility, ambiguous loss while one’s deployed, but I think for me loss would be another one [key concept]. As Daniel reported:

There is a fine line between structure and rigidity, thus civilian counselors must be careful not to move families towards chaos. . . most military members are opinionated about things such as chores, allowance, and rules. Military children are raised to respect elders and not to question authority.

Parenting styles appear to simulate military training. Daniel also shared that when counseling military families, counselors need to “find out what the authority is, who the authority is, how it’s shared between those parents so that their structure is honored in family counseling” to understand how the family functions within the military experience. Counselors can help parents balance rules, authority, and coping by being informed of military culture.

**Resilient families.** Military families have also been characterized by participants as being resilient. Daniel said, “Families are extremely flexible around deployments and training regiments. They’re extremely adaptive around and have learned resiliency skills in advance of those events.” Jimmy and Brandon stressed the importance of military families seeking stability.

As Jimmy shared:

Every branch of active duty, even in relation to veterans, are really defined by a lot of external instability whether that’s deployment schedules, work schedules, or just the names that are put on the military member before the resulting issues from combat, such as PTSD which certainly trigger instability in the family.

The lack of stability within the family unit is often seen playing out in military-connected children. Isaiah calls for school personnel to be involved, thus the need for CES to increase and raise awareness of CITs and SCITs. Brandon said:

Some of the behavioral challenges the children weather and experience based on certain things [mobility, deployment] – they can also have a strong impact on the family in terms of promotion and career of the service member. If one [child] were to act out that can have a detrimental impact on one’s [service member] ability to be promoted so it’s a – it’s a different situation than one in a civilian environment.

Behaviors and actions of each member of the family are a direct representation of the service member. Frank reminds us:

For the most part military kids are very resilient. They have seen a lot of change in their life, they have gone from living within a single-family or single-parent family to dual parent family and back and forth, and with the moves and everything like that they have to get pretty darn flexible. And so for the most part, resiliency is a piece that I see in all military kids.

Familiarity of the military experience and military families can help civilian counselors to understand their role in working with these individuals and families. However, participants informed readers to become familiar with the presence of military subcultures as well.

**Subcultures.** Carleton, Daniel, Evalynn, Frank, Grace, Hope, and Jimmy specifically recalled the existence of subcultures within the military. Participants declared the need to teach military culture to CITs, as well as to increase awareness of subcultures. Frank noted that there is a “predominant culture and then actually all these little subcultures going on.” Grace helped to define what these subcultures were and stated:

There are different subcultures within each branch culture. There is separate unit culture. There is separate officer and enlisted cultures. There is culture within culture, essentially. Talk about the marine aviator community, which is a separate culture as is each ground unit, or other MOS units. Those communities have been adhering to a subculture within the branch culture, within the military culture.

Thus, military culture is divided into subcultures, which exist in each branch, and continue to breakdown from there. Evalynn reported the following on military culture and alluded to the presence of subcultures:

It can be unique depending upon whether they’re active duty, reserve, or veteran but understanding the transient nature of the military, understanding the unique needs of dependents; specifically the children, understanding the ways of military bases, understanding military protocols, understanding that the nature of respect, values, ethics, and morals are a little bit different in the military.

Training missions and service member deployments interrupt family dynamics. Therefore, the second major theme derived from this research question pertains to military culture: the deployment cycle.

### **Deployment Cycle**

Much of the literature focusing on military populations encompasses the deployment cycle. As noted in the literature review, researchers have created models to conceptualize deployment as a physical cycle as well as an emotional cycle. Participants believe that learning key concepts about deployment and the deployment cycle are imperative in order to help individuals understand what to expect, ensuring readiness and resiliency. Additionally, counselor educators can focus on unique experiences of deployment, stressing the importance of how deployment affects family units. Brandon discussed the need for focusing on how service members and their families deal with deployments:

To know what deployment is like and how military families tend to manage the situations is important. Understanding the Reservist and guard element of that is important. People who are a part of military families with any active duty may manage it much differently than those who are part of the guards and reserves, who are still actively engaged in the conflicts abroad.

As Frank stated:

With Afghanistan and Iraq, is it on the first time since World War II that National Guard and the reserve units have been a normal part of the deployment allocation, and that is a significantly different dynamic because the National Guard and reserve people are out in the community. They're not on a base.

Thus, counseling curriculum could benefit from incorporating deployment in terms of the deployment cycle, the emotional deployment cycle, as well as deployment and branch affiliation. Introducing CITs to the deployment process and how deployment affects individuals, families,



and communities is important to understanding military culture. There are two forms of the deployment cycle: physical deployment and emotional deployment. Participants shared key concepts necessary to be aware of in the following section.

**Physical deployment cycle.** The physical deployment cycle is the time in which service members and their families are preparing for deployment and the actual deployment, or time away from home. Isaiah said that the physical deployment cycle addresses predeployment, which focuses on “getting things ready, training, waiting for orders, and then they’re deployed; well, actually they’re sent into the seal, and then sustainment where they’re there for a period of time.”

He continued to say:

The deployments were ongoing, have been ongoing for more than a decade now. And so, this is a generational issue. We’re going to be seeing individuals from this deployment and just this state of affairs in the Middle East, my guess is future deployments as well.

Jimmy explained how military families function:

Every branch of active duty are really defined by external instability, whether that’s deployment schedules, or work schedules, or just the responsibilities that are put on the military member before the resulting issues of combat, such as PTSD and things that become real factors in terms of stability within the family. So, the big thing for family is finding stability. For the clinician, I think it’s facilitating a process to help families in finding that kind of stability.

Daniel provided further detail, “Families are extremely flexible around multiple deployments. They’re extremely adaptive around those and have learned resiliency skills in advance of those events.” Thus, both Jimmy and Daniel refer to the mission-first mentality, where service members fulfill their duties, which come before family. Families then adapt to change, often leading to role changes and altered family dynamics. More specifically, Daniel said:

Multiple PCS [Permanent Change of Station] and the multiple deployments... families are extremely flexible around those. They're extremely adaptive around those and have learned resiliency skills in advance of those events. I'm able to teach the students how to help military culture with resiliency training even before they need the resiliency. Part of the army culture is that they are getting trainings specifically on resilience skills, skills that they need to take home to teach their family, help their family with resiliency ... so resilience is more than topic or a buzzword.

The Army has adopted resiliency training to help service members and families adjust to the demands of military life including physical and emotional cycles of deployment. The emotional deployment cycle operates in conjunction with the physical cycle.

**Emotional cycle of deployment.** Emotional cycles of deployment come with the physical cycles of deployment. Hope discussed how the expectations of deployed service members might affect family units:

It's expected within the leadership that the mission is the priority, and a lot of times they're taught, or specifically encouraged and taught, during deployment to detach from family so that you can survive what you're going to try to go through.

When service members detach to cope, the entire family is affected, and participants reported the emotional cycle of deployment as important material to cover in order to help civilians understand what stressors are present or likely to be present within military families. As Isaiah shared:

I really want them to understand emotional cycle of deployment and that has more of an understanding for us in relation to what kind of stressors are going to be happening with the family. I think traditionally we thought most of the stress is the leading up to them leaving and then them actually leaving. It's like the goodbye, the loss, the grief, and that type of thing, but what they were finding was that because families are dynamic systems; when one person is absent, the system rearranges itself, and individuals take on different roles. So, during the time that individual is overseas or deployed, those roles have changed. They may have become kind of institutionalized. Then, the service member comes back and there's this expectation that things would go back to normal, but what they are starting to use is a term; the new norm or the new normal.

Military families learn that life is not the same after deployment. Grace shared:

What's unique about this population that warrants attention, outside of those [trauma] areas – that's essential is the concept of separation of and reunion. That whole concept of separation and reunion or essentially reunification. Then, I think that makes this [military] population even more challenging. The fact that Mom or Dad goes away, whether it's 6 months, or ten, or twelve months depending on how long the deployment is and the unit's task and preparation is essentially still going on. On one hand you have family intact and then you still have to adjust to new roles while the other parent is away, and then the parent comes back and now we have to readjust and re-coordinate and re-establish norms in our household every time a parent deploys or every time a parent separates. So for me, that is the normal everyday natural stuff that every service member and probably every family member of a service member is gonna deal with, and that's the stuff you want to help make sure students know how to navigate, or you know – the stuff you wanna help the client work through. . .that they sort of know how to normalize those experiences so devising or give them tools to help them through that separation, the reunion, that reintegration.

Additionally, each participant noted the importance of addressing specific branch affiliation. More specifically, branch commitments in terms of deployment. Participants encouraged counselors to understand challenges faced by reservists or guards members. When reserve and guard units are selected to deploy, members are required to leave their civilian jobs and normal routines, and are forced to quickly transition from civilian life to military culture. Thus, the transition process is directly connected to issues surrounding reintegration of reserve and National Guard service members. Moreover, participants encouraged counselors to learn more about reintegration active-duty members experience when transitioning from military life to civilian life.

**Reintegration.** As noted above, reintegration differs depending on what branch of service one is affiliated with. Reservists and Guard members may have been called upon to deploy for six to twelve months, return home, and be expected to go back to their civilian job,

family, and life. While active-duty service members deploy and return to their military installation, where they are immersed in military culture and around others with similar experiences. Half of the participants ( $n = 5$ ) shared the need to focus specifically on reintegration. When any service member deploys, the family experiences stress adjusting to life without that member being physically present. Then, post separation families are expected to re-adjust again. Jimmy shared an example of stress in the reintegration phase:

The real stressor is when the spouse who's stayed home, has figured out a way to manage everything on their own, and then the military member comes back into the life this spouse has created. That is a huge stressor on the spouse, having to sort of give up a lot of that process that they've developed. It's a big stressor on the military member for having to reintegrate back into that environment again.

Each participant mentioned that things do not go back to the way they were predeployment. Participants emphasized the change that occurs, where children get older, spouses may have taken on more responsibilities in regards to finances or household tasks. Counselors can help military members transition back into the family effectively. Isaiah and Jimmy discussed the stress present at reintegration. As Isaiah shared:

Trying to reintegrate that person into the family is where most of the conflict actually occurred and where most of the stress is. Helping them [counselors-in-training] understand the cycle, to be prepared for what that person who's coming into your office and your clinic might be bringing with them helps to conceptualize where they might be and if they're out then they are going to talk about histories or current functioning in relation to, you know, partners, spouse, families, and so forth.

Participants stress that the concepts they suggest all CITs learn should help them to work with military populations and to be cognizant of both the physical cycle and emotional cycle of deployment. Having a basic understanding of the cycle allows counselors to work with clients and create attainable goals while maintaining cultural competence.

## Trauma

Each participant acknowledged the presence of trauma within the military experience. Three out of ten participants reported they would spend the majority of class time focusing on trauma, or introducing topics such as: traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), evidence-based treatments for trauma sanctioned by the VA, substance abuse, grief and loss, or suicide. Three participants noted that they would spent the majority of class time on trauma, but each participant noted the importance of addressing trauma as it relates to military members and families. Carleton said:

At the very least they [CITs] need to understand how the military population is different. I think they need to know that not enough people are talking about this [military culture/populations], but they need to know how to assess and appreciate the differences between TBI and all of the most emotional and behavioral manifestations of that and posttraumatic stress disorder. If I could say there is one thing [to know/learn] it would be that.

Trauma presents itself in military populations in a variety of ways. Hope shared the following, “The concept of grief and loss is present, and I'm not talking about this through death alone. I'm talking about through separations, so loss of camaraderie, loss of identity, loss of status, loss of stature.” Hope discussed concepts of grief and loss, which are present on a daily basis in military families. Daniel chose to focus on specific trauma such as PTSD, suicide rates, and childhood trauma:

We're seeing more and more service members with childhood trauma that experience PTSD as adult service members, and I think that is why we're having a higher PTSD rate, a higher suicide rate because it's a combination of combat PTSD along with childhood trauma and what's really setting them off.

Combat-related traumas affect family. Grace shared:

Those that have dealt with or seen things in combat have shut it off to some point; kind of relearning how to feel, how to have emotion, make a big difference with kind of recovery from all of it. Once you start to try and feel again, tear down a little bit of that wall – service members find themselves having to face some of the other traumas they may have experienced.

Hope noted that various traumas may be present in service members. Jimmy adds to that by sharing an example demonstrating effects of vicarious trauma.

Vicarious trauma has the potential to develop within a session with the individual, but also with the family members. Counselors need to ask themselves how will they address reintegration even two years after or post deployment when so many different layers of trauma are going on during reintegration with the individuals as well within the family dynamic.

Evalynn shared some of what she does with her classes to process trauma:

We look at traumatic brain injury. We look at sexual trauma. We also look at the impact of deployment on both the deployed service member and their families. . . What does the deployment look like? What does reintegration look like for each member of their family? What does this look like and how did it impact them? What are their primary concerns during predeployment, deployment, and post-deployment. Do they have healthy and successful reintegration?

Evalynn facilitates these discussions with her classes because they have been taught the necessary information to understand military culture, deployment cycles, and trauma as it relates to this population. As mentioned above, some participants acknowledge the trauma but choose not to focus on it. When asked about specific skills or techniques Grace responded:

We need to work to identify presenting concerns our clients have. Do some have trauma? Absolutely. Do we have clients that come through with trauma. You bet I do. But I am not shy about saying that I'm really not a trauma expert. . . Again, my beef a little bit is that we kinda lump all veterans into having trauma.

Thus, we can infer that while trauma may present in counseling we cannot assume that each service member has experienced trauma.

## Treating Trauma

Trauma was discussed by each participant. Several participants spoke of trauma from an awareness and diagnostic perspective. Two participants spoke directly of trauma in the family system. Four participants (Carelton, Evalynn, Hope, and Jimmy) spoke to the need for counselors to be aware of the accepted forms of treatment for PTSD sanctioned by the VA to treat trauma. Finally, participants also shared comments on personal styles in counseling military.

Adelaide and Brandon discussed trauma from a teaching and learning perspective. Brandon shared some information as to how CES can provide instruction to help CITs learn how to diagnose PTSD and TBI (traumatic brain injury). Brandon said:

PTSD and TBI is a spectrum disorder so you're going to have you know a different level, mild verse moderate verse severe and so helping people understand how those things manifest in clinical settings via case studies, via videos, via some articles that talk about it umm I think is really important. Then, also the interaction between the two. . . Individuals who have PTSD or traumatic brain injury may have some other form of PTSD based on what the facilitating event was for the traumatic brain injury.

Adelaide concurred with Brandon but shared the need for discussing stigma, "We have to talk about traumatic brain injury, we have to talk about PTSD, we have to talk about stigma of mental health services within the military. All of those types of areas need to be covered." Additionally, Adelaide reminded readers to be cognizant of military sexual trauma and the stigma attached to that as well. Daniel supports CES preparing CITs to counseling military families, but reminds counselors of the following:

Be developmentally appropriate. It's one thing for you to be 20 and experience all the stuff [trauma related to military service] but 30, you handle it better at 30 than you were

at 20. So you gotta be sensitive, developmentally, to what age these people are in accounting for all their tragedy and trauma.

Thus, counselors can be sensitive to developmentally appropriate interventions that correlate to a client's diagnosis. Isaiah shared the need for counselors to gather more information:

If you're trying to really assist the Veterans then you need to understand the environment in which possible trauma or combat stress has occurred. What was that actually like? If you have a better idea going into that before you start meeting with the client then you have a better idea of how to help him or her.

Thus, participants inferred the need for inclusion of military families while teaching CITs how to diagnose and conceptualize each case.

**Evidence-based treatment for PTSD.** Evalynn reported the need to focus specifically on treatment of trauma, "We really spend most of the time talking about the three evidence-base forms of therapy that the VA has recognized: EMDR, prolonged exposure, and cognitive processing therapy." Thus, we can infer that Evalynn tailors her lessons to mirror what is accepted at the VA. Carleton agrees with Evalynn and shared the following:

I'm comfortable with saying at least at the very least, if you're gonna work with veterans – we're talking about PTSD at a rate of let's go at 15%, and there is only two approved evidence-based modalities for PTSD at the VA. There is only two. There's a couple that have been looked at for research – or are preferred research such as EMDR, but have not been approved for actual practice.

Participants seem to emphasize that civilian counselors need to be aware of what the VA is doing and calling best practices if they want to work in that environment. However, if civilian counselors want to counsel military families in the community they may have more options.

**Additional forms of treatment.** Frank acknowledged the VA's evidence-based treatments but disagrees with their practices:



And what they [the VA] are doing now is giving a bag of pills and sending them out the door with a little bit CBT and stuff, again totally inadequate, totally inappropriate and maybe one of these days they'll change again.

Grace did not speak against the VA, but shared some of her current research:

I'm doing some research now on narrative approaches and veterans' respond in narrative and peer to peer approaches. So I think there is other stuff there. I think what we're missing is the large evidence base behind it.

Hope shared:

This particular war has gone on for longer than any other and we have had more reported mental health issues than any other, from our returning service members and veterans. I don't know if we're even going to be able to identify the long-term impact for a long time because we've got to look at not only that service member, but each member of that family and what it's done to them and how we can possibly assist in that. The VA cannot provide services for every veteran. Right now we [the VA] have issues with kind of access to care, people getting in in a timely manner that we're having to improve.

Thus, participants shared that counselors could benefit from learning about deployment cycles and trauma to better understand military culture.

### **Transitioning to Civilian Life**

The final area that emerged as a result of asking participants for key concepts was the need to introduce service member transition. Several major transitions occur when service members transition back to civilian life, such as possible housing relocation, employment, re-establishment of support networks, and creating goals pertaining to work and life. Often, veterans are discharged from service lacking solidified plans. Grace has been counseling veterans for years and shared the following:

I work with a lot of veterans. Transition is something that I would add to a course because I keep noticing this problem. So many folks are like, "Oh, lets hire our vets, lets make these programs for vets, lets place our vets here and there. But I've got

dishonorable vets, vets with other than honorable discharges, I've got veterans who's record wasn't stellar. Would you hire my vets?

Grace's comment targets veterans seeking employment, but more specifically to civilians clumping all veterans together instead of learning who they are as individuals. Furthermore, transition may occur unexpectedly if a service member is injured or discharged for other reasons. Transitioning from military culture to readjusting to civilian life can be difficult. Isaiah concurred with Grace and shared the following, "One thing we don't talk about is that re-acclimation to civilian life, that transition. I think is a key area that needs to be talked about more." Isaiah commented more specifically to the need for research to focus on transition as it pertains to military-connected children and how to advocate for them within the school system.

Adelaide, Brandon, and Grace specifically noted the importance of counselors assisting veterans using their GI Bill and entering higher education. Adelaide shared how veterans transitioning are present in her community:

People come back here all the time and so we really do deal with the veteran population and how the military experience is especially if there's signs of PTSD and traumatic brain injury, and then other medical issues, and how that transition is happening. Specifically, how that acculturation back into civilian life is happening.

Adelaide's statement infuses both acculturation as well as how counselors can assist with coping skills. Evalynn is currently conducting research at her university to help veterans:

We are also looking at how we cannot just focus on their current educational success, but also, in terms of looking at long-term professional and personal success. And as they -- many of them [veterans] start to transition out of military life, learning why they're coming back to school, either they're coming to school before their time in the military comes to an end or they've already been discharged and now they're coming so that they can begin a second career.

Thus, participants agree that helping veterans succeed in higher education is important and CES can play a significant role. Grace shared some specific ways in which she prepares her CITs to help veterans with career success:

I talk a lot about the transition process, I talk about some of the tools that are out there and we do the Strong Interest Inventory and I talk about the military version of the Self-directed Search. So we talk about a lot of tools that are – that are out there.

Grace is actively trying to raise awareness by providing her students with ready to use tools and information. Thus, participants identified five key concepts relevant to learning about military culture: the military experience, deployment, military family structure, trauma, and transition.

#### **Findings of Research Question 4**

*What barriers have Counselor Educators and Supervisors, with extensive knowledge and experience in working with military families, identified and what strategies do they suggest in overcoming obstacles in preparing counselors to work with military populations?*

The fourth research question targeted barriers that CES have identified as well as strategies suggested in overcoming obstacles for inclusion of military populations in counseling curriculum. Four major barriers were identified: *department support, lack of time, lack of infusion, and lack of opportunities*. Following identified themes are ideas solicited to overcome obstacles.

#### **Department Support**

Adelaide, Brandon, Grace, and Isaiah shared instances in which department support is necessary for infusion of military culture within counseling curriculum. Participants discussed barriers to infusion of military culture. Grace reported:

We have really active biases sometimes against military populations. . . .So I think that there's still rhetoric around military populations, but I don't think it's insurmountable. In the counseling world, we need to pay attention to the military population. There might have been some internal rhetoric, but it doesn't matter, they're [military] part of our population, they're part of our client base so it's time to pay attention for them...but I think we still might have, some political pushback but I think it's definitely not insurmountable.

Grace continued to share, "I am aware that they [students] are not necessarily going to specialize with this population, but I want them to have the tools or the resources to get more information should they come across that client or that student." Furthermore, Brandon shared his thoughts on incorporating a military populations elective:

When I feel a little more settled and situated and when I get a handle on the culture of the department, that unspoken protocol, as much as the obvious protocol, then certainly I think that would be something we would revisit. . . . I'm still trying to learn the ropes but the potential for a new elective in relation to it - I would be interested in that.

Adelaide discussed barriers to her moving forward:

The areas I have the most expertise in and where I publish the most are in veterans and their transition into higher education, veteran families, veterans and career, and then and also my new push in research is rape culture within the college age population. I would like to branch into rape culture within the military population, but I'm waiting to get tenure before I go into that area because it's a controversial topic and tenure provides you a little bit of safety that non-tenure does not.

Additionally, Isaiah shared:

[My chair] was very supportive and helped me to get the course [counseling the military] started right away and then everything else was just a matter going out and touching bases with people, and applying it to the advocacy course . . . I know that I can't do everything [referring to advocacy efforts] but having support of your department, I think it's crucial. It's also one of the reasons why I'm leaving [current university] because I don't know that that support is there. [My chair] moved on. . . and now it's [military advocacy] not as supported as it has been.

Thus, these participants shared that of department support or willingness to discuss infusion of military culture is a barrier. Further, participants continued to note that departments focus on addressing standards in curriculum.

### **Time to Address Current Curriculum Standards**

The third barrier derived from this research question is lack of time to infuse new content in existing curriculum due to standards. Six out of ten participants felt that current counseling curriculum demands make it difficult to add additional content. Educators noted feeling limited as to what they can do to include the military populations and content due to lack of time and flexibility within current curriculum. As said by Adelaide, “I think the major barrier is time. There’s so many things that need to be covered in the classes, and even though we’re not CACREP [accredited] we very much use the standards to model our classes.” Grace agreed with Adelaide and stated, “I’m forever feeling like I don’t have enough time.” Adelaide, Brandon, and Grace agreed that time and curriculum constraints are directly linked to the lack of infusion. As Brandon noted:

So much depends on the culture of the department. Constraints on the curriculum is probably the biggest thing. They already have so much other stuff packed into it that there’s no room for another course. There’s so much ‘jammed’ in there that has to be in there to due to CACREP and other types of things that’s hard to find a place for it.

Although Evalynn reported teaching courses on military populations, she also acknowledged constraints on curriculum within certain programs:

I would like to see these military courses become electives for the clinical mental health students. . . I would like to see all students working towards licensure track areas such as marriage and family, professional counseling, mental health counseling take the military elective courses.

Thus, inferring that licensure track programs do not infuse military courses due to curriculum constraints. In addition to curriculum constraints, counselor educators expressed the need to teach content specific to certification or licensure exams. Grace shared the following perspective:

Our students take the CPCE as part of their completion program for the master's program and I feel like I have an obligation to give them as much content that will be on that exam, and quite frankly I don't think that there's military populations on that exam. So, the way that most classes are structured you have a lot to cover and sort through in not a lot of time. In order for us to get our program CACREP approved, and in order for our program to be approved for licensure there really isn't a lot of room for flexibility.

Grace continued to share that the union between counselor preparation and educating students to work with military populations is lacking. She specifically stated:

The disconnect is ironic because ACA and the counseling organizations have made such an effort to get counselor's access to military populations, but there really is a lack of the information pertaining to the military population. So, I think you know the short answer is that the connection is missing. . . And part of that could be that curriculum disconnection. I really don't know exactly what the problem is but it's a problem.

Thus, educators are expected to teach to the current standards, assist students in learning knowledge necessary to pass licensure exams, which appear to differ from professional organizations' push for more counselor access to military populations.

### **CACREP Requirements**

CACREP requirements came up several times throughout interviews, and has been identified as a fourth barrier. While the majority of participants agreed that having standards for counselor preparation, such as CACREP, is a positive thing, participants also alluded to feeling bound by the standards. Adelaide is not currently teaching in a CACREP accredited program but supports standards:

I use the standards to model our classes and to make sure that we're preparing our counselors-in-training to do great work. I think that CACREP is a way to standardize the counseling profession.

However, Adelaide, along with Brandon and Grace agree that curriculum constraints and time restraints are directly linked to the lack of infusion. As Brandon noted:

So much depends on the culture of the department. Constraints on the curriculum is probably the biggest thing. They already have so much other stuff packed into it that there's no room for another course. There's so much 'jammed' in there that has to be in there to due to CACREP and other types of things that's hard to find a place for it.

Frank found a way to facilitate a discussion pertaining to CACREP standards when he talks to his students about managed care. He shared the following:

For most insurance companies, you just have to be an LPC. But for TRICARE they got the requirements that say you have to be from a CACREP program or you have to pass the NCMHCE if you're old like me.

Additionally, Daniel noted the importance of being CACREP accredited and shared the following: "The clinical counseling program is currently working on CACREP accreditation since many of our students want to work in the VA they need to have that – come from a CACREP [master's] program." Thus, in order to provide counseling services to military families who are covered by TRICARE, counselors must be graduates of CACREP programs. Adelaide shared her thoughts on this:

TRICARE thinks that people from CACREP schools are the only people that can see military veterans. And you hit on a very important point but I don't know that you even meant to – and that is that it [current CACREP standards] has nothing to do with someone's ability to see a military family.

However, CACREP has not previously, nor currently has written standards to include military populations. Evalynn shared her personal experience, "My master's in counseling was a

CACREP accredited program, but we didn't talk about military families." Thus, we can infer that graduates of CACREP counseling programs are not better prepared than graduates of non-CACREP counseling programs when it comes to counseling military populations. A second inference is that the lack of CACREP standards addressing military culture or populations in counseling programs is a professional bias stating that counselors' general preparation is enough to effectively work with military culture, and many would disagree.

### **Lack of Inclusion**

The first barrier identified by participants was the lack of inclusion of military populations in counseling curriculum. All participants ( $n = 10$ ) noted that the majority of counselor preparation programs do not include content specific to military populations. Thus, CES lack knowledge of military culture and do not include when preparing CITs to counsel military populations. Lack of inclusion may be detrimental to students hoping to work within a government agency upon graduation.

Each of this study's participants ( $n = 10$ ) acknowledged a need for faculty to be aware of minimum requirements for students to gain access to military populations. Currently, the VA and other government agencies require individuals who provide counseling services to veterans to have had practicum or internship experience within the VA. If CES are unaware of minimum requirements to gain access to military populations, they may inadvertently restrict their students from working with military populations. Carleton further clarified by stating:

Faculty that don't know that you're supposed to have your practicum working with veteran clients in order to get hired by the military, or never made an effort to find a veteran student on campus, might have just assumed that their generalist [counselor] training was sufficient and it's just not.



Each participant noted that counselors have not traditionally been hired by the VA or government agencies (DoD) since most counselor preparation programs do not introduce counseling military families and many counselor educators are not familiar with military culture. Counselors interested in working with military populations have experienced difficulty accessing positions counseling military populations; particularly veterans within the VA. Adelaide offered some insight in the following:

Veterans and military was never a topic or culture that was discussed unless there's a faculty member that is passionate about it - it's just kind of like "Oh, there's this population that we talk about every now and again."

Thus, if CES are not aware of military culture the topic is not discussed. For those CES that are aware of military culture, Grace reminds educators that, "One of the challenges you have as a counselor educator is finding ways to systematically infuse the content into your curriculum." Therefore, lack of infusion denies counselors access or opportunities to work with this population.

### **Lack of Opportunity**

The second barrier derived from this research question is the lack of opportunity counselors have had providing counseling services to military populations, which has not been the same for other mental health professionals. Of this study's ten participants, six indicated a lack of personal counselor preparation thus denying them access to employment in such mental health systems. Additionally, Frank and Isaiah stated that they did not want to work within the VA system, but are very passionate about providing services to military populations. Although the format in which each participant was prepared to work with clients differed, there were

similarities in which each identified reasons for the lack of counselor presence in this population, which are worthwhile to note.

Nine out of the ten participants noted that mental health professionals with a degree in counseling struggle to gain access to positions within the VA. Hope, Adelaide, and Brandon explained very specific details, which negate counselors from being hired. As explained by Adelaide:

It's very hard to get in the VA if you're not a social worker or a psychologist so that was just never really an option, which again is unfortunate because I think our training is just as valuable as social work. I think we are kind of in that mix of social work and psychology.

Hope's shares operating procedures within the VA system:

Each hospital has a director of all social workers within a facility. And they have a little group community within themselves. And they have that with the psychologists. And that's a tough barrier, and you have to really gain leadership support more on a local level because there as so many different best practices or rules or policies that are changed so frequently.

Brandon's experience reflected Hope's comments above:

Within the VA, as well as within the DoD, there are already tracks for people from those disciplines [social work and psychology], and there have been for a while – a long time. There are already things that allow them to operate freely within the DoD as well as the VA if they identify as a psychologist or a social worker.

One of the participants, Evalynn, shared that she earned her master's degree in social work and had a very different experience gaining access to military populations. Evalynn shared the following:

While exploring various internships I learned that the VA offered social workers who were in their final year placement [internship opportunities]. At the time, they did not allow counselors [internship opportunities], and in fact just this year have started opening

up some field work experiences for those getting their master's in counseling. But previously, they didn't allow counselors [to complete internship hours within the VA].

As recent legislative updates allow counselors to provide services to military populations the counseling profession still struggles to gain access. Brandon shares the following:

I think with counseling that's [access] a challenge really at this point because we don't have enough internships in clinical placements to be able to have people do that and not everybody's gonna want to [have internship experience with military populations]. . . I think for me – and for the profession – we're just newer to the game than others [mental health professions]. We need to focus on internships as opposed to just focusing on the ability for people to practice.

Counselor education is a newer profession, historically, and continues to grow. Thus, if counselor preparation programs continue to ignore opportunities to infuse military populations in curriculum access to opportunities will continue to suffer. Participants verbalized efforts to infuse military culture in current curriculum but also voiced struggles to do so.

### **Overcoming Barriers**

#### **Intentional Diversity**

As ACA and CACREP continue to push for multiculturally competent counselors, counselor preparation programs need to be intentionally diverse when hiring faculty members who can bring vast experience and knowledge to their students. For this study in particular, counseling programs could look to hire CES with military experience or military-connected CES. Additionally, CES who are familiar with military culture can intentionally introduce military culture as part of diversity in courses.

Jimmy and Carleton are two study participants who identify as veterans, and shared that they both strive to incorporate their personal military experiences in their professional

experiences (teaching and counseling). The major difference between the two participants is that Carleton does so intentionally while Jimmy had been doing so unintentionally. Jimmy shared the following:

I never really thought hard about how to specifically address these veteran issues in these classes before. I mean it sounds kinda silly to even say that but until I started thinking about it because of your research, it just never really occurred to me. . . I do often use military examples because that's a lot of my practice and it's all based on my personal experience.

Isaiah also identifies as a veteran, and shared how he intentionally introduces military culture to his current students.

What I found was that because very few people even understood that [military culture] they were given basics about the population. I try to relate it [military culture] to things that they [students] were more familiar with. So, there were two individuals in particular, Lynn Hall and David Fenell who were trying to conceptualize working with military population from a multicultural perspective. . . I was a big supporter of that concept so that's a great bridge in talking to students about the military community.

Daniel and Frank share a unique experience in feeling that their educational preparation prepared them to work with military families. Both participants come from a Human Services and Counseling background. Frank's counselor preparation program included military culture due to the members of his cohort all being in the military.

They [the counselor preparation program] specifically targeted the military. And that was back in early 80's back when the military wasn't particularly highly thought of. Actually, it [military culture] just would come up during the discussions. I mean we used regular textbooks like a normal a counseling program, and the instructors that they sent over - none of them had a military background. But during the discussions, since all the students were military, it would go in that direction and the instructors kinda got caught up in it and interested in the topic too.

Daniel shared that he had instructors who were intentional in discussing military populations.

I had good mentors in my doctoral work who helped mentor me in working with military families. When I was working on my doctorate, which was post 9/11, I had people who were sensitive to “a lot of your work that you will be doing is working with military families, that you need to be sensitive and aware of these individuals and families, and this is what you need to know, and here’s some pitfalls to avoid.

Thus, if counseling programs incorporated instances of intentional diversity from the hiring process down to the topics discussed in courses, counseling students could experience more in terms of cultural diversity.

### **Purposeful Advocacy**

Counselor educators can take it up on themselves to become more familiar with military populations and advocate for inclusion of military families in counseling curriculum. As each participant noted that military is a culture of its own, Brandon shared advocacy efforts that can begin by discussing how culture is defined, and shared the following:

I guess it would be within how they [ACA] define culture. I guess maybe there could be somewhat of an acknowledgement of military because of the typical ways in which we define it [culture] as sexual orientation, gender, religious preference, those kinds of things and I’m not even sure how they go about that [defining culture]. . .

Thus, leaders in counseling and CES can advocate for discussion around how the field is defining culture to be inclusive of military culture. Additionally, Evalynn encouraged counselor educators who specialize in military culture and populations to get more involved:

I think it would be helpful if we started to weave this in and even looking for textbooks or maybe even writing textbooks that incorporate chapters or sections of chapters about military and veteran populations. And if we could start adapting that material for our classes and if we were just -- even just start gradually addressing this. And I think helping students to understand that you even if you don’t have a specific interest in working for the VA or for the DoD, but that it’s very likely that you’re going to have some interaction with people who have some military background, were they themselves military members or whether they have a family member that was a military member, we’re all going to interact with these individuals.

Thus, CES who are knowledgeable about military populations can intentionally raise awareness of military culture by seeking to adopt textbooks that incorporate military populations, and conducting research, writing articles, textbooks, or chapters for textbooks inclusive of military populations.

### **Infusion via Collaboration**

As mentioned above, counselors have traditionally lacked opportunities to work in VA hospitals or get internships within VA or government facilities. Since all ( $n = 10$ ) participants agreed that the majority of counseling programs are not currently infusing military populations those who are familiar with military culture can work to educate those who are not. Six participants encouraged counselor educators to add the content to current courses, but cautioned counselor educators to do so without conducting extensive research. Jimmy suggested the following:

I would encourage educators to get in contact with clinicians at the VA facility or a Vet Center. I say this especially because there are VA hospitals, clinics, and Vet Centers almost everywhere in the country and so wherever you [as an instructor] are there is a VA facility somewhere relatively close by with access to those clinicians.

Thus, Jimmy suggested seeking opportunities for collaboration and finding individuals who are currently counseling military populations to inform counselors-in-training of current issues or trends. Frank's perspective differed a little in that he was open to counselor educators infusing military populations in counseling curriculum, but stated:

If they're civilians with little knowledge they need to get smart before they even attempt it. Do your homework. It's not something you want to do hit or miss. Do a lot of reading, talk to a lot of military people, invite veterans into the course room or into the class. Also, prepare them that they may find themselves going to very odd sources for information.

They're going to be during their research outside of just psychology, social work, counseling sources. For instance, they wouldn't know to go to a source like Army [Military] OneSource.

Thus, Frank encourages collaboration as well. Inviting guest speakers to talk about their work with military populations, a military veteran to speak from personal experience or a military-connected family member to share their story will help introduce military culture and may help to identify needs of these families. Additionally, Grace and Adelaide support infusion in the curriculum, but Adelaide suggests the following:

I think there should be standards, and I think that I can do a better job at maybe giving students some more options. Like – here's three different areas that this assignment could cover – pick the one that is most meaningful for you.

And Grace provided encouraging, holistic advice:

Don't re-invent the wheel. Who else is doing something with military populations, some courses have, some schools have particular courses and they're probably willing to share syllabi. A lot of self-education. Spend some time looking at the literature and think about what we need to know. Be willing to go to presentations at conferences. I think educating yourself. Don't start from scratch, don't guess work it. That will be biggest mistake you do. Be discerning about where and what you choose to look at. I think that you can find veterans focused stuff that's very trauma focused, but that's very focused on one aspect of their life experience. So, I would want to make sure that if you're looking for materials look for well-rounded materials. So I want to encourage you or whomever to look for curriculum or content that's representative of the whole service member - that addresses the whole services, the whole project, the whole veteran - not just pathology, not just trauma, not just substance abuse, but the whole veteran, whole military family I guess that would be my advice.

Brandon, Daniel, Evalynn, Hope, and Isaiah have taught military-specific courses or conducted workshops tailored to military populations. Brandon encouraged counselor educators to be practice "patience and persistence." He also said, "Be creative as well! Develop relationships with other organizations, which may not be a VA hospital, but possibly a group serving

Veterans, veterans serving or helping Veterans heal.” Thus, knowing the resources near you will be helpful as you embark on this journey.

Isaiah specifically discussed seeking opportunities to be more involved on your campus. For instance he shared that he sought opportunities to work with veteran students, and created a “chapter of the Student Veterans of America” on his campus. Grace and Isaiah noted the importance of identifying student veterans and military-connected families to help provide necessary services, support, and to build partnerships.

### **Supportive Leadership**

One way to overcome barriers to seek employment where the leadership is involved and supportive. Isaiah shared, “Having the support of your chair and department is crucial.” Isaiah needed the support of his department as he sought out opportunities to create elective courses pertinent to counseling military populations. Additionally, students need to have supportive faculty members and mentors to help them prepare for professional growth. Evalynn shared her experience while still a doctoral student:

I really didn't have as much training as I needed [via her master's in social work proram] to work full-time in mental health, and that's when I decided to pursue a Doctorate in Counselor Education & Supervision so that I can have more knowledge specific to mental health. Through that program, again, there wasn't anything specific to military, but through my dissertation I was able to do that research collaboratively with the Department of Veterans Affairs.

Thus, Evalynn had a chair and a committee who was willing to work beside her in an effort to learn more about Evalynn's area of specialization. CES can collaborate with students who specialize in various areas to be inclusive of culturally diverse populations, to include military.



### **Summary**

The results answer this study's central question: What experiences do Counselor Educators and Supervisors, with extensive knowledge and experience in working with military families, suggest Counselors-in-Training need to have to better understand military culture? The purpose of this study was to attempt to operationalize best practices in counselor education programs when it comes to preparing counselors to work with military populations. The main goal of this study was to find out what counseling programs should be doing to prepare counselors to work with military families, especially deployed families, in military, mental health, and school settings. Participants' responses indicated that Counselor Educators and Supervisors can conduct self-directed searches to learn about military populations. Intentional infusion of military culture and trauma aspects will prove to be a valuable asset in preparing culturally competent counselors. Perhaps Isaiah summed up the need for infusion of military populations in counseling curriculum best. "I see this is as an ongoing area for advocacy and assistance to those of service personnel and their families; that's spouses, children who are in the school, as well as current and former military personnel." Thus, deviation or avoidance of these practices may lead toward a number of consequences that range in type and severity. Chapter 5 further elaborates upon data gathered with discussions, conclusions, and recommendations.

## CHAPTER 5: DISCUSSION

The purpose of this study was to collect data from professionals in the counseling field regarding best practices for infusion of military populations in counselor education. With the data acquired from this study, current and future counselor educators, mental health counselors, school counselors, and other stakeholders may develop and implement culturally responsive service methods, approaches, and strategies to prepare counselors to work with this often overlooked population. An additional goal of this study was to create resources for counselor educators to use to become familiar with working with military culture, which can be discussed in counselor preparation program courses to include counseling military populations in curriculum.

The intent of chapter five is to present implications for the counseling profession and recommendations for inclusion of military populations in counselor preparation programs. In this chapter, I discuss and interpret research findings as they relate to counselor education. Then, I discuss this study's implications and limitations. Finally, I conclude with a summary of the research study and future recommendations for inclusion of military populations in counseling curriculum based the current study's results.

A basic framework for creating best practices emerged as a result of this study. Educators with extensive knowledge and experience in education and counseling military families provided

ideal conditions upon which counselors-in-training can be best prepared to work with clients who are culturally different from themselves. This chapter is divided into a discussion of the findings for each research question. Next, I provide conclusions and recommendations as well as the written and unwritten rules of the military. Then, I provide my personal reflections as a military spouse and researcher where my unique perspective being a counselor educator and military- connected with military as my research area. Finally, implications for the field are discussed.

### **Discussion of the Findings**

This research design incorporated the McCracken (1988) method of the long interview to be significant in the counseling field. Throughout the interview process, I gathered data from educators knowledgeable on the topics of teaching and learning as well as counseling military members, veterans, and their families. In order of my research questions, I discuss what was gained from the interviews. This information is reflective of the common themes that emerged from the data.

### **What CES Programs Can Do to Create Best Practices**

This study identifies what previous literature and educators say CESs need to do to best prepare CITs to work with military families. This study is also the first to seek recommended resources to prepare CITs to work with military populations. Research Question One asked for participants to disclose what they were doing to prepare CITs to work with military populations. Four themes: *redefine culture, intentionally infuse military culture, adhere to ethical obligations, and advocate for military populations*. Additionally, recommended resources were gathered.

**Redefining culture.** Counselor educators need to take a look at how *culture* and *multiculturalism* is defined as well as how it is taught within counseling programs. All study participants noted the importance of the counseling profession identifying the military as a culture. Culture was defined by Sue, Arrendondo, and Davis (1992) as racial, ethnic, and cultural matters, encompassing “other oppressed groups” (p. 477). Sue and colleagues expounded by stating that oppressed groups are identified based on class, orientation, religion, sex, age, and so forth, including women and LGBTQ populations. The military is also considered an oppressed population, lacking attention and support in counseling literature. Counselor educators need to redefine culture and multiculturalism to be inclusive of the military, which is strongly aligned with previous definitions of culture.

Further, the findings of this study indicated a lack of competency in counselors who are not trained to work with military populations or who do not identify military as a culture of its own. Sue and colleagues (1992) reported that the counselor’s world view of clients is linked to historical and current experiences of oppression in the U. S. Study participants indicated the need for counselors to be familiar with military service members and veterans, who come together as individual racial, ethnic, cultural beings who belong to a group in order to gain access to military clients’ worldview. Yet the majority of civilians do not understand the structure of the military nor that it is a culture of its own. Therefore, the lack of attention to military culture in counselor preparation programs appears to be a significant inadequacy in training, which indicates that counselors are not culturally competent when working with military-connected individuals.

Counselor educators need to address the military as a culture and increase awareness, knowledge, and skills of counselors to work with military clients in current courses as it is necessary to know that military clients seeking counseling services are likely to enter with high levels of suspicion pertaining to the counselors' motives. Military service members will most likely display apprehension due to the stoic nature engrained in military culture, and the perception of weakness if seeking help from a counselor. In addition, many service members will have a difficult time expressing emotion. As Jimmy stated,

If a client comes in and [the counselor] said, "let's talk about the fear you experienced, or the horror you saw," Lots of clients would say, "that never happened," or "I was never scared." Because there is a real, cultural reason that people are encouraged not to express their feelings.

In cases when service members attend counseling to help resolve family issues, the service member may completely shut down, as often fear emulates disclosure. Service members are hesitant and doubt counselors' ethics regarding confidentiality as personal information and diagnoses (both medical and mental health) can and do impact service members' careers, promotions, and assigned duties.

Additionally, it is important for counselors to know that service members may be struggling with some of the various atrocities experienced overseas. Counselors have to handle these situations delicately. For example, service members may be dealing with the internal struggle of having to follow orders given during combat that go against personal beliefs. Because service members are not to question authority and must act as directed, following chain of command, they must follow through on orders as part of their duty to the mission. This type of

directive goes against basic counseling beliefs, where counselors encourage clients to express individuality. If counselors do not understand the basics of military culture they will not earn the respect of service member clients. Therefore, counselor educators must prepare civilian counselors to be familiar with the culture and expectations of the military.

Sue and colleagues (1992) reported that, “All of us have a responsibility in understanding the political forces and events that affect not only our personal but professional lives as well” (p. 479). This quote is particularly poignant as it serves to remind counselors of their obligation to be responsible for knowing how the military has changed since the Global War on Terror began, and what military-connected clients may be dealing with as a result. The findings from this study strongly supported the notion for counselor educators to understand the connection between counselor education training programs and the military. Counselors need to have an understanding of how in depth the military experience is for people, as well as how some of the common elements of the military experience affect people. Civilians may tend to view the military as an occupation, but joining the military is more than just a job; it is a culture, and within that culture various moral and values are deeply embedded. For example, the military has a specific rank structure and members are surrounded by shared values and shared customs in every aspect of their lives. Therefore, counselor educators can teach CITs about military culture by embedding it in almost all of their work. Thus, true integration is necessary for civilians to have an understanding of military-specific shared values, the stress experienced, family members’ roles, and constant mobility. Once counselors understand the very basics of military

culture, then they may be better able to help military-connected families with various transitions in addition to helping the children with challenges experienced.

A beginning recommendation for redefining culture is to create a clear and concise definition of military culture, which has not been done. Therefore, participants suggested counselors have exposure to military history, values of collectivism and camaraderie, norms, and expected behaviors that distinguish military culture from civilian world. Specifically, counseling curriculum should integrate or focus on the organizational structure of the Department of Defense (DoD), organizational structure of individual branches, military language/acronyms, rank -- officer and enlisted, as well as ideology behind training. Military service members are required to learn specific terminology upon entering military training and since rank and use of acronyms is one of the largest differences between civilians and military service members it is important for civilian counselors to develop some understanding. Moreover, this study indicated that civilian counselors must also be familiar with service members' dedication to live by honor, duty, and commitment to the mission as these values differ significantly from civilian culture. Participants with military experience or participants who identified as being military-connected were most familiar with military culture, but all participants shared the importance of being familiar with the literature. Thus, this study revealed intentional infusion of military culture in counseling curriculum as best practice.

Finally, a fear among the principal investigator is that counseling programs will continue to see and teach culture and multiculturalism as race, ethnicity, LGBTQ issues, and perhaps make haphazard efforts to include military in the definition of culture. However, without a strong

conceptual framework, which ideally would be linked to specific competencies, the definition and approach to culture will remain the same, excluding military culture. Therefore, I am issuing a call for action to create best practices where counseling preparation programs implement military culture in counseling training and deem it necessary to working with military populations.

**Intentional infusion.** Currently, culture and multiculturalism are taught as part of counseling curricula, typically presented in a diversity course and woven throughout curricula. Several participants indicated that military culture should also be infused across all courses, although other participants stated that programs need to become much more intentional in addressing military culture in a multicultural or diversity course. A third option discussed by participants was the need to create a course (or courses) specific to military culture and counseling military populations. The third option appeared to be happening on campuses near military installations or on campuses with a large military student body.

Approximately half of the study participants reported that inclusion of military culture in counseling curriculum will only occur if the profession is required to meet standards or competencies, which also means that current constraints on curriculum and standards need to be addressed. Perhaps the biggest issues is that programs are required to pack so much content into each course to meet necessary requirements that there is no time to add additional content. Further, these same study participants voiced significant concern regarding the lack of counseling standards addressing the military since other mental health professionals, such as social workers and psychologists, have standards and competencies pertaining to military



populations. Until standards or competencies are written enforcing counselor preparation programs to incorporate military culture, intentional infusion is not likely to occur. And further, specific elective courses are even less likely to happen. However, if standards and competencies are created, then counselor preparation programs may look to create military-specific courses to adhere to the standards. Currently, counselor education does not have standards addressing military culture. Therefore, counselor educators can intentionally infuse military culture in discussions on culture and diversity.

Intentional infusion of military culture in counseling curricula allows each counselor-in-training to be exposed to the military experience. Intentional integration of the military experience insures CITs receive an introduction to the topic and culture, which may be particularly meaningful to CITs who may not even be aware that the military is a population they are interested in working with. Therefore, some exposure to military culture and an introduction to the reality that each of us may end up working with a service member, a veteran, or a military-connected person is necessary so that counselors have some understanding of what it might be like to work with that population, even if the CITs do not see the military population as one they are strongly motivated to work with.

Further, intentional integration was supported by multiple participants, who shared that counselor preparation programs located in closer proximity to military installations appear to be more open to creating courses on counseling the military in order to meet the needs of the community (who are directly impacted by the GWOT), and who constantly experience the deployment cycle, whereas training programs located further from military installations appear

less ready to address the impact of military culture as it is not directly impacting the surrounding communities. Nevertheless, all counselors are likely to provide services to individuals who are military-connected, even if they are not located near a military installation, since we know one third of the U. S. population is military-connected.

Overwhelmingly, participants shared that they confronted a lack of intentionality in preparing CITs to address military populations. This study identified the importance of integrating core content specific to military populations in counseling curriculum. Previous research (The Rand Corporation, 2008) indicated active-duty military members, veterans, and military-connected families are in need of mental health services. Therefore, counselor education can bridge the gap between those in need of mental health counseling services and create opportunities for counselors to work with military-connected populations by supporting efforts to intentionally infuse curricula on military culture. CESs can intentionally infuse relevant policies and supportive statements from professional counseling organizations pertaining to military populations. For example, several participants noted the importance of CESs being informed about The National Defense Authorization Act of 2013, indicating which mental health professionals are sanctioned to work with military members and veterans. The National Board for Certified Counselors (NBCC), in conjunction with other coalitions, advocated for mental health counselors to be included in providing services to military personnel and veterans (NBCC, 2014). These specific advocacy efforts need to be discussed and processed in counselor preparation courses so that counselors are informed. Legislation has approved licensed counselors to provide services to service members, veterans, and their families; and the National

Board for Certified Counselors believes counselors should be able to provide services to military members, veterans, and their families. However, disparities exist between current policy and counselor practice. The Rand Corporation (2008) recognized these incongruences, noting that veterans have limited options when it comes to mental health and encouraged counseling curricula to include military populations. Thus, the current research supports intentional infusion over military-specific elective courses as elective courses limit exposure of the military culture to those who have a specific interest in working with the military. If counselors would like to specialize in counseling the military, then additional courses may be considered.

Infusion of military populations in counseling curriculum will increase counselor familiarity with military culture, a crucial factor for many military-connected individuals seeking services. Civilian counselors unfamiliar with military culture may be viewed as less viable options for military-connected members. Thus, the need to include training on counseling military members, veterans, and military-connected families in counselor education is evident; else the ability of students to work with this population is limited. Counselor educators who choose to infuse military populations in counseling curriculum and acknowledge the gap between knowledge and services can prepare current and future licensed counselors, school counselors, career counselors, and those in higher education with the necessary tools to use, enhance, and pass on acquired knowledge.

Intentional infusion requires CESs to gather integrative case studies for classes to discuss, build collaborative partnerships with local VHA or vet centers, and extending invitations for guest speakers to come in and share stories with classes pertaining to some of the presenting

problems, current treatment procedures, and what it is like working with military-connected individuals and families. Therefore, study participants suggested various options for intentional infusion which take the pressure off CESs to learn and become experts on military culture themselves. Additionally, participant statements supported literature on this topic (Fenell, 2008; Hall, 2008) by saying that curricula should include specific units on diagnosing military members, as diagnosis is different from civilian clients, particularly combat veterans. For example, military culture designates that military service personnel do not talk about feelings or emotions. Thus, when in session it is not uncommon for service members to remain stoic. Civilian counselors unfamiliar with military culture may assume compartment as symptomology and misdiagnose based on perception. Further, lack of emotional disclosure may lead to compounded issues in the family system, and counselors need to remain patient in learning how each family operates before introducing interventions. Counselor training programs also need to teach CITs how to assess for traumatic brain injury (TBI), emotional and behavioral manifestations of TBI, and learn how to appreciate the differences between TBI and posttraumatic stress disorder (PTSD) before assuming that our service members are all suffering from trauma responses.

Civilian counselors should also be familiar with relevant statistics such as National Defense and Authorization Acts, which authorize appropriations for the DoD. CESs can intentionally infuse discussion, case scenarios, and in depth discussion on specific interventions sanctioned by the VA to treat trauma, and also focus on how counselors can help military families with reintegration (from a developmental, wellness perspective). Further, CESs need to

become familiar with requirements for counselors who are interested in securing positions within the VA. The VA prefers to hire counselors who have had practicum or internship experiences within a VA setting/location, and if CITs are unaware of this preference they may not know to seek an internship placement within the VA.

Intentional infusion consists of counselor educators establishing collaborative partnerships with community entities connected to the military. CESs can insure infusion of military culture and content in courses by inviting guest speakers from the Red Cross, Vet Centers, and Veterans Administration Centers. Individuals can speak to military culture and current service members' presenting issues. Additionally, counselor educators can advocate for intentional infusion by seeking grant or funding opportunities to enhance education of counselors within communities. Further, CESs can advocate for infusion of military populations within state organizations' sponsored workshops and trainings to bridge the existing gap between veterans struggling and counselors ill prepared to work with them.

Counselor preparation programs are slowly recognizing the need to incorporate military populations. Professional associations have intentionally sought workshops, presentations, and content sessions at local, regional, and national conferences. Further, several CES programs have adopted course objectives relating to military culture, and several programs currently offer elective courses on various aspects of counseling the military. I can only hope that as professional organizations continue to move towards incorporating professional development opportunities for counselors on military culture more preparation programs seek to intentionally infuse content related to counseling the military.

**Ethical obligations.** Counselors are ethically obligated to abide by the ACA *Code of Ethics* (2014), which states counselors promote social justice, serve as advocates, and provide equitable services to all in effort to end oppression and injustice (ACA, 2014). Of the current service members, veterans, and military family members seeking counseling services, opportunities to find qualified licensed counselors is limited and often leads to negative outcomes due to lack of counselor awareness. Thus, service members willing to seek services report having poor or bad experiences, do not follow through or continue, and end up struggling without professional help. Counselor preparation programs are not addressing military culture in curriculum, and therefore counselors enter the field ill prepared to work with this population.

All study participants noted the importance of informing current and future counselors of issues faced by active-duty service members, veterans, and their families. However, several participants reiterated the need to focus on the ethical obligation to provide services to all. As Korman (1974) said, “The provision of professional services to persons of culturally diverse backgrounds by persons not competent in understanding and providing professional services to such groups shall be considered unethical” (p. 105). Today, over forty years later, the ACA Code of Ethics (2014) continues to guide counselors’ work. Ethical codes are revised as part of the natural development of the profession, and counselors are being called to protect the welfare of clients and educate others on sound ethical conduct (Herlihy & Corey, 2015). Additionally, professional ethics are put in place to insure that counselors honor diversity and cultural contexts, and practice in competent and ethical manners. Thus, counselors need to be introduced or seek specific training to be deemed competent in working with military populations. If the

counseling profession continues to ignore the need to create standards which call for infusion of military culture in preparation programs, the field runs the risk of engaging in cultural oppression, allowing counselors to practice unethically, and assume liability for potentially doing harm to clients. Further, without a commitment to ethical standards, competencies, and accreditation criteria efforts to include military culture will likely remain lip service, and counselors unaware of the basis for differences are likely to attribute negative consequences.

Data from this research supported the notion that counselor educators not only have an ethical obligation to learn about and teach military culture to CITs but to also implement the ethics behind appropriate and accurate symptom identification, diagnosis, and applicable treatment goals, which would be unique to this population. In order for CITs to learn how to do this, CESs can review ethical obligations, reflect on personal biases, and adhere to multicultural competencies. Additionally, Everson and Figley (2011) stressed the importance of clinicians understanding the vast differences of service members involved in current conflicts before engaging in the counseling process. Military service personnel who have served during the GWOT and those who are currently serving are experiencing life vastly different from service members of years past. Current conflicts (as in those that have been going on for fourteen years) have required service members to participate in multiple deployments for extended periods of time. Families have learned to live a new version of normal where their loved one/service member fluctuates between the reintegration and predeployment stages of the cycle. Families have learned to adapt to alternative familial roles, perhaps more frequent mobility to live with extended family members for more support, and the emotional rollercoaster that comes with

reintegration post deployment. This data supports Everson and Camp (2011) informing counselors that in order to operate ethically, they must first understand the specific dynamics of current military families and current conflict stressors, they can begin implementation of specific techniques and creation of action plans can take place.

In addition, questions continue to remain as to whether or not counselors can fulfill positions within the VA despite recent efforts to do so. Counselors continue to be seen as unprepared to work within a VA setting because counselor preparation programs lack content specific to military culture. Furthermore, manuscripts and professional literature on counseling the military is missing from much of counseling specific literature. Military culture and core competencies for healthcare professionals pertaining to military families have traditionally been housed in psychology and social work literature. For example, the Center for Deployment Psychology offers providers various resources to assist in their work with military families, and health care professionals working within a VA setting are asked to reflect on the Culturally Competent Behaviors Checklist, which stresses the importance of care, understanding, and respect for military families. The checklist also functions to inform clinicians how to make informed assessments of military members and how to provide informed treatment or support. The counseling profession has yet to publish anything like this. Therefore, counselors are seen as ill prepared and unaware of the ethical consequences of counseling the military without adequate knowledge. The National Association of Social Workers (2012) identified 12 specific standards for social workers providing services to active-duty military members, veterans, and their families. The field of social work has spent time learning how to best provide services to military



members, veterans, and families and creates documents to assist non-military social workers with pertinent information, such as military facts, which provides information general overview of each branch as well as detailed information pertaining to each specific branch. Therefore, the DoD and the VA are confident that those mental health practitioners are better suited for positions counseling the military.

The field of counselor education has been lacking in terms of involvement needed to gain access to military populations. In order to keep up with other mental health professions, and to respond to research and legal policies suggesting counselor preparation programs infuse military culture, counselor education needs to review ethical obligations, write cultural standards/competencies, and explore new methods of including social and cultural issues containing military culture. Data from this study suggested that ethical compliance means that counselors have some knowledge and the skills necessary to work with this population. Interviewees with an expertise in military culture overwhelmingly suggested that counselor educators can bridge this gap by being intentionally aware of materials incorporated in current courses.

**Advocacy.** Advocacy emerged as a main theme in this study. Participants shared various aspects of necessary advocacy if the counseling profession continues to move in the direction of supporting efforts to counsel military populations. First, counselors need to advocate for proper preparation, continuing education, and professional development opportunities so that they are prepared to provide counseling services to military service members, veterans, and their families, which includes advocating for intentional infusion of this population in counseling curriculum.

Second, counselors need to advocate for positions within the DoD and VA settings. Third, counselors need to advocate for equitable services for military service members, veterans, and their families. Finally, counselors and counselor educators can advocate for the incorporation of military populations in counseling literature.

The majority of counselors are unaware that they are ill prepared to work with military populations as master's level training programs prepare counselors to work in the field. Counselors often end up specializing in specific areas post-graduation. However, the majority of training programs do not provide an introduction to military culture, which is necessary in working with military populations. Therefore, this study supports efforts in informing CITs and counseling professionals that they need additional training prior to working with military service members, veterans, and their families. Then, counselors can advocate for training programs, professional organizations, and accreditation bodies to incorporate necessary content in training programs.

Further, participants supported Wood and colleagues (2012) call for advocacy efforts by reporting that counselors can lobby for new policies and standards to assist families during transitions, teach coping skills, and help aid the reintegration process. As various articles have stated, collaborative partnerships between counselors and educational institutions are necessary in order to decrease the number of at-risk military-connected children by paying particular attention to academic struggles and social emotional barriers (Camacho, 2007; Everson & Figley, 2011; Park, 2011). Counselor specific competencies and standards would help to unite counselor preparation foci, thus calling for more CESs to be aware of the needs of service members and

their families. If competencies and standards are not written, individuals entering counselor preparation programs may continue to be unaware that their training is not adequate for counseling the military. The National Defense Authorization Act 2013 allows counselors to provide services to military service members and their families. However, the majority of positions within the DoD and VA still belong to psychologists and social workers. Therefore, counselors also need to advocate for their presence within the DoD and VA.

The DoD and VA recognize the need for mental health counselors; however, they are hesitant to hire counselors due to the lack of military presence in counseling curricula, standards, and competencies. For example, during a conversation with a colleague several months ago, I learned that there were 13 positions posted to USAjobs.gov for professional counselors. Yet there were more than 300 for psychologists (specifically psychologists to perform psychotherapeutic services). I just conducted the same search and there are six positions for licensed professional counselors and nearly 180 total for psychologists and social workers, which suggests that the VA is less willing to hire licensed counselors. Further, if hiring managers continue to favor psychologists or social workers they can consistently say that counselors do not work with military service members or veterans and there is no need to hire them, which also indicates that the counseling profession has not done enough advocacy to prove to the DoD and VA that counselors are prepared to work with military service members, veterans, and their families. Perhaps that is because counseling training programs provide adequate training in basic counseling skills while omitting content specific to military culture. However, if counselors seek

additional training in counseling the military, advocacy efforts to be hired for positions within the Veterans Administration should be made priority.

Counselors need to advocate for equitable services for military service members, veterans, and military-connected individuals. Advocating for unfamiliar populations is difficult, which also indicates a strong need to raise awareness of this oppressed population to counseling professionals. Once counselors are informed of the injustices associated with the lack of mental health care military service members, veterans, and their families receive they can fight for social justice on behalf of military populations. For example, counselor educators can serve as department liaisons at Veteran Student Association meetings, start a Student Veteran Association on your campus, and/ or attend meetings on campus pertaining to veteran students to assist with the transition to higher education while concurrently reducing stigma associated with seeking counseling services. Counselor educators can also encourage colleagues to seek additional training opportunities to learn about military culture and approaches to working with military and veteran students or clients.

Finally, the results of this study supported intentional advocacy efforts focused on the infusion of military culture and populations in professional counseling literature. Participants noted that much of the information and professional literature on military families is written and published in psychology and social work journals. Counselors bring a unique perspective to the counseling process. Thus, current CESs or counselors working with military-connected individuals and families need to begin publishing professional manuscripts and textbooks to support the change and growth model of counselors who focus wellness and are developmentally

focused. Once the counseling profession has literature documenting the work being done with military service members, veterans, and military-connected individuals, the VA and DoD will see that counselors are adequately trained and employ skills and knowledge necessary to work with active-duty service members, veterans, and their families.

### **Key Experiences**

The second research question asked for key experiences CESs could introduce to CITs to better understand military populations. Data from this research supports the use of in-depth discussion and personal reflection as necessary in introducing military culture and military populations to CITs. Use of narratives, personal storytelling, and lived experiences reportedly helped CITs learn about military populations. Guest speakers were utilized to discuss military culture as well as current presenting problems and interventions. Additionally, participants reported assignment both reading and writing assignments focusing on military culture and the counselor's unique role/perspective. Reflecting on the findings, it appears as though participants were implementing constructivist pedagogy in their classrooms to help CITs process active biases and co-construct meaning of military-specific case examples.

Constructivist principles and theory are utilized across counseling classes. Constructivist theory supports the idea that individuals construct their own understanding and knowledge of the world through their experiences (McAuliffe & Eriksen, 2011). A crucial concept to constructivist theory is reflecting on experiences and co-constructing new meaning. For example, CESs can use constructivist principles in current courses by incorporating military experiences. CESs may ask CITs to discuss narrative therapy, and how specific treatments may or may not be helpful in

treating individuals from the military. Further, CESs can utilize Socratic questioning to explore complex ideas as they relate to the military experience. Socratic questioning can also be used to keep CITs engaged in the learning process as the class uncovers personal biases and beliefs about the military as a population.

Participants shared instances in which they adopted constructivist approaches to challenge audience members or students to reflect on personal biases and experiences. Data from participant interviews appeared to support the infusion of constructivist teaching strategies, as they described creating safe learning environments and facilitating experiences necessary to working with military populations. Essentially, participants shared moments when they made the classroom come alive. Additionally, interviewees strongly recommended similar techniques be adopted when teaching about the military as with any other course. Students should begin by reading material pertaining to military culture, engaging in assignments and classroom activities. More specifically, activities were created so that CITs can experience what counseling the military may look like or feel like. CESs can bring in case examples or guest speakers to share specific struggles. Often participants noted the importance of using video clips to show military members or veterans speaking of their struggles. If possible, CESs can set up tours of military bases or hospitals. Finally, CESs can work to create collaborative partnerships with local VA hospitals or vet centers. Participants reinforced the importance of leaning on community supports and resources to help bridge the gap.

Many study participants shared stories that they use in the classroom based on their personal or professional experiences working with military service members, veterans, or as

military-connected family members. Participant use of story-telling helps CITs make deeper connections to the material. Further, constructivist educators use various techniques to assist CITs in gathering and processing information pertaining to new or diverse populations, and concurrently invite CITs to provide input and insight learning experiences. Constructivist pedagogy is necessary when learning about new or diverse cultures because part of the learning process is emersion in the material to experience what it may be like to be a part of a different culture. Therefore, the learning process becomes learner-centered and CITs initiate and facilitate the learning process (Smith, 2010). Constructivist teaching methods involve active participation and openness to social co-construction, questioning, evaluating, and invention of information by both educators and students, which is ideal when introducing CITs to new cultural perspectives (Giroux, 1992; Jaeger & Lauritzen, 1992).

Counselor educators encourage CITs to participate in self-reflection and examination of biases. By embracing constructivist teaching pedagogy, CESs create environments where CITs can speak openly and discuss thoughts, concerns, stereotypes, and issues related to counseling military service members, veterans, and their families.

### **Key Concepts**

The third research question asked for key concepts to include when discussing military populations. However, questions remain as to whether counselors are prepared to effectively provide services to this population. Participants provided perspectives of respective knowledge on key concepts and shared that CITs need to be introduced to the military experience, deployment cycle, trauma, and reintegration.

**The military experience.** In order for counselors to effectively work with military-connected clients, participants supported Schmuldt and colleagues' (2013) suggestion to learn and be informed of the basic aspects of the military experience since those concepts directly impact service members and their families. Therefore, to understand military culture, counselors must understand foundations of basic military training, which is where service members first learn of expected beliefs of commitment, honor, courage, integrity, teamwork, mental toughness, and respect for the military and the U.S. come first. For example, civilians need to know that each component of the basic training process serves a purpose, and each member plays a very specific, integral role and recruits are an intricate part of their unit. Civilians also need to know that service members do not question their chain of command or question orders, rather the expectation is to follow through with each directive. Being mindful of this information is necessary in creating deeper connections with military clients and understanding how one operates within military culture.

Participant suggestions to understand the military experience are supported by literature stating civilian counselors need to learn the organizational structure and history of the military as these components are crucial to understanding the nature of respect as well as its values, ethics, norms, morals, and expectations, which are not necessarily present in civilian communities. For example, the National Association for Social Work (2012) calls for social workers to understand the unique differences between civilian and military culture and provides essential documents to help social workers be best prepared to work with military service members, veterans, and their families. Participants also supported the literature stating that civilian counselors need to know



the unique differences of military communities as compared to civilian communities such as the concept of duty before family.

Military-connected families struggle through difficult trials due to the rigorous expectations that come with giving your life to the military and cultural differences could intrude on the process if civilian counselors are unaware that the duty to the mission comes before the family. For example, as the spouse of a military veteran, I experienced first-hand coming second to the mission. Counselors need to understand that clients in the military or recently discharged veterans are going to put their job and duty first, above family and personal wellness as that is their creed. This mission first mentality creates much conflict, which most civilians are unaware of. For instance, my husband and I struggled immensely when he chose to separate from the military, as he experienced the transition to civilian work ethic and different values. He often speaks of his military career being so meaningful that his work (training recruits) will live on for years to come. He struggled to find meaning for a long time, which in turn affected our family environment. Counselors need to be aware of the cultural differences when working with military populations as simple problems are often much more complex beneath the surface. Additionally, counselors could help spouses marrying into the military as they may experience extreme dissonance thinking the spouse comes first and then work.

Military-connected families often disclose issues related to transitions, mobility, financial disparity, alcohol abuse, physical and emotional violence, and abusive relationships, and civilian counselors need to be ready to address these issues from a military cultural perspective. Further, service members often hold a belief that family and relationships issues may not need to be

addressed as stoicism is engrained from day one of training. Civilian counselors need to be aware of these cultural differences in order to truly help families and also to not assume cultural norms.

**Deployment cycle.** As participants of this study indicated, the deployment cycle has become one of the most important aspects of military culture, and learning about the deployment cycle is crucial to civilian counselors' understanding of the military experience. Participants informed readers that current military service members are spending much more time in the deployment cycle than years past. Participants reinforced Houppert (2005b) in saying that the current conflicts have lasted over 14 years, meaning that many military families do not know life before multiple deployments. More specifically, deployments have increased more than 300%, which is why participants of this study deemed it necessary for counselors to learn about military culture and answer the call to help families experiencing stress, deployment, and mental health concerns. Therefore, it is important for counselors to be aware of the addition of the predeployment cycle as it is a newer concept which emerged as a result of the conflicts occurring in the Middle East. Predeployment is the time when military families spend getting paperwork (financial and legal documents) completed. Service members may be called away from the family for specific training that needs to occur prior to the actual deployment, and others may be waiting for orders. Therefore, families find themselves stuck between reintegration and deployment, causing familial conflicts. Civilian counselors need to be aware of the deployment cycle and the impact recent conflicts have had on family units in order to help.

Further, counselors need to be aware of complex transitions and challenges military families confront, such as combat injury, death, trauma, and the change that occurs when

immersed in military culture. Counselors who understand the deployment cycle and can speak about the military experience will earn the trust of military service members, veterans, and family members. For example, service members may challenge counselors to see how much they truly understand about the military. Counselors who have a basic understanding are likely to build rapport with military clients, and can use that rapport to address challenges, issues, and changes that occur when service members deploy. Additionally, counselors who are aware of the deployment cycle can work with families to prepare, adjust, and readjust when member roles shift. The reintegration component of the deployment cycle can be extremely challenging, but counselors can be integral when it comes to reintroducing the military person back into the family system effectively. Last, counselors need to be aware of the systemic support in place during deployment versus service members' experiences at home. For example, service members are cohesive while deployed and feel withdrawn upon returning home. Service members are accountable for their part of each mission, but appear to be controlling once returning home. Aggression is targeted and acceptable behavior when deployed but inappropriate at home, which often leads to anger and detachment from family and love ones. Counselors need to be aware of the difference in skill sets used when deployed versus how those skills are utilized at home and during interactions with others.

**The presence of trauma.** In order to effectively help military families, counselors need to understand how the presence of trauma affects the military. Each participant recognized the role of trauma in military families. Approximately half of the participants noted that counselor educators should focus on the impact of trauma in preparation programs. Sarno (2014) suggested

that a significant portion of service members experienced trauma prior to enlisting in the military. Therefore, it would behoove counselors to be aware of that statistic as current struggles could be exacerbated by previous traumatic instances. The influx of trauma in military service members may possibly be linked to the increased number of service member suicides (Sarno, 2014), which further justifies the need for counselors to be familiar with trauma and military culture. Counselors unfamiliar with the impact of trauma on those who are military-connected may miss significant warning signs, and since service members tend not to openly share their struggles counselors may remain aloof to the help clients need. Additional problems occur when service members return home and choose to separate from the service.

Civilian counselors also need to be familiar with the likelihood that service members experience intense combat attacks, grief, and loss. Military members often internalize feelings associated with grief and trauma, which can lead to complex issues. The National Military Family Association (2014) reported a profound need for professional counselors. When service members and units are deployed to active combat zones, they are under fire and suffer from casualties. While reintegration into civilian life and society appears to be happening on the outside, many service members struggle to find solace. Service members and veterans are unable to process what they saw, experienced, what they did or did not do, and find they are re-living the agonies of war. The government currently acknowledges the increase in suicides, but they have yet to figure out who is at higher risk or how to best help those in need. Service members are bringing home complex issues, which cannot simply be categorized as PTSD. With the long wait

times, uninformed therapists, and overreliance on medication management, counselors (well-prepared counselors) may be just what the VA needs.

Furthermore, civilian counselors need to be mindful that family members often experience secondary traumatic responses when loved ones are struggling as a result of their duty. Counselors will be called upon to help monitor traumatic responses, teach coping skills, and to be a sounding board to help process service member's thoughts. As Waliski and Kirchener (2013) reported, the long-term effects on mental illness resulting from multiple deployments are not yet known, but counselors certainly may benefit from learning specifics related to the reintegration process and separation from the military.

**Reintegration.** Counselor preparation programs discuss transition and change, but participants stressed the importance of introducing transition and change as it pertains to the military experience. Transitioning from military life to civilian life can be difficult. Participants supported the literature stating that service members disclose difficulties adjusting to the civilian world, culture, and post-military work environments. Therefore, the results of this study indicate that CESs can assist by preparing CITs to create identification procedures and increase awareness of military populations, military culture, deployment cycles, reintegration, and transition from military life to civilian life.

Participant comments specifically mentioned stress reactions that occur during reintegration, which also supports Beier and Sienrukos (2013) where stress may interfere with trust and emotional disconnection from partners. For example, veterans experiencing the reintegration phase may exhibit a low frustration tolerance, which can cause conflict within

family units. Further, this study indicated the importance of learning that service members often struggle socially, emotionally, in familial roles, with spiritually, and economically so that counselors can be prepared to seek pertinent information. Basically, counselors can help service members overcome alienation, shift from simplicity to complexity, replace the high that comes from being at war, find new meaning in life, and come to peace with self, God, and others. Counselors who are aware of common struggles in the reintegration phase can appropriately explore life's challenges and implement applicable interventions tailored to meet the needs of each family. For example, counselors may choose to explore the least emotionally charged identified problem as a way to slowly work to resolve one problem by focusing on client strengths and ability to overcome obstacles. Choosing to focus on strengths and client growth from a wellness perspective is vastly different from other forms of treatment military clients may have been subjected to.

### **Identified Barriers**

Research Question Four asked participants to identify barriers to inclusion of military populations in counseling curriculum as well as potential ways counselor educators may overcome identified barriers. Many of the participants of this study identified barriers that prohibit infusion of military culture in counseling curriculum. Identified barriers heavily influenced the development of CITs as well as the counseling profession as core principles of the counseling profession emphasize development of and maintenance of professional identity and ethical responsibilities that promote diversity, equity, and advocacy for all (ACA, 2014). However, since the counseling profession has not identified competencies or standards to address

counselor knowledge of military culture providing equitable services is challenging. The barriers professed by most of the participants in this study demonstrated an overwhelming lack of counselor identity within the VA system.

Participants reported barriers such as lack of department support to include military culture and lack of time and opportunities for intentional infusion. Each of these barriers can be overcome once CESs are knowledgeable about cultural differences that exist between the military and civilian life. Many educators feel as though they do not have enough time to teach additional topics as they have to adhere to CACREP standards. Further, participants noted counseling courses are created with specific objectives in mind. In order to properly prepare CITs, counselor educators must provide material to produce ethically sound, culturally-cognizant counselors. In order to bridge the gap between military culture and counseling, CESs can inform CITs of the differences in culture and how that affects the counseling process and treatment.

There are several vast differences between military culture and civilian culture, which can be easily infused in current counseling courses. For example, when CESs teach CITs how to write smart goals, a discussion can be had on helping military populations process and pursue individual goals and interests rather than collectivistic goals. Additionally, CESs can hold in depth conversations on role identity, group dynamics and achievement versus individual achievement, emotional expression, and concepts of shame and guilt when it comes to failure of a group or individual failure. CESs can seek departmental support by informing colleagues of the importance of infusing military culture and sharing ways in which they are currently choosing to infuse content in existing courses.

Further, counselor education departments can seek faculty who are culturally diverse, veteran CESs, or others who are familiar with various forms of diversity in an effort to enhance quality of education. CESs familiar with military culture can provide professional development opportunities to inform others of important concepts, and collaborate with other CESs to create opportunities for infusion in existing curriculum. CESs need to provide curriculum that meets CACREP standards and prepares CITs to work with all individuals, including active-duty military, veterans, and their families.

### **Conclusions and Recommendations**

What I think is so unique about this study is the introduction of the counseling perspective to working with military service members, veterans, and military-connected individuals. Counselors do their work differently than other mental health professional. I truly think that the basic philosophy of counseling is a good foundation for working with military populations. For instance, take the three major mental health professions: psychology, social work, and counseling. Each of these major professions has its own philosophy of change and helping. Psychologists are trained in the medical model, and pathologize clients. Psychologists have to come up with the “right” diagnoses in order to deliver the “right” form of treatment, and eventually whatever the psychologist implements helps the client. All of the attention is focused on the psychologist to do the right thing. Additionally, social workers have traditionally been hired to work in VA settings. Social workers are trained in an institutional model, which means that when clients are experiencing problems the social works connect them to individuals or institutions who will help them. Again, all of the work is focused on the social worker, who



makes those connections for the clients. However, counselors are trained from a developmental, wellness perspective, which supports the idea that everyone has it within themselves to overcome their problems. Thus, counselors can help clients by drawing upon client strengths and helping to point out incongruences to help clients rise above. Counselors help clients lean into their internal drive for success. Further, that internal drive to succeed is also engrained in military culture. So, counselors as providers for military service members, veterans, and military-connected families are a good fit!

Further, the developmental, wellness perspective that counselors are trained in provides a unique twist to treatment. For example, counselors are trained in suicide prevention but there are some unique factors about military service members that counselors need to know before providing services, such as suicide rates are much higher in service members returning from deployment. Counselors need to know that when they are first seeing military-connected clients – either about to be discharged or just returning from deployment - that the possibility of suicidal ideation is increased in that population. Additionally, trauma experienced in the military looks different than trauma experienced in the civilian world.

The military perspective calls for service members to put their country first, before family, which seems foreign to many of us. Grace shared a statement that is commonly spoken in the military, “If we wanted you to have a family we would have issued you one. If we wanted you to have a wife we would have issued you one.” These statements exemplify the excess of what our service members are dealing with on a daily basis. Not only do they have to focus on their home life, but they have a lot going on as part of their duty to serve as well. I recall

“marrying” into the military. As a service member’s partner, I felt neglected at times. I did not understand how my partner could leave for work (as a drill instructor) before the sun came up, only to return randomly and sporadically over the next 12 weeks to catch short naps, eat, and do laundry before having to report back to duty. We did not have the liberty of holding in depth or long conversations. In fact, many days we were grateful for the ability to send/receive text messages. The concept of duty to country before family was tough for me to comprehend, and if I am completely honest and transparent – led to self-doubt and feelings of unworthiness.

### **Written and Unwritten Rules**

Knowing that service members are required to follow orders first is so important for counselors to be aware of as counselors often stress the importance of self-care, which stems from a wellness perspective. If counselors do not understand that military culture does not advocate for self-care then they may unintentionally do harm to their military clients. For example, one interviewee brought up time and specifically referenced showing up to work, “if you’re not 15 minutes early, you’re late.” I have personally encountered veterans who cannot believe how often civilians are late to: work, school. Often times, veterans share that the lack of urgency to get somewhere on time or begin class on time sends the message that the message or content is not meaningful.

Further, service members are not allowed to take time for themselves, call in sick, or request personal days without asking for leave [time off] far in advance and receiving permission from a superior to take off. Service members are also held to difference standards. Evalynn shared great example of several differences between service members and civilians.

For example, I remember when I first learned that you could be called the captain's mast for having an affair; you could be called captain's mast for getting into financial problems. You know, [getting reprimanded for] things that weren't actually illegal but that in the military culture they aren't acceptable, and you could get in trouble for that.

Thus, counselors really need to know or be aware of the dynamics of military culture as it may seem contradictory to what counselors believe and try to implement as part of the counseling process. Many times, rules of the military do not match those of the dominant culture.

Counselors need to understand that being in the military does not mean that anything is wrong with them, but counselors do need to keep in mind that service members adhere to specific values.

Another consideration is to simply allow the psychologists and social workers to continue working with military service members, veterans, and military-connected families. However, counselors have to be cognizant of efforts put forth by ACA and NBCC, who have been fighting for counselors to have access to working with military populations in a variety of settings (to include VA hospitals). If ACA and NBCC are going to continue to advocate for counselors to have access to military populations, then counselor preparation programs need to be training CITs to do so from a counseling perspective, and not a social work or psychologist perspective.

Allowing counselors' access to military populations introduces a unique component to treatment. Counselors often operate from a constructivist view, focusing on strengths and wellness versus the aforementioned pathology perspective. There is a huge difference in how counselors will work with military populations, and this difference needs to be addressed. As a counselor educator, I want to call specific attention to this difference because I have been

immersed in military culture for years, operate from a counseling perspective, and believe that many military-connected families can benefit from counseling services rather than social work or psychology services. For example, families experiencing transition can work with counselors ahead of time to be proactive in working through the emotional aspects of transition but also logistics.

Additionally, the counseling perspective can also work to address the stigma of receiving professional help in the military. Since many counselors operate from a strengths-based, wellness perspective counseling may be more congruent with military culture focusing on strengths rather than weaknesses. Counselors need to create and encourage the adoption of new multicultural competencies in accreditation criteria. My hope is to have multicultural competencies acknowledge military culture, and eventually become a standard for counseling curriculum and training of all counselors.

As previously discussed, counselors are trained from a developmental, wellness perspective. The basic counseling perspective is similar to military culture in that both draw upon strengths rather than focus on weaknesses. Additionally, counselors are trained in prevention and the military prefers to be proactive rather than reactive. Counselors who operate from a strengths-based, proactive perspective appear to be more complimentary of the military lifestyle and culture. The military, in general, focuses on strengths and rising above which parallels the essence of counseling.

This study revealed serious shortcomings in standards and competencies regarding organization awareness and commitment to serving military-connected individuals. I believe

CACREP standards prepare counselors to work with a multitude of clients. However, I do not believe current standards achieve information necessary to provide ethical or culturally competent services to military populations. Therefore, while I would like to see more licensed counselors providing services to this population, it is clear that CITs and current licensed counselors are not prepared without additional training in military culture at the very least.

I recommend that CESs be informed of local and federal statutes when it comes to counseling military members and their families. Counselor educators and licensed counselors need to know about TRICARE as many referrals will come from TRICARE. Also, CESs involvement in lobbying efforts is necessary for the counseling profession as TRICARE stipulates approved counselors for military populations. Although many active-duty service members and veterans have shared that they struggle with self-disclosure, especially to civilians who do not understand the culture in which they live, an argument could be made that civilian counselors are ideal because they are trained mental health professionals responsible for being culturally competent and accepting of all. Specifically, active-duty service members, veterans, and their family members would not have to worry about the presence of cultural biases that could present when seeking counseling services from a veteran of another branch of service.

Furthermore, new faculty or non-tenured faculty who recognize the need to infuse military culture in current coursework may be afraid to confront lack of infusion efforts due to lack of support from CACREP, ACA, and NBCC. Until these governing bodies recognize military as a culture and require programs to infuse military culture, non-tenured faculty will have a tough time convincing others to infuse. Counselor educators can implement models or

frameworks for cultural competency to include military populations, embracing conversations about politics and provide case studies to allow CITs to process what service members are asked to do, and how counselors may react to some of the things clients bring in to discuss. Counselor educators must provide proper gatekeeping by encouraging students to recognize their limitations, need for additional training, growth, and development and process what proper referrals. CES can begin by helping students recognize that enthusiasm to help veterans is not sufficient to actually do the work necessary to be successful with that population. Additionally, CESs can help CITs understand the necessary collaborative partnerships among individuals who specialize in areas such as trauma, children, family dynamics, crisis, and first responder units to help military-connected families with their various struggles.

CES programs can advocate for incorporation of military families in counseling books and create objectives relevant to current curriculum. I come from a CACREP program, and truly believe in the need for standardized curriculum. Therefore, TRICARE would be wise to reevaluate their stance on only allowing counselors from CACREP programs to be reimbursed for their work with military families. Essentially, CACREP does not currently require counseling students to have been taught and knowledge or skills pertinent to military families. Thus, ability to provide counseling services to military families is not a CACREP issue, or a specific school issue, it is a training issue. Additional training and preparation is necessary to specialize in military culture, and to provide ethical services to military populations.

Counselor educators aware of the needs of military populations may continue to advocate for infusion of how to work with military populations in counseling curriculum, and efforts to

integrate military populations in counseling curriculum will reflect the needs of this underserved population. Lack of military population presence in counseling curriculum has lead participants to believe that counselor educators have been uncomfortable or unwilling to discuss military populations in their courses. Therefore, to raise awareness of military families and populations in the field, CACREP or other accrediting bodies will have to stipulate requirements to add counseling military populations to curriculum.

Advocacy efforts to create cultural competencies specific to military populations are necessary within professional counseling. Curriculum and standards addressed in programs are designed to ensure students meet competencies. Leaders in the field may consider identifying specific cultural competencies necessary to infuse in counselor preparation to increase awareness of military and veteran populations. Coursework should be integrated and focused on military history and culture to inform future research on theory, practice, and research as it relates to counselors working with military populations.

### **My Lived Experience in Relation to the Findings**

One of the most surprising findings was something that has not been discussed yet. When I analyzed the data from my interviews, I noticed that there was a significant difference in the content participants focused on if military was intentionally infused in counseling curriculum. For example, the majority of counselor educator participants wanted to acknowledge military as a culture, but then chose to focus on the effect of culture on daily living. Each counselor educator participant acknowledged the trauma component and struggles military members often face, such as substance use/abuse and increased suicidal ideation, but also indicated that not every military

service member suffers from trauma. These participants suggested that instead of painting the military as a wounded population, counselors can focus on presenting concerns from a wellness and developmental perspective. Whereas, participants with experience working within the VA system focused on introducing topics relevant to treating trauma, such as evidence-based treatment options. However, one thing I did find interesting is that several CES participants noted that counseling, as a profession, is young and it is going to take time to earn the respect that social work and psychology have already earned. Additionally, one participant noted the importance of research showing that what counselors do, and that other forms of treatment are effective too. At this point, counselors lack data to show validity and until counselors have the data to support other types of treatment, other mental health professionals are going to be preferred in government settings (such as the VA).

### **Implications**

Units from all branches of the military have been deployed in support of conflicts in Iraq and Afghanistan. As service members are mobilized from anywhere in the country, military communities are no longer limited to areas surrounding military installations. I offer recommendations based on the findings, analysis, and conclusions of this study. The recommendations that follow are for (a) counselor education, (b) professional counselors, and (c) professional organizations and accreditation.

#### **Counselor Education**

Counselor education programs need to prepare CITs to provide counseling services to active-duty service members, veterans, and military-connected family members by placing a



stronger emphasis on military culture during training. Counselor preparation programs can begin by redefining culture by intentionally infusing military culture in current course work. One of the purposes of multicultural and diversity courses is for students to learn about various cultures, identify cultural struggles, and learn how to implement interventions to assist in client growth and development through the counseling process. Learning about various cultures allows CITs to learn how to accurately assess clients, which techniques to use, and to know when clients have made progress.

Additionally, counselor educators need to have discussions with program coordinators and colleagues to raise awareness of the needs of this underserved population, and work to create plans to overcome identified barriers. Counselor educators who are aware of the needs of military populations can provide some guidance when it comes to inclusion by sharing how they incorporate military in their courses. Further, counselor educators can improve pedagogy and use constructivist teaching strategies to help students process needs and issues related to military culture and families. Counselor preparation programs need to set standards and objectives specific to military culture addressing the transient nature, the different perspectives of grief and loss, and to learn military values and expectations. Counseling programs currently incorporating military populations can support and build collaborative partnerships with other universities looking to expand program requirements and standards inclusive of military. Counselor educators should be diligent in teaching students about various cultures, including the military. This population can easily be neglected in multicultural or diversity courses as educators try to share with all CITs the various cultures and diverse issues that exist.

### **Professional Counselors in the Field**

Counselors in the field need to become familiar with standards for treatment within the VA and seek job opportunities to work within the VA system. Professional counselors are ethically responsible for providing services to people from diverse cultures (ACA, 2014), and professional counselors need to be aware of the cultural differences as they relate to military populations. Thus, counselors need to learn the unique aspects of military culture, including (but not limited to) rank, military acronyms, grief and loss, transition, reintegration, and deployment cycles. Counselors are responsible for practicing according to state mandates. Mandates also require counselors to utilize or implement specific interventions as deemed appropriate by governing bodies. Many times counselors are unaware of updates or changes to mandates, which may exclude counselors from being hired in settings such as the VA.

Currently, counselors interested in securing a counseling position within the VHA system are sought after more frequently if practicum or internship hours were accrued in a VA setting. The VA offers paid trainee positions to social workers and psychologists. However, professional counselors became eligible for VA hiring in 2010, they are still not accepted for the paid trainee support program. “Counselor inclusion in this program is a major priority for NBCC’s ongoing VA efforts” (NBCC, 2015, “More information on counselors and the Department of Veterans Affairs”).

In addition, counselors do not always seek additional training on evidence-based techniques deemed appropriate for reimbursement by TRICARE. Further, identified evidence-based practices may not allow for counselors to conceptualize clients through their lens, which

affects implementation of interventions. Counselors are responsible for seeking additional training opportunities and attending workshops pertaining to the unique differences of military clients and families. Counselors need to be informed of military culture and veteran-specific issues.

### **Professional Organizations, Accreditation, and Legislation**

Professional organizations, accrediting bodies, and legislation dictate future visions of the counseling profession. If professional organizations and accrediting bodies move towards expanding the notion of diversity to require military culture in counseling standards or competencies then counseling programs will respond. Standards are consistently reviewed and altered to meet current needs. Since the military has affected so many Americans since 9/11, and because the effects of the GWOT are unknown (and will remain that way for years to come) counselors need to be trained to help individuals immersed in military culture.

Professional organizations and accrediting bodies need to acknowledge the gap between what ACA and NBCC are lobbying for (saying counselors are qualified to work with military families), and actual competence in treatment and interventions appropriate for military populations. In order to display competence in counseling the military, CITs need to be introduced to military culture to process the differences in cultural expectations, norms, and values before providing counseling services. Currently, the NBCC and ACA have lobbied for counselors and informed the DoD and VA of counselors' qualifications, but there is a disconnect between statements supporting counselors working with the military and knowledge of military culture being delivered in counselor preparation programs. Therefore, it is unlikely that the

majority of counselors are truly prepared to counsel the military when the content is missing from training curriculum. Counselors with basic skills and the want to help is not enough. The counseling profession must move beyond the want to help and focus on educating counselors in a way they can provide services to military populations effectively since a large portion of the U. S. population is considered to be military-connected.

Many times counselors do not realize that their basic training in counseling is not enough to provide services to military populations. Thus a gap exists between counselors' knowledge of being able to help various populations and beliefs of our professional organizations. ACA , NBCC, and professional counseling associations continue to advocate for counselor access to military populations, but it must be known that the majority of programs are not addressing this population in training courses. This study is important because counselors have fought for access to the military and have been recognized as adequately trained by the National Defense Authorization Act of 2013, but counselors are now in a place where they cannot provide effective services without knowledge of cultural differences. Standards and competencies must be written so that counselor preparation programs are accountable for intentional infusion of military culture, which has been identified as best practice.

Further, professional associations can advocate for adoption of multicultural textbooks inclusive of military culture. Currently, only one of the multicultural textbooks (Lee, 2013) for counseling has a chapter on the military experience. However, this chapter was written by a counseling psychologist, who is a registered psychologist, and two others with prior military experience. Therefore, the chapter is included in a counseling textbook and informs counselors

of the military experience but it is not written from a counseling perspective. Professional literature on counseling military populations must be written and dispersed from the counseling perspective. As participants noted, more chapters need to be included in the future on military issues and in multicultural textbooks. If the counseling profession negates opportunities to be inclusive of military populations in standards and competencies, CESs will not teach the content, which means that if the content is not in counseling textbooks it really is not going to be taught! Some CESs may choose to adapt supplemental materials on counseling the military, but when standards, competencies, and time is lacking the additional topics are the first to go. Perhaps the counseling profession can learn from social work and psychology and strive to become more inclusive of the military in textbooks so that counselors get this information with the counseling perspective.

The findings of the current study have implications for social change that can lead toward advancements in cultural competence and social justice through the creation of best practices and standards in counselor education. Further, CACREP, ACA, and NBCC may find this study to be indicative of movements towards official infusion of military culture in counseling curriculum as several counseling programs have already begun to recognize the importance of introducing CITs to this population. Not only did participants state that they believe military culture and issues related to military populations be incorporated in counselor preparation programs, but they also indicated that acknowledgement of this underserved population in CACREP and NBCC standards would ensure students and counselor educators be informed. A major implication

resulting from this study is the need to write policy pertaining to advocacy efforts and social justice of military service members, veterans, and their families.

The American Counseling Association defined social justice as “the promotion of equity for all people and groups for the purpose of ending oppression and injustice affecting clients, students, counselors, families, communities, schools, workplaces, governments, and other social and institutional systems” (ACA, 2014, p. 21). Furthermore, counselors are expected to advocate at various levels to address potential barriers that inhibit access or growth and development of clients (ACA, 2014). Additionally, West Virginia State Code §30-1-7a on continuing education states:

On or before July 1, 2015, the boards referred to in this subsection [professional counselors] shall establish continuing education requirements and criteria and approve continuing education coursework appropriate to their respective discipline on the subject of mental health conditions common to veterans and family members of veterans, in cooperation with the Secretary of the Department of Veterans' Assistance. The continuing education shall include training on inquiring about whether the patients are veterans or family members of veterans, and screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief and prevention of suicide. (2) On or after July 1, 2017, each person licensed by any of the boards set forth in this subsection shall complete the continuing education described herein as a prerequisite to his or her next license renewal.

Therefore, state legislation is beginning to acknowledge the importance of licensed counselors being familiar with issues related to military populations, appropriate diagnosis, and treatment of military members and military-connected family members. Perhaps even more important, is the idea that active-duty military members, veterans, and military-connected family members may find relief in knowing counselors have been prepared to work with them.

The current research study has helped raise awareness of the need for infusion of military populations in counselor preparation programs, and provides a better understanding of the positive and negative attributes associated with military culture. The lack of CES-specific participants may indicate an area of social justice within the field of counseling. This research adds to existing literature and may serve as a catalyst for future discussion to increase awareness of this particular underserved population in counselor preparation. Consequently, future researchers and stakeholders may continue to create and refine pedagogical strategies that maximize content relevant to culturally diverse groups.

### **Limitations**

This study is limited in several ways. The first limitation is that several of my participants were not Counselor Educators, rather they were educators from highly related fields, but who have extensive knowledge and experience counseling military populations. The second limitation is that of the CESs most well-known for working with military populations, several were difficult to get in contact with and thus did not participate. Third, the counseling profession is the youngest mental health profession it has not traditionally been approved to work with military populations. Therefore, access to research and possible participants with extensive knowledge was limited.

### **Saturated Participants**

Individuals with a terminal degree in counselor education with extensive knowledge and experience in both teaching and counseling military populations have not been heavily studied at this point. Thus, locating individuals with a terminal degree in counselor education with this

knowledge and experience was difficult, thus expanding criteria to include individuals with a terminal degree in a highly related field was necessary. However, research on counseling military is more prevalent in the fields of social work and psychology. During the recruitment phase, multiple individuals were willing to participate in this research study, but the majority of those individuals did not have teaching experience. This study sought to learn best practices in counselor education, the participant pool represents a limitation that should be expanded to include a second group of participants identified as those who are licensed counselors currently working within the VA. Additionally, I contacted several CESs with experience counseling military populations who actively include military populations in counseling curriculum. However, their schedules were busy or “participant” fatigue may have been an additional factor since those of us interested in studying this population, specifically within counselor education, tap into them repeatedly. Thus, research solicitation experienced diminished frequency.

### **Strict Inclusion Criteria**

Participant requirements stated that individuals had to have a terminal degree in counselor education (or a highly related field), at least 3 years of experience teaching in higher education, and at least two of the following: written peer-reviewed articles, presented at regional or National conferences, established/currently practice clinical counseling for at least two years counseling military personnel, veterans, and military-connected families, or has lived experience as a military member, veteran, or a member of a military-connected family. This criterion was set up so that participants could be represented as an “expert” in this area. During the recruitment process, I was contacted by several willing participants; however they did not have a terminal



degree or teaching experience. It is important to study the counselor education component, much knowledge and information can be learned from those currently counseling military and veteran populations.

### **Lack of Professional Access**

Much of the research on counseling military populations has been conducted within the field of psychology or through larger institutions such as the DoD, VA, or Rand Corporation. Networking to seek study participants within these domains was not possible as they do not pertain to inclusion criteria. Historically, licensed counselors have not had access to counseling military or veteran populations. Thus, as the counseling profession gains access to military populations, counselor education needs to intentionally include content on military populations.

### **Future Research Recommendations**

More research needs to be conducted to better understand military culture, and how it can be infused in counseling curriculum. This study may be conducted again with a sample of current licensed counselors working with active-duty, veterans, or family members in an effort to learn about current mental healthcare trends. I also believe this study could be conducted again with a sample of mental health practitioners currently working with in a VA setting. Then, results could be compared to see similarities and differences in terms of treatment goals, forms of treatment, and theoretical orientation used among all clinicians with different mental health backgrounds. I believe the counseling field could learn a lot from interviewing other mental health clinicians in terms of identified problem areas, diagnosis, and treatment options for military service members and their families. Perhaps a study focused on pedagogy of counseling culturally diverse to

include military populations is necessary. Possible recommendations for the counseling field begin with a review of the current definition of multiculturalism.

The need for future research on counselor education and military populations is immense. Counselors are expected to be culturally competent. However, very few counselors have had a practicum or internship experience where they have provided counseling services to veterans, or more specifically to combat veterans. Thus, licensed counselors appear to be unprepared to provide services for military members. Counselor education needs to research current cultural competencies to see if they are conducive to counseling military populations. However, I think that CACREP needs to infuse national standards for training CITs to work with military populations. Additionally, future research could identify counselors' comfortability in treating trauma in military members or vicarious trauma as it presents in military-connected family members. Ideally, CESs and counseling professionals will share their research findings in counseling journals, present at professional counseling conferences, and seek out opportunities to share the newest research with other universities to create collaborative partnerships. Finally, CESs familiar with military culture can write a counseling military populations text book specifically for the counseling profession.

Given this discussion, I want to highlight these recommendations:

1. CES programs seek opportunities to intentionally infuse military culture in current counseling courses
2. CES programs redefine culture to be inclusive of the military
3. CES programs seek and hire faculty members with military experience or knowledge

4. CES programs host professional development opportunities for faculty, staff, and students to become familiar with military culture

5. CES programs and faculty members seek collaborative partnerships with military associations, veteran clinics, and hospitals

### **Summary**

Military service members comprise approximately two percent of the U.S. population, yet nearly one third of the U.S. population is considered to identify as military-connected. The current Global War on Terror (GWOT) has gone on longer than any war in U.S. history. Current military members and recent active-duty members have experienced multiple deployments, and the counseling profession needs to be aware of the possible struggles these clients may encounter and help military families process reintegration as well as separation from military culture to civilian life. Results of this study indicate the need to redefine culture to include military, infuse military culture in counseling curriculum, and advocate to increase awareness of military cultural presence in the lives of active-duty service members, veterans, and military-connected families to ensure CITs are prepared to provide ethical and competent services.

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APPENDIX A  
DEMOGRAPHIC FORM

APPENDIX A  
DEMOGRAPHIC FORM

Please complete this form prior to participating in the long interview.

Age:  25-35     36-45     46-55     56-65     66+

Gender:  Female     Male

Race: \_\_\_\_\_

Veteran:  Yes     No

Are you an immediate family member of an active-duty military member or veteran?

Yes     No

What is your highest degree? (please circle one)

Ph.D.    Ed.D.    PsyD.    Other \_\_\_\_\_

What field is your degree in? \_\_\_\_\_

Number of years in the counseling field: \_\_\_\_\_

Number of years working with military families: \_\_\_\_\_

How many years have you taught in a counseling program: \_\_\_\_\_

Are you teaching:  Full-time     Part-time     Adjunct     Other

What department are you currently working in (e.g., Educational Psychology, Psychology, Counseling, Social Work, Marriage and Family)? \_\_\_\_\_

Which state do you currently work in? \_\_\_\_\_

Are you located within 50 miles of a military installation?  Yes     No

How many peer-reviewed articles have you published: \_\_\_\_\_

How many non-peer reviewed articles or invited publications do you have: \_\_\_\_\_

What journals do you have military-related publications in:

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What national or regional conferences have you presented on military populations at:

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In 2-3 sentences why is working with this population your passion?

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What counseling-related licenses or certificates do you hold?

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Describe your scholarly work in military families.

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Do you currently teach a military families/populations course? \_\_\_\_\_ Yes \_\_\_\_\_ No

How do you/does your program deliver content material on military service members, veterans, and military-connected children and families? Via:

\_\_\_\_\_ Class \_\_\_\_\_ Workshop \_\_\_\_\_ Infusion within current curriculum

\_\_\_\_\_ Certificate program \_\_\_\_\_ Other: \_\_\_\_\_

### **Contact Information**

Please provide the best contact number and email address for appointment scheduling purposes and possible follow up.

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

APPENDIX B  
INTERVIEW GUIDE



APPENDIX B  
INTERVIEW GUIDE

**Expert Interview:**

1. This study specifically incorporates counselor educators who understand the marriage between the military experience and counselor training. Can you tell me what this means to you?
2. Please describe your preparation to work with military families?
3. Was there anything missing in your training?                      Yes                      No
  - a. If yes, what do you believe was missing?
4. Do you currently teach a military families/populations course?                      Yes                      No
  - a. If yes, can you describe how your military populations course/program has evolved/changed over time.
  - b. What changes have you undergone since implementation of the course?
5. In what ways are you aware of the needs of military families?
6. How have you come to understand the nature of this (military) experience?
7. How do you teach/prepare counselors-in-training to work with military service members, veterans, and military-connected children and families?
8. How do you teach/prepare counselors-in-training to incorporate military populations into (clinical) practice?

9. What specific experiences are necessary to incorporate in teaching/preparing counselors-in-training to work with military families?
10. What specific key concepts need to be incorporated when teaching/preparing counselors-in-training to work with military families?
  - a. Can you share specific knowledge that needs to be included?
  - b. Specific (clinical) skills needed?
  - c. Specific topics that need to be addressed?
  - d. What specific components do you discuss when teaching/preparing counselors-in-training to work with military families?
  - e. Tell me what counseling techniques you believe are pertinent in working with military populations?
11. What are the necessary textbooks or professional articles to incorporate in a military families course?
12. What barriers do you/did you find most challenging in incorporating military populations in counseling curriculum?
13. What advice would you give counselor educators looking to incorporate military families in existing curriculum?

APPENDIX C  
ADULT CONSENT FORM

APPENDIX C  
ADULT CONSENT FORM

I agree to participate in a research project titled, *Addressing the Union of Counselor Education and Military Families: Creating Best Practices*, being conducted by Katherine M. Wix, a doctoral candidate at Northern Illinois University. I have been informed that the purpose of the study is a) to gather information necessary to best prepare counselors-in-training to work with military populations, b) incorporate pertinent experiences, key concepts, and knowledge in working with military populations and families, c) identify barriers to incorporation of military populations within counseling curriculum, and d) identify strategies to overcome these barriers.

I understand if I agree to participate in this study, I will be asked to provide brief demographic and professional information such as my education, years of experience, and expertise working with and teaching about military populations. I am aware that an individual interview will last for 60-90 minutes. I also understand that there may be an additional interview request for clarification and elaboration from the first interview for no longer than 20 minutes. Interview(s) will be recorded and transcribed for review and analysis. I am aware that participation is voluntary and may be withdrawn at any time without penalty or prejudice, and that if I have any additional questions concerning this study, I may contact Katie Wix at [katiwix1@gmail.com](mailto:katiwix1@gmail.com) or (412) 770-8470 or Dr. Myers at [cemyers@niu.edu](mailto:cemyers@niu.edu) or (815) 753-7501. I

understand that if I wish to gather further information regarding my rights as a research subject, I may contact the Office of Research Compliance at Northern Illinois University at (815) 753-8588.

I understand that the intended benefits of this study include the opportunity to provide valuable references for training, educating, and preparing all counselors-in-training related to incorporation of military populations in counseling curriculum. Furthermore, by shedding light on military courses, the findings of this study will contribute to a body of knowledge of military populations in counselor education. I have been informed that potential risks of participation are minimal and are related to potential limits of confidentiality. I understand that all information gathered during this study will be kept confidential. I also understand that steps will be taken to protect my identity. I have been informed that I will have an option to use a pseudonym. However, my extensive knowledge and experience teaching on military families will be described. All transcripts and associated records will be maintained on a password-protected computer. However, I understand that another researcher who will help with data analysis may access the transcript of my account. In this case, my identification will be removed from the transcript. Finally, I understand that my consent to participation in this project does not constitute a waiver of any legal rights or redress I might have as result of my participation, and I acknowledge that I have received a copy of this consent form.

Participant's Name (please print) & Date: \_\_\_\_\_

Participant's Signature for Research Participation: \_\_\_\_\_

Participant's Signature for Consent for Audio Recording: \_\_\_\_\_

Contact Number & Email Address: \_\_\_\_\_

APPENDIX D  
RECRUITMENT EMAIL

## APPENDIX D

## RECRUITMENT EMAIL

Hello, my name is Katie Wix and I am a doctoral candidate at Northern Illinois University. I am conducting research to learn necessary components to incorporate in counselor education courses when preparing counselors-in-training to work with military families. My study is called, *Addressing the Union of Counselor Education and Military Families: Creating Best Practices*. This study is an attempt to identify best practices in preparing counselors-in-training to work with military service members, veterans, and their families.

There are several potential benefits to participation:

- You will contribute to the understanding of best practices when creating counseling curriculum to address military service members, veterans, and their families.
- You will help to identify areas pertinent to incorporate in counseling curriculum when preparing counselors-in-training to work with military service members, veterans, and their families.
- You will be asked to reflect on your own experiences as a counselor-in-training and your preparation to work with military service members, veterans, and their families; thus expanding self-awareness.

I am seeking participants with extensive knowledge and experience in working with military families to interview. If you or someone you know may be interested in participating, please contact me directly to discuss criteria. I can be reached at [katiwix1@gmail.com](mailto:katiwix1@gmail.com) or via phone at (412) 770-8470.

Please forward this email to prospective counselor educators who may be interested in participating in the study.

Questions regarding the study can be directed to the researcher at [katiwix1@gmail.com](mailto:katiwix1@gmail.com) or my dissertation chair, Dr. Charlie Myers at [cemyers@niu.edu](mailto:cemyers@niu.edu).

Sincerely,

Katherine M. Wix, LPC, NCC, ACS, MEd, PEL: School Counseling



APPENDIX E

ORIGINAL LIST OF NODES BASED ON UTTERANCES

## APPENDIX E

## ORIGINAL LIST OF NODES BASED ON UTTERANCES

1.	Advice to CES
2.	Assignments to incorporate
3.	Barriers
4.	Biases RE: MIL culture
5.	CES understanding of MIL
6.	Coordinative care
7.	Counseling skills
8.	Current MIL courses
9.	Ethics
10.	Future thoughts and suggestions
11.	How I am prepared to work with MIL
12.	Infusion
13.	Lack of preparation
14.	MIL conn fams everywhere
15.	MIL culture
16.	MIL elective/workshop/webinar
17.	MIL conn fams
18.	Needs of fams
19.	New questions
20.	Opportunities to work with MIL
21.	Overcoming barriers
22.	PTSD case study
23.	Self-initiated
24.	Self-initiated research
25.	Specific experiences necessary
26.	Teaching modalities
27.	Texts and resources
28.	Topics to discuss
29.	VA preparation

APPENDIX F

MILITARY STORIES: FIRST-PERSON ACCOUNTS

## APPENDIX F

## MILITARY STORIES: FIRST PERSON ACCOUNTS

**Vietnam:**

David Hackworth - *Hazardous Duty* and *About Face*

Harold Moore and Joseph Galloway - *We Were Soldiers Once...and Young*

Robert Mason - *Chickenhawk*

**Between war 1973-1990:**

Jan Herman - *The Lucky Few*

Peter Arnett - *Saigon has Fallen*

**Post Desert Storm:**

Mark Bowden - *Blackhawk Down*

**War on Terror:**

Chris Kyle - *American Sniper*

Marcus Luttrell - *Lone Survivor*