

# Incorporating Prevention in the Turkish Counselor Education Curriculum: Considerations for Competencies and Strategies

## Türk Psikolojik Danışma Eğitimi Programlarına Önleyici Anlayışı Dahil Etmek: Yeterlikler ve Stratejiler

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**Abstract:** Prevention is an important goal in counseling and mental health. While attention to it is accelerating, it still remains taught infrequently in counselor education and other professional helping training programs, both in the United States and in Turkey. This article conveys competencies and curriculum change strategies that counselor educators in Turkey might consider, along with any appropriate alterations to reflect cultural imperatives, to introduce or expand preventive counseling in their curricula. Particular attention is given to the “Big 5” competencies, which include holding a primary prevention perspective, a knowledge base in systemic and ecological principles and processes, a knowledge base in social justice, skills in group work, collaboration, and consultation, and possessing attitudes that facilitate prevention. Emphasis is placed on how ecology and prevention are intertwined. Finally, curriculum change strategies amenable for introducing prevention into the counselor education curriculum are detailed, including creating, infusing, including, and combining necessary course material.

**Keywords:** prevention, counselor education, Turkish counselor education, curriculum, competencies

**Öz:** Önleme, psikolojik danışma ve ruh sağlığı hizmetlerinde önemli bir amaçtır. Konuya verilen önem giderek artmasına rağmen, hem ABD'de hem de Türkiye'de psikolojik danışma eğitimde ve diğer yardım mesleklerinin eğitimlerinde önlemenin öğretilemesine fazla yer verilmemektedir. Bu makale, Türkiye'deki psikolojik danışma eğitimcilerinin eğitim programlarında önleyici psikolojik danışma ve rehberlik ilişkisin dersleri başlatmak ya da var olan dersleri genişletmek için kültürel gereklilikleri yansıtacak biçimde uygun değişiklikleri yaparken göz önüne alabilecekleri yeterlikler ve program değişikliği stratejilerinden söz etmektedir. Yazında özellikle, temel önleme bakış açısı; sistemik ve ekolojik ilkeler ve süreçlerle ilgili temel bilgi; sosyal yargıyla ilgili temel bilgi; grupla çalışma, işbirliği ve konsültasyon yapma becerileri ve önleme çalışmalarını hızlandıracak olumlu tutuma sahip olmayı içeren ve “Büyük 5” olarak adlandırılan yeterliklere odaklanılmıştır. Makalenin odağı, ekoloji ile önlemenin nasıl içice oldukları üzerinde edinmiştir. Son olarak psikolojik danışma eğitim programlarında önlemeyle ilgili kullanılabilecek uygun program değerlendirme stratejileri, program oluşturma, diğer derslerin içine katma ve gerekli ders materyalini biraraya getirme başlıklarını altında ayrıntılı olarak ele almıştır.

**Anahtar Sözcükler:** önleme, psikolojik danışman eğitimi, Türk psikolojik danışman eğitimi, ders programı, yeterlilikler

“Tie your horse to a strong stake; after then,  
entrust God.”

Old Turkish Idiom, cited in Korkut (2005, p.111).

“Prevention is better than cure.”  
-Desiderius Erasmus

I am honored to be asked to contribute to the *Turkish Psychological Counseling and Guidance Journal* and I thank Dr. Korkut Owen for inviting my contribution. It will address possible preventive

counseling competencies, such as an ecological perspective, that Turkish counselor educators may wish to consider in developing their curricula, as well as strategies for making curricular changes.

*First, I need to acknowledge a limitation of the article. The prevention competencies that are presented in it have been conceptualized and developed primarily in the United States, so they are culturally bound. I encourage Turkish counselor educators to appropriately adapt and experiment with the material, as needed, to more closely reflect local cultural imperatives.*

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Now, I'd like to present a personal note to provide you with some context about me. I am a counseling psychologist and counselor educator, in 2006 having moved to the status of Professor Emeritus at the University of Cincinnati. Among other roles I held there, I served as program director of the Counseling program for many years. I remain consumed professionally, as I have been for 4 decades, with exploring three broad topics in counseling: (a) prevention (e.g., Conyne & Horne, 2013); (b) group work (e.g., Conyne, 2013); and (c) ecological approaches (e.g., Conyne & Cook, 2004). Over the last couple of decades I have intentionally sought to become increasingly international in my personal and professional perspectives. A recent co-authored article reflects this involvement (Tang, et al., 2012). This expansion of interest reflects my own interpretation of how important it is for contemporary counselors to develop an understanding for and appreciation of a global and pluralistic world view, leaving the "culturally encapsulated counselor" perspective that was challenged so effectively long ago by C. Gilbert Wrenn (1962) behind and in the dust. I need not burden you with the various ways I have been involved in attempting to broaden my worldview, but just to mention that my work trips to Istanbul certainly have played an important part of that evolution. And, I look forward to more of this possibility, too, as my wife and colleague (Lynn Rapin, Ph.D.) and I consider locating in Turkey for several months in the near future. So, enough about me, let's move on to the subject of this article, which is concerned with increasing a focus on prevention in Turkish counselor education.

### **Preventive Counseling**

#### **Definition and Value**

Prevention in counseling, what I have termed "preventive counseling" (Conyne, 1987, 2004) involves providing services intentionally before-the-fact in an effort to lower risks and accelerate protective factors, thus freeing people to more fully realize their potential. Preventive services (Vera, 2013) range from system change, where pernicious environmental conditions are reduced and supportive ones increased (think a toxic working environment becoming more nourishing) to person change, where people become empowered through gaining relevant knowledge, positive attitudes, and coping skills (think stress inoculation).

The quotations cited at the start of this article both exemplify the value of prevention. The statement by

the philosopher, Erasmus, is self-evident. Whenever a choice exists to avoid risk, to avert damage, and to promote healthy approaches, that is preferred over the much more costly option of repairing deficits. So, for example, helping soldiers and their family members prepare to manage the challenges of an approaching deployment is a better strategy than doing nothing and then seeking to remediate those problems that most likely will emerge. I thank Dr. Korkut Owen for the lovely Turkish saying that I included. Take steps before hand to try averting what might occur otherwise.

There is not room in this article to explore prevention conceptually, the many avenues that can be taken to implement it, or the increasingly robust evidence base that is emerging to support it. There has been significant progress in all these areas. Some examples follow.

#### **Expansion**

Prevention is included consistently, along with development and intervention, as a curricular category in counseling specializations supported by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP, 2009). Scholarly productivity in the preventive counseling arena has accelerated forcefully in the last decade or so. I point you to some illustrative sources: Baker, 2011; Clanton Harpine, 2010; Conyne, 2000; Conyne, 2004; Conyne, 2010; Conyne, in press a, b; Conyne and Clanton Harpine, 2010; Conyne and Horne's (2013) *Prevention Practice Kit*; Conyne, Horne, & Racznski, 2013; Hage & Romano, 2013; Hage, et al ,2007; Kenny, Horne, Orpinas, & Reese, 2009; Matthews, 2013; O'Neil & Britner, 2008; Romano, 2013; Romano & Hage, 2000; Vera's edited *The Oxford Handbook of Prevention in Counseling Psychology*, 2013; and soon it is expected that the Prevention Section of the Society of Counseling Psychology of the American Psychological Association will release its *Guidelines for Prevention in Psychology* document). At the national political level in the United States, a National Prevention Strategy (2011), which underscored the importance of mental and emotional well being as a priority for action. So, there is much positive activity supporting prevention.

#### **Toward Including Preventive Counseling in the Counselor Education Curriculum**

#### **Low Frequency of Prevention in the Curriculum**

So, if prevention is gaining ground in mental health, why doesn't it occupy a central domain of

the training curricula in counselor education and counseling psychology, both in the United States and in Turkey? As Matthews decried (2013, p. 76): “Despite the importance placed on prevention in the field, most counseling and counseling psychology training programs are not addressing prevention in substantive ways (Matthews, 2003a, b), nor have they in the past (McNeill & Ingram, 1983).” What areas should be considered when the opportunity presents itself for expanding the curriculum to include prevention? And, at a most basic level, are counselor educators interested in teaching prevention in the first place?

To try answering this basic question of interest, Korkut (2005), published an instructive study which allowed her to describe the attitudes of Turkish counselor educators about teaching prevention and developmental issues. Overall, study results suggest that while Turkish counselor educators hold positive attitudes toward teaching prevention and developmental issues, their courses only infrequently include these areas.

Korkut points out that these findings are similar to those reported in other studies (e.g., Kleist & White, 1997; Tebes, Kaufman & Chinman, 2002). In the former, 404 counselor educators and 402 community psychology educators located in the United States were queried about the place of prevention in their teaching; findings indicated support for the philosophy of primary prevention, while identifying the paucity of training in academic programs. Tebes, et al. (2002) observed that prevention research and practice have increased while teaching has lagged behind.

Four explanations for discrepancies existing among attitudes, training, research, and practice in prevention within counselor education were suggested by Kiselica and Look (1993): (a) a lack of consistency in how prevention is defined, (b) continued societal demand for crisis-oriented services, (c) counselors in training and practice being uninterested in prevention, compared with remedial treatment, and (d) a lack of knowledge about the practice of preventive counseling.

Additional explanatory possibilities exist, too. Kleist and White (1997), for instance, trace discrepancies to the dominant values held by faculty about what should be done. Certainly, pragmatic reasons also apply, such as resources available and the demands associated with external credentialing bodies (accreditation, licensure, and certification), as well as expectations and requirements placed on programs from academic institutions of which they are a part for what elements must be included in training curricula (Conyne, Newmeyer, Kenny,

Romano, & Matthews, 2008; Matthews, 2013; Romano, 2013). These forces tend to coalesce around what I have termed before the “direct services paradigm” (Conyne, 1987, 2004): that is, training and delivery emphasizing face-to-face, one-to-one, after-the-fact remediation. Once this paradigm is addressed through courses in the curriculum, there often is little available room in training curricula for including alternative approaches, such as prevention, and for other forms of innovation and creativity.

### **Need for Including Prevention in Turkish Counselor Education**

Despite the challenges a number of encouraging steps are occurring with regard to prevention in Turkey (Korkut, 2005; Korkut-Owen & Yerin Güneri, 2013). These developments include, for instance, that Turkish professional bodies, such as the Turkish Counseling and Guidance Association (TCGA) and the Ministry of National Education (MONE), have begun emphasizing the importance of prevention and developmental approaches. The MONE issued new regulations indicating that basic counseling services include preventive and developmental approaches (Turkish Republic Official Newspaper, 2001). Ethical guidelines of the TPCGA (1995) identify three different but complementary counselor roles: the remedial, the preventive, and the developmental. The field of counseling in Turkey is rapidly expanding with attention to training needing to address not only innovation in counselor education but, also, practitioners who need continuing education to refresh their knowledge and skills and to become more effective in helping diverse groups of clients.

Korkut (2005, p. 120) encourages curricular change within Turkish counselor education to allow for the inclusion of prevention, noting that:

... “because the trend towards greater emphasis on prevention will continue well into the 21st century (Juntinen & Atkinson, 2002), it is important to educate counseling students about prevention and developmental perspective. Counselor educators need to teach these issues during counselor education. Counselor education programs therefore need intentionally to include curriculum experiences that give proper attention to preventive counseling (Conyne, 1997). Having positive attitudes toward teaching these issues among the Turkish counselor educators gives hope about the future of counselor education in Turkey.”

### **Preventive Counseling Competencies for Inclusion in Curricula**

The positive attitudes toward teaching prevention that are held by Turkish counselor educators represent a source of strength in moving ahead with curriculum reform. Therefore, it is timely to consider what prevention competencies might be included in the curriculum. These competencies follow for consideration.

#### **Ecology: The Primary Knowledge Foundation for Prevention**

Effective preventive interventions not only are before-the-fact, delivered prior to the onset of an illness or disorder, they also are comprehensive in their scope. That is, preventive interventions need to be aimed at several focal points, not just one or two, to be effective. A central organizing framework capturing this perspective is termed, *ecological* (Bronfenbrenner, 1979; Lewin, 1936).

**Person.** In the ecological perspective, a person is viewed as an ecological system, comprised of many interdependent subsystems: cardiovascular, nervous, endocrine, digestive, muscular, and skeletal. They are connected to and interact with one another. Damage in one sub-system affects the others. To illustrate, in a famous American baseball story the great pitcher, Dizzy Dean, injured his valuable throwing arm beyond repair by first suffering a broken toe off a line drive hit by Earl Averill in the 1937 All Star game. He overcompensated for the broken toe, leading to successive bodily malfunctions, finally disempowering his capacity to pitch altogether. All of our sub-systems influence one another, a central characteristic of an ecological perspective.

**Environment.** Moreover, the ecological perspective takes into account how environmental subsystems, existing outside the human system, interact. Social, physical, political, economic, and institutional (to name a few) environmental subsystems each function independently but also in a dynamic context of interaction. A poor economy affects social relationships, a devastating hurricane affects economic vitality, and so on.

**Context:  $B=f[PxE]$ .** Finally, and critically important, an ecological perspective hinges on the transactions of *persons interacting with environments*. Lewin (1936) labeled this relationship as:  $B=f[PxE]$ ], where human behavior is a function of persons transacting with environments. Another way of thinking about this PxE transaction is that people exist in context (Stern, 1970). They do not function in isolation, even when living remotely. Individuals always are dependent on (and contribute to) others

and to systems outside themselves, from those nearby to those that are global.

Therefore, preventive interventions need to be framed contextually (Conyne & Cook, 2004; Cook, 2012). These interventions typically address multiple PxE levels. Examples of these levels include: (a) individual, (b) group, (c) family, (d) institutional, (e) community , and (f) macro, including state, national, international, and global (Bronfenbrenner, 1979; Chronister, McWhirter, B., & Kerewsky, 2004; Kasambira & Edwards, 2000; Maton, 2000; Morrill, Oetting, & Hurst, 1974). These levels form a “web of life” through which individuals weave their way (Capra, 1996).

Preventive interventions are especially sensitive to ecological context because they typically are shaped to increase protective factors and to decrease risk factors as people interact with their environments. Further, because particular attention in preventive interventions frequently is given to fostering social justice within environmental subsystems and levels (Kenny & Medvide, 2013; Kenny, Horne, Orpinas, & Reese, 2009; Vera, 2013), it is essential that the change fulcrum is lodged securely within the nexus between persons and environments.

An example of how prevention and ecology interact can be found in Conyne, Horne, and Raczyński's (2013) discussion of bullying prevention programs. They show how attention to ecology and prevention coincides to produce bullying prevention projects where person-centered competencies (such as resistance and coping skills) are taught to students and others in the school and family while environmentally-centered approaches, such as school-wide policies to lower the risk of bullying, simultaneously are put into place. Also, refer to Chronister, et al., (2004) for a helpful discussion of an ecological model that can serve as a conceptual guide for counselors intending to deliver prevention projects.

#### **“Big 5” Competencies in Prevention**

A number of scholars have sought to identify what basic competencies, in addition to ecology, should be included in a preventive counseling curriculum, either through the creation of new courses, through infusion within existing required courses, through inclusion of courses from other departments or programs, or through some combination of these strategies (Britner, & O’Neil, 2008; Conyne, 1997, 2004; Conyne, et al., 2008; Conyne, et al., 2013; Eddy, Smith, Brown, & Reid, 2005; Lewis, Lewis, Daniels, & D’Andrea, 2003 ; Matthews & Skowron, 2004; Romano, 2013; and Romano & Hage, 2000, among others). Drawing from and organizing suggestions from many of these

sources, Matthews (2013) provides and discusses an instructive compendium of preventive counseling competencies that she suggests are necessary for preparing the next generation of psychologists. It would be worthwhile for readers desiring more detailed information to refer to all these sources and the many content areas that are suggested.

Colleagues and I recently attempted to extract from these and other pertinent sources what we termed the “Big 5” prevention competencies (Conyne, et al., 2013). These five broad competencies can serve to guide curriculum planners who seek to develop a preventive counseling pedagogy.

Note, however, this summary to follow of the top competencies in prevention represents one viewpoint only. Although we arrived at it after informed study and analysis, it is not supported by specific empirical evidence. Indeed, other experts might very well prioritize a different set of competencies. Certainly, a strong case could easily be made for alternate choices, such as those involving multicultural and diversity issues, change agency, program development, research and evaluation, and marketing, to indicate another five. Please refer to the material in the Box A, below, which summarizes important prevention competencies from different sources.

### **Prevention Competencies from a Preventive Counseling Perspective**

1. Lewis and Lewis (1977, 1983):
  - (a) *Education*: Instructional strategies to engage participants.
  - (b) *Program development*: Ability to create and implement prevention programs that are effective.
  - (c) *Change agency*: Skills and attitudes to promote positive change in human systems.
2. Matthews and Skowron (2004) offered an adaptation:
  - (a) *Science and practice of prevention*: Integrating prevention competencies within a strong science base, assuring that activities are guided by evidence.
  - (b) *Ethical and multicultural*: Skills for addressing and respecting cultural differences in the experience of mental health and mental illness throughout the prevention program process.
  - (c) *Program development, programming strategies, and evaluation*: Skills for assessing community needs, delivery of prevention programs, and program evaluation.
3. Britner and O’Neil (2008) and O’Neil and Britner (2008): Using a problem solving process with:
  - (a) a “before-the-fact” orientation,
  - (b) a multidisciplinary focus, and
  - (c) a social justice perspective.
4. Romano and Hage (2000): To learn competencies in:
  - (a) *Community and multidisciplinary collaboration*: Roles and needs of community agencies and the philosophical foundations, knowledge bases, and common practices of disciplines and specialties outside of psychology.
  - (b) *Knowledge of social and political history*: History and etiology of social problems and to develop an awareness of the social and political realities that raise prospects of risk for psychological disturbance for vulnerable individuals and groups.
  - (c) *Protective factors and risk-reduction strategies*: Relationship of protective and risk factors for individuals and groups and skills to reduce risk while enhancing protective factors for individuals and groups.
  - (d) *Systemic interventions*: Models of system theory and frameworks for interventions develop system intervention skills to promote institutional change, and to apply group leadership skills.
  - (e) *Understanding of political and social environments*: Appreciation for political and social contextual factors that affect institutional settings, communities, and neighborhoods, and to learn group leadership skills and advocacy.
  - (f) *Psychoeducational groups*: How to plan, deliver, and assess outcomes of psychoeducational interventions for specific populations and concerns.

- (g) *Prevention research and evaluation:* Program assessment, evaluation and dissemination skills, and to participate in multidisciplinary and collaborative research that addresses systemic and institutional change.
  - (h) *Prevention ethics:* Issues of social equity and justice in prevention practices and science, and to become familiar with ethical issues and dilemmas in disciplines other than psychology.
5. Conyne (1987, 1997, 2004): Ability to effectively apply:
- (a) *Primary prevention perspective:* Understand and appreciate before-the-fact orientation, reduction of incidence, healthy/at-risk targets, and empowerment.
  - (b) *Personal attributes and behaviors:* Be persistent, flexible, organized.
  - (c) *Educational skills:* Set educational goals, select appropriate training materials and formats, involve groups in active learning.
  - (d) *Program development skills:* Develop a variety of intervention options, coordinate detailed implementation, evaluate process and outcomes of program implementation.
  - (e) *Change agent skills:* Recognize the need for change in a given system, work effectively as a member of change-oriented teams, advocate and negotiate for change.
  - (f) *Ethical skills:* Implement ethical code, protect privacy of participants, and involve participants in program design and delivery.
  - (g) *Marketing skills:* Appropriately promote program and appreciate/apply social marketing strategies.
  - (h) *Multicultural skills:* Be aware of own cultural values/biases and of participants' worldview.
  - (i) *Group facilitation skills:* Deliver core group work skills, lead teams using group skills.
  - (j) *Collaborative skills:* Function interdependently, problem solve with others, and include others' expertise.
  - (k) *Organization and setting skills:* Integrate organizational development principles and processes.
  - (l) *Trend and political dynamic skills:* Understand public policy, respond to system supports and barriers, and predict future trends.
  - (m) *Research and evaluation skills:* Assess, design research, apply statistical methods, and use data programmatically.

Drawn from a Prevention Science Perspective (Eddy, et al., 2005):

- (a) *History and context of prevention efforts:* History of prevention programs and research in the United States and throughout the world.
- (b) *Basic research:* Knowledge of research from the core sciences applied to prevention.
- (c) *Program design:* Ability to develop and evaluate a preventive intervention .
- (d) *Developmental timing of interventions:* Delivering preventive interventions that are timed to life transitions and are developmentally appropriate.
- (e) *Gender and culture issues:* Including competencies of relevant communities to improve the success of preventive interventions
- (f) *Scientific collaboration:* Working with other units to include relevant scientific information.
- (g) *Community collaboration:* Working with other units in the community to design, deliver, and evaluate projects.
- (h) *Design of preventive interventions:* Lodging preventive interventions within sound methodologies.
- (i) *Funding of prevention science:* Acquiring sources of funding support for prevention efforts.
- (j) *Administration and management skills:* Managing, organizing, and delivering prevention programs effectively.
- (k) *Economic analysis of preventive impact:* Communicating costs and benefits of prevention programs accurately.
- (l) *Program evaluation:* Analyzing prevention interventions effectively using appropriate quantitative and qualitative research designs.
- (m) *Ethics:* Anticipating and managing ethical dilemmas that arise.

**Box A: A Sampling of Preventive Counseling Competencies (Adapted from Conyne, et al., 2013)**

Now on to the “Big 5” prevention competencies in our list. They are drawn from the basic domains of values, knowledge, skills and attitude.

**(a) Value: Primary prevention perspective.** We urge an understanding that this value orientation is essential to learning about prevention and how to apply it. It is the case that all prevention competencies can be used for remedial as well as for prevention purposes. What leverages them toward preventive application, however, is a primary prevention intervention value that emphasizes proactive, promotive, strength-building, and community-focused initiatives. This is a value that can be developed from appreciating the evidence base of prevention (Raczyński, Waldo, Schwartz, & Horne, 2013). Once understood, a primary prevention perspective needs to be inculcated as a closely-held operating value throughout all phases of preventive interventions and it should be accorded a central place in the curriculum. As Matthews (2013) points out, logical courses into which a primary prevention perspective could be infused would be those dealing with professional orientation and identity.

**(b) Knowledge: Systemic-Ecological vantage point.** As we have previously observed, prevention goals are realized through activating personal resources as they interact with various levels of systems. Knowledge of how persons interact with environments *in context* is so critical to mounting prevention programs that work that it needs to run through all courses dealing with prevention, just as human development runs through all counseling courses.

**(c) Knowledge: Social justice.** Albee (1986), a founder of preventive mental health, alerted us decades ago to the pernicious effects on human functioning that are exerted by social pathogens, such as poverty, limited health care access, oppression, racism, exploitation, and other such destructive environmental forces. Knowledge of these deleterious and often injurious forces, how they affect people, and of how personal and social system strengths can drive efforts to decrease their effects is an important prevention competency falling under the collective title of *social justice* (Kenny, et al., 2009; Kenny & Hage, 2009). As Matthews (2013) correctly emphasizes, “prevention has long been associated with social justice” (p. 77). Seeking a just society through preventive approaches (and, vice-versa, seeking prevention through social justice) represents a major avenue for reducing noxious forces, such as poverty and oppression, that contribute to poor physical and psychological health. The title of Albee’s seminal article, “Psychopathology, Prevention, and the Just Society” (1983) clearly sets

out that viewpoint. It was an early contributor to the now fairly robust knowledge base in this important area.

**(d) Skills: Group work, collaboration, and consultation.** “These three methods are the dynamos of prevention” (Conyne, et al., 2013, p. 39). This is so because each of them is uniquely organized to enhance change and growth dynamics centered on interdependence and interconnection, two interpersonal factors known to buttress positive mental health. *Group work* (Clanton Harpine, 2013; Conyne, 2013; *in press a, b*) is by definition interpersonal and it is the chief intervention for engendering connections, whether these be aimed at empowering people, systems, or the dynamic interactions occurring between people and systems. Collaboration and consultation involve skill sets that hinge on the application of group dynamics. *Collaboration* is a process of working together, where people pool their individual resources to yield a multiplicative effect. Groups become teams through connecting and working collaboratively. *Consultation* (Dougherty, 2013) is a helping process that extends the reach of any one helper to radiate through others; a consultant assists a consultee or a group of consultees to help them become more effective with their own clients both now and—with preventive effect—into the future, with other clients.

In terms of the curriculum, group work is a mandatory instructional area within all counselor education programs that are accredited by CACREP (2009). Collaboration and consultation are essential areas for accredited school counseling programs. In fact, collaboration between helpers and participants is a critically important process that is consistent with the dominant ethos of the counseling profession and, thus, should run through many courses in the curriculum, not just prevention courses. In addition, these three sets of interrelated skills naturally can be embedded within practica and internship experiences.

**(e) Attitude: Personal attributes sensitive to prevention.** Counselors and other helping professionals need to consistently and authentically demonstrate certain helping attitudes to set the conditions for making a positive difference with their clients. Empathy, positive regard, and caring are but three of these well-known attitudes that have been identified and validated empirically, as well others that seem instinctive and are harder to pin down, such as the use of silence (Shallcross, 2012). Preventive counselors need to master these attitudes and, in addition, some that need to be especially emphasized. Because prevention takes time to yield results, those who provide preventive

services need to be particularly *persistent* on the one hand, and *patient* on the other.

### **Strategies for Including Prevention in the Curriculum**

How can Turkish counselor education curriculum changes be implemented to include prevention? As we pointed out in an article about key strategies in teaching prevention (Conyne, et al., 2008), there are three basic ways that any domain (such as prevention) can find its way into a course or a larger curriculum to be taught to students. Later in this article I will suggest a fourth way, a variation termed *Combined*. Let's take a look at the fundamental three strategies:

(a) *Create* a new course or a new concentration of courses that focus centrally on the desired domain within the program or departmental curriculum (e.g., "Preventive Counseling"),

(b) *Infuse* the domain into existing courses in a program or department (e.g., build prevention theory into an existing and required course in the counselor education program on "Theories of Counseling"), and/or

(c) *Include* courses already addressing the domain from other programs or departments into students' programs of study (e.g., a course in "Epidemiology" from the university's Public Health department).

Each of these three strategies presents positive and negative features, depending on the conditions and situation. In general, because the first two strategies (*create* and *infuse*) are largely under the control of the program itself (not considering the range of external credentialing standards that would apply to all options), these strategies might appeal especially to faculty who possess the interest and needed expertise to teach the material, assuming there is space that can be made available in the curriculum for readjustment. In terms of economy of effort, making it feasible for students to include recommended courses from other departments and programs within their programs of study might make strategy 3 (*include*) attractive; this strategy, of course, requires positive arrangements with other departments that contain the targeted courses. Note that these strategies are not mutually exclusive, meaning that all three of them could be *combined*.

Romano (2013) provides an instructive discussion of some of the tradeoffs that are associated with the first two strategies, *create* and *infuse*.

### **Creating Strategy**

Romano observes that the creation of a course, or series of courses, that explicitly focus on preventive counseling content and processes affords the advantage

of systematic and exclusive treatment, similar to other courses in the curriculum. Readers can review two such courses focused specifically on prevention in Conyne, et al. (2008): "Preventive Counseling," at the University of Cincinnati, and "Prevention," at Pennsylvania State University. However, in cases where such courses may be elective rather than required (as the two courses mentioned above are), only some students in a program will receive the education offered through the courses. Moreover, a pressing reality often exists where a curriculum may be so crowded already with required courses that students who may be interested in taking the elective course can find no practical way to shoehorn it into their schedule. Finally, Romano indicates that because prevention is not a core competency necessary to receive a license to practice (nor is it a required curricular area for program accreditation), an elective prevention course may not hold much sway among students or faculty.

### **Infusing Strategy**

According to Romano, integrating prevention content and process into existing required courses in the curriculum, the infusion strategy, affords the opportunity for students to be exposed to prevention training in more than one course in the curriculum. The disadvantages include difficulties in tracking which concepts and approaches are offered in what courses and how all of the inputs connect. As well, not all faculty may be inclined to participate in the infusion process, leaving holes and gaps in coverage.

Refer to Romano's (2013) discussion of several ways that infusion can be accomplished, including in practica and internships, despite the challenges. As one example, a group counseling course can infuse prevention concepts and applications ranging from remediation to prevention (Hage & Romano, 2010). In addition, you can read in some detail about examples of infusion occurring in two counseling psychology programs (Conyne, et al., 2008): the Boston College infusion model around social justice and prevention, and the University of Minnesota infusion model around beginning courses in counseling theories and in group work.

### **Including Strategy**

Although Romano did not discuss this approach, it is a viable one. I previously commented on its efficiency. No program faculty resources are expended in teaching those courses that are taught by faculty in other departments or programs and which might be made available to one's own students. Yet, as I suggested, the success of this strategy depends

on sustaining positive relationships with faculty from these other programs, which always is subject to erosion due largely to the seemingly continual shifting of political and economic headwinds in the academic environment.

In fact, the academy is not particularly known for its positive working relationships across departments or programs. Regrettably, a “silo mentality” is expressed too often, where programs and departments exist side-by-side with limited or no cross-communication. In those unique instances where inter-unit collaboration has developed, however, opportunities can open for sharing resources, including procedures being developed allowing students to take certain courses from the other unit. In areas of preventive knowledge where a counselor education program faculty may lack expertise and experience, such as prevention research, and where another program may hold strength, it may be worthwhile exploring the possibilities for some sort of resource exchange—including course inclusion.

### Combining Strategy

Two or all three of the above strategies could be combined for bringing prevention in the curriculum. This approach increases diversity of options but also introduces greater complexity for managing how all the pieces fit together.

### Conclusion: Apply the Big 5 and Curriculum Change Strategies

Appendix displays a planning matrix containing four examples. It positions two dimensions, one containing the “Big 5” prevention competencies, against the second, containing the three curriculum change strategies, and a fourth resulting from combination of the first three strategies. The cells produced can be used as a guide by faculty members to generate ideas and for considering directions for curricular innovation. I present it as a way to conclude this article and, more important, as a means for assisting Turkish counselor education faculty to move ahead intentionally in their efforts to bring the important area of prevention training to their students.

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## Appendix

### **Curriculum Change Strategies with the “Big 5” Competencies (including 4 examples)**

#### Big 5 Prevention Competencies

#### Curriculum Change Strategies:

	Create	Infuse	Include
Primary Prevention Perspective			a
System-Ecological	d	d	d
Social Justice			
Group Work, Collaboration, Consultation	b		
Personal Attributes		c	

#### **Four Examples**

- a. **Include:** An Epidemiology course could be added from the Public Health department.
- b. **Create:** A course could be developed that centers on using group work for community collaboration and change.
- c. **Infuse:** Attention to personal attributes involving patience and persistence (as well as others) could be intentionally integrated and highlighted through all courses, and intensified during practica and internship.
- d. **Combine:** Systemic-ecological content could be inserted into the curriculum by using all three strategies. A new course could be created (e.g., “Ecological Counseling”), it could be infused in all (or many) courses in the counselor education curriculum (e.g., attending to PxE considerations in a career development course), and a unique course from another department (e.g., the “Ecology of Human Systems” from Biology) could be made available for students.