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Entire Issue

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From *the* Editors

A Call for Quality Research

Meredith Nelson

Counseling Program Director, Louisiana State University in Shreveport

Peter Emerson

Southeastern Louisiana University

Dr. Meredith Nelson announces taking a step back from her duties as co-editor while casting vision for the Louisiana Journal of Counseling.

~ Meredith Nelson, LJC Co-Editor

~ Peter Emerson, LJC Co-Editor

After 12 years of co-editing journal articles for the Louisiana Journal of Counseling (LJC), I, Meredith Nelson, have decided to take a leave of absence in the spring of 2021. As a proponent of self-care, I have determined that taking a step back from my duties as co-editor is in my best interest and the LJC as well. Since I became co-editor in 2008, I have been pleased in establishing the LJC as an electronic publication. I have learned so much from this experience, and I am grateful for the opportunity. I look forward to applying these experiences in the next chapter of my career. While I pursue my next steps, I will continue to remain active within the publication process as a blind reviewer. I am extremely confident that long-time editor, Dr. Peter Emerson, will continue to be an excellent leader and make this coming year the best yet. The incoming LCA president for 2021, Eric Odom, has recommended that the LJC for 2021 demonstrate a high quality journal and suggested we spend

this year soliciting the best articles for LJC.

Louisiana Counseling Association (LCA) is one of the leading counseling organizations in the country. As an academic journal publication of the LCA, the LJC has published outstanding articles in the last decade, addressing relevant topics from “Sexual Minority Domestic Violence Victims” (2014) to “Utilizing Cognitive-Behavioral Therapy with Bullied Obese Adolescents” (2015), and “Shaping Trauma-Responsive Schools with Relational-Cultural Theory” (2018). However, we have been receiving some articles that do not introduce as much new research or ideas. Many of the articles have been, typically, literature reviews. While literature reviews have their utility, we are interested in publishing more articles with current and peer-reviewed research. Going forward, the LJC will continue to consider publishing articles that reflect our commitment to scholarship and academic research. We are looking for

articles that “provide a new theoretical perspective on a particular issue or integrate existing bodies of knowledge in an innovative way” (American Counseling Association (ACA), 2020). In any case, consider this a call for quality research articles as this upcoming year is going to showcase the best of our organization.

Some research aspects to consider may be right there in your community. One consideration is to focus on local projects that may be expanded for national submission later. Previously, one Louisiana researcher became nationally known because of his focus on Cajun culture. Unfortunately, Louisiana is one of the leading states in substance use issues, venereal disease, and a lack of mental health care which illustrates areas that are in need of study and focus. As such, these are opportunities of research to focus on and collect meaningful data, especially for the non-research universities. Even those that work in non-research universities could eventually use these submissions as trial projects for later national audiences. Again, thank you for allowing me and Dr. Emerson to serve an organization such as LCA that does such quality work for the

counselors and their clients in the state of Louisiana.

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~ *Meredith Nelson and Peter Emerson*
Editors

Section I: Professionals' Articles

The Corrective Feedback Microlab: An Experiential Group Exercise to facilitate the Giving and Receiving of Corrective Feedback

Christian J. Dean, Ph.D., LPC-S, LMFT-SC
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Counseling students and trainees often participate in different group activities where feedback exchange occurs. Barriers to receiving corrective feedback, in particular, may make such exchanges difficult. The purpose of this article is to explore the use of the Corrective Feedback Microlab as a group pretraining exercise to help increase the healthy exchange of corrective feedback.

Keywords: Corrective feedback, Counselor training, Groups

Counseling and therapy groups have historically served as a means for helping individuals learn about themselves in relation to others (Yalom & Leszcz, 2005). Part of the therapeutic group process involves giving and receiving feedback to help develop awareness of self and awareness of self in relation to others. Group work competencies and skills are also essential in a variety of contexts outside the realm of “therapy” or “counseling” environments. Some examples include boardroom members in meetings, faculty meetings, teams (sports, task forces, etc.), classrooms, community groups, and advocacy groups, where one of the goals is to create environments where tasks can be accomplished in a climate of open communication (Hulse-Killacky, Orr, & Paradise, 2006; Hulse-Killacky & Page, 1994; Wadsworth, 2008).

Therefore, skills for giving and receiving positive and corrective feedback are no longer limited to therapeutic settings (Hulse-Killacky, Killacky, & Donigian, 2001; Killacky & Hulse-Killacky, 2004). Corrective feedback, in this paper, is defined as “...feedback intended to encourage thoughtful examination and/or to express the feedback giver’s perception of the need for change on the part of the receiver” (Morran, Stockton, & Bond, 1991, p. 410). Difficulties arise, however, in how people receive corrective feedback (Stockton & Morran, 1981). For example, defensiveness level is cited as one barrier to receiving corrective feedback (Argyris, 1968; Robison, Morran, & Stockton, 1980; Stockton &

Morran, 1980; Stockton, Morran, & Harris, 1991). Other potential factors influencing the reception of corrective feedback include group structure (Robison & Hardt, 1992), valence (positive or negative) of the feedback given, number of group sessions and order of delivery (Stockton & Morran, 1981), cognitive dissonance (Festinger, 1957), anxiety and self-esteem (Sullivan, 1976), and self-concept (Morran & Stockton, 1980).

Several concerns have been identified regarding the giving of corrective feedback within group supervision, which is often instituted by counseling programs. Although the authors referred to the feedback as constructive instead of corrective, some concerns regarding group supervision include the lack of corrective feedback in general, giving superficial feedback, and a lack of overall quality in corrective feedback as compared to individual or triadic supervision models (Wahesh, Kemer, Willis, & Schmidt, 2017). Being aware of the challenges and barriers to giving and receiving corrective feedback in group supervision can be helpful for counselor educators or supervisors who may be the first professionals to engage in providing feedback to students/trainees.

Counselor Training, Groups, and Feedback

Counselor education programs accredited by the Council on Accreditation of Counseling and Related Programs (CACREP) provide counseling courses that must adhere and meet criteria of eight “common core curricular areas” (CACREP, 2016, p. 10). One common core curricular area is that of group

work which includes students taking part in 10 hours of small group participation (CACREP, 2016, Standard II.G.6.e). Additionally, counseling students enrolled in practicum and internship courses also participate in 1.5 hours of group supervision (CACREP, 2016, pp. 16-17) where students process and receive corrective feedback on their work with clients and/or students.

Pregroup training incorporates some form of activity with the intent to prepare group participants for the upcoming experience (Rohde & Stockton, 1994). From a clinical perspective, pregroup training may decrease the frequency of group therapy premature termination while reducing not only dropout rates but also anxiety regarding the group process (Tasca, Mcquaid, & Balfour, 2016). Pregroup training has also been identified as a method to assist group members in exploring anticipated consequences associated with giving corrective feedback (Robison, Stockton, Morran, & Uhl-Wagner, 1988). Also, Rose and Bednar (1980) explained that pretraining conducted in groups tends to be one of the most successful methods in terms of behavioral pretraining on increasing interpersonal interactions. Toth and Erwin (1998) explored the application of a microcounseling skills based program to teach feedback intervention skills. Results indicated that the six-stage microcounseling skills based training significantly improved evaluations associated with confidence in giving feedback (Toth & Erwin, 1998). Toth and Erwin also encouraged the development of other curriculum to be used to help with the teaching of corrective feedback exchange. Additionally, Osborn, Daninhirsh, and Page (2003) highlighted how the use of pregroup training may help counseling students with the giving of corrective feedback when they begin experiential learning groups. Lastly, Marmarosh (2018) explained that “providing group member with feedback during the pregroup preparation and throughout the therapy process is also helpful to group members as they work to obtain their goals in the group” (p. 101).

Microlabs

One particularly focused pregroup exercise is the microlab. Microlabs involve group exercises lasting between one to three

hours (Anderson, 1981). Microlabs have been examined in the past to explore how such group experiences influenced group cohesion and self-disclosure (Crews & Melnick, 1976). Additionally, microlabs have been used to establish an environment for individuals to develop human relations skills (Anderson, 1981). For example, Liddle (1974) found that a 90-minute microlab resulted with immediate effects on the initiation of change with one’s attitude and behavior. Although not specifically called microlabs, the use of pregroup trainings that focus on preparing participants for the upcoming group process have shown to be beneficial to group members’ interactions (Rohde & Stockton, 1994).

The use of experiential group exercises have also helped facilitate many essential counseling skill development and awareness to include interpersonal awareness and relational insight (Kline, Falbaum, Pope, Hargraves, & Hundley, 1997). Additionally, qualitative researchers identified personal awareness and development as one theme that emerged from counseling graduate students’ reactions to participating in an experiential group process (Ieva, Ohrt, Swank, & Young, 2009). Ieva et al. (2009) further explained:

the personal self-awareness and development theme focused on the development of insight regarding one’s strengths and areas for growth. Additionally, the theme encompassed thoughts and feelings about engaging in the risk-taking process of sharing with others and how this influences relationships with others. (p. 357)

The purpose of this paper is to present a microlab experiential group exercise that can be used to facilitate discussions regarding the giving and receiving of corrective feedback in counselor training classes prior to their participation in groups associated with group counseling courses, and/or prior to practicum and/or internship supervision group initiation.

The Corrective Feedback Microlab

The Corrective Feedback Microlab (see Appendix A) is an experiential group exercise

facilitation tool designed by Hulse-Killacky (2000). The microlab was developed originally as an additional tool to use with the Corrective Feedback Instrument (CFI) (Hulse-Killacky & Page, 1994) to promote conversation on the giving and receiving of corrective feedback. The Corrective Feedback Microlab provides a systematic way of identifying thoughts, feelings, behaviors (cognitive-behavioral process) and greatest concerns when preparing to give and receive corrective feedback. Directions and instructions associated with the process allow group members to fully prepare for group participation. A definition of corrective feedback, along with two examples, sets the stage for exploration of personal experiences with corrective feedback. Additionally, exploring childhood experiences and reactions to corrective feedback assist group members in identifying possible historical factors influencing current reactions to corrective feedback. The exploration of childhood experiences and reactions are not necessarily aimed at therapy focused activities, instead, the goal is to increase awareness of how such experiences may have impacted participant's initial reaction to receiving and giving corrective feedback in general. Specifically, the intent is to help group participants work on such reactions when giving or receiving corrective feedback. Finally, the Corrective Feedback Microlab guides group members to discuss ways in which they may give and receive corrective feedback more easily while also exploring learning points from the microlab exercise.

The Corrective Feedback Microlab's format and cognitive-behavioral process is grounded in support from previous research conducted in the area of giving and receiving feedback. For example, Morran et al. (1991) explained that engaging group participants in discussions of feelings associated with giving and receiving feedback may assist members in identifying that others share the same concerns as they do, thus increasing the comfort in giving and receiving feedback. Additionally, cognitive-behavioral interventions have also proved to be beneficial regarding the amount of corrective feedback shared (Robinson & Hardt, 1992). Robison and Hardt (1992) conducted a study where

they explored the effects of four different group structures on the anticipation of undesired outcomes of communicating corrective feedback. The four possible group combinations in the Robison and Hardt study: (a) behavioral group structure with discussion, (b) behavioral group structure without discussion, (c) cognitive-behavioral group structure with discussion, and (d) cognitive-behavioral group structure without discussion. Results indicated that the exchange or frequency of corrective feedback in groups will most likely be at its highest when using a cognitive-behavioral structured group with a discussion of the anticipated undesired outcomes of communicating corrective feedback.

Implications for Counselor Educators and Group Leaders Counselor Education Programs

Counselor educators who wish to encourage more discussion on the topic of corrective feedback can use the Corrective Feedback Microlab to facilitate such discussions. Counselor educators can also develop and implement other forms of pregroup training incorporating other topics. For example, Page and Hulse-Killacky (1999) suggested that training by use of the Corrective Feedback Self-Efficacy Instrument (CFSI) might demystify the process of giving corrective feedback. The Corrective Feedback Instrument – Revised (CFI-R) (Hulse-Killacky et al., 2006) is another tool that can be used in conjunction with the Corrective Feedback Microlab. The CFI-R is a 30 item, 6-point Likert scale instrument where participants indicate whether they strongly agree, agree, slightly agree, slightly disagree, disagree, or strongly disagree to questions related to giving and receiving or clarifying corrective feedback. An example of an item includes: "Giving corrective feedback to others makes me very uncomfortable" (Hulse-Killacky et al., 2006, p. 268).

Counselor trainees are encouraged to ask questions about feedback and to suggest or recommend such pregroup training events within their training program. Hulse-Killacky et al. (2006) identified how discussions about responses to the CFI-R assisted students to be aware that not everyone had similar reactions to the same items. In other words, students

realized that everyone did not respond in the same fashion. This realization may increase awareness of differences and diversity and the need to consider diversity when giving corrective feedback.

Counselors Who Work With Therapeutic and Task Groups

Exploring feelings and thoughts associated with giving and receiving corrective feedback early in the group process may increase the exchange and use of corrective feedback among members in therapeutic groups. Also, participating in a discussion using the Corrective Feedback Microlab may inform clients of interactions that are important to the group process and that others may have similar or different feelings associated with feedback exchanges. Bednar and Kaul (1994) mentioned that although pregroup training has been proven to be effective, it has not been determined what type of training to offer and when to offer it. However, the use of more structured experiential group processes may prove to be beneficial. For example, Osborn et al. (2003) provided recommendations based on a qualitative research study exploring student reactions/experiences in experiential group activities. Osborn et al. (2003) provided the following recommendations: (a) clarification of written instructions and a clear purpose to group experiences; (b) including an informed consent component to experiential groups; (c) training students on the giving and receiving of corrective feedback to include the use of pregroup training. Microlab discussions of corrective feedback, in particular, show promise in contributing to beliefs associated with communicating more clearly and acting on corrective feedback received (Dean, 2004). One potential suggestion would be to implement such microlab exercises early in the group process or as part of the pregroup training to increase comfortable with the exchange and use of corrective feedback (Wahesh et al., 2017). Group members may gain insight into how others feel and think when it comes to giving or receiving corrective feedback. Also, the format of the Corrective Feedback Microlab may be applied to other focus areas and used in other settings since the giving and receiving of corrective feedback extends beyond the therapeutic group setting.

Conclusion

The Corrective Feedback Microlab provides an avenue for group work professionals, students, and educators to explore thoughts, feelings, and behaviors associated with giving and receiving corrective feedback. The Corrective Feedback Microlab incorporates support from the literature in the application of cognitive-behavioral interventions to increase the probability of giving and receiving feedback (Robison & Hardt, 1992), comfort level with giving and receiving corrective feedback (Morran et al., 1998), as well as being more open to the acceptance and application of corrective feedback. Counselor educators and counselors who work with therapeutic and/or task groups are encouraged to explore other activities and training/facilitation tools to help increase the giving and receiving of corrective feedback.

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Appendix A

The Corrective Feedback Microlab:

Learning About Giving and Receiving Corrective Feedback

Purpose: The following questions are designed to help you reflect on your feelings and thoughts on the topic of giving and receiving corrective feedback and learn your fellow group members' feelings and thoughts about this topic.

Use the following definition in your reflection and discussion: *Corrective feedback is intended to encourage thoughtful self-examination or to express the feedback giver's perception of the need for change on the part of the receiver.*

For Example:

(a) I hear you complaining about the grade you received on your exam. However, you only come to 1 out of 3 classes a week.

(b) Before class you mentioned that you were going to put 110% effort into your classes, and then I noticed you drawing during the lecture. I'm confused by your actions. Please explain what that means.

1. When someone says to you, "I'd like to give you some feedback:"
 - (a) What do you think?
 - (b) What do you feel?
 - (c) What do you do?
 - (d) What is your greatest concern?

Share your responses giving specific examples.

2. When you think of giving someone corrective feedback:
 - (a) What do you think?
 - (b) What do you feel?
 - (c) What do you do?
 - (d) What is your greatest concern?

Share your responses giving specific examples.

3. Reflect for a moment on the phrase, "receiving feedback as a child meant for me..." and then discuss your childhood memories with others.

Share your responses giving specific examples.

4. What do you think would help you give and receive corrective feedback easier?

Share your responses giving specific examples.

5. Reflect on your reactions to the microlab, what you learned today, and what you will take with you.

Share your responses giving specific examples.

Flipped Classroom Methodology Applied to Counselor Development

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Incorporating the flipped classroom model has been suggested from scholars in various fields of study. More recently, this model has been linked to suggested advantages within counseling (Moran & Milsom, 2015). An overview of the implemented flipped classroom model along with the educational and personal benefits are presented.

Keywords: Counselor Education, Classroom model

The flipped classroom has emerged as an innovative method of teaching that emphasizes, “that which is done in class is now done at home, and that which is traditionally done as homework is now completed in class” (Bergmann & Sams, 2012, p.13). In a text devoted to teaching in counselor education, it was noted that effective lecturing should include taking “your counseling skills to the lecture” (West, Bubenzer, Cox, McGlothlin, 2013, p.25). West et al. (2013) embraced the idea along with the change in lecture purpose, by arguing the importance of lecture demonstrations and discussion that shifts focus from the information to its purpose and use. By utilizing the lecture time for demonstrations and discussions, students are able to gain depth in understanding and clarity to skill implementation. Utilizing demonstrations and discussions during class time in the counselor education classroom is a shift from the traditional lecture style and one step toward the flipped classroom model.

At the time of research, two articles were found addressing the flipped classroom in counselor education (Moran et al., 2015; Merlin, 2015). However, Merlin (2015) shared a conceptual pedagogical perspective of incorporating the flipped classroom method. Moran et al. (2015) presented a case study approach to implementing the flipped classroom method focused on the advantages and disadvantages of implementing the flipped classroom method in counselor education. As such, this article will expand the flipped counselor education classroom narrative from theoretical to logistical implementation by sharing the steps and outcomes of flipping the lifestyle and career development classroom of a graduate-level

counseling program. Moreover, the developmental benefits for students will be shared, as witnessed throughout the semester of the flipped counseling classroom.

CACREP Meets the Flipped Classroom

Traditional program structures tend to focus on content delivery at the onset, skill understanding in the middle, and skill implementation toward to end of the academic program (Plunket, 2014). This structure is also prevalent in counselor education programs with practicum and internship experiences lingering at the final semesters directly preceding graduation (CACREP, 2016). Thus, the opportunity to assess and aid in deeper skill development and self understanding is often a delicate balance between what is needed prior to graduation and what can be gained post graduation; therefore, the idea of students having sufficient skill development is not actualized until the end of their academic program.

Counselor education programs, accredited by CACREP, maintain practicum and internship courses that are designed to assess student’s readiness to provide clinical services to the general public (West et al., p.115; CACREP Standards, 2016). CACREP Standards also state that practicum and internship, by design, requires students to maintain a supervisor affiliated with their respective university as well as a site supervisor that will oversee the student’s day-to-day clinical functioning (2016, p.13). University supervisors are required to meet with students once per week; however, site supervisors are in contact with the graduate student daily and once per week in individual

supervision. Albeit site supervisors play an integral role in the clinical development of graduate counseling students, site supervision alone during the practicum and internship experience is not an adequate basis for assessing skill development.

Additional opportunities for student skill development are presented throughout the assignment of experiential assignments (West et al., 2013; Bell, Love, & Roberts, 2007). Typically, students are presented with a course syllabus at the beginning of the semester which outlines required assignments that the student is expected to complete throughout the semester (West et al., 2013). However, given the amount of time typically utilized for lecture in graduate classroom, in depth conversations regarding assignments and intermittent assignment checks are two unlikely phenomena. Thus, students typically present on experiential assignments with limited opportunity to process the skill and individual development that may have occurred by engaging in the respective assignment.

Service learning and outreach experiences have also been noted as ways to enhance skill development throughout clinical programs (West et al., 2013; Shallcross, 2009; CACREP, 2016). Also noted about service learning projects are the labor intensive hours required by faculty to organize and the advanced skills needed by students to navigate through potential ethical and legal issues that may arise while students are engaged in field (Billings & Halstead, 2012; West et al., 2012). Although student-learning projects boasts field experience for students, it also measures faculty agility in preparation and organization of community, an unfair measure for faculty members without community connections and an abundance of time to invest. Therefore, the flipped classroom method is being offered as a way to mitigate some of the obstacles noted though a lack of skill development opportunities throughout student academic tenure.

A Case of the Lifestyle and Career Development Flipped Course

The author of this article served as the instructor on record of a master's-level course taught in a CACREP-accredited program at a mid-sized, private university located in

southern United States. The flipped course was titled Lifestyle and Career Development and focused on career counseling, a subsection under the general counseling umbrella. There were 16 students enrolled in the course ranging from first to third year students. The course content covered career theories, developmental models, the origins of career counseling, career counseling assessments, ethics in career counseling, career counseling in school and clinical mental health settings, and advocacy as an embedded conceptual framework of the program.

The semester consisted of 16 weeks of scheduled classes, of which 6 were online hybrid days and 1 was a holiday week. One class was scheduled each week from 5:00 pm to 7:45 pm on the given class day. Thus, there were 1,485 in person instructional hours and 990 online instructional hours provided over the course of the semester. Instructional times were given at the onset of the course explaining the parameters and expectations for students enrolled in the form of a course syllabus. As such, students were expected to either have access at home or utilize computers on campus to engage in work that was assigned between classes. Tasks such as watching concept videos, discussion boards, annotated bibliographies, self-assessments, case studies, and exams were assigned during the hybrid weeks that required access to blackboard and other forms of technology (i.e. computer). Supports were offered to the students through the information technology center help desk and the professor of record, both of which were available via email or phone.

When class was in session, a structure was followed which allowed students to know what they were expected to do during every class meeting. First, a short discussion of the readings and videos took place where students could ask questions or share insight that they gained since the last class meeting. Second, an explanation of the class agenda took place so that students could be prepared for the next phase of class. Third, students were separated into groups (either small or large depending on the assignment) to work through the provided class work. Fourth, once the course assignments were completed,

a final closing discussion was facilitated to share new insights or learning gaps that were addressed throughout the class assignment.

Class assignments were in the form of implementing counseling sessions, conducting assessments, conceptualizing a case study, and/or investigating nuances of the career theories and developmental models, etc. All assignments were expected to be completed through one of the two theories or models that the reading and videos were focused on in the preceding week. In addition to the theories and models, assessments were a large focus of the homework, and as such was a large focus during the implementation phase. Students were expected to assign assessments based on case conceptualization and conduct “counseling sessions” with their peers based on the knowledge they had acquired. As such, students were expected to show a greater depth in conceptualization and skill implementation with each week that passed throughout the semester. The measure of student progress was done by a constant monitoring of experiential activities during class time and the provision of immediate feedback.

As the students engaged in experiential activities, the professor of record sat in each group at intervals as a participant observer. The role of the participant observer in this capacity functioned to provide immediate feedback to students as they engaged in the process of “being a counselor.” The immediacy of feedback provided allowed students to correct techniques before they became faulty habits. Students were also able to see the difference in the “client response” when appropriate skills were applied.

Rationale

The flipped classroom method, traditionally utilized in K-12 educational settings, was chosen for this course due to the high content volume and the need to engage students in the topic at hand. This method has emerged as an innovative method of teaching that can bolster the key elements needed to be an effective counselor through both skill development and individual self growth (Benner, 1984; Moore, 1994; West et al, 2012). In addition, the challenge of addressing learning differences to support the needs of every diverse learner is captured with

this model (Sams & Bergmann, 2013). Academic challenges have been addressed in K-12 settings (Merlin, 2016) and in one counselor education classroom (Moran & Milsom, 2015) through the use of the flipped classroom model; however, no research information shared focused on the internal growth of students. Thus, this article shares insight into the challenges and successes of flipping the counseling classroom, but focuses on the intrapersonal growth that occurred for the counselors-in-training enrolled in the flipped counseling course.

A New Framework for Understanding Graduate Student Growth

Through years of clinical practice and academic work, this author shares the belief that human learning is the new understandings gained through the exploration of existing values that determine behaviors and influence perspectives. Through challenging those existing values, an individual is free to examine old (maybe un-serving) values and develop new understandings that can intervene on a negative existing pattern. Then, and only then, is the individual free to implement changes and embed a new way of thinking and behavior that is more self fulfilling and serving to the human state of being. Albeit, in accordance with previous literature cited, academic gains seem inevitable when incorporating the flipped classroom method; however, aside from the obvious academic gains that were evident through implementing the flipped classroom model, personal development was noticed in several students throughout the semester.

A shift from the dichotomous thinking of trying to find the right or wrong way of “being a counselor” to a multiplistic view of what is “right and effective” is based on individual circumstances. Over the course of the semester, experiential activities began to occupy more class time as students asked more focused questions and toggled with meaning from the “client's” perspective while also internalizing the topic at hand. Toward the second half of the semester, discussions following the experiential activity shifted to a focus on individual development likening the intersectionality of clinical interventions and self-development. For example, one student

contemplated the existence of career clusters as a form of societal oppression by comparing to the caste system present in other parts of the world. As a result of that discussion, the class was able to internalize what career clusters meant to them as they individually matriculated through a graduate counseling program.

The academic development that occurred as a result of flipping the counseling classroom included increased student engagement, increased responsibility to retain content, and an increase in the reflective nature of class discussion. Student engagement was a requirement upon attending the flipped counseling class. Once students understood that it was their responsibility to learn the content that was provided to them through the text, videos, and other conduits, they began to autonomously seek out additional information to ascertain the presented content. Class discussions focused on the process of becoming a counselor through the content lens rather than being focused on the memory recall of information. Moreover, student feedback included referring to the course as awesome with the use of practical application and being able to develop a better understanding of the course topic. Students also responded positively to the diverse teaching methods, citing that diversity in the content delivery accommodated all learning styles and provided multiple opportunities for success.

Student responses of the course included a positive review of the hybrid format as a way to engage with the nontraditional graduate level student. It was also reported that the practical application of techniques and theories assisted in a better understanding of counseling through career lens. In addition, the diversity in the learning was noted and praised for the ability to meet the needs of all learners through multiple opportunities to excel and display knowledge. One review of the course simply stated that the course was “awesome!”

Recommendations for Implementation

First, thoroughly explaining the flipped classroom structure to students at the onset of class will help the student and faculty member throughout the semester. Although noted that most faculty may incorporate

several elements of the flipped classroom, implementing the full strategic model can take practice. Thoroughly explaining the model to students at the onset of the course set forth expectations for the students and for the faculty member. Stating those expectations clearly presents a level of accountability that the student and faculty member would need to uphold.

Second, as students are growing academically, through this method of teaching, they will also grow personally and faculty must make time to process the personal growth. During this semester of implementing the flipped classroom model, more students would visit during office hours or send emails discussing their concerns about becoming a counselor. During the shift from content to implementation, students began to question their effectiveness or worthiness to join the profession. Student's self doubt typically led to moments of process followed by times of inquiry and the resurrection of confidence based in intellectual merit.

Lastly, given that the flipped classroom method utilizes cutting edge technology, it is fair to state that the flipped classroom facilitator must evolve with the ever-changing trends in technology. Thus, the flipped classroom method of teaching is as fluid as the changes in technology and faculty must be prepared to utilize and incorporate up to date technology.

Discussion

As the changes in graduate studies become more evident (i.e. online course, millennial, Gen Z expectations, etc.), faculty must investigate the effectiveness of current teaching strategies. The ability to appeal to the modern day learner may not be a concern for all faculty in academe; however, counseling faculty especially should also concern themselves with helping individuals develop holistically, to impact more students with lasting, meaningful tools. As such, incorporating the flipped classroom is being offered as a method to strengthen student development and professional gate keeping. While implementing the flipped classroom model, researchers noticed the student's ability to analyze self-development and clinical

development. This experience, although self-actualizing for the student, contains an inherent reward for the faculty member that by trade is a clinician impressed by the complexities of the human development and psychology.

Brene Brown (2010) presented the idea that individuals should let go of who they think they are supposed to be and instead embrace who they actually are. In an interview conducted by Howes (2013), Irvin Yalom, a pioneer in psychotherapy, noted that clinical training programs seem to be missing the relational teachings focused on helping students learn how to examine their own inner world and the inner world of others (Howes, personal communication, March, 2013). As such, the transition of becoming a professional counselor must be considered not just on the basis of academic growth, but also the development of the individual as a professional being.

Graduate counseling faculty, as clinicians by trade, are in a unique place to recognize the correlation between being an effective helper and being an effectively functioning individual. The ability to experience students toggle with the idea of who they are supposed to be versus who they are becoming can be actualized through consistent in-class implementation opportunities where students are pushed into displaying what they are becoming in front of peers and faculty. At the same time that students are dealing with the internal dissonance of growth, they can also deal with any fears of professional vulnerabilities in a safe space guided by compassionate, challenging counseling faculty.

Limitations

It is critical to note that flipped learning is not appropriate for all courses. Inquiry based classes or those without heavy content are not ideal for the approach (Sams & Bergmann, 2013). Research states, in counselor education for example, clinical courses such as practicum and internship are not well suited for flipped learning. Similarly, flipped learning may not be well suited to all topics within a course, as some topics may be more appropriate for an in-class lecture format. These topics include those that are especially complex or sensitive, which benefit from more

in-class explanation and interactive discussion with students during lecture.

Recommendations for Future Research and Conclusion

Minimal information has been published about the potential of flipping the counselor education classroom (i.e. Merlin, 2015), though one article was located that focused on the logistics of implementation of the flipped classroom method in a counselor education classroom (i.e. Moran and Milsom, 2015). However, additional research is needed to validate academic and personal gains that are beneficial to the counseling student and the well being of counseling programs. Additional research into the academic benefits of incorporating the flipped classroom model may assist in informing curriculum and pedagogical approaches of counseling programs nationally. Aside from academics, the personal socio-emotional growth is also a major component of producing highly qualified professionals. Continued research on the outcomes of personal growth for counseling graduate students should be a focus of future exploration.

Observations based on this case study suggest that students believed that they achieved both academic and personal gains as a result of the implementation of the flipped method. Specifically, students verbalized that the practical application of skills that were engaged in throughout the semester assisted them in case conceptualization and skill development. Moreover, the intrapersonal growth that was noticed may serve as a developmental breakthrough that will help students arrive at greater understanding when addressing professional and personal concepts.

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A Silent Epidemic: Prevalence of Suicide Among Asian American Adolescents

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The suicide rate among Asian American adolescents has sharply increased in recent years. This article examines the factors which influence suicidal ideation, predictors of suicide, and treatment approaches for Asian American adolescents. It is imperative that mental health professionals understand the risk factors which may predict suicidal ideation. Predictors of suicide for Asian American adolescents include mental health issues, family dynamics, and academic and societal expectations and perceived pressures. Asian American adolescents report higher levels of depression and anxiety than their European American counterparts. The risk of suicide is likely to decrease when Asian American adolescents have supportive families. In academic settings, the model minority image can be detrimental to the mental health of Asian American adolescents which may lead to depression and potentially suicide. Social identity and religious beliefs are societal factors which may contribute to the incidence of suicide among Asian American adolescents. Mental health practitioners should be knowledgeable about these unique suicide prevention and intervention strategies to help reduce the incidence of suicide among Asian American adolescents. The Collaborative Assessment and Management of Suicidality (CAMS) model can be utilized by mental health professionals for suicide risk management and prevention with Asian American adolescents. Intervention programs which may be effective for Asian American adolescents at risk for suicidality include the Penn Resiliency Program (PRP), BeyondBlue, Problem Solving for Life (PSFL), and Depression in the Classroom.

Keywords: Adolescents, Asian American, Depression, Collaborative Assessment and Management of Suicidality, Suicide

According to Humes, Jones, and Ramirez (2011), the term *Asian Americans* refers to a panethnic group that incorporates an exceedingly diverse group of populations, with ancestral roots in East Asia, Southeast Asia, and/or South Asia. Approximately 50 distinctive Asian American ethnic groups, comprised of over 2% of the general population which communicate in a variety of different languages, reside in the United States (Baruth & Manning, 2003). Asian Americans and Pacific Islanders include the following cultures: Vietnamese, Korean, Chinese, Asian Indian, Filipino, and Japanese. Pacific Islanders are considered Hawaiians, Guamanians, and Samoans. Thus, each ethnic group varies in distinct lifestyles, cultures, histories, and views and interpretations of mental health and suicide (Baruth & Manning, 2016).

Kuroki (2016) highlighted the importance of examining the ethnic variation in suicidal behaviors among Asian Americans. Suicide rates were examined for the six largest Asian American groups: Filipino, Japanese, Vietnamese, Indian, Chinese, and Korean. The findings indicated that suicide rates for Indian and Filipino American females (1.5-1.8 per 100,000) were smaller than for Korean and Japanese American females (8.1-5.0 per 100,000). Korean and Japanese American males had the highest suicide rates when compared to males of the other aforesaid Asian groups.

Suicide has been rising at an alarming rate among Asian Americans (Duldulao, Takeuchi, and Hong, 2009; Heron, 2011). Kisch, Leino, and Silverman (2005) found that when compared to European Americans, Asian Americans had a higher rate of suicidal thoughts. Duldulao et al. (2009) found that Asian American women had

elevated rates of suicide (15.9%) when compared to the general United States population (13.5%).

In the United States, suicide is the 10th leading cause of death among all racial groups (American Foundation for Suicide Prevention, 2015); however, for Asian Americans suicide is the 8th leading cause of death (Xu, Kochanek, Murphy, & Tejada-Vera, 2010). Among Asian Americans, suicide is the second leading cause of death for individuals aged 15-24 and the third leading cause of death for individuals aged 25-34 (Heron, 2011; Xu et al., 2010). Asian Americans aged 20-24 had the highest suicide rate (12.44 per 10,000); furthermore, the suicide rate for Asian-Americans (6.10 per 10,000) is about half that of the national suicide rate (11.5 per 10,000) (American Foundation for Suicide Prevention, 2015; Heron, 2011; Xu et al., 2010).

The suicide rate among Asian American adolescents has sharply increased in recent years. For Asian Americans between the ages of 15-19, suicide is the second leading cause of death (Wong & Maffini, 2011). However, suicidal ideation is understudied among Asian Americans (Leong, Leach, Yeh, & Chou, 2007). Therefore, in this article, we will specifically examine the factors which influence suicidal ideation, predictors of suicide, and treatment approaches for Asian American adolescents.

Suicidal Ideation

Asian Americans are more likely to contemplate and attempt suicide in comparison to their European American peers (Anderson, Lowry, & Wuensch, 2015; Chu, Hsieh, & Tokars, 2011). While mental illness plays a role in suicidal ideation for Asian Americans, it is not the predominant risk factor (Chu, Chi, Chen, & Leino, 2014; Wong, Uhm, & Li, 2012). Suicidal ideation is a sociocultural response (Chu et al., 2014), meaning social and cultural factors are directly related to ideation in Asian Americans. Often, Asian Americans hide their ideations and are the least likely demographic to seek professional help (Chu et al., 2011). Asian Americans who have serious suicidal ideations may underestimate the importance of their condition; and, as a result, are less likely to receive the appropriate level of attention and support (Chu et al., 2011). According to Cheng et al. (2010), mental health professionals must first understand the risk factors that predict suicidal ideation; then

subsequently develop proper prevention and intervention plans.

Predictors of Suicide

Among adolescent Asian Americans, there are many factors that can predict suicidal ideation and suicide. The role of mental health issues, family dynamics, and academic and societal pressures as predictors of suicide among Asian American adolescents will be examined.

Mental Health

With the increased rate of suicide among Asian American adolescents, it is imperative to explore the issue of depression. Among Asian Americans, depression can create a fear of bringing shame and discord within the family. In collectivistic cultures, such as Asian cultures, a strong emphasis is placed on the family unit and individual accomplishments and failures reflect the family. Furthermore, research has demonstrated that Asian cultures show less tolerance for mental disorders than European cultures; the diagnosis of a mental disorder reflects a deviation from the social and cultural norms (Botha, Shamblaw, & Dozois, 2017). This stigma of psychological disorders and perceived shame on the family unit may elevate levels of depression among adolescents, thus increasing the probability of suicide. This is further enhanced because individuals with more collectivist values tend to be easily influenced by and adhere to perceived social and cultural norms.

These collectivist views can further exacerbate depression because Asian American adolescents may be less likely to seek treatment and to use medication for depression and other psychiatric disorders, therefore suffering longer and more severely which may ultimately lead to suicide. However, factors which inhibit help-seeking behavior for depression include lack of willpower to seek treatment, lack of financial resources, and lack of culturally competent services (Dieu, 2016). Asian American adolescents are also more concerned with saving face and preserving the family name, thus believing that admitting to suffering from depression may cause them, as well as the entire family unit, to seem unfavorable to others in society. It can then be inferred that Asian American adolescents who do not adhere to collectivistic values are more likely to seek treatment, take medication, and feel less shame

about suffering from depression, could decrease the incidence of suicide.

Asian American adolescents report higher levels of depression and anxiety than their European American counterparts. Prolonged anxiety is a major predictor of depression. According to Arora, Wheeler, Fisher, and Barnes (2017), Asian American adolescents who experience symptoms of anxiety are also more likely to struggle with depression one year later. There may be a positive relationship between the length of incidence of depressive symptoms and the severity of the depression; the longer one is depressed, the more depressed one is likely to become. Thus, it is important to reduce anxiety and depression, as well as prevent these disorders from occurring in the future, particularly to protect against the occurrence of suicide. Protective factors which may mitigate anxiety and depression include parental, peer, and teacher support, and engagement in school activities

Family Dynamics

The family unit is an important factor in the lives of Asian American adolescents which may have positive and negative effects on psychological well-being. Asian American adolescents who experience intergenerational conflict within their families are up to 30 times more likely to be at risk for suicide (Chu et al., 2017). According to Huang, Calzada, Cheng, Barajas-Gonzalez, and Brotman (2016), parents who place value on independence reduce the incidence of behavioral problems and increase the incidence of positive adaptive behavior among Asian American children. Immigrant parents usually experience some level of acculturation in which they adopt beliefs and behaviors of Western society. Children of parents who do not acculturate are more likely to experience mental health and behavioral problems. Conversely, when parents adopt more authoritative styles of parenting through acculturation, such as being responsive and nurturing to their children, this may lead to lower levels of mental health and behavioral problems. Mental health and behavioral issues, or lack thereof, can transfer from childhood into adolescence, which may be an indicator of how parenting and family dynamics affect adolescents.

According to Campos, Ullman, Aguilera, and Schetter (2014), families who are supportive, close, and warm may contribute to optimal mental health in Asian American adolescents. Therefore, the risk

of suicide is likely to decrease when Asian American adolescents have supportive and close-knit families. However, Asian American adolescents who believe that there is no social support within the family and the community may experience adverse mental health. Asian American adolescents who feel close to their family, without expressions of love, mutual understanding, guidance, and availability to do fun activities, may suffer psychologically.

Asian parents may have high standards for their children pertaining to the necessity of retaining cultural traditions and values if these parents do not acculturate into Western society. The pressure to retain their family's culture while attempting to individually acculturate into Western society may have negative consequences for Asian American adolescents. If Asian parents demonstrate more disapproval rather than support and acceptance, then Asian American adolescents are more likely to experience internalized guilt, which may lead to psychological distress and later suicide (Wong & Maffini, 2011).

Pressures

Academic. The importance some Asian cultures, such as the Chinese, place on educational success may have an adverse impact on the well-being of Asian American adolescents who experience alienation in school. Asian American girls experience stricter parental control over their school activities and social lives. While these adolescents may have positive experiences and relationships in school, the strict nature of Asian parents may precipitate stress and lead to a decrease in psychological well-being. Asian American girls are also more likely to be subject to social pressures in school, such as feeling pressured to wear fashionable clothes or express interest in boys, which is the antithesis of their parent's cultural values (Wong & Maffini, 2011).

The model minority image of Asian Americans, particularly in academic settings, can be detrimental to Asian American adolescents' mental health, especially if they cannot meet their peers' and teachers' standards. When peers and teachers expect Asian American students to excel in science and math, to be studious, and set the precedent for the grading curve, Asian American adolescents who do not or cannot meet these standards can be negatively affected, potentially becoming depressed

and possibly considering and committing suicide. These students may perform poorly on tests and decide not to ask for help from teachers when they are struggling academically since they are usually expected to exceed academic standards. Over 99% of Asian American adolescents have experienced this stereotype at least once (Kiang, Witkow, & Thompson, 2016); however, this model minority image can have positive effects as well. For some students, the model minority stereotype can lead to higher perceived academic performance, school valuing, positive relationships, and self-esteem (Kiang et al., 2016).

Societal. Individual well-being is often linked to one's interpersonal relationships in Asian cultures, and the negative consequences of thwarted belongingness, or lack of sense of belonging, may lead to a gradual suicide risk in Asian American adolescents (Carrera & Wei, 2017; Wong & Maffini, 2011). All individuals have a social identity, and some individuals' identity may also include racial and ethnic factors; for Asian Americans, having a strong racial and ethnic identity can protect against the discrimination and prejudice experienced from others in society. This enhanced social identity tends to decrease Asian Americans' rates of attempted and completed suicide (Ai, Nicdao, Appel, & Lee, 2015). However, when looking at the effects of discrimination paired with racial ethnic identity, from a cultural standpoint, some Asian Americans may be more likely to identify more with Westernized culture because they may experience guilt or embarrassment about their own culture (Ai et al., 2015). This could be even more prevalent among Asian American adolescents who are torn between retaining their family's culture and adopting Westernized culture and societal norms.

Another aspect which may contribute to the incidence of suicide among Asian American adolescents is religious beliefs; pressure from family, friends, and peers to adhere to a specific religion can be detrimental to the mental health of any adolescent. This may also be enhanced by the beliefs of the religion in question about suicide. Buddhism is especially popular among Asian cultures, such as Chinese, Taiwanese, Japanese, and Mongolian, and is the third largest religion practiced in the United States following Christianity and Judaism. In Buddhism, taking one's life rather

than attempting to purify the mind and achieve nirvana leads to the rebirth into a lower level of life and future anguish (Lizardi & Gearing, 2010). Other religions common among Asian cultures are Taoism and Confucianism, which also hold negative views of suicide (Chu et al., 2017). If Asian American adolescents follow this belief system, they may be less likely to attempt and complete suicide; however, if they do not possess strong religious beliefs, or hold no value in religion at all, they could be more likely to attempt and complete suicide.

Treatment

Treatment is an integral part of working with any population suffering from depression and suicidal ideation. However, it is imperative to discuss treatment modalities and treatment plans for Asian American adolescents since they contemplate and attempt suicide more often than their European American counterparts. As a result, practitioners must have prevention and intervention plans in place to reduce the incidence of suicide among this population. This section of the article includes discussion regarding the utilization of the CAMS model, what counselors should consider culturally when working with suicidal Asian American clients, and the utilization of other therapies and intervention programs to prevent and reduce the incidence of suicidality.

CAMS Model

The CAMS, or Collaborative Assessment and Management of Suicidality, model may be an effective approach when engaging in risk management and prevention for Asian American adolescents (Choi, Rogers, & Werth, 2009). The CAMS model is used to foster deeper meaning of the risk factors and feelings of suicide for the client, as well as help to differentiate between reasons for living and wanting to die. The mental health professional and the client work collaboratively to identify the risk factors leading to the client's feelings and desires of suicide, including psychological pain, stress, hopelessness, and self-hatred. The mental health professional and client also work to develop a plan for maintaining the safety of the client and resolution of the issues related to the suicidality of the client. This model can be beneficial for Asian American adolescents because it provides a framework to enhance the

understanding of cultural factors that may be related to suicidality in multicultural clients (Choi et al., 2009).

The CAMS model also assists the mental health professional with distinguishing between depression and the suppression of positive feelings which may be evident in some Asian cultures by identifying factors that clients feel good about in their lives (Choi et al., 2009; Kim-Goh, Choi, & Yoon, 2015). As previously discussed, acculturation can also have an influence on how Asian American adolescents express distress. This model can help clients and mental health professionals understand how many Asian American adolescents view depression and suicide based on the clients' level of acculturation into Western society.

Cultural Considerations

Mental health professionals should remain cognizant of their own views and knowledge of different cultures, and acknowledge any biases or stereotypes they may possess about Asian Americans. For example, mental health specialists who perceive Asian Americans as shy may form an inaccurate assumption about Asian American clients who exhibit social withdrawal behaviors, rather than exploring the behavior on a deeper level. Thus, problems with suicidal clients may be ignored, such as an assumption by a counselor that all Asian American adolescents come from supportive families and therefore overlook any possible suicidal ideation (Kim-Goh et al., 2015).

Mental health professionals should also be cognizant of the fact that reluctance from a client to disclose information does not mean that the client is not invested in therapy. Individuals from collectivistic cultures tend to avoid expressing their emotions and feel as though sharing negative emotions and behaviors with others may bring shame upon their family. Mental health specialists who view this behavior as unresponsive or an unwillingness to engage in therapy risk harming the counseling relationship and the client (Kim-Goh et al., 2015).

Other potential barriers to consider are the client's level of acculturation and how that can impact the client's worldview in regard to depression, suicide, and psychological services; in addition to intergenerational conflicts and family dynamics. Thus, a mental health professional who

possesses multicultural competency and knowledge about the different Asian cultures and the coinciding complexities is likely to work more effectively with Asian American clients who suffer from suicidality (Kim-Goh et al., 2015).

Language barriers may also contribute to incongruence within the therapeutic relationship, which may lead to client resistance among Asian Americans. In addition to linguistic communication barriers, nonverbal forms of communication may be problematic. For example, not having a bilingual practitioner proficient in casual and social forms of the language, may cause a rift between the client and mental health professional (Kim-Goh et al., 2015).

Asian American clients often prefer a more direct approach to therapy, rather than focusing on their own insight; however, each client is different, and the mental health professional must take this into consideration when beginning therapy with an Asian American adolescent. For suicidal clients who want direct advice or quick solutions to their problems, Westernized methods of therapy may not be congruent with what they desire. Thus, this could also lead to a withdrawal by the client and a further internalization of the suicidal thoughts (Kim-Goh et al., 2015).

Mental health professionals can utilize the Multidimensional Model for Developing Cultural Competence, which focuses on the core elements of cultural competence, culturally responsive services, and the specific race or culture to which the services apply (Substance Abuse and Mental Health Services Administration, 2014). Asian Americans are included in this model, which contributes to its effectiveness with Asian American adolescent clients. Additional suggestions for providing thorough and culturally competent mental health services for Asian American adolescents include developing culturally-specific questionnaires and trauma assessments, visiting the clients at home to improve family involvement, utilizing acupuncture or other practices for detoxification, and emphasizing relationship building for clients (Substance Abuse and Mental Health Services Administration, 2014).

Therapies and Interventions

A therapeutic approach that has proven to be effective with Asian American adolescents is cognitive behavioral therapy (CBT). According to

Kim-Goh et al. (2015), this form of therapy can be used with clients who have been dealing with long-term conflicts within themselves or with others, such as parents. CBT is used to bring forth negative thoughts, understand those thoughts, and change them into more positive thoughts; the same process is utilized for negative or irrational behaviors. Other forms of therapy that can be used with Asian American adolescents are acceptance and commitment therapy, dialectical behavior therapy, and mindfulness-based therapy, as these methods fit well with Asian cultural beliefs and values pertaining to mental health (Hall, Hong, Zane, & Meyer, 2011). The concept of mindfulness has roots in Buddhism and Asian practices, and has been gaining support among mental health practitioners as a viable treatment for depression, anxiety, trauma, and other mental health problems (Hall et al., 2011; Kim-Goh et al., 2015).

According to Dieu (2016), the Penn Resiliency Program (PRP), BeyondBlue, Problem Solving for Life (PSFL), and Depression in the Classroom are several intervention programs that can be effective for Asian American adolescents who suffer from depression and suicidality. The PRP is a program that integrates positive psychology and optimism through cognitive therapy to help adolescents become aware of their thoughts, determine how helpful these thoughts are, and work to make the thoughts more helpful and accurate. This program helps to enhance coping skills among adolescents, which can be beneficial for depressed or suicidal adolescents. The program has been evaluated among various ages and cultural backgrounds, making it an appropriate and effective intervention for Asian American adolescents. BeyondBlue is a program which aims to strengthen bonds between the family, community, and school, which are protective factors of suicide and depression in Asian American adolescents. BeyondBlue also gives adolescents more access to school and community services, and provides opportunities for Asian American adolescents to seek help and enhance their resiliency and coping skills.

PSFL is another cognitive behavioral approach for Asian American adolescents used to help them confront stressors rather than internalize the distress and become withdrawn. PSFL teaches problem-solving skills and how to acquire positive attitudes toward solving problems and coping with stressors.

This program helps to address Asian American adolescents' use of avoidant behavior when problem solving, which lessens the desire to internalize their distress due to fear of bringing shame upon the family. PSFL may also help to increase Asian American adolescents' assertiveness and foster a newfound sense of empowerment and self-advocacy. Depression in the Classroom is used to increase teachers' and school staff's knowledge of depression through lectures, which can lead to a wider support system and comfortability for Asian American adolescents who are struggling with depression and may be contemplating suicide. These lectures also address cultural factors, including Asian cultures; thus, Asian American adolescents can directly benefit from this intervention program (Dieu, 2016).

Implications

The first step in developing suicide prevention and intervention strategies for Asian Americans is to understand their risk factors for suicide. Factors associated with mental health and help-seeking attitudes which impact Asian Americans include acculturative stress, ethnicity, gender, a sense of hopelessness, marginalization, and familial and intergenerational conflicts (Atkinson & Gim, 1989; Chen, Sullivan, Lu, & Shibusawa, 2003; Chung, 2001; Suinn, 2010). Barongan (2008) found additional identifying risk factors that contribute to suicide among Asian Americans which include feelings of remorse, seclusion, or inadequacy; pressure to meet high academic expectations (i.e. perfectionism); discrimination; questioning one's sexual orientation; previous suicide attempts or thoughts of suicide; loss of a loved one; an inability to appropriately express feelings; and deficient skills in problem solving. Therefore, it is imperative to educate the public and mental health professionals about these cultural and adaptation issues of Asian Americans.

Limited research is available when examining the relationship between acculturation and suicide (Chen et al., 2003; Cho, 2003; Miller, Yang, Hui, Choi, & Lim, 2011; Suinn, 2010). Research suggests that there is a strong relationship between identification with an individual's culture of origin and suicidal ideation (Cho, 2003). Asian Americans who experience a high level of acculturation conflict may benefit from seeking social support with those that share similar

experiences (Miller et al., 2011; Shim & Schwartz, 2008; Suinn, 2010). Also, it is important to educate Asian families about the acculturation gap and help them normalize, recognize, and validate that part of immigrating to a new culture is adjusting to the new ways of life. This, in turn, may help to alleviate stress experienced by Asian American parents and adolescents (Lee, Choe, Kim, & Ngo, 2000; Lee, Su, & Yoshida, 2005).

Conclusion

In recent years, the suicide rate among Asian American adolescents has sharply increased. However, this population continues to remain understudied and undertreated by mental health specialists. It is imperative that mental health professionals understand the risk factors that predict suicidal ideation. Furthermore, they must become knowledgeable about suicide prevention and intervention strategies to help reduce the incidence of suicide among Asian American adolescents. In order to further understand the complexity of suicidality among adolescent Asian Americans, it is important for research to be increased in this area.

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The Relationship between Hegemonic Masculinity and Multicultural Competence in Male Counselors

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The purpose of this study was to explore hegemonic masculinity, an expression of the male identity whereby value is placed on attitudes and behaviors which may be destructive, and Multicultural Competence (MCC) in male counselors. Data were collected using the Multicultural Counseling Knowledge and Awareness Scale (MCKAS; Ponterotto, et al., 2002) and the Male Norm Roles Inventory (MRNI-SF; Levant, Hall, & Rankin, 2013). Hierarchical Linear Regression (HLR) and correlational analyses were used. Results support that hegemonic masculine attitudes are negatively related to MCC, and sexual identity is related to hegemonic masculine attitudes and MCC.

Keywords: gender issues, counselor education, cultural competence

A large body of research exists related to multicultural counseling competence (MCC; e.g., Clark et al, 2017; Ponterotto & Potere, 2003) and some research exists related to gender roles in counselor education (Lee & Kashubeck-West, 2015; Michel, Hall, Hays & Runyan, 2013). Although one study was found in reviewing the literature (Chao, 2012), little research exists with the purpose of examining gender constructs and MCC variables together. Further, no research exists on hegemonic masculinity in counselor education. Considering the nature of the counseling field and its parallels with more traditionally feminine ways of being (i.e., empathy, relationship building, etc.) (Michel et al., 2013), male counselors-in-training (CITs) may feel a conflict between their masculine identities and the traditionally feminine aspects of their training as counselors (Wester & Vogel, 2002). Additionally, there may be differences in masculine gender norms among male counselors-in-training (Hirschy & Morris, 2002).

Women usually have higher levels of MCC than men (Brown, Parham, & Yonker, 2001; Chao, 2012; Steward, Sauer, Baden, & Jackson, 1998). Typically, people who are part of privileged groups, have less self-awareness

about the privileges that come with their identity as part of that group (Mindrup, Spray, & Lamberghini-West, 2011), which may explain why men have had lower levels of MCC in previous studies (Brown et al., 2001; Chao, 2012; Steward et al., 1998). There is no research which explores the differences in MCC in male counselors, despite the marked differences in MCC between women and men counselors.

Hegemonic Masculinity

Some men may value behaviors and attitudes that may be destructive, sometimes consistent with the traditional male identity (Connell & Messerschmidt, 2005). This expression of the male identity is sometimes called *hegemonic masculinity* (Connell & Messerschmidt, 2005). Hegemonic masculinity asserts and holds in place male dominance while disempowering people with non-male gender identities (Connell & Messerschmidt, 2005). For example, when toughness, a trait that is traditionally associated with masculinity, is rigidly valued above emotional awareness, a trait that is traditionally more closely associated with femininity, the implicit message is that masculine qualities are of higher value and that one should avoid having feminine qualities.

Levant, Hirsch, Celentano, and Cozza (1992) created a scale called the Male Role Norms Inventory (MRNI), which initially included 58 items and seven subscales. Later, the model was refined and a short form (MRNI-SF; Levant, Hall, & Rankin, 2013) was created with 21 items and seven subscales including: Avoidance of Femininity, Negativity toward Sexual Minorities, Self-Reliance through Mechanical Skills, Toughness, Dominance, Importance of Sex, and Restrictive Emotionality. Higher scores in these domains indicate greater hegemonic masculine attitudes.

Multicultural Counseling Competence

MCC is a widely studied construct (Clark et al, 2016; Ponterotto & Potere, 2003) and a cornerstone of ethical counseling practice (ACA, 2014; Ratts, Toporek, Lewis, & ACA, 2010). MCC is comprised of two factors, which are knowledge and awareness (Ponterotto et al., 2002). Perhaps the most used instrument in measuring this variable in the context of counseling is the Multicultural Competence Knowledge and Awareness Scale (MCKAS; Ponterotto et al., 2002). *Knowledge* refers to the degree to which the counselor is informed about other cultures and best practices in working with diverse clients (Ponterotto & Potere, 2003). *Awareness* refers to the counselor's attitude about diversity and culture. For instance, a counselor who is higher in awareness more strongly supports the pluralistic values of multiculturalism (Ponterotto & Potere, 2003). Awareness also refers to her or his confidence in working with clients who are culturally different and willingness to monitor and challenge one's own bias and assumptions.

Multiple studies have measured the relationship between gender and/or sex and MCC (e.g., Brown et al., 2001; Chao, 2012; Constantine, 2000; Steward et al., 1998). Results indicate a mixed relationship between sex/gender and MCC. Some studies indicated that there is no significant relationship between MCC and sex/gender (Constantine, 2000). However, gender has been found to have a significant relationship with MCC in

multiple studies spanning decades of counseling research (e.g. Brown, et al., 2001; Chao, 2012; Steward et al., 1998). Specifically, individuals who identify as males have lower overall levels of multicultural counseling competence. Female identified or women indicate higher levels of MCC. The gender difference in MCC is especially pronounced in White males in the literature (Brown et al., 2001). This is particularly important to consider, as most male counselors identify as White (CACREP, 2014). It is of note that most studies in this area have measured gender demographics only a binary (male/female or man/woman).

Male counselors may have lower levels of MCC (Chao, 2012; Steward et al., 2011), yet no research has been conducted to explore the factors that influence MCC in a sample of male counselors. Therefore, the researchers designed the present study to explore the relationship between hegemonic masculinity and MCC in a sample of male counselors and counselors in training (CIT).

Method

Participants and Procedure

Following Institutional Review Board (IRB) approval researchers distributed an electronic survey packet containing a consent form, the MCKAS (Ponterotto et al., 2002), and the MRNI-SF (Levant et al., 2013), and a demographic sheet. The sampling procedure consisted of distributing, on the Counselor Education and Supervision Network Listserv (CESNET-L) and COUNSGRADS, an invitation containing a link to the electronic survey. The invitation was distributed three times to each of those listservs. The invitation was also sent to 38 program coordinators of CACREP accredited counseling programs, asking that they forward the message to their male counseling students. Additionally, the researchers sent the invitation to colleagues who identified as cisgender male counselors or counselor educators and invited them to participate. Participants were asked send the survey to any other cisgender male counselors that they knew. The sample size ($N = 97$) meets minimum requirements for statistical

power of .8 (Cohen, 1988; Faul, Erdfelder, Buchner, & Lang, 2009).

Participants in the present study are 97 cisgender male define counselors and CITs from various backgrounds and cultural groups. The participants in the study represent a variety of counseling levels of experience including counselor educators ($n = 10$, 10.3%), professional counselors ($n = 14$, 14.5%), doctoral students in counseling/counselor education ($n = 9$, 9.3%), and masters students in counseling ($n = 64$, 66%). Participants represent various counseling specialties to include addictions ($n = 4$, 4.1%), career ($n = 2$, 2.1%), college ($n = 4$, 4.1%), community ($n = 6$, 6.2%), marriage, couple, and family ($n = 6$, 6.2%), mental health ($n = 53$, 54.6%), and school ($n = 22$, 22.7%). Participants represent a variety of diverse ethnocultural backgrounds including: American Indian ($n = 1$, 1%), Asian ($n = 4$, 4.1%), Black ($n = 10$, 10.3%), Latino ($n = 2$, 2.1%), Multiracial ($n = 4$, 4.1%), Other ($n = 2$, 2.1%), and White ($n = 74$, 76.3%). Participants represented various sexual identities including Bisexual ($n = 2$, 2.1%), Gay ($n = 15$, 15.5%), and Heterosexual ($n = 80$, 82.5%). Participants' diversity courses completed ranged from zero to six ($M = 1.3$, $SD = .8$).

Research Questions

To investigate the overarching purpose, which was to explore the relationship between hegemonic masculinity and MCC in a sample of male counselors and counselors in training (CIT), the following research questions were addressed:

- RQ1: What is the relationship between hegemonic masculinity and MCC Knowledge and MCC awareness when controlling for participant identity variables (sexual identity, ethnocultural identity, counseling specialty, counseling experience level, number of counseling diversity courses taken) in sample of male counselors and CITs?
- RQ2: How do participant identity variables (sexual identity, ethnocultural identity, counseling specialty, counseling experience level, number of counseling diversity

courses taken) impact male counselors and CITs hegemonic masculinity?

Instrumentation and Variables

The variables measured in this study include participant demographic factors, hegemonic masculine attitudes (as measured by the MRNI-SF), and MCC (as measured by the MCKAS).

MRNI-SF. To measure hegemonic masculine attitudes the MRNI-SF (Levant et al., 2013) was used. MRNI-SF includes 21 items asking participants to rate, on a seven-point Likert scale, to what extent they agree or disagree with various statements. Sample statements include “men should be the leader in any group”; “men should watch football games instead of soap operas;” and “homosexuals should never marry” (Levant et al., 2013). Factor analyses have supported a bi-factor model (Levant, Hall, Weigold & McCurdy, 2016) for the MRNI-SF. First, the factor-specific model, which includes the seven specific sub-factors of hegemonic masculine attitudes (Avoidance of Femininity, Negativity toward Sexual Minorities, Self-Reliance through Mechanical Skills, Toughness, Dominance, Importance of Sex, and Restrictive Emotionality), and the general traditional masculinity ideological factor (i.e., the total score of the scale). For the purposes of this study, the general traditional masculinity ideological factor, which is the combined mean score of every item on the MRNI-SF, was used as the measure for hegemonic masculine attitudes. The mean for all participants on this instrument was fairly low, with little variance ($M = 2.09$, $SD = .86$), meaning most overall scores from this population reflected a mostly non-traditional view of masculinity and lower hegemonic masculine attitudes. The overall scores on this measure ranged from one to 4.29, meaning some participants rejected every hegemonic masculine attitude, and the highest scoring participant score reflected only a mild leaning toward hegemonic masculine attitudes. In this sample, the instrument yielded a high internal consistency (Cronbach's $\alpha = .91$).

MCKAS. To measure MCC, the researchers used the MCKAS (Ponterotto, et al., 2002), which is a 32-item scale. 20 items that measure MCC Knowledge and 12 items measure MCC Awareness. All items are on a seven-point Likert scale. Each item is a statement regarding the participant's multicultural competence and the participant is asked to indicate to what extent the statement is true for them. A number of items were reverse coded to account for negatively worded questions. After items were reverse coded, the mean of each participant's individual scores for each subscale was calculated.

Knowledge. The first factor is Knowledge, which includes items with statements like "I am aware of certain counseling skills, techniques, or approaches that are more likely to transcend culture and be effective with any clients"; and "I am aware some research indicates that minority clients receive 'less preferred' forms of counseling treatment than majority clients." Participants in this study rated themselves somewhat above the scale's median ($M = 5.33$, $SD = .75$), and scores ranged from 3.55 to 6.7. In this study, this subscale yielded a high internal consistency (Cronbach's $\alpha = .80$).

Awareness. The second factor is Awareness, which includes items with statements like "I think that my clients should exhibit some degree of psychological mindedness and sophistication"; and "I believe that all clients must view themselves as their number one responsibility." Participants in this study rated themselves somewhat above the scale's median ($M = 5.89$, $SD = .77$), and scores ranged from 3.58 to 7. In this study, this subscale yielded a high internal consistency (Cronbach's $\alpha = .81$).

Demographic Form. The demographic form measured six variables: gender, ethnocultural identity, counseling specialty, counseling level of experience, and number of diversity courses taken. The gender, ethnocultural identity, and number of diversity courses were write-in items for participants to indicate their identity factors.

The counseling specialty items allowed the participant to choose one of the CACREP-identified counseling specialties (CACREP, 2014) or write-in *other*. Counseling level of experience allowed the participants to choose if they were a masters student, doctoral student, professional counselor, counselor educator, or write-in *other*. Gender was included in the demographic sheet to ensure all participants identified as cisgender men. Ethnocultural identity and number of diversity courses taken may impact MCC (Chao, 2012). Sexual identity and counseling specialty were included to assess whether or not these attributes impact hegemonic masculine attitudes.

Data Cleaning and Analysis

Before data were analyzed, they were entered into the Statistical Package for the Social Sciences (SPSS) 23 for cleaning. Data cleaning included removing any cases that were not fully complete as all participant information and scores (demographic data, MCKAS scores, and MRNI-SF scores) were needed for analysis. Research questions were answered using hierarchical linear regressions (RQ1) and a factorial analysis of variance (ANOVA; RQ2). To complete data cleaning, assumptions of these tests were checked. The assumptions of hierarchical linear regression are linearity, homoscedasticity, multicollinearity, the absence of outliers, and normality. Linearity and homoscedasticity of the data were checked using scatterplots; these scatterplots indicted a linear relationship between variables of interest (MCKAS and MRNI-SF scores) and the residuals were evenly spread. Pearson product moment correlations (r) were used to assess multicollinearity. The independent variable correlations do not exceed .7 (see Table 1), indicating this assumption is met in the present sample (Tabachnick & Fidell, 2013). There were two outliers present in the sample (MRNI-SF scores) which made the MRNI-SF distribution abnormal; these two outliers were winsorized to the mean score (1.4) (Huber, 1981; Hoo, Tvarapati, Piovoso, & Hajare, 2002) which normalized this variable (skew

and kurtosis within ±2; Tabachnick & Fidell, 2013). All other continuous variables were distributed normally (skew and kurtosis within ±2) and met assumptions of regression (Tabachnick & Fidell, 2013).

Table 1: Correlations between Variables of Interest

	1.	2.	3.	4.	5.	6.	7.	8.
	M R NI	M C -K	M C -A	Ethn ocult ural Ident ity	Se xu al Ide nti ty	Cou nse ling Exp erie nce	Cou nse ling Spe cialt y	Nu mb er Div ers ity Co urs es
1	--	-	-	-.104	.408	.109	-	-
2	-	.482*	.731*	.032	-	-	.146	.188
3	-	-	-.012	-	.314*	.012	-.087	.158
4	-	-	---	---	---	---	.076	.066
5	-	-	---	---	---	.127	.016	.269*
6	-	-	---	---	---	---	.045	.407*
7	-	-	---	---	---	---	---	.161
8	-	-	---	---	---	---	---	---

Note: * indicates significance at the $p < .01$ level; MRNI = Male Role Norms Inventory; MCC-K = multicultural knowledge; MCC-A = multicultural awareness.

Independence, the absence of outliers, normality, homogeneity of variance,

multicollinearity, linearity, continuous dependent variable (MRNI-SF scores), and categorical independent variables are the assumptions of factorial ANOVA. Participants were not in multiple groups (e.g., counseling specialty), outliers, normality, multicollinearity, and linearity were addressed in the assumption testing for regressions as outlined above, meeting the assumptions of factorial ANOVA. Homogeneity of variances was assessed using a Levene’s test of Equality of Variances ($F = 1.27, p = .22$), indicating the assumption is met in the present sample.

The final step of dating cleaning was dummy coding the continuous variables used to answer research question one. The MCC Knowledge, MCC Awareness, MRNI-SF, and number of diversity courses taken variables are continuous and did not require dummy coding. The sexual identity, ethnocultural identity, counseling specialty, and counseling level of experience were dummy coded as dichotomous variables for use in the regression model. Sexual identity was coded *non-heterosexual* (0) and *heterosexual* (1). Ethnocultural identity was coded as *Non-White* (0) and *White* (1). Counseling specialty was coded *Non-Mental Health* (0) and *Mental Health* (1). Counseling level of experience was coded as *Master’s Student* (0) or *Post-Master’s Counselor* (1). These coding decisions were made to reflect experiences of privilege and oppression (sexual identity and ethnocultural identity) or to reflect the composition of the sample (counseling specialty and counseling level of experience).

To answer research question one, two hierarchical linear regressions were conducted to test the relationship between (a) hegemonic masculinity (MRNI-SF scores) and MCC Knowledge (MCKAS Knowledge subscale) and (b) hegemonic masculinity (MRNI-SF scores) and MCC Awareness (MCKAS Awareness subscale). The variables were entered into the regression step-wise to reflect causal priority (Petrocelli, 2003). For both regressions the independent variables were MCC Knowledge and MCC Awareness respectively; the first step included participants’ sexual identity and

ethnocultural identity, the second step included participants' counseling specialty, counseling level of experience, and number of diversity courses taken, and the third and final step included participant's MRNI-SF scores. To answer research question two, which explored the relationship between participants' identity factors (sexual identity, ethnocultural identity, counseling specialty, counseling experience level, and number of counseling diversity courses taken) and hegemonic masculinity (as measured by the MRNI-SF), a factorial ANOVA was conducted.

Results

Hegemonic Masculinity and MCC

Hegemonic masculinity significantly predicts both MCC Knowledge and MCC Awareness (see table 2 below). The first regression explored how hegemonic masculine attitudes predicted MCC Knowledge; models one, two, and three were all significant ($p = .01$, $p = .05$, and $p < .001$, respectively). The third model led to a significant increase in R^2 of .14 $F(1, 89) = 6.43$, $p < .001$, adjusted $R^2 = .26$, indicating a large effect size (Cohen, 1988).

The second regression explored how hegemonic masculine attitudes predicted MCC Awareness; both models one ($p = .01$) and two ($p < .001$) were significant. The third model led to a significant increase in R^2 of .44 $F(1, 89) = 18.64$, $p < .001$, adjusted $R^2 = .53$, indicating a large effect size (Cohen, 1988).

Table 2: Summary of Hierarchical Linear Regressions for Variables Predicting MCC Knowledge and Awareness

Model	R	R ²	Adj. R ²	S.E.	Δ R ²	ΔF	df	Significance
1	.3	.09	.07	.73	.0	4.6	(2, 89)	.01
2	.4	.17	.15	.71	.0	2.7	(3, 89)	.05

Model	R	R ²	Adj. R ²	S.E.	Δ R ²	ΔF	df	Significance
1	.3	.09	.07	.73	.0	4.6	(2, 89)	.01
2	.3	.1	.08	.75	.0	.49	(3, 89)	.69
3	.7	.55	.53	.54	.48	89.02	(1, 89)	.00

Hegemonic Masculinity and Identity Factors

The differences in hegemonic masculine attitudes across sample demographics was measured using a factorial ANOVA. The factorial ANOVA results indicated no statistical differences between participants' sexual identity, $F(2, 58) = 1.21$, $p = .31$; ethnocultural identity, $F(5, 58) = 1.71$, $p = .19$; counseling specialty, $F(5, 58) = .19$, $p = .96$; counseling experience level, $F(6, 58) = 1.26$, $p = .3$; and number of counseling diversity courses taken $F(4, 58) = 1.21$, $p = .33$ and their hegemonic masculine attitudes.

Discussion and Implications

The results of both regression models one and two may indicate that male counselors' hegemonic masculine attitudes predict MCC Knowledge and MCC Awareness. The first regression (MCC Knowledge) was significant at all three steps (see table 2). The significance at the first step may indicate that sexual identity and ethnocultural identity is related to MCC Knowledge. When the standard beta weights of this step are examined, it is noted that sexual identity is significant ($\beta = -.302$, $p = .003$), while ethnocultural identity is not. The significance

of the second step may indicate that sexual identities outside of heterosexuality (gay and bisexual in the present sample) may impact participants' MCC Knowledge. When the standard beta weights of this step are examined both sexual identity ($\beta = -.27, p = .01$) and number of diversity courses ($\beta = .23, p = .04$) are significant while ethnocultural identity, counseling level of experience, and counseling specialty were not significant. In the third and final step of the first regression was also significant. When standard beta weights are examined in this step counseling specialty ($\beta = .17, p = .05$), number of diversity courses taken ($\beta = .21, p = .05$), and MRNI scores ($\beta = -.41, p < .001$) were all significant while ethnocultural identity, sexual identity, and counseling level of experience were not. Participants' MCC Knowledge and MRNI-SF scores were negatively correlated ($r = -.48, p < .01$; see Table 1); this may indicate that as hegemonic masculine attitudes increase, MCC Knowledge decreases.

The second regression (MCC Awareness) was significant at the first and third steps (see Table 2). When examining the first step standard beta weights, again sexual identity was significant ($\beta = -.32, p = .002$), while ethnocultural identity was not. Sexual identities outside of heterosexual (gay and bisexual in the present sample) may have an overall effect on MCC Awareness. When exploring the final step using standard beta weights only MRNI-SF scores were significant ($\beta = -.74, p < .001$; ethnocultural identity, sexual identity, counseling level of experience, counseling specialty, and number of diversity courses taken were not significant). Participants' MCC Awareness and MRNI scores were negatively correlated ($r = -.73, p < .01$; see Table 1); this may indicate that as hegemonic masculine attitudes increase, MCC Awareness also decreases.

The results of this study indicate that in the present sample of male counselors there are multiple variables that may impact MCC to include the number of diversity courses they have taken, sexual identities outside of heterosexuality, and their

hegemonic masculine attitudes (the most significant predictor in the model). It is theoretically consistent that additional diversity courses would impact overall MCC; however, in the present sample MCC Knowledge and Awareness are not significant correlated with the number of diversity courses a participant took (see Table 1). Sexual identity is moderately correlated with both MCC Knowledge and Awareness in the present study (see Table 1); it is also moderately correlated with MRNI scores. A clear indication from the results of this study is that hegemonic masculine attitudes as measured by the MRNI significantly impact both MCC Knowledge and MCC Awareness in the present sample of male counselors.

Considering the results of this study, counselor educators and supervisors may consider the utility of hegemonic masculine attitudes in predicting a deficiency in MCC Knowledge and MCC Awareness in male counselors-in-training. One interpretation of these results that could be made is that male counselors-in-training may require additional attention with regard to cultural competence. If instructors and/or supervisors identify hegemonic masculine attitudes (e.g., overvaluing rationality, portraying a tough image, emphatically rejecting femininity, a tendency toward dominating behavior, etc.; Levant et al., 2013) in their male students/supervisees, supervisors could consider a number of interventions focused on cultural competence to help increase their empathy. Wester and Vogel (2002) provided training techniques toward that end. Specifically, they suggested a number of interventions for supervisors and counselor educators: (a) the use of empathy to resolve any conflict between their masculine identity and their training as counselors; (b) building rapport by expressing an appreciation for the positive prosocial aspects of the masculine identity; (c) closely monitoring and bracketing one's own assumptions and biases to ensure the supervisor does not pathologize aspects of the supervisee's masculine identity; (d) recognizing male ways of being and adapting

teaching methods for male students that honors those; and (e) understanding the trainee's male development and the history of their socialization as a male (Wester & Vogel, 2002). Further research is needed to determine the efficacy of particular approaches when addressing these issues.

Limitations and Future Research

Directions

There were a number of limitations in the present study to consider. First, though the predictive utility of the MCKAS and MRNI-SF are good (Levant et al., 2013; Ponterotto et al., 2002), they are self-report instruments. Additionally, it is possible that some amount of self-selection could have influenced results (Lavrakas, 2008). For instance, those who are either strongly for or against multicultural perspectives could have been more inclined to complete the items, and it is possible that other eligible participants who may have been more neutral could have declined completing the survey. However, enough variance was still present in the sample to yield meaningful results. Finally, the sample only included participants from within the United States, and therefore, results cannot be generalized internationally. Additionally, this study did not explore the MRNI-SF subscales, only the overall total score to represent hegemonic masculine attitudes. Finally, this study's results only represent a static view of participants' beliefs at the time this survey was completed, and other gender identities are not represented.

In future research projects, a similar study could be conducted to include all genders (including non-binary identities, transgender identities, and others), as it could be possible for others to hold hegemonic masculine attitudes as well. Another option is to design a similar study that utilizes the NMRI-SF subscales in analyses, to further explore variance (Levant et al., 2013). Qualitative approaches would also be useful, exploring how male counselors and CITs leverage and identify with their masculinity and gender identity as professional counselors. Additionally, various approaches,

such as the ones suggested by the authors, could be evaluated empirically for efficacy in improving multicultural competence. Similarly, pedagogical models for teaching multicultural courses could be evaluated to observe their effects on hegemonic masculine attitudes.

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Test Questions for Licensed Professional Counselors

A score of 100% is needed on the following items. You need to submit this test along with the request for a certificate to receive CE Clock Hours. Once scored, you will receive a certificate verifying **2.5 Continuing Education Clock Hours**.

The Corrective Feedback Microlab: An Experiential Group Exercise to facilitate the Giving and Receiving of Corrective Feedback

1. Corrective feedback in this paper is defined as...
 - A. Feedback intended to encourage thoughtful examination
 - B. Corrective feedback is meant to express the feedback giver's perception of the need for change on the part of the receiver.
 - C. Neither a nor b
 - D. Both a and b
2. The Corrective Feedback lab Microlab Identifies
 - A. Thoughts, feeling and behaviors
 - B. Cognition, behavior, and readiness
 - C. Unconscious feelings and thoughts
3. Feedback Microlab may inform clients of interactions that are important to the group process and that others may have...
 - A. Similar or different feelings associated with feedback exchange
 - B. Only similar feelings associated with feedback exchange
 - C. Only different feelings associated with feedback exchange
4. How many hours do Microlabs involve group exercises?
 - A. One
 - B. Two
 - C. Three
 - D. One to three

Flipped Classroom Methodology Applied to Counselor Development

5. Flipped Classrooms is appropriate for
 - A. All courses
 - B. Only hybrid courses
 - C. Courses with heavy content

6. In the flipped classroom method a professor should
- A. Actively participate with the students
 - B. Should only be a participant observer
 - C. Leave the classroom and let students discuss freely and come back and check on their progress
7. The flipped classroom has emerged as an innovative method of teaching that emphasizes...
- A. That which is done in **class** is now done at **home**, and that which is traditionally done as homework is now completed in class
 - B. That which is done at **home** is now done at **class**, and that which is traditionally done as homework is now completed in class
 - C. That which is done in **class** is now done at **home**, and that which is traditionally done as class work is now completed at home

A Silent Epidemic: Prevalence of Suicide Among Asian American Adolescence

8. Depression can lead to a fear of what among Asian American adolescents?
- A. Fear of failure
 - B. Fear of suicide
 - C. Fear of bringing shame to the family
9. In what way do collectivistic views exacerbate depression among Asian Americans?
- A. Less likely to meditate
 - B. Less likely to use medication
 - C. Less likely to seek treatment
 - D. Both B and C
10. Why is the CAMS Model effective with Asian American populations?
- A. It helps detect depression
 - B. It helps distinguish depression from suppression of positive feelings
 - C. It helps identify level of acculturation

Credit Verification Form for Licensed Professional Counselors

The Louisiana Counseling Association awards **2.5 Continuing Education Clock Hours** for reading the *Louisiana Journal of Counseling (LJC)* and correctly completing the Study Questions. To receive a certificate verifying your participation in this easy and inexpensive way to earn valuable CE Clock Hours, LCA members may complete the form below and mail it, along with **\$10 (non-LCA members, \$25)** and your completed test questions, to the following address:

**Diane Austin
LCA Executive Director
353 Leo Street
Shreveport, LA 71105**

The Louisiana Counseling Association has been approved by NBCC as an Approved Continuing Education Provider, ACEP #2019. Programs that do not qualify for NBCC credit are clearly identified. LCA is solely responsible for all aspects of the program.

I verify that I have read the entire **FALL 2019** edition of the *Louisiana Journal of Counseling (LJC)* and am now applying for **2.5 clock hours** of continuing education credit in conjunction with correctly answering the Study Questions for this year's journal.

Name (PRINT – as you wish to have it appear on your certificate):

Mailing Address

Street

City

State

Zip

Phone __ (cell) _____ (other) _____

E-mail _____

Signature _____

Date _____

*Make checks payable to **LCA**

A Verification form with your clock hours will be mailed directly to the address provided on this form.

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

MANUSCRIPT CATEGORIES

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

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

MANUSCRIPT REQUIREMENTS

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

1. Submit an emailed, electronic, blind copy in Word of the entire manuscript to Meredith Nelson, mnelson@lsus.edu, Psychology Dept., One University Place, Shreveport, LA 71115 or three (3) clean, hard copies of the entire manuscript with an electronic version to Peter Emerson, *LJC* Editor, pemerson@selu.edu, SLU Box 10863, Hammond, LA, 70402.
2. Include a cover letter with your manuscript submission that contains your name and title, place of employment and position, address, telephone number, and e-mail address.
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6. The *LJC* is published annually in the Fall.
7. Material that has been published or is currently under consideration by another periodical should not be submitted.
8. Generally, authors can expect a publication decision within 3 months after the acknowledgment of receipt.
9. Manuscripts that do not conform to the *APA Publication Manual* guidelines will be returned without review.

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Did the articles meet your needs:

	Low/Not Met			High/Met		
1. Practical Suggestions	1	2	3	4	5	NA
2. Innovative material	1	2	3	4	5	NA
3. Well Organized Articles	1	2	3	4	5	NA
4. Quality of Bibliography	1	2	3	4	5	NA
5. Increased awareness of subject matter	1	2	3	4	5	NA
6. If illustrations, charts, maps are used, are these relevant, clear, and professional looking	1	2	3	4	5	NA
7. Overall, the Journal was beneficial to me	1	2	3	4	5	NA

Comments:
