



The Impact of Military Cultural Awareness, Experience, Attitudes and Education on Clinician Self-Efficacy in the Treatment of Veterans

Journal:	Professional Development: The International Journal of Continuing Social Work Education
Article Title:	<i>The Impact of Military Cultural Awareness, Experience, Attitudes and Education on Clinician Self-Efficacy in the Treatment of Veterans</i>
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Volume and Issue Number:	<i>Vol. 15 No. 1</i>
Manuscript ID:	<i>151039</i>
Page Number:	<i>39</i>
Year:	<i>2012</i>

Professional Development: The International Journal of Continuing Social Work Education is a refereed journal concerned with publishing scholarly and relevant articles on continuing education, professional development, and training in the field of social welfare. The aims of the journal are to advance the science of professional development and continuing social work education, to foster understanding among educators, practitioners, and researchers, and to promote discussion that represents a broad spectrum of interests in the field. The opinions expressed in this journal are solely those of the contributors and do not necessarily reflect the policy positions of The University of Texas at Austin's School of Social Work or its Center for Social and Behavioral Research.

Professional Development: The International Journal of Continuing Social Work Education is published two times a year (Spring and Winter) by the Center for Social and Behavioral Research at 1 University Station, D3500 Austin, TX 78712. Journal subscriptions are \$110. Our website at www.profdevjournal.org contains additional information regarding submission of publications and subscriptions.

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ISSN: 1097-4911

URL: www.profdevjournal.org

Email: www.profdevjournal.org/contact

The Impact of Military Cultural Awareness, Experience, Attitudes and Education on Clinician Self-Efficacy in the Treatment of Veterans

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Individuals who serve in the military and their family members form a distinct subset of society and communities. As with any subgroup, they are governed by a set of laws, norms, traditions, as well as cultural and organizational values distinct from their civilian counterparts. Those individuals who separate from the military tend to encounter similar types of culture shock that immigrants experience when attempting to integrate into a host culture; moreover, a sense of disorientation, a change of status, and a search for autonomy and identity are present. The disorientation that occurs when transitioning into the mainstream civilian culture is because of the pervasive influence of military culture upon the military-connected individual and his or her family (Coll, Weiss, & Yarris, in press).

This paper aims to elucidate a civilian understanding of military culture, to better frame the services offered by civilian clinicians. Service personnel who are indoctrinated into such a dominant culture can experience adjustment problems upon reentry into the larger society, and thus professional counselors must be ready to address the reintegration process with veteran clients. Furthermore, the authors will discuss the correlation between the following components: a clinician's military cultural awareness; individual worldviews or attitudes regarding the current wars in Iraq and Afghanistan; and military experience and training. The aim is to identify the extent to which these elements impact a practitioner's perceived self-efficacy in the treatment of veterans.

Military Culture and Values

The military culture is comprised of the values, traditions, norms and perceptions that govern how members of the armed forces think, communicate, and interact with one another and with civilians. Though each branch of the military has a unique set of core values, there are unifying qualities across the various divisions of the military, such as honor, courage, loyalty, integrity, and commitment (Exum & Coll, 2008; Exum, Coll & Weiss, in press). Military values serve as the standards of conduct for military personnel and regulate the lives of soldiers daily. Upon entry into service, military values are aggressively imposed on the recruits, and these norms continue to affect the service member both on and off duty. The military believes that the ubiquitous application of its standards of conduct is necessary because members of the armed forces must be ready at all times to deploy into combat (Exum, Coll, & Weiss, in press).

Little room is given for individual autonomy within the military culture. Members of the armed forces must act as a collective and remain dedicated to realizing common objectives. Soldiers who waver and question the integrity of the military system may often prove to be liabilities during missions. Therefore, the military emphasizes the cardinal principle of unit cohesion, which is the formation of trusting bonds between members of the same team. Cultivating this cohesion among peers is resultant from the functional imperative of successful completion of missions on the battlefield, which requires the sacrifice of the individual good for the greater collective good

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(Hooker, 2003). Unfortunately, this very culture that fosters such strong camaraderie among soldiers may also engender a sentiment that is “inherently anti-civilian” (Davenport, 1987, p. 10). Davenport states service members often form their own separate specialized society that is psychologically distant and distinct from that of the civilian world and from the civilian’s “collective worldview.” This may then impact the quality of the therapeutic relationship between the civilian clinician and the veteran client.

Worldviews

The differences between practitioner and client worldviews and the potential impact of these differences on the therapeutic process have received little attention in the clinical literature. However, there is some evidence that related disciplines show a correlation between client/therapist worldviews and how individuals ultimately perceive the quality of the therapeutic relationship and the guidance provided. Coll and Zalaquett (2008) found that individuals (i.e., advisees) with worldviews similar to those of their advisors seek advising more often than those with dissimilar worldviews, and tend to perceive advising as an important element that leads to their academic success and professional development. More important, research has found that similarity in values and attitudes about the world is more important to the client/therapist relationship than are geographical differences (Beutler & Bergan, 1991).

To develop a working relationship with a client, a therapist must understand the dynamics that construct a particular worldview. From a philosophical perspective, Nietzsche’s and Hegel’s definition of a worldview, as a product of cultures and experiences; whereby a worldview is an individually molded paradigm with various outcomes; thus, a worldview is linked to a person’s cultural upbringing and life experiences (Ibrahim, 1985; Katz, 1985; Trevino, 1996).

In the fields of counseling and psychology the most current definition of worldview comes from Kolto-Rivera (2004), where he conceptualizes this construct in the following manner:

A worldview is a way of describing the universe and life within it, both in terms of what is and what ought to be. A given worldview is a set of beliefs that includes limiting statements and assumptions regarding what exist and what does not, what objects or experiences are good or bad, and what objectives, behaviors, and relationships are desirable or undesirable. A worldview defines what can be known or done. In addition to defining what goals can be sought in life, a worldview defines what goals should be pursued. Worldviews include assumptions that may be unproven, and even unprovable, but these assumptions are superordinate, in that they provide the epistemic and ontological foundations for other beliefs within a belief system (p. 4).

Similarly, Ivey, Ivey, and Simek-Downing (1987) have referred to a worldview as the manner in which an individual conceptualizes the world that surrounds him or her and how meaning is characterized. Ibrahim (1985) refers to a worldview similarly to Jung’s definition, as the philosophy of life or those experiences within a social and cultural context. In other words, a worldview encompasses attitudes, opinions, and values; it is how we think and how we define events, and make decisions that impact our daily living (Sue & Sue, 1999). Thus, theoretically speaking, a client and his or her therapist may be at opposite dimensions in individual worldviews and yet still attempt to work on a common goal. However, it is imperative to recognize that this polarization in worldviews may impact a clinician’s perceived self-efficacy in his or her ability to assist clients, and could ultimately infringe upon treatment efficacy. The opposite is also plausible, in that a client may be unable to relate to the therapist who holds a different worldview from him or herself, which could hinder the establishment of the positive therapeutic relationship so important to therapeutic outcomes.

Cultural Competence

Practitioners need to comprehend and take into account the client's worldviews (including cultural-based worldviews), values, and experiences in order to "cultivate cross cultural understanding" and promote an "interpersonally close encounter" (Berg-Cross & Takushi-Chinen, 1995; as cited in Ponterotto, Gretchen, & Chauhan, 2001, p. 86). Achieving true cultural competence involves an ability to grasp the "broad worldviews of the cultural group" while examining the "individual expression of these views" (p. 87). Within the counseling profession this issue is brought to the forefront in the code of ethics by instructing counselors to attempt to understand the diverse backgrounds of the clients, and how the clinician's own cultural identity can affect the counseling process (American Counseling Association, 2005). Additionally, several of the allied helping professions, such as psychology and social work, also emphasize the ethical principle of their practitioners providing culturally competent services to their respective clients (APA, Ethics Code, 1992; NASW, Code of Ethics, 1999). According to the Council of Social Work Education, Educational Policy and Accreditation Standards, social work students are obligated to identify, analyze, and implement effective practice strategies with people from diverse cultures (CSWE, Educational Policy, 2.1.10[a]-[d]).

Borrowing from theories on diversity, concepts such as acculturation and ethnic identity development can be implemented to understand service personnel as a distinct culture. Acculturation models explore the degrees to which immigrants assimilate and adapt to their host cultures (Sue & Sue, 2008). Ethnic identity development models examine the degree to which people of color embrace their own heritage in the face of racism and discrimination experienced in a host or majority culture (Kim, 1981; Ruiz, 1990; cited in Sue, Carter, Casas, Fouad, Ivey, Jensen, La Fromboise, Manese, Ponterotto, & Vasquez-Nuttall, 1998). Grieger and Ponterotto (1995) offer a framework that considers the client's level of acculturation as it applies to the counseling process. The more acculturated the client is to the host culture (i.e., in terms of holding middle-class American societal

values), the more likely the client will be at ease with the counseling process. Applying these notions to military personnel allows therapists to examine the levels of acculturation and cultural identity in service members who are transitioning from the military into the civilian world; as well as offering us a lens by which to ascertain veteran perceptions of the counseling process.

Historically speaking, both enlisted persons and officers in the armed forces are indoctrinated to believe that mental health issues and psychological problems are sources of weakness, and thus counseling is typically not held in high regard (although the military is currently attempting to de-stigmatize mental health services). This historical-based cultural value can serve as a potential obstacle in the therapeutic process. Clinicians need to address this issue the first client visit and validate the service member for attending therapy. Stress is placed on the importance of the client's level of psychological-mindedness (or capacity for insight) in comprehending, interpreting, and attributing to individual problems (Grieger & Ponterotto, 1995).

Within military culture, service personnel are dissuaded from considering individuality; instead, they are to follow orders from superiors and to act as part of a group - the unit takes precedence over the individual. This collectivistic standpoint may also present as a challenge to mental health professionals working with veterans who highly identify with the military culture. Coll, Weiss, and Draves are currently devising a military identity scale that will help a clinician determine the veteran's level of identity in terms of adherence to the norms dictated by military culture and the implications of identity on the therapeutic process. In summary, a significant component of military affiliation is the individual identifying with military culture, which includes the values, morals, code of conduct, and the importance of the mission. As previously mentioned, part of the military indoctrination process involves developing group loyalty and the group takes precedence over the individual. Within this framework, an individual's self identity becomes a microcosm of the organization's identity (Ashforth & Mael, 1989).

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Many veterans, after separating from military service, continue to navigate their lives, personal and work-wise, according to their military identity. Identification matters because this is the process by which people define themselves, and this determines attitudes and behaviors and the manner in which they communicate that definition to others (Ashforth et al., 2008). A veteran's over-identification with military culture could have an impact on his or her ability to successfully transition into the civilian world and impinge upon their ability to develop rapport in the therapeutic relationship (especially if the client's identity clashes with that of the civilian therapist). On the other hand, there are veterans who, after completing military service, chose not to adhere to the strict military identity; in other words, these individuals under-identify with the military, and for some this may be a way of easing their entry into new civilian roles (Ashforth, 2001). Thus, clinicians need to be aware that not all veterans are alike, much like the cultural competence literature demonstrates on the intra-group variations that exist within a culture (Sue & Sue, 1999).

The literature advises that when working with culturally diverse populations, it is imperative that practitioners interview their clients with cultural-based questions that relate to how the client meets his or her needs based on the prescriptions of his or her group of origin or group of identification. For instance, Berg-Cross and Takushi-Chinen (1995) recommend using items from their Person-in-Culture Interview (PICI) scale. For example, some of the items help the practitioner gain an understanding from their client about the accepted norms of behavior based on culturally derived expectations. Questions arise, such as: "What does your community expect from you and how does your community support or not support those experiencing difficulties similar to you?" "How does your culture allow for the expression of anger and how does one in your culture gain acceptance and self esteem?" Also, it inquires about culturally accepted methods of social influence, such as: "Who can you turn to for advice and what community resources are available and which ones are you more likely to use, based on your cultural

determinations?" (as cited in Ponterroto, Gretchen, & Chauhan, 2001, p. 333-356).

Last, the relevance of the clinician's own cultural background and attitudes toward the client and the impact on the therapeutic relationship need to be considered (Lonner & Ibrahim, 1996). Washington (1994) highlights the ethical value of practitioners first scrutinizing their own cultural backgrounds, beliefs, motives, values, assumptions, and identifying their own distortions before working with culturally diverse clients. Before understanding the client's culture and experience, a practitioner first needs to examine his or her own cultural background and biases that may consciously or unconsciously be brought into the therapeutic relationship. This is especially pertinent in working with military clients. For instance, the clinician may hold prejudices about military service or may harbor antiwar beliefs, and as a result could unwittingly (or deliberately) impose or project their own dislikes or morals onto the client, which would invariably alienate the veteran client. This clinical scenario represents the crux of the argument and rationale behind ethical practice; in fact, the ethical foundation for the helping professions (based on Western world views) is formed on the premises of client self-determination and respect for client differences.

Self-Efficacy

According to Bandura (2001), self-efficacy is a person's confidence of his or her capability to develop, organize, and execute an action required to complete a set goal. Self-efficacy is a concept derived from social cognitive theory, which establishes that behavior is subjective and affected by the person, his or her thought, and the environment. Social cognitive theory suggests that a person has the capacity to symbolize, develop, and control self- thought and learn from internal and external personal and social experiences. The development and control of self-thought in an individual rests on the notion that we possess an internal self-regulating system that affects motivation and learning. The self-regulating system is affected by the interdependent and directional triadic relationship between the person, his or her thoughts, and the environment (Bandura, 2001). This inter-

section influences a person's self-belief or self-confidence in the ability to accomplish goals, which in this case, translates into the clinician's perception of his or her capacity to employ a culturally competent stance toward his or her veteran clients. The process and its effects are part of the self-regulatory system that all individuals possess, and furthermore, aid in the individual's development of beliefs and corresponding behaviors. Moreover, research shows that this self-regulation also contributes toward an individual's personal and social achievements (Pajares & Schunk, 2002; Pajares & Schunk, 2001).

Thus, Bandura (2001) described the regulating mechanism as an essential part of the person's reciprocal motivation through the belief of achievable goals or in the belief of an individual's ability to execute an action required to complete a set goal. The self-regulatory system mediates the amount of each triadic component as it influences a person's thought, feelings, behaviors, and motivation. Moreover, individual experiences and perceptions influence self-regulation in the form of an accumulation of perceptions about performance, and ultimately self-beliefs. These experiences and beliefs are a person's self-system, which may play a role in determining a person's ability to develop trusting relationships with others and sustain an engaged counseling relationship; from a clinician's perspective, it may also limit the therapist's belief that he or she has the potential to ethically and effectively connect with his or her client (Bandura, 2001; Pajares & Schunk, 2002). Therefore, we establish best treatment practices and begin to comprehend the full effects of war-related trauma on combat veterans and their families (considering the particulars of the current unconventional conflicts, e.g., multiple deployments, an all-volunteer force, and an unidentifiable enemy). Appreciation needs to be given to the cultural-based dynamics that are at play in the therapeutic encounter because the clinician can gain a sense of efficacy in the ability to promote a therapeutic alliance with the military clients.

Theoretical Framework

In examining the therapeutic relationship from a cultural competence perspective and seeking to discern the role of clinician self-efficacy and the impact of individual worldviews, acknowledgment is paid to Sue's (1999) assertion that all counseling is multicultural. As such, clinicians should seek appropriate training and preparation to understand particular groups. We acknowledge that competent multicultural counseling is not a formulaic approach that prescribes how to treat members belonging to a particular cultural group; rather, cultural competence is resulting from the interaction between what is culturally specific and what is unique to the individual, and from those universal human experiences that make up an individual's reality (Cox, 1982; as cited in Ibrahim, 1991). Employing multicultural counseling theory (MCT) allows counselors look at veterans as a special group and acknowledge that the individual's experience and worldviews may differ from those of the therapist. Furthermore, MCT allows counselors to develop competencies and best practice approaches in recognizing and incorporating differences in the therapeutic relationship using a multicultural lens. Ibrahim (1991) asserts that the counselor, educator, or student must not only be aware of the client's worldview (which influences identity, philosophy, modes of interacting with the world, problem-solving, conflict resolution, and decision making) but also be aware of his or her own worldview (as previously suggested in the discussion of therapist awareness of own his or her own background and values) Furthermore, the understanding (of the client and of the self) within the counseling encounter is "the critical variable that can ease or obstruct the process of counseling" (p. 14).

Counselor self-efficacy (CSE) is an area of research that has received some attention in the past few years (Larson & Daniels, 1998). As the counselor's belief (and the strength of the belief) in his or her ability to perform counseling skills increases, the therapist's ability to navigate challenging clinical situations improves. The assumptions cited in the literature are that those counselors who possess greater self-efficacy in working with their clients may be more "likely to generate

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helpful counseling responses, persist longer and expend more effort when encountering clinical impasses and to appear more poised during sessions” than those counselors with less self-efficacy (Lent, et al., 2006, p. 453). Furthermore, Lent, et al. (2006) stated that all counselors, regardless of whether they are novice or experienced, will perceive their own level of efficacy with certain types of clients (also considering clients from particular cultures) or types of client problems. Therefore, as part of our study, we hoped to examine the counselor’s perceived self-efficacy in working with clients who come from a military background. The study did not investigate actual counselor abilities nor did the study provide clinical outcomes; however, the hope is to help professionals in the area of culturally competent clinical practice with military personnel and inform future studies on counselor capacities and the impact on treatment outcomes.

The Study

The purpose of this study was to test the relationships between a clinician’s military cultural awareness, attitudes about the wars in Iraq and Afghanistan, and self-efficacy in working with the veteran population. Furthermore, this study measured and tested the relationships between experiential variables (clinician’s veteran status, education, work experience, and military spouse status) and the clinician’s perceived self-efficacy in the treatment of veterans. The following hypotheses were tested. First, it was predicted that individuals scoring higher in military cultural awareness would have higher levels of self-efficacy in working with veterans. The second hypothesis was that clinicians who were veterans would rate themselves as possessing higher self-efficacy than would those without military experience. Third, we predicted that those clinicians with military spouses would score higher in levels of self-efficacy in the treatment of veterans than would those without a spouse in the military. Finally, we hypothesized a significant positive relationship between clinicians’ current war attitudes (Operation Iraqi Freedom and Operation Enduring Freedom) and their perceived self-efficacy in working with the veteran population.

Methods and Procedures

The researchers obtained approval for the use of human subjects from the Institutional Review Board of the University of Southern California. The researchers employed an online self-report survey method, and e-mailed the survey URL to those who agreed to voluntarily and anonymously participate in the study. Data were accumulated from current graduate students in counseling and social work programs, as well as from clinicians working in the community and professors of the graduate counseling, psychology, and social work programs. Research studies suggest that response rates for paper and web-based derived surveys indicate they are comparable methods of data gathering (Kaplowitz, Hadlock, & Levine, 2004). Two hundred ninety-three participants returned useable data. Of these, 74 were male, and 219 were female. Most (70.8%) had experienced working with veterans, and a further 30.4% had completed one or more continuing education courses in military social work/military counseling; a significant portion were either veterans themselves (16.8%) or military spouses (10.3%).

Instruments

In addition to demographic questions, the survey included scales to measure the constructs previously described. Questions used in assessing respondent’s military cultural awareness and U.S. military policy were taken from items on Exum and Coll’s (2008) Military Issues Self Assessment (p. 15-17). The scale includes 11 True/False questions. Questions to ascertain respondent’s attitudes about military service and general war policies were also taken from items on Exum and Coll’s (2008) Military Issues Self Assessment (p. 16-17). The response set for the five items was based on a 5-point Likert scale, ranging from *Strongly Disagree* to *Strongly Agree*. The Exum and Coll (2008) scale has yet to be validated; in fact, one motivation for its inclusion in this study was to examine its convergent validity.

Eriksen’s (1948) general war attitudes scale items were applied. The 20 items were also based on a 5-point Likert scale, ranging from *Strongly Disagree* to *Strongly Agree*, and have a Cronbach reliability value of 0.79. Items measuring respond-

Table 1. Working Experience

Scale	Experienced	Not Experienced	t	df	sig
Culture	M=8.02 (n=182)	M=7.4 (n=80)	3.55	260	p<.001
Efficacy	M=19.5 (n=164)	M=17.7 (n=67)	3.66	229	p<.001

Table 2. Comparison of Course Completers versus Others

Scale	Course(s)	No Course	t	df	sig
Culture	M=8.22 (n=78)	M= 7.6 (n=183)	3.51	181.4	p<.001
War Attitudes	M=55.9 (n=69)	M= 50.9 (n=150)	3.45	217	p<.001
Exum & Coll	M=13.9 (n=73)	M= 12.9 (n=173)	2.74	113.1	p=.007
Izzett	M=19.9 (n=68)	M= 18.7 (n=165)	2.21	231	p=.028
Efficacy	M=20.8 (n=70)	M= 18.2 (n=161)	5.54	229	p<.001

Table 3. War Attitudes Across Veteran Status.

Scale	Veterans	Non-vets	t	df	sig
War Attitudes	M=57.6 (n=40)	M=51.4 (n=181)	3.64	219	<.001
Exum & Coll	M=14.4 (n=43)	M=12.9 (n=205)	3.60	246	<.001
Izzett	M=20.3 (n=40)	M=18.8 (n=195)	2.24	233	.026

ent attitudes about the current wars were adapted from Izzett's (1971) Vietnam War Attitude Scale. The scale consisted of eight items on a 5-point Likert scale.

Respondent perceptions of self-efficacy in working with the Veteran populations were adapted from the Teacher Self-Efficacy Scale (Schwarzer et al., 1999). The scale contained six items, also on a Likert scale. Cronbach's alpha is between 0.76 and 0.82; test-retest reliability results are 0.67.

Results

Military cultural awareness and clinician self-efficacy scores were not significantly correlated ($r=.058$; $n=233$; n.s.). Sub-group analysis reveals that the relationship between self-reported efficacy and number correct on the culture scale is strongly negative for high school diploma recipients, weak and negative for doctoral recipients, and weakly positive for bachelor's and master's recipients. None of these relationships, however, are statistically significant.

The hypothesized relationship between experience and self-reported efficacy received support. Those participants who identified themselves as veterans reported higher level of self efficacy ($M=20.8$; $N=41$) than did non-veterans ($M=18.6$; $N=191$) ($t(230) = 3.73$, $p < .001$). As expected, the highest mean efficacy score was among those individuals who identified themselves as veterans, military spouses, or both. One-way analysis of variance (ANOVA) revealed that the mean score for those individuals who neither identified as veteran nor a spouse of a veteran ($M=18.5$; $N=169$) had significantly lower ($p < .05$) scores than veterans and military spouses ($M=20.7$; $N=37$). Though military spouses tended to have higher mean efficacy in general ($M=19.6$; $N=25$) than did non-spouses ($M=18.9$; $N=207$), differences were not statistically significant (potentially because of the relatively low number of military spouses in the sample).

Experience working with veterans seemed to make a difference in both cultural awareness and self-efficacy (as expected) but not in attitudes

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about war, as illustrated in Table 1.

Military spouses scored significantly higher than did non-spouses on the Exum & Coll scale, but not on either of the other scales of attitudes (for spouses, $M=14.4$ and $n=25$; for non-spouses, $M=13.1$ and $n=223$; $t(246) = 2.5$, $p = .012$).

Another interesting finding was that those with one or more continuing education courses in military social work or counseling scored significantly higher in military cultural awareness and self efficacy than those without any courses. Those with one or more continuing education courses in military social work/counseling scored significantly higher than those without any courses on all five scales, as shown in Table 2 below.

In predicting self-rated efficacy score through stepwise multiple linear regression, neither degree attained, veteran status, military spouse status, cultural competency score, nor gender were significant predictors. The only significant predictors were working with veterans ($Beta=.16$; $p=.016$) and taking a continuing education course ($Beta=.32$, $p<.001$). Overall adjusted R -squared=.145.

Mean differences for the War Attitudes Scale, the Exum & Coll scale, and the Izzett (1971) scale were significantly different across veteran status. Veterans scored higher on all the scales, as illustrated in Table 3.

Discussion

Military personnel form a fairly distinct subset of American society, governed by a set of norms, traditions and values. Importance needs to be placed on counselors seeking to understand how these differences may impact a clinician's perceived self-efficacy in treating veterans. As the military personnel face unique strains due to multiple deployments and the stressors of war, clinicians need take responsibility in becoming familiar with cultural competencies and realize the difficulties faced by veterans coping with severe combat-related disorders and transitioning to civilian life (Exum & Coll, 2008; Exum, Coll & Weiss, in press). Mental health providers play an important role in facilitating the psychosocial adjustment and community reintegration of veterans. Practitioners

need to realize the importance in providing culturally sensitive services (Sue & Sue, 2008).

This study can help therapists to understand some of the influences upon clinicians' perceptions of efficacy in working with military veterans (i.e., the importance of military experience and continuing education). More important, this study supports the ethical mandates established by our professional organizations, such as the National Association of Social Workers and the American Psychological Association, in providing our clients with culturally competent services. Additionally, this study validates the significance of seeking appropriate training with an emphasis on issues relating to working with military personnel.

Directions for Future Research and Limitations

Obvious limits are present to the inferences that can be drawn from a point-in-time correlational study. However, the relevance of this study is that it allows counselors to conceptualize future research that employs longitudinal examinations of clinician self-efficacy, military cultural competence, and more important, how these factors affect treatment outcomes.

Some researchers have argued that self-reports on perceived personality factors and behaviors are not as objective of a measure as needed (Kagan, 1988). Self-report methods of any behavior can be problematic in conjunction with self-report methods of predictors (see, e.g., Spector, 1994). Though characterizing self-reports of behavior as necessarily invalid would also be a mistake (see, e.g., Howard, 1990), the inherent problems of common method bias and social desirability suggest the inclusion of behavior ratings from a second source. In light of these limitations, the study provides an initial roadmap into the ways that clinicians can improve counseling and mental health services to veterans at a time when practitioners are thrust into battling combat-associated disorders, without the appropriate gear (i.e., tools and knowledge base).

References

- American Psychological Association. (1992). *Ethical principles of psychologists and code of conduct*. Washington, DC: Author.
- Berg-Cross, L. & Takushi-Chinen, R. (1995). Multicultural training models and the Person-in-Culture Interview. In J. G. Ponterotto, J. M. Casas, L.A.Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 333-356). Thousand Oaks, CA: Sage.
- Beutler, L. E., & Bergan, J. (1991). Value change in counseling and psychotherapy: A search for scientific credibility. *Journal of Counseling Psychology*, 38(1), 16-24.
- Coll, J. E., Weiss, E. L., & Yarvis, J. (in press). No One Leaves Unchanged: Insights for Civilian Mental Health Care Professionals into the Military Experience and Culture. *Journal of Social Work in Health Care*.
- Coll, J. E. & Zalaquett, C. (2008). The relationship of worldviews of advisors and students and satisfaction with advising: A case of homogeneous group impact. *Journal of College Student Retention: Research and Theory*, 9(3), 273-281.
- Council on Social Work Education. (2008). *Educational policy and accreditation standards*. Retrieved from <http://www.cswe.org/File.aspx?id=13780>
- Davenport, M. (1987). Professionals or hired guns? Loyalties are the difference. In M. M. Watkin, K. Wenker, & J. Kempf (Eds.), *Military ethics: Reflections on principles- the profession of arms, military leadership, ethical practices, war and morality, educating the citizen soldier* (pp. 5-12). Washington, DC: National Defense University Press.
- Eriksen, S. C. (1948). A skeptical note on the use of attitude scales toward war: III. in 1946. *The Journal of Social Psychology*, 27, 79-90.
- Exum, H., & Coll, J. E. (2008). *A Civilian Counselor's Primer for Counseling Veterans*. Deerpark, NY: Linus Publications, Inc.
- Exum, H., Coll, J. E., & Weiss, E. L. (in press). *A Civilian Counselor's Primer for Counseling Veterans* (2nd Ed.). Deerpark, NY: Linus Publications, Inc.
- Grieger, I. & Ponterotto, J.G. (1995). A framework for assessment in multicultural counseling. In J. G. Ponterotto, J. M. Casas, L. A.Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 357-374). Thousand Oaks, CA: Sage.
- Hooker, R. D., Jr., (2003). Soldiers of the state: Reconsidering the American civil-liberty relations. *Parameters*, 33(4), 4-18.
- Howard, G. S. (1990). On the construct validity of self-reports: What do the data say? *American Psychologist*, 45, 292-294.
- Ibrahim, F. A. (1985). Effectiveness in cross-cultural counseling and psychotherapy: A framework. *Psychotherapy*, 22(25), 321-323.
- Ibrahim, F. A. (1991). Contribution of cultural worldview to generic counseling and development. *Journal of Counseling and Development*, 70 (1), 13-19.
- Ivey, A. E., Ivey, M. B., & Simek-Downing, L. (1987). Individual and cultural empathy. In A. Ivey, M. Ivey, and L. Simek-Morgan (Eds.), *Counseling and Psychotherapy: A multicultural perspective* (3rd ed.) (pp. 21-44), Boston: Allyn and Bacon.
- Kagan, J. (1988). The meanings of personality predicates. *American Psychologist*, 43, 614-620.
- Kaplowitz, M.D., Hadlock, T.D. & Levine, R. (2004). A comparison of Web and mail survey response rates. *Public Opinion Quarterly*, 68 (1), 94-101.
- Katz, D. M. (1985). Culture clash quashes captives, *The National Underwriter*, 89(13), 2-3
- Kolto-Rivera, M. E. (2004). The psychology of worldviews. *Review of General Psychology*, 8(1), 3-58.
- Larson, L.M. & Daniels, J.A. (1998). Review of the counseling self-efficacy literature. *The Counseling Psychologist*, 26, 179-218
- Lent, R.W., Hoffman, M.A., Hill, C.E., Treistman, D., Mount, M., Singley, D. (2006). Client-specific counselor self efficacy in novice counselors: Relation to perception of session quality. *Journal of Consulting Psychology*, 53(4), 453-463.
- Lonner, W.J., & Ibrahim, F.A. (1996). Appraisal and assessment in cross-cultural counseling. In P.B. Pedersen, J.G. Draguns, W.J. Lonner & J.E. Trimble (Eds.), *Counseling across cultures* (4th ed.) (pp. 293-322). Thousand Oaks, CA: Sage.
- National Association of Social Workers. (1999). *Code of ethics*. Retrieved from <http://www.socialworkers.org/pubs/code/code.asp>
- Ponterotto, J.G., Gretchen, D. & Chauhan, R.V. (2001). Cultural identity and multicultural assessment: Quantitative and Qualitative tools for the clinician. In L. A. Suzuki, J. G. Ponterotto, J. & P. J. Meller (Eds.), *Handbook of multicultural assessment: Clinical, psychological and educational applications* (2nd ed.) (pp. 67-99).
- Spector, P. E. (1994). Using self-report questionnaires in OB research: A comment on the use of a con-

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- troversial method. *Journal of Organizational Behavior*, 15, 385-392.
- Sue, D. W., & Sue, D. (1999). *Counseling the culturally different: Theory and practice* (3rd ed.). Hoboken, NJ: Wiley.
- Sue, D.W. & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice* (5th ed.). Hoboken, NJ: Wiley.
- Sue, D. W., Carter, R. T., Casas, J. M., Fouad, N. A., Ivey, A. E., Jensen, M., La Fromboise, T., Manese, J. E., Ponterotto, J. G., & Vasquez-Nuttall, E. (1998). *Multicultural counseling competencies: Individual and Organizational development*. Thousand Oaks, CA: Sage Productions.
- Trevino, J. G. (1996). Worldview and change in cross-cultural counseling. *Counseling Psychologist*, 24 (2), 198-215.
- Washington, E.D. (1994). Three steps to cultural awareness: A Wittgensteinian approach. In P. Pedersen & J. C. Carey (Eds.), *Multicultural counseling in schools: A practical handbook* (pp. 81-102). Needham Heights, MA: Allyn & Bacon.