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Abstract

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Abstract

Counselors must learn to ethically work with all cultures. This article explores how both counselors-in-training with prior military culture exposure and those with none can be trained to effectively counsel individuals from this culture. Additionally, the article highlights strategies for counselor educators and supervisors on how to meet both groups' learning needs.

Keywords: multicultural counseling, military culture, counselor-in-training, counselor educators

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Multicultural counseling involves a counselor working with a client of a different

sociocultural background from their own, where multiculturalism is the study of race, culture,

and ethnicity (Arredondo et al., 1996; Hays & Erford, 2014). Culture refers to the learned

practices of individuals such as communication patterns and morals in the given group or

community; cultures are dynamic as they change and evolve over time (Arredondo et al., 1996;

Hays & McLeod, 2014). Counselors-in-training must learn and embrace cultural competency

(Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2015,

Section 2, F.2.c.), meaning they have self-awareness of their personal values and prejudices, are

able to recognize their client's values and viewpoint, and respond using culturally appropriate

assessments and interventions (Hays & McLeod, 2014; American Counseling Association

[ACA], 2014, A.4.b, C.2.a.). For the purposes of this article, "counselors-in-training" refers to

both (a) graduate students enrolled in a master-level counseling program (i.e., *graduate student*)

as well as (b) graduate students enrolled in a practicum or internship in their master-level

counseling program, and are out in the field under supervision (i.e., *supervisee*). Therefore,

implications will be discussed for both counselor educators and supervisors of counselors-in-

training.

Counselors will encounter a variety of different cultures in the counseling setting and

must be prepared to work with clients who identify with varying cultures (e.g., individuals of

different ethnic backgrounds, individual identifying as active-duty service member, etc.) as

culture may impact the counseling relationship (e.g., communication misunderstandings) (Hays

& Erford, 2014). At some point, counselors-in-training, will be learning about working with

those from their own culture, but then they must also learn about working with those from cultures which drastically differ from their own (i.e., learning culture from the inside versus learning it from the outside) (Hays & Erford, 2014). Culture helps explain individual perceptions and experience, as cultures are comprised of values, beliefs, traditions, and language; many show differences in communication style because of this (Hays & Erford, 2014).

The military population is a unique culture, holding exclusive values, beliefs, traditions, and language (Exum, Coll, & Weiss, 2011). Just as service members and their families must learn this culture, so must those who are working with them in a setting such as counseling (Pryce, Pryce, & Shackelford, 2012). Those outside of the military culture (i.e., civilians) may have difficulty understanding military culture because it is so different in comparison to how life works outside of it (e.g., hierarchy system of command, deployment, importance of mission, frequent moving, etc.), thus this can provide a barrier to working with an individual from this culture outside of the military setting (Beasley, MacDermid Wadsworth, & Watts, 2012; Exum et al., 2011). In the counselor- client relationship, these individuals (e.g., service members) will have very unique needs to be met in the counseling setting. For example, service member may need to be seen during nontraditional work hours due to training and may need to frequently cancel and reschedule meeting times last minute due to training. Many other occupations have odd work hours (e.g., shift workers, pilots, drivers, etc.) however, individuals in these occupations typically have more notice about their schedule and are given some say when changes are made to it. For instance, those in the military are told by receiving orders where they will be moving to and when; this is not up for negotiation after orders have been released. The service member is expected to begin their duty at a different location at the time and date

indicated. Their family, if living on base, will need to vacate by the order's date to be ready for

the new service member and/or their family who has received orders for that installation.

It is possible for counselors to effectively counsel the military population without prior

military experience, however, their learning needs to become trained to effectively work with the

population may be very different than those who have first-hand experience of the culture.

Furthermore, once culture is understood, they can then appropriately work with the individual on

the mental health issues commonly seen in the military population; these include mood disorders,

Posttraumatic Stress Disorder [PTSD], sexual assault, suicide, addiction, and transition concerns

for both them and their family members (These will be discussed in more detail later in the

manuscript).

Military Culture

For service members, the military is not just a job, it is a lifestyle. Military culture affects

all aspects of the service member's life, on duty and off. Within the military, each branch has its

own expectations and standards, and within each branch there are standards to be upheld by the

different rankings among officer and enlisted. This culture is distinguishable from other cultures

given the importance of training, chain of command structure, and language that must be

followed. Given the complexities of these areas, and common knowledge to many, they will only

be briefly discussed for the purposes of providing a foundation. If you need further exploration

regarding military culture, please review our reference list to gain a much more in-depth

exploration of the culture of the military.

Training

Cultural immersion for the service member and their family begins with training. From

the moment a service member steps off the bus to their branch's basic training, or *boot camp* as it

is commonly referred, they are exposed to a unique military culture that will shape their way of thinking, speaking, acting, and appearance for the length of their enlistment (Smith, 2016). Basic training varies depending on the branch of service as well as to whether the service member has chosen to become an enlisted member or an officer. Enlisted training ranges from 7.5 weeks (Air Force) (U.S. Air Force, 2016a) to 12 weeks (Marine Corps) (U.S. Marine Corps, 2016). For officers, training can range from 9.5 weeks (Air Force Officer Training School) (U.S. Air Force, 2016b) to 17 weeks (Coast Guard Officer Candidate School) (United States Coast Guard, 2015). One similarity among all branches and despite enlisted or an officer, is that the service member is separated from their family and previous way of life as well as fully indoctrinated to uphold *military ethos*. Military ethos, sometimes referred to as *warrior ethos*, rewards and reinforces selflessness, loyalty, stoicism, commitment to excellence, living by a moral code, and defending social order (Westphal & Convoy, 2015). Military ethos can become a permanent part of a service member's identity and worldview and be maintained long after they have left military service (Westphal & Convoy, 2015).

Chain of Command

In the military, service members must adhere to a strict chain of command with regard to authority and responsibility. Each branch of the military has a structure of hierarchies of individuals arranged in a ranked order (U.S. Department of Veterans Affairs, 2014a). In military units, orders are passed down through the hierarchy from the higher ranked personnel to lower until it is received by those tasked to implement the order (U.S. Department of Veterans Affairs, 2014a). It is considered disrespectful, and may be considered a dereliction of duty, to challenge or refuse a reasonable request from an individual higher in the chain of command (U.S. Department of Veterans Affairs, 2014a).

Military Language

The military speaks a language full of acronyms, phonetic alphabets, and slang, some of which is branch specific, while others apply broadly to all branches (U.S. Department of Veterans Affairs, 2014b). The North Atlantic Treaty Organization (NATO) phonetic alphabet is also of vital importance to military language and is taught to all branches in basic training. The NATO phonetic alphabet consists of 26 code words assigned to the letters of the English alphabet and is used to ensure critical combinations of letters can be pronounced and understood by all that transmit and receive voice messages by radio or telephone (Pelsser, 2015). Service members and their families have a thorough understanding of training, chain of command, and language of the military culture, however those outside of it may have difficulty following and understandings its importance.

Military Culture and the Stigma of Mental Health

Service members often see themselves as *warriors*. Their military training teaches them to be stoic, internalizing their feelings so they can bear any burden, weather any difficulties, and remain combat ready (Weiss, Coll, & Metal, 2011). To ask for help can be seen as a sign of weakness by others or by the service member themselves. According to Hoge, Auchterloine, and Milliken (2006), service members are often reluctant to seek out mental health services, many under-report their symptoms, and those that do engage in treatment often prematurely end services. In addition to the perception of weakness, service members may also face negative repercussions with their command if their mental health diagnosis rendered them *unfit for duty*. This could result in loss of security clearances, loss of promotion, and even a medical discharge from the service (Weiss et al., 2011). The DOD as a whole, has focused joint efforts with public-private partnerships (e.g., Military OneSource) for military initiatives, program implementation,

and program evaluation (e.g., providing support to those with addictions and those with suicidal ideation), that promote mental health and try to combat the stigma behind seeking services so that individuals in this culture feel safer to express feelings rather than avoid them (The Department of Defense, 2014). Services are designed specifically for the service member and some are designed specifically for the military family. For example, The Battlemind Training program is to help service members transition back home after experiencing combat (Walter Reed Army Institute of Research [WRAIR] Land Combat Study Team, 2006a; 2006b). FOCUS (i.e., Families OverComing Under Stress) was created to provide education to military families on being resilient to the many stressors service members and families face (FOCUS, 2017). Due to this increase in initiatives and programming, both the civilian and military workspace has seen an increase need in individuals (i.e., especially with those who have clinical and research backgrounds) to assist in working to provide better care to this population.

Military Specific Mental Health Issues

Military specific mental health issues commonly seen in the military population include mood disorders, PTSD, sexual assault, suicide, and addiction; while the civilian and military contexts have similar risk and protective factors that lead to these developments in individuals, the military culture provides unique circumstances such as combat (e.g., killing someone; Maguen et al., 2011) and family issues and environmental stressors related to deployments (Booth-Kewley, Larson, Highfill-McRoy, Garland, & Gaskin, 2010) which should be considered for this population. Mood disorders such as anxiety and depression are common among the civilian and military contexts as individuals have similar risk and protective factors that lead to this development. An increase in depression is seen in service members and veterans who have a traumatic brain injury (TBI) and/or PTSD as many of these symptoms are overlapping and hard

to distinguish (Hoge et al., 2008; Tanielian, Jaycox, & Rand Corporation, 2008). Many studies support the notion that Operation Enduring Freedom (*OEF*) and Operation Iraqi Freedom (*OIF*) service members and veterans experience PTSD symptoms from work related events and stressors (Hoge et al., 2008; Kennedy, Leal, Lewis, Cullen, & Amador, 2010; Schneiderman, Braver, & Kang, 2008). Military sexual trauma (MST) is a specific time of sexual assault that can only occur during one's time serving in the military; it is any severe or threatening harassment that is sexual in nature (Kimerling, Gima, Smith, Street, & Frayne, 2007). Death by suicide numbers remain high in the military with rates even exceeding that of the general/civilian population at times (Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces [DOD TFPS], 2010). Addiction is commonly seen in the military context, likely a comorbid condition from that of another psychological disorder (e.g. depression, PTSD, anxiety, etc.) (Seal et al., 2011). Service members and veterans see all types of substance use disorders from alcohol use disorder to illicit drug use (to include prescription drug misuse) (Barlas, Higgins, Pflieger, & Diecker, 2013).

Military culture in terms of training, chain of command, language, stigma of receiving mental health services, and military specific mental health issues, are all important areas that must be understood in order to effectively work with service members and their families in a counseling setting.

How to Provide Counseling Services Effectively

When learning to become a counselor, students are held to high standards, as there are many requirements in order to graduate (i.e., in the form of coursework and clinical work) (The Council for Accreditation of Counseling and Related Educational Programs [CACREP] 2016, Section 1, Section 2; Scott, Boylan, & Jungers, 2015). Guidelines are in place to help ensure only

competent counselors are out in the field. CACREP 2016 standards require counselors-in-training receive coursework in eight core areas: *(1) professional counseling orientation and ethical practice, (2) social and cultural diversity, (3) human growth and development, (4) career development, (5) counseling and helping relationships, (6) group counseling and group work, (7) assessment and testing, and (8) research and program evaluation* (CACREP, 2015, p.8-12). All of these areas are intended to help counselors develop their foundational knowledge and skills while differentiating approaches in accordance to meet the client's needs (i.e., multicultural consideration) (ACA, 2014, A.1.a., B.1.a., C.2.a.; CACREP, 2015, Section 2). They specifically explore cultures different from their own and learn culturally appropriate theories and techniques to provide effective counseling services (CACREP, 2015, Section 2, F.2.).

Students interested in working with the military population in the counseling setting, should take strides to apply what they are learning in ways that provide them more understanding of the specific culture. In all of the CACREP core areas, counselors-in-training may pay special attention to how the information learned would apply within the military population. For example, in ethical practice (CACREP, 2015, Section 2., F.1.) counselors-in-training would apply the information they learned in this general area to how it differs within the military culture/ context (e.g., the ethical area of confidentiality works very differently in mental health treatment in the military setting; Reger, Etherage, Reger, & Gahm, 2008). Students must take it upon themselves to learn to become more aware of culture when they are learning general knowledge so that, like this example, they are better prepared for application in the context of a given population.

Culturally Competent Counselor Preparation

Culture involves sets of values, beliefs, and customs; it makes up the way of life for a group of people and explains how these people deal differently with their surrounding environment (Arredondo et al., 1996; Hays & Erford, 2014). Each culture has norms which are expectations on how the individual behaves; what may be considered diagnosable in one culture may be considered normal in another (American Psychiatric Association [APA], 2013; CACREP, 2015, Section 2, F.2.c., F.3.c.; Eriksen, Kress, Dixon, & Ford, 2014). These norms keep counselors informed on what normal looks like for the culture and helps define what adjustment looks like to the environment (ACA, 2014, C.2.a.; CACREP, 2015, Standard 2, F.3.f.; Eriksen et al., 2014).

Counselors will choose to work generally from two different approaches, emic approach or etic approach, when studying human culture and incorporating culture into practice (Hays & Erford, 2014; Willis, 2007); though there are many counseling specific approaches one can take to multicultural counseling. The emic counselor will help the client by understanding their perspective from a cultural standpoint whereas an etic counselor believes that people are more alike than different and therefore they can be helped by focusing on the similarities and not the differences (i.e., culture) when counseling (Willis, 2007). Therefore, an emic counselor counseling a service member would study the military culture and likely go as far as visit an active base in order to fully understand their clients associated viewpoint (Willis, 2007). An etic counselor working with a service member would treat their client no differently than any other client as they feel their techniques are translatable from culture to culture (Hays & Erford, 2014). There are strengths and weaknesses to taking either of these approaches depending on the needs of the client. For example, when a counselor takes an emic approach, the client may feel as though their culture is being valued and of the utmost importance whereas when a counselor

takes an etic approach the client may feel as though their culture is not being valued or understood. Regardless of chosen approach, Lee (2012) notes that it is important to understand that every counselor-client relationship exists as a *cross-cultural encounter* where the counselor and client will be of a different cultural background which must be explored and understood given that this can either lead to a negative outcome (i.e., cultural insensitivity and hurt the counseling relationship) or positive outcome (i.e., show cultural competency and establish a working relationship) for the counseling relationship.

Murphy, Wright, and Bellamy (1995) explain that learning foundational knowledge as part of multicultural counseling, is best done by using a variety of learning formats such as didactic presentations, readings, case studies, experiential activities, and guest speakers. Counseling programs aligned with CACREP Standards (2016) likely incorporate many of these learning formats in order to promote social and cultural diversity learning (i.e., this core area; CACREP, 2015, Section 2, F.1-8) in order to provide a comprehensive approach to students learning cultures. Students left to their own learning of culture may take a very narrow scope, given the access to information available and thus they may make generalizations and assumptions based on what is available (Hays & Erford, 2014). For example, when working with the military population, it is easy to assume that all veterans have experienced combat and that in a counseling setting one should be prepared to work with them on treatment of trauma (Carrola & Corbin-Burdick, 2015; Exum et al., 2011). In learning, student counselors may focus a vast amount of time and energy on this narrow viewpoint, when in actuality they should understand that not all veterans were deployed and not all veterans have seen combat or even trauma. When working with veterans, it is important to be able to work with them holistically and on more common issues in counseling such as career counseling, relationship issues,

depression, substance use (Ochberg, 2008) and finding direction; many veterans struggle with

life plans after leaving the military (Martin & Sherman, 2012; Moore, Lawhorne, & Philpott,

2011).

Learning to Become a Counselor who Services the Military

Learning to become a counselor who services the military, does not have the prerequisite

prior military experience; those without military experience may be just as successful in working

with this population. Counselors without prior military experience must be willing to put in the

time and effort to learn a new culture and lifestyle and have the foundational skill set and

knowledge (Hays & Erford, 2014; Ivey, Ivey, & Zalaquett, 2014). Working with individuals

attached to the military culture, in the counseling setting, will mean working with and

understanding culture at an individual and group level (Fenell & Fenell, 2003; Hays & McLeod,

2014). For example, service members may come to counseling for individual help, but be

resistant to it because of the stigma surrounding counseling in the military culture at a group

level (Vogt, 2011). For counselors without prior military experience, it may be hard for them to

fully understand this *stigma*, or how receiving an anxiety diagnosis on paper could create a ripple

effect of problems for the individual (e.g., job loss) and military community (e.g., unit in chaos

trying to replace them) (Fenell & Fenell, 2003).

Throughout the duration of their service, service members see many differences in

psychosocial (e.g., assignment changes) and physiological stressors (e.g., dangerous work

conditions) experienced due to culture that is very different to civilians in comparison. However,

many stressors remain the same when working with service members and civilians in a

counseling setting (e.g., marital and financial problems) (Fenell & Fenell, 2003). Therefore,

counselors can use their same foundational skill set in different ways to help work with these

unique culture stressor differences, though culture must be understood to do this (ACA, 2014, C.2.a.; CACREP, 2015, Section 2, F.2.; Hays & Erford, 2014).

As long as the military culture is understood by the counselor, they can effectively counsel this population (ACA, 2014, C.2.a.; Exum et al., 2011). However, there are both advantages and disadvantages to having counselors with and without prior military experience in the counseling setting and these are explored below; as you will notice, a possible advantage/disadvantage for one group may be the opposite for the other. Reviewing the advantages and disadvantages may appear to be redundant, but it is explained with the purpose of being understandable for a counselor-in-training.

With military experience/prior membership in the culture

As a counselor having prior military experience, and working with a service member, there can be both advantages and disadvantages. Advantages may include (a) understanding the service members' worldview, (b) being able to quickly build a therapeutic alliance, (c) opportunities for effective self-disclosure, and (d) understanding the language. Disadvantages may include (a) possible transference/countertransference, (b) self-disclosure that is harmful to the therapeutic alliance, and (c) issues with authority based on chain of command.

     Advantages.

A person's *worldview* is defined as the way they interpret humanity and the world (Ivey et al., 2014). Hall (2008) suggests that for counselors to be considered multiculturally competent they must be able to understand the worldview of the populations they work with. Understanding these worldviews can be accomplished by becoming actively involved in communities, attending community events, social and political functions, and celebrations and festivals within that population (Ivey et al., 2014). For a counselor who has prior military experience and is working

with the military population, they probably already understand a lot of what may have shaped

their client's worldview. They have been immersed in the same military culture. Some service

members find it difficult and frustrating to have to take the time to teach providers who have

limited military cultural competence (Westphal & Convoy, 2015). Similar to worldview, the

counselor who has knowledge and experience with the language of the military would have an

easier time working with the military population. The client would be able to speak comfortably

in their military language and not have to fear being misunderstood or have to explain

themselves as often.

Military members, whether current or prior duty, often have an unspoken bond,

commonly labeled as *camaraderie*. Camaraderie is defined by Cambridge Dictionary as "a

friendly feeling toward people with whom you share an experience or with whom you work"

(Cambridge University Press, 2016, noun). This camaraderie may help to more quickly build a

therapeutic alliance between the counselor and the client. Therapeutic alliance is defined as the

positive collaborative relationship between a client and their counselor (Koo, Tiet, & Rosen,

2016). This alliance is based on warmth, empathy, trust, acceptance, and encouragement (Koo et

al., 2016). Additionally, client/counselor bond, or the positive attachment in the therapeutic

relationship involving mutual trust, acceptance, and confidence, has an affective quality (Koo et

al., 2016).

In some therapeutic approaches counselor self-disclosure is viewed as a positive event

that shows the warm, real, and human side of the counselor and can help build therapeutic

alliance (Erford, 2015). Some forms of self-disclosure are ethically essential, such as disclosure

of education, experience, background, or therapeutic approach so the client may decide if the

counselor can effectively address their needs (Erford, 2015). Other forms of self-disclosure can

occur unintentionally through details observed by the client such as the counselor's race, age, gender, cultural dress, or language and even whether or not the counselor wears a wedding ring and how their office is decorated (Erford, 2015). Intentional self-disclosure in the therapeutic process can occur when a counselor shares a personal experience with the client in order to demonstrate authenticity and improve therapeutic alliance (Erford, 2015). In instances of counselor self-disclosure from a counselor with prior service, they may be able to share with the client that they have experienced a similar event or struggle, strengthening the bond with the client and also validating the client's concern.

Disadvantages.

The possibility of transference or countertransference in the counseling relationship is a potential disadvantage. The client and the counselor may have experienced similar events during their military service. When a client projects aspects of themselves or significant others onto the counselor it is considered transference (Sharf, 2012). These feelings are rooted in past events or relationships, but become felt and directed towards the counselor, and can distort the way the client perceives the counselor (Corey, Corey, Corey, & Callanan, 2015). For example, hearing a counselor speak in military vernacular may remind them of someone they had a negative experience with while serving. They may project their negative feelings they have of that person onto the counselor and act accordingly.

When the counselor projects unconscious feelings or characteristics onto the client it is countertransference (Sharf, 2012). This countertransference changes the way the counselor perceives or reacts to the client (Corey et al., 2015). The counselor may have difficulty remaining objective if a client's problem triggers their own internal conflicts. Potential issues could include the counselor seeing themselves in the client, giving advice too easily, or excessive

self-disclosure, developing a social relationship with the client, or being overprotective of a client due to the counselor's own unresolved issues (Sharf, 2012).

While self-disclosure can help to build the therapeutic alliance between counselor and client, when used excessively or inappropriately it can become damaging to the relationship. If an internal conflict becomes triggered when self-disclosing to a client, the counselor may begin to move focus away from the client and onto their own emotions or feelings associated with the event. This could be a very real possibility for a prior-military counselor who has experienced trauma similar to their client. Counselors must be sure to keep self-disclosure short, succinct, focused on the client, relevant, and timely (Ivey et al., 2014).

Self-disclosure may foster conversation pertaining to rank. Given the importance of the chain of command in the military, the previous *rank*, or service member's status and authority in comparison to other members (Hall, 2008), may affect the therapeutic relationship. A counselor that would have outranked a client while in the service may be still be perceived by that client as having a position of power. While this could be a positive attribute given the military's emphasis on respect through the ranks, it could also lead to the client feeling inferior to the counselor, as if the counselor holds power over the client, or lead the client to believe they need to follow all suggestions provided by the counselor or that the client has all the answers. Additionally, if the counselor was lower ranked than the client, the client may feel as if the counselor is inadequately equipped to provide appropriate services, or may have a lack of respect for the counselor.

Without military experience/ outsider to the culture

Counselors working with the military must be ready to work with a variety cultures different from their own (Hays & Erford, 2014). As a counselor, who has no prior military experience and is working with other service members, there can also be advantages and

disadvantages. Advantages include (a) less chance of transference/countertransference, (b) holding a different worldview, and (c) viewed as less threatening of impacting military career. Disadvantages may include (a) difficulties understanding the service members' worldview, (b) establishing a strong therapeutic alliance, and (c) understanding the military language.

Advantages.

Counselors may be viewed as less threatening to an individual's military career when they have no connection to the military culture (Kennedy & Moore, 2008; Pryce et al., 2012). The client may feel as though there is no way information discussed in the counseling setting can get back to those in the military setting. For example, these counselors are not, and have not ever, worked collaboratively with a commanding officer and because of this, the client may feel more comfortable disclosing thoughts and feelings of anxiety without having to worry about it being a major risk to their job, or getting back to the military community (Kennedy & Moore, 2008).

Additionally, counselors who are not attached to the same culture may be able to offer a perspective different than their clients to help promote insight into their issues brought to counseling (Orr, 2014). For example, counselors without military experience would have different perspectives on life outside of the military. Therefore, when problems arise with clients outside of the military culture, they would be able to offer insight on what it is like to be *on the outside* of this culture (e.g., "My mom does not understand the lifestyle!").

Counselors who do not have prior military experience may be less likely to experience transference and countertransference with their military clients. For example, a client would be less likely to transfer past feelings onto the counselor in their relationship because it reminds them of a similar relationship they had (e.g., the comrade they had with past service members

they had in their unit) (Levy & Scala, 2012). The counselor would be less likely to experience

countertransference, in reaction to a client's problem; where this would change the way they

perceive their client and work with them due to thoughts and feelings they had about a similar

experience (Corey et al., 2014). For example, counselors without military experience would be

less likely to experience countertransference with their clients, as they have not experienced the

same military lifestyle and serving experience (e.g., personal negative experiences that invoke a

lot of experience; loss of loved one to war).

Disadvantages.

When working with cultures outside of your own, it takes a lot more time to understand

not only the culture itself, but be self-aware of personal differences towards it; if this is

unexplored it could ultimately come back to hurt the client (ACA, 2014, A.4.b; Corey et al.,

2015; Francis & Dugger, 2014). It is also important to understand the attachment that the

individual feels to their culture, while someone may explain they are part of a culture, their true

level of cultural identity may vary from this (Hays & Erford, 2014). For example, when working

with a military spouse, they may explain their degree to which they belong to the military culture

is minimal due to living off base or g*eo-batching* (i.e., couple lives in two different places).

Additionally, it is not only important to understand the culture, and one's cultural identity to it,

but the counselor must understand the person's interpretation of the culture and experience

within it (Exum et al., 2011; Hays & McLeod, 2014). The counselor may worry that they may

not truly understand the culture or be able to connect with the client's viewpoint (Exum et al.,

2011). For example, when working with a combat service member in a counseling setting, it may

be very hard for both the service member and counselor to establish rapport, as the counselor

may fear they will not be able to understand the experiences the service member had in combat

and the service member may be skeptical about the same (e.g., How could someone who has not experienced the trauma of watching comrades injured in battle really understand what I'm saying and feeling?) (Pryce et al., 2012).

Reger et al. (2008) notes the importance of professionals being able to effectively communicate with their clients in a culturally appropriate way, which can be accomplished by extended exposure to the military culture and by receiving supervision from a professional who has experience working with the military population. It is hard to understand another culture without living in it or being immersed in it (Hays & Erford, 2014). For those working with the military culture, by reading about the culture alone, it would be hard to see it, understand it, and be confident about working with it (Hays & Erford, 2014; Murphy et al.,1995). The military culture has a variety of ceremonies and traditions which also vary by differences in branches (Pryce et al., 2012); for example, when learning about the purpose of a military commissioning ceremony it would be hard for writers to capture the emotions and importance that comes with this event, for readers to then feel that they fully *get it*. Counselors who had prior military experience would have experienced an event like this.

Without prior military experience, counselors have not gone through the stages of military culture by living the military way of life; they have not lived through the major transitions that comes with enlisting in the military to then separating from it (Fenell & Fenell, 2003). Consequently, a disconnection in the therapeutic relationship could easily occur when working with service members or their family during these times of major transition. Counselors can be properly trained to prevent this disconnection from occurring when working with cultures different from their own.

However, it is much more difficult to establish the therapeutic alliance, which puts heavy emphasis on trust, when the counselor and client come from two different cultural backgrounds (Hays & Erford, 2014; Ivey et al., 2014). Resistance and failure to disclose are common issues in multicultural counseling, but both can be overcome with appropriate knowledge and skill usage (Corey et al., 2014; Hays & Erford, 2014). As a counselor working with a culture different from their own, some additional challenges may occur such as a full understanding by way of language used (Hays & Erford, 2014; Pryce et al., 2012) and clashing values between the counselor and client (Corey et al., 2015; Francis & Dugger, 2014). The military culture has terminology and acronyms which are matchless to things said around civilians (Exum et al., 2011; Pryce et al., 2012), thus opening up doors for confusion on the counselor's part and frustration of having to explain everything on the client's part. Asking too many questions about culture may hurt the counselor-client relationship to where client's no longer come back (Corey et al., 2014).

Effective Counseling for the Military Population: Implications for Counseling Educators and Supervisors

Counselor educators and supervisors are required to provide *all* counselors-in-training enrolled in graduate programs accredited by CACREP with the opportunity to understand (a) multicultural and pluralistic characteristics within and among diverse groups nationally and internationally (2015, Section 2, F.2.a.), (b) the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual's views of others (2015, Section 2, F.2.d.), and (c) strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination (2015, Section 2, F.2.h.) despite their previous knowledge and/or experiences. However, how they meet these objectives for each

student accounts for students' previous experiences and knowledge base with the population, when preparing them to be effective to serve a specific population of clients.

According to ACA (2014), counselors-in-training have the ethical responsibility to practice self-awareness concerning areas of impairment and "notify their faculty and/or supervisors and seek assistance for problems that reach the level of professional impairment" (F.5.b) (i.e. a learner working at a site treating clients with substance abuse who is feeling triggered or a student who is working with a veteran and find themselves relating the client's story to their own). Students are not necessarily required to disclose all components of their life to their supervisor and/or educator, but at minimum the student should be self-aware of how their previous experiences are impacting their effectiveness with clients. Counselor educators and supervisors have the ethical responsibility to evaluate their counselors-in-training on an ongoing basis which includes assisting them with remedial assistance when needed (ACA, 2016, F.6.b.). Therefore, they must be aware of the specific counselors-in-training who are in need of meeting specific program objectives, and address students' limitations when they arise with resources intended to support them in their training (ACA, 2014, F.9.b.). Therefore, when they are preparing them to serve the military population, it is important to ascertain whether students have had prior exposure and what personal experiences they may have had that shaped their understanding of the culture. This must be considered in order to effectively prepare them to serve this population.

Development of Multicultural Competency of Counseling Service Members: Differentiated Instruction

When educators take into account students varying levels of understanding of a concept and adjusts their instruction to meet the needs of their learning to fill in gaps and clear up misconceptions, they are practicing differentiated instruction. Differentiated instruction is

defined as an educator's unique response to a learner's or small group of students' needs (Tomlinson & Demirsky Allan, 2000). As a result, they present the curriculum to their students in different ways, all in the effort of being most effective for each student and/or group of students to all be successful in meeting the objectives.

   Differentiated instruction for counselors-in-training. Differentiated instruction is established based on the principle student differences as expected as well as appreciated (Tomlinson & Demirsky Allan, 2000). Counselor educators and supervisors are ethically responsible to "demonstrate a commitment to multicultural/diversity competence by recognizing and valuing the diverse cultures and types of abilities that students bring to the training experience. They provide appropriate accommodations that enhance and support diverse student well-being and academic performance" (ACA, 2014, F.11.b.). Additionally, they are ethically responsible to "actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice" (ACA, 2014, F.11.c.). In turn, they must continuously monitor (ACA, 2014, F.9.a.) students' personal awareness and cultural competence pertaining to specific populations in order to provide counselors-in-training with the most effective training to effectively serve specific populations prior to endorsing them to do so (F.6.d.).

   ***Differentiated instruction for counselors-in-training to serve the military population
   effectively.*** When counselors-in-training seek education and practice to become a counselor who serves the military population, it is evident that the student demonstrates an interest in working with a specific population. Based on this specialty area interest, counselors-in-training may be grouped together to take courses with educators and supervisors who are competent about servicing the specific population, as in the purpose of this article referencing the military. However, all counselors are ethically obligated to seek professional development with any population in which they serve that they do not feel

competent in servicing (ACA, 2014, C.2.b.). Within this group, counselor educators will need to differentiate their instructional approaches with the students in accordance with each students' readiness level (Tomlinson & Demirsky Allan, 2000). They will have to account for counselor-in-training previous experiences with this culture, and adjust instruction to account for previous knowledge. Some students may need more background information about the culture because they have very little exposure if any, while others may need to understand their experience with this culture may differ for others and be aware of personal biases (ACA, 2014, F.8.d.).

　　　　Counselor educators and supervisors training of with military experience students. Counselor educators and supervisors have the ethical responsibility to ensure the counselors-in training are competent to work with the military population (ACA, 2014, A.2.c.) prior to endorsing them to do so (F.6.d.) in order to avoid harming their clients (A.4.a.) by imposing their own personal beliefs upon the clients (A.4.b.). They must be cognizant of students' experiences with countertransference when preparing counselors in training to work with the military population when they have been connected to the military culture either previously or are currently. Countertransference is described as the clinician's unconscious reactions to the patient's transference or in other words displacement of feelings onto their counselor (Freud, 1910). For instance, if a client begins to discuss their post-traumatic experiences as a result of the war they have just came back to stateside from, unconsciously the counselor who was a previous service member who experienced warfare may unconsciously trigger flashbacks of their own experience. Ethically, the counselor would need to be aware of what unconscious reactions are theirs and what experiences are presented by the client. Countertransference is often a result of unresolved conflicts that can and must be overcome if the clinician is going to work effectively with clients (Kemberg, 1965).

Rosenberger and Hayes (2002) found there to be five components of countertransference: (a) origins, (b) triggers, (c) manifestations, (d) effects, and (f) management. Counselor educators and supervisors will need to provide counselors-in-training with remedial assistance when needed to help them become aware of their previous experiences (origins) which may be triggered by working with military connected clients. Counselors-in-training will need to process what the manifestations may look like and the effects it has on them. They ethically need to devise a management plan for countertransference in order to avoid imposing personal values on the client as well as harming them. If they need further assistance in working through unresolved issues, the counselor educators and supervisors are ethically responsible to assist the students in finding appropriate counseling services (ACA, 2014, F.9.c.).

Counselor educators and supervisors training of students without military experience. Counselor educators and supervisors who prepare counselors-in-training to work with the military population when they have no prior experience with the unique culture, ethically must ensure students are competent to work with the specific population (ACA, 2014, A.2.c.) prior to endorsing them to do so (F.6.d.) in order to avoid harming their clients (A.4.a.) and imposing their own personal beliefs (A.4.b.).

According to Vygotsky (1978), learners each have a zone of proximal development (ZPD) in which they believe there are things they can do, what they can do with help, and what they believe they can't do. When counselors-in-training have very little knowledge of the military culture, being presented with clients who have concerns that require cultural sensitivity and understanding of how their culture operates differently than the civilian world, counselor educators and supervisors have the responsibility to help the counselors to understand how to effectively serve these clients (ACA, 2014, A.2.c.). Counselor educators and supervisors have

the ethical obligation to be cognizant of their counselor-in-trainings ZPD and provide instruction accordingly in order to help the learner effectively learn and empower them to individually practice (Vygotsky, 1978). For some this may be by providing education pertaining specifically to the norms of the population, while others are ready to explore how and why certain variances from norms are managed within their system along with an understanding of consequences.

Summary

Counselors must first learn basic counseling knowledge and skills and the foundations of military culture, before being able to successfully apply the knowledge they learned in practice. Competent counselor educators and supervisors who meet the needs of their students, will be able to provide the counselors-in-training with the support and guidance needed to work with any population utilizing differentiated instruction methods. Counselors-in-training must adhere to the ACA Code of Ethics (2014) to ensure proper welfare of clients in the field; when working with the military population, those with prior military experience and those without this experience will have unique learning needs (i.e., to develop military competency) and monitoring (e.g., impairment) needs to ensure this. Likewise, counselor educators and supervisors will need to teach students based on their unique learning needs and monitoring them based on their experiences. The military culture highlights training, chain of command, language, and the stigma of receiving mental health services. Because of the complexities of learning culture, counselors with prior experience in a culture may have obvious advantages when working in it, in the counseling setting. However, this article finds that there are both advantages and disadvantages to working with a culture with and without the prior experience and that both counselors-in-training who have been a member of the military culture, as well as those who have not, can effectively be trained to counsel service members.

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