

## A NATIONAL SURVEY OF ON-CAMPUS CLINICAL TRAINING IN COUNSELOR EDUCATION

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### **Abstract:**

Results of the first national survey of on-campus clinical training in 216 counselor education programs are presented and implications for counselor preparation are discussed.

### **Article:**

Published studies concerning on-campus clinical training are lacking in the counselor education literature (Myers, 1994; Myers & Smith, 1994). Yet, the standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 1994) include, in Section III, Clinical Instruction, a standard that states that counselor training programs have "[a] counseling laboratory that is conducive to modeling, demonstration, and training... available and used for clinical instruction" (p. 53). Thus, on-campus laboratories are likely to be a component of most counselor preparation programs (Myers, 1994).

An on-campus laboratory, as defined by the 1994 CACREP standards, is a facility in which counselor trainees can engage in individual and group counseling with an assurance of privacy as well as sufficient space and equipment to support a variety of types of supervisory activities. The 1994 standards suggest the minimum requirement for an on-campus laboratory, which "includes, but is not limited to" (p. 53) rooms with capabilities for observation and both portable and permanent audiotape and videotape recording and playback equipment. The 1994 standards do not include a definition of laboratory, but the 1988 standards of CACREP included that term in its glossary. A laboratory was defined as "a curricular experience which provides both observation and participation in specific activities" (CACREP, 1988, p. 23). Neither the 1988 nor the 1994 standards use the term clinic to describe a counseling laboratory. Rather, the reference in the standards is to clinical training.

A variety of issues related to on-campus clinical training were considered in a 1992 national think tank sponsored by the Association for Counselor Education and Supervision (ACES) Directors of Clinical Training and Clinics (DCTC) Interest Network. These issues concerned the development, implementation, and ongoing operation of on-campus laboratories. Several models for providing on-campus clinical training were presented (e.g., Altekruze & Seiters, 1994; West, Bubbenzer, & Delmonico, 1994). Each model shared a common foundation of the counseling laboratory as the facility in which on-campus clinical training is provided. In addition, several models were described in which the laboratory was used simultaneously as a curricular experience and as a clinic for the provision of counseling services (Leddick, 1994). As a clinic, the on-campus facility is a resource that provides counseling services to the university and, often, to the surrounding community as well (Myers, 1994). Although the original intent of the standards may have been to use the laboratory solely as a curricular experience (Wittmer, 1994), dual use of the facility for training and services is now common (Dye, 1994; Myers, 1994; Pate, 1994).

The full proceedings of the 1992 think tank provide a perspective on the historical development and current thinking of interested counselor educators concerning on-campus clinical training in counselor education (Myers, 1994). What is not available, however, is a databased description of the nature, scope, type of facilities, and training provided in on-campus laboratories. This study was undertaken with funding from ACES to develop baseline data as a foundation for future research and program development regarding on-campus clinical training. The specific areas that the survey describes are whether the responding department included an

on-campus laboratory; the organizational structure of the laboratory; the physical facility, use of the counseling laboratory for training; services provided through the counseling laboratory (i.e., use of the laboratory for clinical training and as a clinic for the provision of counseling services); legal and ethical concerns in the counseling laboratory, financial support for the counseling laboratory; evaluation of the laboratory; and the role of the counseling laboratory director.

## **METHODOLOGY**

### ***Participants***

All 493 counselor preparation programs listed in *Counselor Preparation 1990-92: Programs, Personnel, Trends* (Hollis & Wantz, 1990) were mailed the survey in the spring of 1993. Surveys were sent to department chairpersons, along with self-addressed, stamped envelopes and requests that the survey be forwarded to the department laboratory director for completion. Departments that did not have a laboratory were asked to complete only the demographic items in the survey (Items 1 to 6).

Follow-up telephone calls were made to a random sample of nonrespondents 1 month after the deadline for return receipt of surveys, for the purposes of obtaining additional surveys and determining if the characteristics of respondents differed from those of nonrespondents. It was possible to identify nonrespondents, because the sample was listed alphabetically and coded; responses were checked off as surveys were returned. A call was made to every seventh nonrespondent, the starting point determined by a table of random numbers, until 38 calls had been completed. Financial constraints prohibited any further follow-up. Of the programs contacted, 20 indicated that they did not complete the survey because they did not have an on-campus laboratory. Because these programs needed to complete only the first six items of the survey, these items were completed by telephone. The remaining 18 respondents, who reported having a counseling laboratory, received a follow-up survey, 6 of which were completed and returned. These procedures resulted in a total of 236 useable surveys, or 48% of the 493 programs surveyed.

### ***Survey Instrument***

We conducted a thorough review of published literature in counseling and psychology relative to on-campus clinical training (Myers & Smith, 1994). Combining the results of this integrative research review with the remaining papers from the think tank and the 1994 CACREP standards, we developed a list of major topical areas relevant to on-campus clinics. The outline was reviewed by 10 experienced laboratory directors who responded to the topical areas as a basis for developing a comprehensive survey of counselor preparation programs. The integration of their ideas led to a revised outline, which was reviewed by four additional counselor educators who had not participated in the first review. The final outline that emerged from this process included nine topical areas for which 64 survey items were developed. The areas and number of items are as follows: demographics (6), organizational structure of laboratory (10), physical facility (3), use of laboratory for training (11), legal and ethical concerns (7), financial support (6), evaluation (3), and role of the director (8). Space was provided at the end of the survey for comments, and for respondents to indicate interest in joining the ACES DCTC Network.

## **RESULTS**

Of the 236 respondents, 128 indicated that their department did have an on-campus laboratory for counseling training (54%). The results presented here apply only to those 128 programs. Because of data that were incomplete or missing, the total number for each question may be less than 128. The percentages are reported in terms of the actual number of respondents to each item rather than the total number of surveys. The results are presented for each of the major survey categories.

### ***Organizational Structure of Counseling Laboratory***

Programs that have counseling laboratories emphasized their use for training ( $n = 125$ , 97%), although 52% ( $n = 67$ ) also collected data for research. Less than 2% indicated having as their primary mission either training or research ( $n = 2$  and  $n = 1$ , respectively). Only 13 programs (12%) indicated that their laboratory had been established in response to the CACREP standards.

These facilities have been operational for an average of 13 years, though there is a great deal of variability in this area (as evidenced by a standard deviation of 9.1 years). Seven counseling laboratories (6%) have been operating for 30 years or more and one for 40 years.

The facilities used for counseling laboratories were, with one exception, shared with a variety of disciplines. These disciplines included psychology (n = 25, 25%), special education (n = 14, 14%), teacher education (n = 13, 13%), school psychology (n = 6, 6%), marriage and family counseling-therapy (n = 5%), and rehabilitation counseling (n = 2, 2%). Other responses given by one program each were gerontology, political science, the counseling center, counseling psychology, and reading.

Of the counselor education programs, 33 (28%) funded a director for their on-campus laboratory. Other positions funded include a graduate assistant (n = 61, 52%), a secretary (n = 23, 20%), and additional persons such as adjunct faculty (n = 2, 1.5%), receptionists (n = 3, 2%), and undergraduate work-study students (n = 2, 1.5%).

Of the programs, 39 (550/o) reported that a counselor education faculty member was assigned the role of laboratory director. The director served in this role from a few hours a week to 40 hours a week, with the mode being 10 hours (25% of clinics). Seventeen percent had a director 40 hours a week or on a full-time basis. No term was specified for 77% of the directors (n = 63). The director received compensation for his or her role in 48% of the programs (n = 39). Compensation was monetary in 18% of the programs (n = 14) and included release time in 25% (n = 20).

The director's responsibility and authority were clearly defined in 60% (n = 51) of the programs. The department faculty gave approval for policy or procedure decisions relative to the laboratory in 68% of programs (n = 56), whereas only 16% (n = 13) provided this authority to the director. In response to two open-ended questions at the end of the survey, 26 respondents (20%) provided comments on the role of the director. Seven (5%) considered both compensation and space for the director to be adequate, whereas 11 (9%) thought both were inadequate. Fifteen (12%) considered their role to be viewed positively in their department, whereas one considered this role to be unappreciated in the department.

The duties of graduate assistants were reported as clerical functions (n = 59, 57%), operating and maintaining audiovisual equipment (n = 45, 44%), counseling (n = 33, 32%), and a variety of other duties (n = 49, 48%). These duties included reception, supervision of undergraduate work-study students, supervision of entry-level counselors, intake counseling, assessment, research, and general administration.

More than half of the programs had an advisory board for their laboratory (n = 62, 53%). Among those with such a board, the members included departmental faculty (n = 54, 46%), faculty from other programs (n = 16, 14%), local business and industry personnel (n = 13, 11%), and other individuals such as students and program graduates.

Of the programs, 60 (48%) reported having a policy and procedure manual for their laboratory and 10 more (8%) noted that such a document was under development. Among those having a manual, slightly over three-fourths (n = 53, 77%) noted that their manual included a mission statement. Other components of the manual were detailed emergency procedures (n = 48, 70%), and examples of forms such as case note taking and intake forms (n = 61, 88%). The policies and procedures were reviewed annually by university attorneys (n = 12, 18%), only when necessary (n = 30, 44%), during the first draft stage of policy development only (n = 10, 15%), or never (n = 17, 25%).

Almost half of the laboratories (n = 47, 41%) were open on a variable schedule that changed each semester on the basis of student needs. Of the counseling laboratories, 51 (44%) were open 5 days a week and a few were open 7 days a week (n = 3, 3%). Some laboratories were closed during university holidays (n = 93, 78%), during academic breaks (n = 88, 73%), and some were closed evenings (n = 22, 19%).

### ***Physical Facility***

The typical counseling laboratory consisted of a waiting room (58%), a mean of 4.4 rooms available for videotaping counseling sessions (36%), and a mean of 2.9 rooms for videotape review (64%). An average of 4.6 rooms (31%) could be used for live observation, 2.3 rooms each (57%) for group or family counseling, and 1.3 rooms (82%) for administrative purposes. The total number of counseling rooms in the laboratories ranged from 1 to 17.

A variety of hardware and software services were available in the counseling laboratories. A total of 82% of the counseling laboratories (n = 90) were equipped with telephones, 56% had computers (n = 62), 78% had psychological tests (n = 87), and 51% had play therapy resources (n = 56). Computers were used primarily for record keeping (n = 61, 70%), maintaining research databases (n = 37, 43%); and testing (n = 32, 37%).

### ***Use of the Counseling Laboratory for Training***

The majority of programs (n = 100, 83%) used the on-campus laboratory for practica and almost one third (n = 37, 30%) used it as an internship setting. The most frequent use was by advanced master's degree students (n = 95, 77%), followed by first-year master's degree students (n = 61, 50%), counseling faculty (n = 44, 36%), and doctoral students (n = 43, 35%). Students first became involved in the laboratory during their first term (n = 39, 37%), second term (n = 34, 32%), third term (n = 23, 22%), or fourth term (n = 10, 9%).

**TABLE 1 Type of Clientele Used for Practicum and Internship**

Practicum	Internship			
	(n = 103)	(n = 40)		
Clientele	n	%	n	%
Counseling students from graduate program	41	40	15	37
Students in undergraduate counselor education department courses	17	17	9	18
Other university students	54	52	20	50
Individuals from the community	29	68	26	70

The presenting issues of clients seen in counseling laboratories for practica and internship varied (see Table 1). The percentages do not add to 100 because most programs reported obtaining clients from multiple sources. Respondents were asked to check off all types of clientele that applied to their setting, rather than to provide the percentage of each type of client used. Students in the graduate counseling program constituted at least part of the clientele for 40% of the practica (n = 41) and 37% of the internships (n = 15). Clients from the community constituted about 66% (n = 28) of clients seen for either practica or internships, whereas university students outside of the counseling program constituted more than half of practica (n = 54, 52%) and half of internship clients (n = 20, 50%). Undergraduate students taking courses through the counseling department constituted a small percentage of clientele, 17% (n = 17) and 18% (n = 7) for practica and internship students, respectively. Counseling interns in the laboratory had a variety of duties, including responsibility for maintaining case records (n = 43, 94%), record keeping for appointments and billing (n = 37, 80%), testing and assessment (n = 29, 63%), research (n = 12, 26%), and helping with onsite workshops (n = 11, 24%). Other duties of interns were listed as training, counseling, group counseling, editing newsletters, administration, and leading seminars. Paid internships were available in 6% (n = 7) of program clinics and 3% (n = 4) serviced employee assistance program contracts (EAPs).

### ***Services Provided***

Services offered through the counseling laboratory are tabulated in Table 2. The most frequently offered service was individual counseling (n = 110, 91%). Other types of counseling included workshops, career development, play therapy, substance abuse intervention, psychological testing, HIV counseling support, and

psychoeducational programming. The number of clients served annually in each counseling laboratory ranged from 10 to 2,129 with a mean of 204.9 (SD = 312.9), median of 100. Of the counseling laboratories, 60% (n = 61) reported having a waiting list, with waits ranging from 5 to 99 days, with a mean of 17 days and median of 14 days.

**TABLE 2 Type and Frequency of Counseling Services Provided Through the Counseling Laboratory**

Frequency

Service Provided	n	%
Individual	110	91
Couples	73	60
Family	68	56
Group	70	58
Other	23	19
Services Provided		

Screening of clients was completed by intake counselors (n = 35, 31%), graduate assistants (n = 24, 21%), the director (n = 29, 26%), and other persons (n = 34, 30%) including faculty, office managers, graduate students, receptionists (i.e., those who have guidelines), and secretaries. There was no formal process for screening clients in 23.9% (n = 27) of clinics. A variety of presenting problems were considered inappropriate for clinic services, including alcoholism, serious pathology (e.g., borderline personality disorder), history of chronic hospitalization, drug and addictions problems, suicidal ideation, and history of violence.

The majority of programs did not recruit clients for their counseling laboratories (n = 94, 89%). Of those that reported recruiting, media such as direct mail (n = 12, 11%), yellow page advertisements (n = 11, 11%), television (n = 12, 11%), and radio (n = 16, 15%) were used. In addition, other sources for clients were referrals from the university counseling center, community practitioners, community agencies, other university departments, word-of-mouth, announcements in class, and community service handbooks.

### ***Record Keeping, Insurance, and Finances***

The majority of laboratories reported keeping records of their services (n = 100, 90%). The required record keeping forms in the counseling clinics surveyed included case notes (n = 100, 90%), case summaries (n = 93, 84%), intake forms (n = 84, 76%), client termination forms (n = 63, 57%), and referral forms (n = 54, 49%). Additional forms required by some laboratories included a volunteer consent form, treatment plans, counselor self-evaluation forms, release of information forms, professional disclosure statements, progress notes, and billing forms. Case records are most often reviewed weekly (n = 76, 70%), some reviews are made daily (n = 5, 15%), and some monthly (n = 13, 12%). Student counselors seeing clients in the laboratory regularly participated in case reviews or case staffings in 97% of laboratories (n = 103).

Students were required to have liability insurance before seeing clients in 51% of the clinics surveyed (n = 56). A written policy concerning confidentiality was available in 84% of the clinics (n = 93). Only 5% of clinics (n = 6) reported having been involved in a lawsuit.

Of the laboratories, 54% surveyed did not charge fees for their services (n = 58). Of the programs that did, fees were determined by the director (n = 12, 28%); comparable to local agencies (n = 10, 23%); a fiat fee (n = 17, 16%); or determined by some other means such as the departmental faculty, laboratory advisory board, or negotiated with the client on the basis of income (n = 21, 49%). The fiat fees ranged from \$1 to \$80, with the mean fee charged being \$23 (SD = 23.2), median \$14, and mode \$10. Third party payments are collected in 10% of the laboratories.

The annual income generated from client fees was more than \$2,000 in 48% of laboratories (n = 25). The range of annual income generated from client services was from \$0 to \$304,000, with the modal response being between \$2,000 and \$5,000. The sources of financial support for laboratory operating expenses included fee-for-services (n = 39, 34%); the university (n = 94, 84%); and other sources, such as grants (n = 18, 16%).

### *Evaluation of the Counseling Laboratory*

Of the laboratories, 80% had a formal evaluation system. These laboratories were evaluated by faculty (n = 82, 73%); students (n = 51, 45%); clients (n = 44, 39%), and others, such as accrediting bodies, the director, and an advisory board (n = 14, 12%). Evaluations were used to improve services and plan programs (n = 81, 92%), justify funding (n = 11, 13%), and for merit review of the director and other staff (n = 10, 13%). Evaluations were reviewed by the department faculty (n = 68, 79%), the laboratory director (n = 47, 55%), and university administrators (n = 19, 22%).

## **DISCUSSION**

This study was undertaken to determine basic information concerning on-campus laboratories in which clinical training is provided for counseling students. A 64-item survey yielded a significant amount of information about laboratory facilities and operations. This information helps to identify trends concerning laboratories. Nevertheless, the response rate limits the extent to which the results may be generalized to all counselor preparation programs. Among the results presented here, at least three important areas may be targeted for continued discussion and research by counselor educators: (a) the necessity and impetus for development of on-campus laboratories; (b) the resolution of the dual mission of training and services; and (c) the consideration of the policies and procedures for laboratory operation, including but not limited to the role of the director.

Three questions asked in the survey concerned whether a counselor education program had a laboratory, when it was established, and whether it was established in response to the CACREP standards. More than half of all counselor education programs now have on-campus laboratories and more than half have been in operation for more than 12 years. Because CACREP has been in existence only 12 years, most of the laboratories currently operating were established for some reason other than to meet the CACREP accreditation standards. It may be conjectured that laboratories were developed as a result of standards established in 1959 by ACES or the American School Counselor Association. It is not possible, however, to determine from this study exactly why or how laboratories were first initiated. The one laboratory established 40 years ago predated even the first draft of standards for preparation of counselors.

The question of whether counselor preparation programs should have an on-campus laboratory for clinical training has been addressed in the CACREP (1994) standards. Despite these standards, however, more than one third of training programs have not developed a counseling laboratory. Other than the CACREP standards, what impetus or resources are needed to encourage the development of laboratories in these programs? On the other hand, is it valid to assume that on-campus training is needed? Further research is necessary to determine whether off-campus clinical training is more than, less than, or equally as effective as the closely supervised training that can be provided in an on-campus laboratory.

Respondents to this survey stated overwhelmingly (i.e., 97%) that "training" is the primary mission of their on-campus laboratory. Surely laboratories would not exist in the absence of academic programs and the need to provide practical, supervised experience for counselors-in-training. The limited hours of operation of the laboratories that responded reflect the academic calendar and the training function of the institution. More than two thirds of the students use the laboratory during their first year of graduate training, presumably the time when their clinical skills are least well developed, again reflecting the focus on training in the on-campus laboratory.

Given that the primary mission of the laboratories is training and not service, it is somewhat contradictory that more than two thirds of the clients seen in laboratories by practicum and internship students are clients from the university and community, rather than graduate student peers engaging in role plays. Furthermore, our

university's legal counsel has advised that even a first-term student working with a volunteer client is acting as "an agent of the state" and is thus liable for services provided (Luther Capone, personal communication, February, 1994). In short, when clients are seen from the community, the laboratory begins assuming the dual function of training facility and community mental health agency. The potential liability for counselor education training programs is evident and a great concern in light of the current findings that 25% of programs have not had their policies reviewed by an attorney and nearly half do not require professional liability insurance for their students. It is important to consider both the legal and ethical issues involved when attempting to deliver simultaneously the highest quality of training and services.

Professional standards for policies and procedures for successful operation of on-campus laboratories have yet to be established by professional associations. We believe that ACES needs to pay particular attention to the development of such standards. Only through the development of specific recommendations will we as counselors be able to provide the necessary input to change the existing CACREP standards for on-campus clinical training. Notably, in this regard the current standards remain essentially as first written in 1959, in spite of several standards revisions since then (Wittmer, 1994).

Recommendations for staffing laboratories, including types, roles, and functions of staff, are an important consideration. Decisions about staffing have implications for faculty load and the financing of facilities and clinical training programs. It is interesting that more than half of all laboratory directors are assigned their position within the counselor education department rather than assuming it voluntarily. The question of commitment among the faculty when they are not allowed to choose for themselves such a demanding service assignment as laboratory director needs to be examined. The amount of time devoted to laboratory directorships reported in this study suggests that: the roles and functions of laboratory directors vary considerably. How that role relates to successful laboratory operations and the training of clinically competent counselors remains to be explored.

On-campus laboratories are an important component of clinical training in counselor education. It is evident from this study that additional research concerning laboratories is needed to provide guidance to counselor educators as they implement or revise their on-campus laboratory facilities and programs.

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