

Perceptions and Experiences of International Trainees in Counseling and Related Programs

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Abstract International counseling trainees (ICTs) can play a critical role in multicultural training and enrich the lives of domestic trainers and trainees. However, they face unique barriers. This inquiry examined 14 areas related to their training and stay in the US. Findings largely correspond with those already in the literature (e.g., Ng, *International Journal for the Advancement of Counseling*, 28:1–19 2006a). Results indicate significantly higher mean scores for ICTs ($n=56$) in 10 areas (e.g., English proficiency problems, experiencing discrimination in their learning environment) compared to domestic trainees (DTs) ($n=82$). ICTs further reported a high level of confidence in their contribution to their programs and a strong belief in their performance, although these levels did not differ significantly from DTs. Findings also revealed there were no program-level differences among the ICTs in all the study areas. Compared to the master's trainees as a whole, however, the doctoral trainees combined reported higher degrees of experiencing cultural adjustment problems and conflicts with Western understanding and approaches to treating mental health. Implications and recommendations are outlined.

Keywords Counselor education · Counseling trainees · Cross-cultural · International students

Introduction

Multiculturalism has been in the forefront of counseling training and related fields in recent decades (Dodd *et al.* 1991; Gutierrez 1982; Ponterotto 1996; Wieling and Rastogi 2003).

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The focus of multicultural counseling training in the US has been primarily concerned with training local racial/ethnic majority and minority trainees (e.g., Gutierrez 1982; McNeill *et al.* 1995; Ponterotto and Alexander 1995). International students in these training programs have thus far received relatively limited attention related to their particular needs (Mittal and Wieling 2006; Nilsson and Anderson 2004; Ng 2006a). This may be due to their low enrollment numbers per program (Ng 2006b; Helms and Giorgis 1982). As such, their needs (i.e., voices) can be easily neglected. The present study was designed to examine the experiences and needs of international counseling trainees (ICTs) in relation to their training in American universities. This study focuses on examining ICTs' perceptions of and experiences with areas of concern related to academic performance, adjustment, clinical training experience, relationship with faculty and peers, and their contribution to the learning environment in comparison to domestic counseling trainees (DCTs).

For the purposes of this study, ICTs refers to international students studying in counseling and related programs in the US on student or related visas. The training programs include, but are not limited to, counselor education, applied psychology, family therapy, and rehabilitation counseling. DCTs refer to American students who are enrolled in such training programs.

International Students

There is a growing body of literature on issues related to international students in general studying in Western countries. The bulk of the literature focuses on the needs and difficulties international students encounter in relation to their education, adjustment and acculturation, and mental health well-being (e.g., Leong and Sedlacek 1989; Mori 2000; Robertson *et al.* 2000; Pedersen 1991; Singaravelu and Pope 2006). These students' needs are substantial due to the high levels of adjustment-related stressors they tend to encounter (Ebbin and Blankenship 1986). For many of them, in addition to common developmental problems related to living away from their families for the first time, they also encounter unique problems because of cultural and identity background variables (Pedersen 1991). Though each student is unique, it has been noted that the degree of support and the type of services needed by international students are often greater than those of domestic students (Kher *et al.* 2003).

Chen's (1999) review of the literature identified the following common stressors international students in general tend to experience: (a) second language anxiety, (b) educational stressors (e.g., performance expectations, system adjustment stress, and test-taking anxiety), and (c) social stressors (e.g., culture shock, social isolation and alienation, financial concern, and racial discrimination and prejudice). Unlike domestic students, international students also have to contend with legal expectations to maintain a required number of credit hours in order to sustain legal status even if they find their course load too heavy to cope with (Collingridge 1999). They typically face deportation if they are "out-of-status." This can cause great stress among those who find themselves having difficulties with their studies (Paige 1990). Also, in the world of post-September 11th 2001 terrorist attacks, international students from the Middle East who are studying in the US face unique challenges resulting from discriminatory societal reactions against them (Henry and Fouad 2006).

With the recent increased attention on campus diversity and multicultural learning in higher education, literature on the contributions of international students has begun to emerge. Besides bringing financial benefits to higher education institutions, international students have been recognized as one of the most important resources for internationalizing college campuses and contributing to the creation of a diverse and multicultural learning environment (Peterson *et al.* 1999; Ridley 2004). Interaction with international students has

been recognized as one of the most effective ways to access cross-cultural learning and cross-cultural research (Paige 1990).

International Counseling Trainees

Writings on ICTs are mainly limited to the literature in applied psychology, marriage and family therapy, and counselor education, with occasional mention in social work, rehabilitation counseling, and music therapy literature. Though limited, this literature identifies the concerns, issues, and needs of this student population. The issues are consistent with those discussed in the literature about international students in general; for example, language challenges, acculturation issues, and discrimination. However, other issues specific to counseling training, like clinical practice and supervision challenges, have also been investigated (Killian 2001; Nilsson and Anderson 2004).

Like other international students, ICTs report facing cultural adjustment challenges (Killian, 2001; Mittal and Wieling 2006). In comparison to DCTs, counselor educators have noted that ICTs, particularly those from non-Western countries, tend to experience greater levels of cultural adjustment concerns (Ng 2006a). These trainees have to acclimatize to a Western/American training context (Killian 2001). They have “to learn a new way of being, talking, and thinking to adapt to their new cultural context” (Mittal and Wieling 2006, p. 378); and they often experience pressure to assimilate American norms and values. Nilsson and Anderson (2004) found that doctoral ICTs in professional psychology programs who were less acculturated, reported less counseling self-efficacy, weaker supervisory working alliances, more role difficulties in supervision, and more discussion of cultural issues in supervision. About 30 years ago, Giorgis and Helms (1978) contended that if psychology programs were to adequately train internationals from developing nations, they would have to consider international trainees’ needs (a) to receive assistance with acculturation with American culture in order to establish competence in learning course content and working with American professors, classmates, and clients, and (b) to continue with immersion in their own culture(s).

As with many international students, ICTs from non-English speaking countries tend to experience particular challenges related to English proficiency (Killian 2001; Mittal and Wieling 2006; Ng 2006a). Some ICTs struggle to follow ideas in class as well as to communicate in spoken and written English. Fuertes *et al.* (2002) noted that international trainees whose English accent is different from those of their American clients may face potential problems related to speech accent effects. These trainees have to combat clients’ negative, internalized ideas about accents because clients with lower levels of multicultural awareness and appreciation of differences between self and others may perceive accented counselors being less expert, less trustworthy, and not as attractive compared to counselors who speak with a ‘standard’ accent.

Morris and Lee’s (2004) study on language and culture in training family therapy trainees who were non-native English speakers also highlighted the unique challenges faced by these trainees. They found that clients experienced both challenges and opportunities when working with non-native English-speaking trainees. Clients responded positively to the efforts non-native English speaking trainees put in to accommodate for differences in accents. Also, the language barriers at times benefited both clients and trainees because trainees would ask questions for clarification and further understanding, rather than assume understanding. Though feedback from clients in Morris and Lee’s study was generally positive regarding their experiences with non-native English-speaking trainees, the small

sample size ($n=15$) limited generalization of their findings. Also, clients who had negative experiences with these trainees might have chosen not to respond to the survey.

ICTs further encounter relationship difficulties in their learning environment with their instructors, supervisors, and peers. These include feeling uncomfortable voicing their specific needs or concerns to supervisors and professors, finding it difficult to respond to direct and/or indirect hostility of a professor or trainer because of strong cultural proscriptions against “talking back” to authority figures (e.g., faculty, supervisors), American peers and trainers who are not culturally sensitive to the learning and communication differences of international students, and not fitting in with their peers in the programs (Killian 2001; Mittal and Wieling 2006). Some trainees also experience disregard, minimization, and even discrimination by peers and faculty members (Mittal and Wieling 2006; Ng 2006a).

Training related issues encountered by ICTs also include difficulties in academic and clinical experience. For example, barriers reported include course content that is culturally different and not relevant to their own experiences, counseling techniques that may not be applicable to their native culture, operating from a different learning style and communication patterns, experiencing culturally insensitive clinical supervisors, and experiencing overt and covert racist and discriminatory attitudes from clients (Killian 2001; Mittal and Wieling 2006; Pattison 2003). In addition, some ICTs have concerns about their ability to understand the cultural contexts of their clients (Mittal and Wieling 2006).

ICTs also tend to need more academic and career support (Mittal and Wieling 2006). This is probably due to their unfamiliarity with counseling training, related career and employment options, and hiring practices in regard to internationals in the US. Additionally, many of them face uncertainty about career and employment options in their home countries where professional counseling is likely to be nonexistent or a relatively new profession. Under these circumstances, advising and mentoring ICTs entails addressing unique career-related issues and obstacles.

Though extant literature on ICTs tends to focus on issues and challenges confronting trainees, the picture would be incomplete if their positive experiences were not noted. For example, some ICTs in Mittal and Wieling’s (2006) study reported receiving support from American students, faculty members, and clinical supervisors, and being satisfied with the training received. They also acknowledged the support and encouragement received from their faculty and identified it as being critical to their development as international scholars (Mittal and Wieling, 2006). Counselor educators who had trained ICTs reported valuing the contributions these trainees brought to them personally and professionally, as well as to their programs (Ng 2006a). The cross-cultural exchanges ICTs bring to their learning environment can enrich everybody, including clients (Killian 2001).

Ng (2006a) reported the perceptions and experiences of 36 counselor educators who had trained ICTs. These educators were asked to compare their experiences with three groups of counseling students (i.e., those from non-Western countries, those from Western countries, and domestic American students) on 10 identified areas related to adjustment and training (i.e., academic problems, English proficiency problems, mental/emotional distress, cultural adjustment problems, social/relational problems with peers, difficulties in clinical courses, problems fitting into clinical placement, conflicts with Western understanding of and approaches to treating mental health, and their experience with mentoring by faculty). Findings were consistent with the issues identified in the literature as confronting international students.

The study further raised concerns specific to students in counselor training. The educators noted that ICTs tended to experience more difficulties in areas related to

language, clinical training, adjusting to a new environment, and worldview conflict in the understanding of mental health treatment compared to their domestic counterparts. Further, ICTs from non-Western countries tended to experience many of the identified concerns more often than did domestic students and ICTs from Western countries. In terms of mentoring experience, counselor educators noted no difference in frequency of mentoring experienced among the different types of counseling trainees regardless of their country-of-origin. However, this study was limited by its focus on counselor educators' perceptions and experiences only.

The present study sought to extend Ng's (2006a) work by examining ICTs' perceptions of and experiences with issues pertinent to their training experience in the US. It was considered that reports from ICTs themselves would serve to triangulate findings based on counselor educators' perceptions. To the best of the authors' knowledge, extant studies have not examined training program-level (i.e., doctoral vs. master's) differences in ICT training experiences. Because admission requirements differ between program levels, it was expected that doctoral level ICTs would be better equipped to manage the demands of counselor training; and thus, would experience fewer (and perhaps less intense) difficulties in adjustment and training related issues. Also, most extant studies on ICTs have been qualitative in nature and the experiences of the students were not examined in comparison to domestic trainees. Comparative research would provide a context to appraise the uniqueness of ICTs' experiences.

Therefore, the present study was designed to examine the differences in ICTs' perceptions of and experiences with 14 identified adjustment and training-related areas of concern, by program-level (master's vs. doctoral) and student-status (domestic vs. international). Based on existing literature, it was expected that ICTs would report greater challenges and more difficulties than DCTs. Based on Ng's (2006a) findings, it was expected that ICTs and DCTs would not differ in their views about how often they experienced mentoring. Without prior research on the topic, it was not possible to predict if there would be differences between ICTs' and DCTs' levels of confidence in their contribution to the learning environment and their training performance. However, it was anticipated that master's level trainees would experience the issues and challenges under investigation more often than doctoral level trainees.

Method

Participants

Fifty-six (45 females, 11 males) ICTs and 82 (71 females, 11 males) DCTs participated in this study. Table I summarizes the basic demographic characteristics of the participants. The average number of years the ICTs had been in the US was 4.24 ($SD=2.54$; range=.80–12 years), and they were enrolled in programs from 22 States in the US. In terms of country of origin, 15 of the participants came from Taiwan; 10 from Japan; six from South Korea; three each from China and India; two each from Hong Kong, Kenya, Malaysia, and Uganda; and one each from Botswana, Cameroon, Hungary, Mexico, Palestine, Romania, Spain, St. Lucia, Thailand, and Ukraine. One did not report country of origin.

The ICTs were enrolled in the following programs: (a) master's level: community counseling ($n=14$), mental health counseling ($n=6$), school counseling ($n=4$), student affairs ($n=1$), marriage and family counseling ($n=1$), rehabilitation ($n=2$), counseling psychology ($n=1$), educational specialist in counseling ($n=1$); (b) doctoral level: counselor education and professional counseling ($n=19$), counseling psychology ($n=5$), clinical

Table 1 Background variables of participants

Student Status	Gender		Age (years)			CACREP			Program Level	
	Female (%)	Male (%)	Range	Mean	SD	Yes (%)	No (%)	Missing	Master's (%)	Doctoral (%)
International	45 (80.4)	11 (19.6)	23–50	31.20	5.71	47 (83.9)	9 (16.1)	0	30 (53.6)	26 (46.4)
Domestic	71 (86.6)	11 (13.4)	23–58	32.30	8.88	74 (90.2)	7 (8.5)	1	61 (74.4)	21 (25.6)
Combined sample	116 (84.1)	22 (15.9)	23–58	31.86	7.75	121 (87.7)	16 (11.6)	1	91 (65.9)	47 (34.1)

psychology ($n=1$), and family therapy ($n=1$). Twenty-four trainees were enrolled in practicums (i.e., beginning clinical work), 15 in their first internship (advanced field work), eight in their second internship, and six in their third internship. Two had completed all clinical requirements, and one had not yet commenced clinical training.

The DCTs represented 16 States in the US with the majority ($n=50$, 61%) from the southeastern US. The types of programs the DCTs were enrolled in were (a) master's level: community counseling ($n=28$), college counseling ($n=1$), marriage and family counseling ($n=2$), mental health counseling ($n=4$), school counseling ($n=23$), student affairs ($n=2$), pastoral counseling ($n=1$), counseling psychology ($n=1$), rehabilitation counseling ($n=1$); and (b) doctoral level: counselor education and supervision ($n=16$), and counseling psychology ($n=4$). Thirty-four were enrolled in practicums (beginning clinical work), 26 in their first internship (advanced field work), 15 in their second internship, and six in their third internship.

Procedures

International students in counseling and related programs were recruited via three listservs: Counselor Education and Supervision network (CESNET), Counseling Graduate Students (COUNSGRAD), and International Counseling Network (ICN). ICTs interested in participating in this study were asked to provide a mailing address to the researchers in order to be sent the research material. Additionally, all the counseling programs listed in the *Counselor preparation: Programs, faculty, trends* (Clawson *et al.* 2004) and the directory of CACREP-accredited programs were contacted to find out if they had international students enrolled in their programs. Research material was sent to the chairs of programs that had indicated having international students for distribution to such students. Participation was limited to international students who held student or education-related visas and had completed or were enrolled in clinical training at the time of the survey. The sampling procedure resulted in recruits mainly from counseling training programs. Domestic students were also sampled in a separate recruitment effort via electronic announcements on the three above-mentioned listservs. Some domestic students were also recruited from a CACREP-accredited counseling program located in the southeastern US that was accessible to the first author in person.

Areas of concern and interest

Participants were asked to rate their level of agreement with 13 survey items using a 5-point Likert-type scale (1=never, 2=seldom, 3=sometimes, 4=often, and 5=all the time):

1. I experience academic problems.
2. I experience English proficiency problems.

3. I experience mental/emotional distress.
4. I experience cultural adjustment problems.
5. I experience social/relational problems with peers.
6. I experience difficulties in clinical courses (e.g., practicum, internship).
7. I experience problems fitting into my clinical placement/site.
8. I experience difficulties communicating with clients during session because of language barriers.
9. I experience conflicts with Western understanding and approaches to treating mental health.
10. I experience mentoring by faculty members.
11. I experience discrimination by faculty members.
12. I experience discrimination by my fellow counseling students.
13. I believe I have much to contribute to the learning environment in my program.

Participants could state “n/a” if any of the first 13 items were not applicable to them. They were also asked to rate Item 14, “Overall, based on the feedback I have received from my instructors and supervisors, I believe I am performing very well as a counselor-in-training,” using a 4-point Likert-type scale (1=strongly agree, 2=agree, 3=disagree, and 4=strongly disagree). This item was reverse coded during analysis so that higher scores indicated stronger agreement with the statement.

The first 10 items replicated those in Ng’s (2006a) study. The remaining items were developed based on the authors’ interest to discover (a) information about ICTs’ clinical-related experiences (Mittal and Wieling 2006; Morris and Lee 2004), (b) trainees’ beliefs in their contribution to the learning environment (Killian 2001), and (c) trainees’ self-perceived performance as a counselor-in-training.

Results

Table II displays the descriptive data and inferential statistics on the ratings of participants’ experiences on the items by student-status and program-level. First, analysis involved reviewing results on the group responses of the ICTs to the areas of concern under study. Second, their responses were examined in comparison to the DCTs.

As shown in Table II, the first nine areas under investigation encompassed specific challenges and difficulties; the overall pattern of response suggests that ICTs experienced these challenges on average at least “sometimes” ($M_s=2.32$ to 3.18 ; $SD_s=.33$ to 1.25). English proficiency problems registered the highest, averaging out at slightly more than “sometimes” (Item 3; $M=3.18$, $SD=1.07$). Some ICTs did report experiencing discrimination in their learning environment (Item 11; $M=1.84$, $SD=.83$), but compared to other areas of concern, such experiences were less evident. The means for discrimination experienced from faculty members (Item 11; $M=1.84$, $SD=.83$) and discrimination experienced from fellow students (Item 12; $M=1.95$, $SD=.87$) indicated an average of a little less than “seldom.” Unlike other areas, ICTs reported the frequency of mentoring by their faculty at a higher rate (Item 10; $M=3.51$, $SD=1.10$). ICTs further reported a high level of confidence in their belief about contributing to their learning environment (Item 13, $M=3.95$, $SD=.80$). They also reported a strong belief in their performance as a counselor-in-training (Item 14, $M=3.25$, $SD=.74$).

ANOVA results showed significant student-status main effects in 10 out of the 14 areas of inquiry. The effect sizes (partial η^2) ranged from .03 to .63. According to Cohen (1988),

Table II Means and standard deviations of 14 areas of concern according to program-level and student status

Item of Concern	Student Status	Program-Level					
		Master's		Doctoral		Combined	
		Mean	SD (n)	Mean	SD (n)	Mean	SD (n)
1. Experience with academic problems.	International	2.63	.93 (30)	2.62	.80 (26)	2.63 ^a	.86 (56)
	Domestic	1.69	.56 (62)	2.10	.94 (20)	1.79 ^a	.70 (82)
	Combined	2.00	.83 (91)	2.38	.90 (47)	2.13	.87 (138)
^a F(1, 134) = 29.45, p < .001, partial η^2 = .18							
2. Experience with English proficiency problems.	International	3.13	1.13 (30)	3.24	1.01 (25)	3.18 ^b	1.07 (55)
	Domestic	1.13	.34 (60)	1.11	.32 (19)	1.13 ^b	.33 (79)
	Combined	1.80	1.19 (90)	2.32	1.32 (44)	1.97	1.25 (134)
^b F(1, 134) = 220.24, p < .001, partial η^2 = .63							
3. Experience with mental/emotional distress.	International	2.90	.96 (30)	2.81	.80 (26)	2.86	.88 (56)
	Domestic	2.53	.92 (62)	2.70	.57 (20)	2.57	.85 (82)
	Combined	2.65	.94 (92)	2.76	.71 (46)	2.69	.87 (138)
4. Experience with cultural adjustment problems.	International	2.67	.84 (30)	3.04	.72 (26)	2.84 ^d	.80 (56)
	Domestic	1.89	.83 (62)	2.25	.72 (20)	1.98 ^d	.82 (82)
	Combined	2.14 ^c	.91 (92)	2.70 ^e	.81 (46)	2.33	.91 (138)
^c F(1, 134) = 6.13, p < .05, partial η^2 = .04							
^d F(1, 134) = 27.91, p < .001, partial η^2 = .17							
5. Experience with social/relational problems with peers.	International	2.47	1.04 (30)	2.54	.65 (26)	2.50 ^e	.87 (56)
	Domestic	2.08	.80 (61)	2.15	.59 (20)	2.10 ^e	.75 (81)
	Combined	2.21	.90 (91)	2.37	.64 (46)	2.26	.82 (137)
^e F(1, 134) = 6.61, p < .05, partial η^2 = .05							
6. Experience with difficulties in clinical courses (e.g., practicum, internship)	International	2.90	1.18 (29)	2.54	.71 (26)	2.73 ^f	.99 (55)
	Domestic	2.26	.79 (62)	2.05	.51 (20)	2.21 ^f	.73 (82)
	Combined	2.46	.97 (91)	2.33	.67 (46)	2.42	.88 (137)
^f F(1, 137) = 12.93, p < .001, partial η^2 = .09							
7. Experience with problems fitting into clinical placement/site.	International	2.62	1.18 (29)	2.42	.70 (26)	2.53 ^g	.98 (55)
	Domestic	1.86	.88 (62)	2.00	.65 (20)	1.89 ^g	.83 (82)
	Combined	2.10	1.04 (91)	2.24	.71 (46)	2.15	.94 (137)
^g F(1, 137) = 12.65, p < .05, partial η^2 = .09							
8. Experience with problems communicating with clients during session because of language barriers.	International	2.55	.91 (29)	2.38	.57 (26)	2.47 ^h	.77 (55)
	Domestic	1.65	.76 (60)	1.75	.72 (20)	1.68 ^h	.74 (80)
	Combined	1.94	.91 (89)	2.11	.71 (46)	2.00	.85 (135)
^h F(1, 135) = 29.64, p < .001, partial η^2 = .19							
9. Experience with conflicts with Western understanding and approaches to treating mental health.	International	2.23	.94 (30)	2.42	.86 (26)	2.32 ^j	.90 (56)
	Domestic	1.53	.68 (59)	2.25	1.07 (20)	1.71 ^j	.85 (79)
	Combined	1.76 ⁱ	.84 (89)	2.35 ⁱ	.95 (46)	1.96	.92 (135)
ⁱ F(1, 131) = 8.56, p < .05, partial η^2 = .06							
^j F(1, 131) = 7.95, p < .05, partial η^2 = .06							
10. Experience with mentoring by faculty members.	International	3.41	1.12 (29)	3.62	1.10 (26)	3.51	1.10 (55)
	Domestic	3.50	1.26 (62)	4.05	.83 (20)	3.63	1.19 (82)
	Combined	3.47	1.21 (91)	3.80	1.00 (46)	3.58	1.15 (137)
11. Experience with discrimination by faculty members.	International	1.77	.73 (30)	1.92	.93 (26)	1.84 ^k	.83 (56)
	Domestic	1.49	.81 (61)	1.60	.68 (20)	1.52 ^k	.78 (81)
	Combined	1.58	.79 (91)	1.78	.84 (46)	1.65	.81 (137)
^k F(1, 137) = 4.04, p < .05, partial η^2 = .03							
12. Experience with discrimination by fellow counseling students.	International	1.83	.833 (30)	2.08	.91 (25)	1.95 ^l	.87 (55)
	Domestic	1.60	.71 (62)	1.70	.80 (20)	1.62 ^l	.73 (82)
	Combined	1.67	.76 (92)	1.91	.87 (45)	1.75	.80 (137)
^l F(1, 137) = 4.36, p < .05, partial η^2 = .03							

Table II (continued)

Item of Concern	Student Status	Program-Level					
		Master's		Doctoral		Combined	
		Mean	SD (n)	Mean	SD (n)	Mean	SD (n)
13. Belief in having much to contribute to the learning environment in the program.	International	3.93	.91 (30)	3.96	.66 (26)	3.95	.80 (56)
	Domestic	4.00	.70 (62)	4.25	.55 (20)	4.06	.67 (82)
	Combined	3.98	.77 (92)	4.08	.63 (46)	4.01	.72 (138)
14. Belief in performing very well as counselor-in-training.	International	3.17	.70 (30)	3.35	.80 (26)	3.25	.74 (56)
	Domestic	3.42	.56 (62)	3.45	.51 (20)	3.43	.55 (82)
	Combined	3.34	.62 (92)	3.39	.68 (46)	3.36	.64 (138)

Items 1 to 13 were rated using a 5-point scale (1 = never, 2 = seldom, 3 = sometimes, 4 = often, and 5 = all the time) and Item 14 was rated using a 4-point scale (1 = strongly agree, 2 = agree, 3 = disagree, and 4 = strongly disagree). Scores on Item 14 were reverse coded so that higher scores indicated stronger endorsement of the item.

these effect sizes were mild to large (.01=small or trivial, .06=medium effect, .14=large). ICTs reported higher mean scores than DCTs in the following areas: (a) academic problems (Item 1), $F(1, 134)=29.45$, $p<.001$, partial $\eta^2=.18$; (b) English proficiency problems (Item 2), $F(1, 134)=220.24$, $p<.001$, partial $\eta^2=.63$; (c) cultural adjustment problems (Item 4), $F(1, 134)=27.91$, $p<.001$, partial $\eta^2=.17$; (d) social/relational problems with peers (Item 5), $F(1, 134)=6.61$, $p<.05$, partial $\eta^2=.05$; (e) difficulties in clinical courses (Item 6), $F(1, 137)=12.93$, $p<.001$, partial $\eta^2=.09$; (f) problems fitting into clinical placement/site (Item 7), $F(1, 137)=12.65$, $p<.05$, partial $\eta^2=.09$; (g) problems communicating with clients during sessions because of language barriers (Item 8), $F(1, 135)=29.64$, $p<.001$, partial $\eta^2=.19$; (h) conflicts with Western understanding and approaches to treating mental health (Item 9), $F(1, 131)=7.95$, $p<.05$, partial $\eta^2=.06$; (i) discrimination by faculty members (Item 11), $F(1, 137)=4.04$, $p<.05$, partial $\eta^2=.03$; and (j) discrimination by fellow students (Item 12), $F(1, 137)=4.36$, $p<.05$, partial $\eta^2=.03$. These results are in line with expectations that ICTs would rate these areas higher as compared to DCTs.

In order to examine the experiences of ICTs in comparison to DCTs in terms of program-level, the researchers used a 2 (international vs. domestic) x 2 (master's vs. doctoral) analysis of variance (ANOVA) design. Table II displays the means and standard deviations of the various cells and lists test effects for items where significant differences were present. Of the 10 afore-mentioned areas, only two showed significant program-level main effect with mild and medium effect sizes. When compared to master's students (international and domestic combined), doctoral students (international and domestic combined) reported higher levels of experiencing cultural adjustment problems (Item 4), $F(1, 134)=6.13$, $p<.05$, partial $\eta^2=.04$; and conflicts with Western understanding and approaches to treating mental health (Item 9), $F(1, 131)=8.56$, $p<.05$, partial $\eta^2=.06$. These findings contradicted expectations that master's level trainees would report a greater frequency of experience in these areas than would doctoral level trainees.

Results in Table II show that international and domestic counseling students did not differ in (a) their reports of experiencing mental/emotional distress (Item 3), (b) frequency of mentoring experienced from faculty members (Item 10), (c) belief in their contribution to their learning environment (Item 13), and (d) performance in their training (Item 14). Results further revealed the absence of interaction effects (student-status x program-level) on all 14 areas of investigation. Additional multivariate analysis showed that international

master's trainees and international doctoral trainees did not differ in their degree of experience across all 14 areas, Wilk's $\Lambda = .720$, $F(14, 41) = 1.138$, $p = .356$, partial $\eta^2 = .280$. This result did not support the expectation that master's trainees would experience these areas of concern at higher levels compared to doctoral trainees.

Despite the findings regarding challenges and difficulties confronting ICTs identified in the literature, these results indicated that the trainees had a positive level of confidence in beliefs about contributing to their training program (Item 13; $M = 3.95$, $SD = .80$), and a strong belief about their training performance (Item 14; $M = 3.25$, $SD = .74$).

Discussion and Implications

The present study was designed to further explore the issues and concerns ICTs encounter in their training. It extended Ng's (2006a) study on the identified 10 adjustment and training related areas of concern by (a) expanding the inquiry to include four additional issues and (b) focusing on trainees' perceptions. The study further investigated training-level differences in these areas of investigation in comparison to DCTs. In brief, the findings show that when compared to DCTs, ICTs tend to report higher levels of academic problems, English proficiency issues, cultural adjustment problems, social/relational problems with peers, difficulties in clinical courses, problems fitting in at clinical sites, problems communicating with clients due to language barriers, conflicts with Western understandings and approaches to treating mental health, discrimination by faculty members, and discrimination by fellow American trainees. These findings are in line with previous findings about international students in general (Chen 1999; Leong and Sedlacek 1989; Robertson *et al.* 2000), and ICTs in particular (Killian 2001; Mittal and Wieling 2006; Morris and Lee 2004; Pattison 2003). More specifically, the present findings concur with those reported by Ng (2006a), which were based on counselor educators' observations. Hence, two independent sources support these experiences among ICTs. Given the greater degree of challenges and difficulties confronting international trainees, the support and services they need from host institutions should correspondingly be greater than those needed by domestic trainees (Kher *et al.* 2003).

Interpretation of group means should not overlook within-group differences. Some ICTs did not report difficulty in the areas under investigation while some did so considerably. This echoes the caution that international students should not be seen as heterogeneous in their experiences (Mittal and Wieling 2006; Yoon and Portman 2004) and any attempt to overgeneralize their learning, training, and adjustment difficulties should be avoided (Killian 2001). Nevertheless, group means provide average indications for the sample, as well as variability or group-spread. Faculty and supervisors whose international trainees happen to experience such difficulties should be proactive in addressing them with trainees. For example, trainees having difficulties with English language skills should be assisted with finding ways to improve their skills before they begin clinical or field placement in order to avoid potential barriers when interacting with clients. However, it would be unnecessary or prejudicial to require all ICTs to go through English proficiency training without first assessing each individual need. Such intervention would be an example of failure to recognize the complexity and significant within-group differences among international students. On the other hand, faculty and supervisors should provide support to international students who might experience cultural adjustment issues or undue pressure to assimilate (Mittal and Wieling 2006).

This study highlights a major issue facing non-domestic counseling students; specifically the fact that most American university counselor training and related programs operate from

a Western paradigm of counseling and education (Killian 2001; Mittal and Wieling 2006). Although most counselor training programs in the US would undoubtedly promote multicultural awareness and include such in the curricular core, the major training approaches will inevitably reflect a paradigm that embodies Western values, beliefs, traditions, and practices. ICTs are faced with the dual task of not only learning in a Westernized environment with subsequent practices, but also translating that learning into the cultural and ethnic worldview of their own (Mittal and Wieling 2006; Pattison 2003). Therefore, the authors recommend that future research examines the impact of this dual challenge that ICTs are faced with during and after training. For example, what added stressors are involved in this dual responsibility? How does this dual task impact ICTs' satisfaction with their training? What processes facilitate a positive outcome of such tasks?

In terms of training, in as much as domestic students are challenged to examine counseling theories and treatment approaches from a multicultural perspective, ICTs are required to confront such a challenge due also to their international status. Perhaps all ICTs, regardless of their cultural background, need to learn how to examine critically the cultural assumptions of Western-based theories and techniques so they can effectively apply or adapt them in a culturally sensitive manner. It is the authors' opinion that experiencing conflict with new information that one is learning should not in effect represent a personal deficit. Rather, it should provide an opportunity to learn about one's own assumptions as well as to develop critical thinking skills by evaluating the conflicting information. In keeping with the recommendation in the literature that supervisors and faculty should take the first step to engage trainees to discuss multicultural issues (Killian 2001; Nilsson and Anderson 2004), we believe faculty and supervisors should support ICTs who experience conflicts with Western ideas in considering such occasions as learning and growth opportunities. Also, local faculty and supervisors should increase their knowledge and awareness of their personal and their training programs' inherent Western biases so they can model to their domestic and international trainees how to learn and grow beyond one's own cultural encapsulation.

The findings here provide quantitative data that are consistent with the qualitative reports in the literature on ICTs' experience of discrimination by faculty and fellow students (Killian 2001; Mittal and Wieling 2006). Though the extent of the perception is relatively lower than that in other areas under investigation, faculty and supervisors should be alert and ready to address the matter when discrimination against international students occurs. Faculty and supervisors should also increase their knowledge, awareness, and skills in working with ICTs so they themselves do not act in a discriminatory fashion (even though perhaps unaware) when interacting with these students. When faculty members review their students' progress, they should raise their concerns as well as support for ICTs. These students need to learn ways to give voice to their concerns and advocate for themselves (Mittal and Wieling 2006).

The findings on ICTs' experience of discrimination are limited because specific data were not collected. But, it is suspected that their experiences might be similar to those reported in Mittal and Wieling's (2006) study. Given the current emphasis on respecting and valuing diversity in most counseling and related training programs, it is ironic that international students in this study experience discrimination from their trainers and fellow trainees. Research in counseling is limited in scope on this particular subject; therefore, future research should examine discriminatory practices in counselor training, especially as it applies to international students.

Based on the authors' experiences of working with ICTs, it is noted that these students are not always afforded equal opportunity as compared to their domestic counterparts. For example, we have noted the following types of discriminatory interactions: student-professor interactions (e.g., not being asked questions in class due to an assumption of the

trainee not being able to speak clearly), client-counselor interactions (e.g., the ICT is assigned a certain “type” of client [i.e., foreign] during practicum and internships due to the assumption of not being able to help domestic clients), and mentor-mentee interactions (e.g., being assigned to the “multicultural” faculty as mentee due to the assumption that these faculty are best suited to the minority student). Future research should examine both obvious and subtle discriminatory practices related to ICTs, including underlying prejudicial assumptions and belief systems as noted in the examples provided.

Research focusing on difficulties and challenges encountered by international students runs the risk of perpetuating a cultural-deficit or pathological perspective toward understanding such student-lived experiences (Ninnes *et al.* 1999; Yoon and Portman 2004). Such a perspective overlooks the diversities and strengths in this student population. Findings in this study add to the quantitative information in the literature regarding the levels of confidence and self-evaluation of ICTs regarding their beliefs about their contributions to the learning environment and training performance. Though many studies have investigated the mental and emotional distress experienced by international students, findings here indicate that ICTs do not seem to differ from their domestic counterparts in the degree and extent of some experiences. Given the overall higher levels of challenges confronting them in several different areas, much can be said about ICTs’ strengths and resilience. Future research should focus on investigating the strengths and strategies international students utilize in helping them to meet their challenges and demands to succeed. Faculty and supervisors can encourage their international trainees to (a) find ways to become a contributing member of their learning community; and (b) enrich the learning experiences of their instructors, supervisors, and peers with the richness of their diversity and experiences (Mittal and Wieling 2006; Paige 1990; Peterson *et al.* 1999; Ridley 2004).

It was expected that doctoral trainees would experience less difficulties and challenges as compared to master’s level trainees because admission into doctoral training is typically more stringent compared to master’s level training. Instead, differences in program-level were found only in the experience with cultural adjustment problems and conflicts with Western understanding and approaches to treating mental health; and, it was the doctoral students (international and domestic combined) who reported higher levels of difficulty. One plausible explanation for these findings could be that doctoral level training assumes more stringent expectations as compared to master’s level training as well as requiring students to engage in greater levels of critical thinking and analysis of the philosophical underpinnings and cultural biases of the “nuts and bolts” of counseling, thereby, surfacing more conflicts. If that is true, some doctoral students, regardless of country of origin, may require greater attention from their faculty members. However, international doctoral students and master’s students did not differ in the degree of their experiences across all study areas. Perhaps, their status as international students was more relevant to their experiences regardless of what program-level they were at. More investigation is needed to further clarify as well as verify these findings.

Several limitations in the study are noted. Due to its infancy as an area of inquiry, this research was rudimentary in nature. Future research should build on these findings and adopt more sophisticated methods of inquiry, including seeking more detail about the particular issues experienced. A limitation also was the small sample sizes of ICTs and doctoral DCTs. Though there was an equal number of ICTs (i.e., 26) at both master’s level and doctoral level, larger numbers at both levels would allow for more statistically meaningful between-group comparisons. However, inquiry into international students in counseling and related programs will always face certain limitations, such as obtaining large enough sample sizes due to low enrollment numbers. Until accrediting bodies (i.e.,

CACREP, APA) require the collection of data on such students and a large-scale, longitudinal cooperative research program across universities begins to track these students, knowledge and understanding of these students will remain limited in scope.

Though these findings concur with those reported in studies from various education and training specialties, the majority of this sample was from counselor education programs. The sample size limitation precluded meaningful comparisons among different fields of study. Though the sample consisted of international students and domestic students from various training specialties, the validity of the findings is underscored by their consistency with those documented in similar studies across helping professions. However, interpretation of the findings in this study should always keep in view the heterogeneity among international students in general as well as the study sample in particular.

Conclusion

To the best of the authors' knowledge on the literature, the present study is the first to quantitatively examine the perceptions and experiences of ICTs on a number of issues related to their training and stay in the US in comparison to domestic trainees. The results underscore the unique training needs and experiences of ICTs and point to implications counseling and related training programs need to examine programmatically. The findings also indicate that ICTs' experiences and perceptions of some issues may differ according to program-level. Some international students may present unique challenges to counseling programs. At the same time, they also offer unique opportunities for counseling program faculty and students to learn and grow in a variety of ways that would be unavailable in their absence. Opportunities for demonstrating and understanding unique cultural differences and similarities are presented when ICTs are represented in counseling programs. Although we caution against making ICTs "token" models of multiculturalism and diversity, we do propose that these students offer great potential to enhance the lives of faculty and fellow students when given the opportunity. Such opportunities can occur only when international students are given the "voice" to speak on their own behalf, ultimately enhancing their own and the lives and learning of others.

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