

## **Audiologists and Counseling**

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A questionnaire concerning counseling was sent to a geographically balanced sample of 500 audiologists. Two hundred and twenty-six responses were obtained with a proportionate number from each region. There was overwhelming agreement with the definition of counseling which partitioned personal-adjustment counseling from informational counseling. Approximately fifty percent of the respondents had taken some type of counseling course while a much higher percentage observed or provided counseling in training. In actual practice, more time was spent providing informational counseling than personal-adjustment counseling. Correspondingly, there was a higher perceived rating of counseling skills in the informational area versus the personal-adjustment area.

Audiology is a multifaceted professional discipline which assumes, among its various responsibilities, the role of assisting individuals in adjusting to hearing loss. This process is among those collectively termed aural habilitation/rehabilitation. More specifically, this particular assistance is a form of counseling. The description provided by Tyler (1969) is useful in understanding this general concept as well as the role of the counselor. In essence, Tyler stated that counseling is a process of helping a client make a decision in such a way as to maximize the probability that her/his future development will be both satisfactory and useful. A counselor is a specialist in development of possibilities.

Recently the issue of counseling by audiologists has received increased attention (Bode, 1978; Luterman, 1979; and Sanders, 1975). It seems the idea of counseling by audiologists is being reshaped. Stream and Stream (1978) reported that audiologists often avoided or did not recognize the need to respond to the emotions or feelings of the parents of hearing-impaired

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children. According to these authors, "parent counseling" has been inappropriately used by the profession to merely describe the process of explaining audiologic findings and the steps involved in rehabilitation. In contrast to this rather shallow interpretation, Stream and Stream elaborated on suitable counseling goals. These goals included (a) presenting information as it relates to a child's potential; (b) developing realistic and supportive educational plans; (c) supporting parents in dealing with their feelings; and (d) allowing parents to enhance their understanding and acceptance of the disorder as it relates to the impact on the child's development, adjustment, and ultimate self-actualization.

The American Speech-Language-Hearing Association (ASHA) also is concerned with counseling as is apparent from the efforts of the Committee on Rehabilitative Audiology. The *Asha* journal, June, 1980, contained a draft of the committee's proposed minimal competencies necessary to provide aural rehabilitative services. Among these proposed guidelines were specific references to counseling. To illustrate, item III-J specified that persons providing aural rehabilitation should demonstrate special knowledge of:

Counseling information and techniques used with hearing impaired persons and their families in matters relating to management of psycho-social, educational-vocational, communication, and economic problems associated with hearing impairment. (p. 461)

The proposed guidelines further suggested that this background might include, but not be limited to, academic course work in counseling theory and techniques. Presumably, this refers to both practical experiences as well as classroom-specific training activities.

While there is little question that an important segment of an audiologist's responsibilities includes counseling activities, there is little information available that: (a) identifies types of counseling services presently provided, (b) describes specific time allotments for this service in various clinical settings, or (c) quantifies professional preparation in this area. As a result, the present investigation was designed to:

1. Determine the proportionate amount of time spent in various counseling activities across work settings
2. Examine the professional training of participating audiologists
3. Explore audiologists' perceived ability to provide various types of counseling services

### METHOD

Five hundred questionnaires containing 73 items were sent with an explanatory cover letter to a cluster sample of audiologists holding the Certificate of Clinical Competence in audiology from the American Speech-Language-

Hearing Association. The cover letter and questionnaire are shown in Appendix A. In order to achieve geographic balance, ASHA's five regions (Eastern, Southeastern, North Central, South Central, and Western) were used and a sample of 100 respondents was drawn for each region.

Counseling was described in the cover letter as consisting of two types: (a) informational counseling during which the audiologist provides the client or parents with an understanding of hearing impairment, its consequences, and the role of the hearing aid and (b) personal-adjustment counseling in which the audiologist assists the client or parents to understand and modify any negative feelings to which the hearing impairment gives rise (Sanders, 1975, 1978). This definition conveniently separated the interpretation of audiometric and hearing aid data and subsequent advice from the more general form of counseling described by Tyler (1969).

## RESULTS

A total of two hundred and twenty-six completed questionnaire forms (45%) were returned and the distribution by region was essentially equivalent. The data were converted to whole number percentages for analysis. Rounding errors consequently caused the total percentages to read from 99 to 101 for each category.

### Definition of Counseling

Table 1 contains values for the percent of agreement with the definition of counseling provided by Sanders (1975, 1978) and contained in the cover letter. Over 90% of respondents in each region and 94% of the participants overall agreed with the description and, therefore, the dichotomy of informational and personal-adjustment types of counseling in audiology. It was recognized that potential for bias existed in the binary-choice format; however, the large proportion of agreement appeared to outweigh potential negative factors.

The agreement among regions in response to this question was typical for

**Table 1**  
Percentage of Respondents Agreeing with Definition  
of Counseling as Presented

Response	Region					USA
	North-East	South-East	North Central	South Central	West	
Yes	98%	92%	93%	95%	94%	94%
No	3%	8%	7%	5%	6%	6%
N	40	39	45	37	47	208

all questions and a sign of internal consistency. Therefore, for the sake of clarity, the remainder of the data are drawn from the total sample population.

### **Training and Experience of Respondents**

Responses to questions concerning participants' training and experience indicated that seventy-one percent (71%) held a master's as their highest degree and twenty-five percent (25%) held a doctorate. The remaining four percent (4%) held another form of graduate degree. Experience following certification was varied; fifty percent (50%) of those responding reported six or more years of clinical experience. Seventy-six percent (76%) of the respondents were employed full time.

It was recognized that work assignments can vary among clinical situations and therefore several questionnaire items were concerned with the time allocation to various audiology-related roles. In general, ninety percent (90%) of the respondents reported being employed in client-contact activities. More specifically, fifty-five percent (55%) of these audiologists indicated that the greater part of their time (>60%) was spent with clients. Detailed results of questions concerning employment characteristics may be found in Appendix B. When asked, nearly half (49%) of the respondents indicated that forty percent (40%) or less of their case loads were comprised of children.

### **Academic and Clinical Training in Counseling**

The second section of the questionnaire contained a series of questions designed to identify components of academic and clinical training in informational and personal-adjustment counseling. The survey dealt only with whole courses, since it was assumed that coverage of counseling material in a section of a course would not permit an in-depth study of such a topic. The percentages reported reflect course work at the bachelor's through the doctoral levels, although information was obtained relative to the specific degrees. However, as expected, 71 to 85% of the course work and practicum were received at the master's level. Regarding study at all levels, as indicated in Table 2, 52% of the respondents were required to take a course in informational counseling while 38% had a similar requirement in the personal-adjustment area. While most of these courses (85%) occurred at the master's level, it was noted that 16% of those students required to take informational counseling courses had taken them as undergraduate students. This is an important consideration since audiology is typically a graduate curriculum and presumably these individuals were studying informational counseling as basic preprofessional information.

Table 2 also contains data concerning the availability of courses in each of the two categories described by Sanders (1975, 1978). In both instances the option for a course in counseling was available approximately 50% of the time. This may reflect the historical emphasis of the need for informational

**Table 2**  
Graduate Counseling Courses for Audiologists in Percent

	Yes	No
<b>Informational Counseling</b>		
Required (N=224)	52%	48%
Available (N=220)	52%	48%
<b>Personal-Adjustment Counseling</b>		
Required (N=219)	38%	62%
Available (N=212)	47%	53%

counseling skills. It may also demonstrate that faculty of training programs are aware of the need for course work in personal-adjustment counseling. The values for course availability in informational counseling in Table 2 are the same as those for course requirement, raising the question of whether there would have been larger enrollment in informational counseling courses if they had been available.

Since many clinical skills are gained through practical experience, the issue was addressed at two levels. One set of questions sought to identify the opportunities respondents had to observe various counseling activities while in training. The second set of questions explored the kinds and amount of counseling actually provided by the respondent while in training. As shown in Table 3, 90% of the respondents had observed audiologists providing informational counseling while 10% observed personal-adjustment counseling. A nearly identical distribution is present in the data for actual provision of personal-adjustment counseling while in training. These findings are remarkable since over half of the programs attended by sampled audiologists did not offer courses in personal-adjustment counseling, yet 63% of these individuals participated in this form of interaction in their practice. Further, fourteen of the participants indicated that they had provided personal-adjustment counseling at the bachelor's level. Equally as remarkable is the finding that 8% of those responding had no informational counseling expe-

**Table 3**  
Clinical Practicum and Counseling

	Yes	No
<b>Informational Counseling</b>		
Observational Opportunities (N=224)	90%	10%
Personally Provided (N=223)	91%	8%
<b>Personal-Adjustment Counseling</b>		
Observational Opportunities (N=219)	62%	38%
Personally Provided (N=219)	63%	37%

rience during training at any time even though this is a vital aspect of all areas of audiology.

### Counseling Needs of Clients

Table 4 summarizes data gathered in response to questions concerning the proportion of clients who may need either informational counseling, personal-adjustment counseling, or both. The questionnaire format provided choices in ranges of 0% to 20%, 21% to 40%, etc. The values reported for informational counseling indicate this service to be needed frequently, as might be expected. Services provided by audiologists is in close agreement with the reported need. While the questionnaire design may have provided potentially biasing circumstances by sequentially asking for needs/service-provision data, the respondent's background and training would tend to suggest competence in provision of this service. At the same time, the relationship between the need for personal-adjustment counseling and the reported proportion of audiologists' clients who actually receive this service from them is in far less agreement. The data for clients requiring personal-adjustment counseling indicate a fairly even distribution across the five categories with the largest number in the middle of the continuum. At the same time, data concerning the actual provision of this service is distinctly skewed in the direction of little to no service provision. While some audiologists remarked that their clients are referred elsewhere for follow-up, it appears that some clients in need of personal-adjustment counseling may not be receiving it from anyone.

**Table 4**  
Average Client Audiologic Counseling Needs and Time Allotted for  
Provision of Services

	0-20%	21-40%	41-60%	61-80%	81-100%
<b>Informational Counseling</b>					
Need (N=206)	7%	9%	12%	21%	51%
Received from Audiologist (N=207)	10%	12%	9%	18%	52%
Time/Hour Devoted (N=205)	10%	27%	35%	14%	14%
<b>Personal-Adjustment Counseling</b>					
Need (N=203)	16%	28%	20%	24%	13%
Received from Audiologist (N=202)	35%	22%	16%	15%	12%
Time/Hour Devoted (N=201)	32%	19%	21%	10%	17%

Two questions were asked in an attempt to quantify counseling-time allotments; i.e., whenever possible, respondents were asked to state the average amount of time spent in each type of activity per hour of client contact time. Data summarizing these responses can also be found in Table 4. Again, it is shown that more emphasis is given to informational counseling rather than personal-adjustment counseling.

The final two questions in this section served to identify client groups most likely to receive services from those audiologists responding to the questionnaire. These were used in lieu of "work setting" questions since it was believed to be more important to know the types of clients that were served rather than the locale where the services were being provided. Another reason for stating the questions in the described manner was to avoid potential bias as a function of grouping according to generic labels; i.e., speech and hearing clinics, schools, hospitals, rehabilitation centers, and private practices. Table 5 displays the general composition. Note the even distribution for informational counseling while most commonly delivered personal-adjustment counseling is directed toward parents of preschool children, adults following hearing aid evaluations, and parents of school-age children.

**Table 5**  
Number of Respondents Who Most Commonly Deliver Counseling  
to Populations Described

Populations	Informational Counseling	Personal-Adjustment Counseling
Parents of Preschool Children	155	128
Parents of School-Age Children	156	94
Adults Following Audiologic Evaluation	143	70
Adults Following Hearing Aid Evaluation	134	106
Adults Receiving Aural Rehabilitation	84	89
Other	23	19

The final set of questions addressed the respondents' perceived skills at both types of counseling and their needs for further training in either area. Table 6 clearly indicates the majority of participants were satisfied with their abilities in the provision of informational counseling. At the same time, they were less comfortable with their ability to provide personal-adjustment counseling. Concomitantly, the needs assessment shown in Table 7 clearly reflects a greater interest in further training and information about personal-adjustment counseling versus informational counseling.

**Table 6**  
Counseling Skill Ratings

Type	Excellent 1	2	3	4	Poor 5
Informational (N=215)	53%	38%	7%	1%	0%
Personal Adjustment (N=211)	13%	30%	39%	12%	6%

**Table 7**  
Perceived Need for Further Training  
in Counseling Ratings

Type	Great Need				No Need
	1	2	3	4	5
Informational (N=213)	7%	13%	20%	37%	24%
Personal Adjustment (N=213)	18%	34%	28%	13%	8%

Two groups of respondents were established in order to determine the difference in reaction to the ratings of counseling skill and perceived need for further training. One group consisted of those with a required counseling course while the other group was composed of those who indicated they were without the required course. These were developed for each of the two counseling areas. Table 8 illustrates the similarity in informational counsel-

**Table 8**  
Counseling Skill Ratings by Respondents  
With and Without Required Course Work

Group	Excellent	2	3	4	Poor
	1				5
<b>Informational</b>					
With (N=110)	59%	33%	6%	1%	1%
Without (N=97)	45%	46%	7%	1%	0%
<b>Personal Adjustment</b>					
With (N=70)	21%	41%	30%	4%	3%
Without (N=121)	9%	24%	40%	18%	8%

ing skill ratings between the two groups; i.e., 92% with an academic background in this area rated themselves as excellent or very good while 91% without this background responded in a like manner. This trend was not reflected with the same kind of confidence for the personal-adjustment area. Here, 62% with course work rated themselves highly while only 33% without the training rated themselves similarly. The data presented in Table 9 also reflect the disparity between informational counseling and personal-adjustment counseling perceptions. That is, the lack of academic training in the personal-adjustment area tends to create more of a concern than does an absence of informational counseling course work. Only 29% of those who were without informational counseling course work believed their need was great or remarkable for more training while 67% without a personal-



**Table 9**  
**Perceived Need for Further Training in Counseling**  
**Ratings by Respondents With and**  
**Without Required Course Work**

Group	Great Need 1	2	3	4	Poor 5
<b>Informational</b>					
With (N=110)	5%	9%	21%	36%	28%
Without (N=97)	10%	19%	19%	36%	16%
<b>Personal Adjustment</b>					
With (N=70)	9%	23%	37%	20%	11%
Without (N=121)	27%	40%	20%	9%	3%

adjustment course detected a need for more training in that area.

### DISCUSSION

The field of audiology identifies counseling among its professional responsibilities. Textbooks and association committee reports affirm this. Academically obtained expertise in this area may actually help to differentiate the audiologist from others working in the assessment and rehabilitation of the hearing impaired. The purpose of this investigation was to examine (a) the extent to which audiologists participate in counseling activities, (b) how they were trained for that role, (c) clients' needs they attempt to serve, and (d) audiologists' perceived effectiveness in the counseling areas.

Sanders (1978) delineated counseling into two areas which may overlap. One is a factual, informative type in which test results, facts concerning hearing loss, and hearing aid performance are discussed. The second area, personal-adjustment counseling, pertains to helping an individual cope with psychosocial problems related to hearing loss. The concern which influenced the development of a questionnaire was that instances do occur in the practice of audiology for which the professional has little directed academic background.

In general, the survey results suggest that audiologists receive less classroom training in counseling than is necessary for provision of services. Greater attention has been given to the area of informational counseling when the subject was available for study in training. Audiologists feel more competent with the informational aspect. Also, the emphasis in the informational area does appear warranted if the relation to professional provision of service and time spent delivering a specific type of counseling is the motivating factor. However, the emphasis might have been different in nature had the audiologists been better equipped to provide personal-adjustment counseling.

Audiological training programs need to identify where specific competencies in each of these necessary counseling activities are to be developed. The levels at which these competencies are taught, developed, and demonstrated must be identified. Possibly, audiology training programs should seek teaching support in counseling from outside the communication disorder field; i.e., require study under the direction of professional counselors.

Clinical practicum and experience should be founded on systematic study if audiologists are to continue to provide personal-adjustment counseling to parents of hearing-impaired children as well as to adults in hearing aid orientation and aural rehabilitation. The respondents of this survey felt less adequate as personal-adjustment counselors than as informational counselors and desired more training in personal counseling. This reflects a concern for assisting clients to manage their hearing impairment apart from hearing aid fitting and academic and vocational guidance.

The results of the questionnaire agree with the recommendations of the Committee on Rehabilitative Audiology (1980) and study in the area of counseling is indicated. Training programs and faculty involved in continuing professional development should consider offering counseling courses. At the very least, this subject should be expanded upon in other audiology courses. Hopefully, a requirement for successful completion of a counseling course or courses will become a prerequisite for a master's degree in audiology.

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## APPENDIX A

### COVER LETTER

Dear Colleague:

We are seeking to identify the role of the audiologist as a counselor. Presently, there appears to be little data available identifying time allotted to this service as well as types of counseling provided and professional education in this area. We hope that you can take a few minutes to complete the attached questionnaire and assist us in examining this issue. A pre-stamped, addressed envelope is included for your convenience.

For the purpose of the questionnaire, we are defining two types of counseling consistent with those suggested by Sanders (Sanders, D.A., *Hearing aid orientation and counseling*. In M.C. Pollack (Ed.), *Amplification for the Hearing Impaired*. New York, N.Y.: Grune & Stratton, 1975, pp 323-372). The first is *informational counseling* during which the audiologist provides the client or parents with an understanding of the hearing impairment, its consequences, and the role of the hearing aid while the second is *personal-adjustment counseling* where the audiologist assists the client or parents in finding a solution to her/his or their problem and achieving independence.

Thank you for your cooperation, and please feel free to note any general comments regarding the questionnaire on the reverse side of the form. If you would care to have a copy of the summarized findings, please fill out the enclosed address label and return it with your questionnaire. As envelopes are opened, labels and questionnaires will be separated to preserve anonymity.

Thank you for your cooperation.

Sincerely yours,

### AUDIOLOGISTS AND COUNSELING QUESTIONNAIRE

Please read each statement carefully and provide your response in the right-hand column.

- |  |                  |                  |                   |              |                   |
|--|------------------|------------------|-------------------|--------------|-------------------|
| A. 1. Highest academic degree in speech and hearing.   | M.A.<br>( )      | M.S.<br>( )      | Ph.D.<br>( )      | Ed.D.<br>( ) | Other<br>( )      |
| 2. Years of clinical experience post-certification.  | 0-2<br>( )       | 3-5<br>( )       | 6-8<br>( )        | 9-12<br>( )  | 12-over<br>( )    |
| 3. Presently employed in a client-contact work setting.  | Yes ( )          | No ( )           |                   |              |                   |
| 4. Full or part-time.  | Full<br>( )      | 3/4<br>( )       | 1/2<br>( )        | 1/4<br>( )   | Unemployed<br>( ) |
| 5. Agree with the description of counseling in the text of the attached letter?  | Yes ( )          |                  | No ( )            |              |                   |
| B. 6. In your professional training, were you required to take specific course(s) which provided an orientation and training in: |                  |                  |                   |              |                   |
| a. informational counseling--  | Yes ( )          |                  | No ( )            |              |                   |
| if yes, at what degree level(s)?   | B.A./B.S.<br>( ) | M.S./M.A.<br>( ) | Ph.D./Ed.D<br>( ) |              |                   |

	b. personal-adjustment counseling-- if yes, at what degree level(s)?	Yes ( ) B.A./B.S. ( )	No ( ) M.S./M.A. ( )	Ph.D./Ed.D ( )		
7.	In your professional training, were there courses available for you to take as optional which provided an orientation and training in:					
	a. informational counseling-- if yes, at what degree level(s)?	Yes ( ) B.A./B.S. ( )	No ( ) M.S./M.A. ( )	Ph.D./Ed.D ( )		
	b. personal-adjustment counseling-- if yes, at what degree level(s)?	Yes ( ) B.A./B.S. ( )	No ( ) M.S./M.A. ( )	Ph.D./Ed.D ( )		
8.	In your professional training, were you able to observe audiologists providing:					
	a. informational counseling-- if yes, at what degree level(s)?	Yes ( ) B.A./B.S. ( )	No ( ) M.S./M.A. ( )	Ph.D./Ed.D ( )		
	b. personal-adjustment counseling-- if yes, at what degree level(s)?	Yes ( ) B.A./B.S. ( )	No ( ) M.S./M.A. ( )	Ph.D./Ed.D ( )		
9.	In your professional training, were you able to provide:					
	a. informational counseling-- if yes, at what degree level(s)?	Yes ( ) B.A./B.S. ( )	No ( ) M.S./M.A. ( )	Ph.D./Ed.D ( )		
	b. personal-adjustment counseling-- if yes, at what degree level(s)?	Yes ( ) B.A./B.S. ( )	No ( ) M.S./M.A. ( )	Ph.D./Ed.D ( )		
C. 10.	Average percentage of work time spent in client contact activities.	0-20% ( )	21-40% ( )	41-60% ( )	61-80% ( )	81-100% ( )
11.	Average percentage of case load that are children (0-18 yrs).	( )	( )	( )	( )	( )
12.	Average percentage of clients who may need informational counseling.	( )	( )	( )	( )	( )
13.	Average percentage of clients who may need personal-adjustment counseling.	( )	( )	( )	( )	( )
14.	Average percentage of clients who receive informational counseling from you.	( )	( )	( )	( )	( )
15.	Average percentage of clients who receive personal-adjustment counseling from you.	( )	( )	( )	( )	( )

16. Average amount of time per hour of client contact devoted to each client receiving informational counseling.
- |          |           |            |            |          |
|----------|-----------|------------|------------|----------|
| 0-5 min. | 6-10 min. | 11-15 min. | 16-20 min. | 21+ min. |
| ( )      | ( )       | ( )        | ( )        | ( )      |
17. Average amount of time per hour of client contact devoted to each client receiving personal-adjustment counseling.
- |     |     |     |     |     |
|-----|-----|-----|-----|-----|
| ( ) | ( ) | ( ) | ( ) | ( ) |
|-----|-----|-----|-----|-----|
18. Types of clients to whom informational counseling is most commonly provided:
- |   |     |
|---|-----|
| Parents of preschool children           | ( ) |
| Parents of school-age children          | ( ) |
| Adults following audiologic evaluation  | ( ) |
| Adults following hearing aid evaluation | ( ) |
| Adults receiving aural rehabilitation   | ( ) |
| Other                                   | ( ) |
19. Types of clients to whom personal-adjustment counseling is most commonly provided:
- |   |     |
|---|-----|
| Parents of preschool children           | ( ) |
| Parents of school-age children          | ( ) |
| Adults following audiology evaluation   | ( ) |
| Adults following hearing aid evaluation | ( ) |
| Adults receiving aural rehabilitation   | ( ) |
20. Please rate your skill from excellent to poor in providing:
- |                                   |           |     |     |     |      |
|-----------------------------------|-----------|-----|-----|-----|------|
|                                   | Excellent |     |     |     | Poor |
| a. informational counseling       | ( )       | ( ) | ( ) | ( ) | ( )  |
| b. personal-adjustment counseling | ( )       | ( ) | ( ) | ( ) | ( )  |
- D. 21. Please rate your perceived need for further training in:
- |                                   |            |     |     |     |         |
|-----------------------------------|------------|-----|-----|-----|---------|
|                                   | Great Need |     |     |     | No Need |
| a. informational counseling       | ( )        | ( ) | ( ) | ( ) | ( )     |
| b. personal-adjustment counseling | ( )        | ( ) | ( ) | ( ) | ( )     |

**APPENDIX B****RESPONDENT PROFILE**

Highest Academic Degree (N=226)	<u>Master's</u> 71%	<u>Doctorate</u> 25%	<u>Other</u> 4%		
Years Experience Post CCC-A (N=224)	<u>0-2 yrs</u> 21%	<u>3-5 yrs</u> 28%	<u>6-8 yrs</u> 17%	<u>9-11 yrs</u> 12%	<u>12 or more yrs</u> 21%
Client Contact in Work Setting (N=225)	<u>Yes</u> 90%	<u>No</u> 10%			
Percentage of Time in Client Contact (N=202)	<u>0-20%</u> 8%	<u>21-40%</u> 17%	<u>41-60%</u> 19%	<u>61-80%</u> 31%	<u>81-100%</u> 24%
Full Time or Part Time (N=215)	<u>Full</u> 76%	<u>3/4</u> 4%	<u>1/2</u> 10%	<u>1/4</u> 7%	<u>Unemployed</u> 4%
Average Percentage of Clients Who are Children (N=204)	<u>0-20%</u> 24%	<u>21-40%</u> 25%	<u>41-60%</u> 25%	<u>61-80%</u> 8%	<u>81-100%</u> 19%