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ORIGINAL ARTICLE

Experiences with Counselor Training in Central Europe: Voices from Student Trainees

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Abstract Globalization has led to an increase in United States-influenced counseling programs the world over; however, the extent to which these training models apply to other cultures is unclear. Using a sample of master's-level counseling students studying in the Czech Republic ($n = 5$), the authors conducted a phenomenological inquiry examining the experiences of European students trained in a program developed and supervised by faculty in the United States. Three themes (and potential barriers) related to English-language training programs in Central Europe included: cultural differences between faculty and students, complications related to the notion of professional identity, and concerns related to the utility of wellness-based principles in the Czech Republic. Implications for educators include cultural adaptation of training and course material as well as reframing illness perspectives through a wellness lens.

Keywords International training · Multiculturalism · Counseling · Czech Republic

Introduction

Over recent decades, there have been increasing calls to internationalize the practice of counseling and its related research and training programs (cf., Grabosky et al. 2012; Hohenshil et al. 2013; Hutz-Midgett and Hutz 2012; Israelashvili and Wegman-Rozi 2012; Simons et al. 2012; Yeo et al. 2012).

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There is, however, a dearth of literature regarding how well United States-based values and practices related to counseling would translate across the globe. For example, some core concepts that define the practice of counseling, like a wellness orientation (i.e., a focus on individuals' strengths, naturalistic resources, prevention, empowerment; Myers and Sweeney 2008) have not yet been fully explored with regard to training programs outside of the United States (US).

A question remains as to how educators should move forward with counselor training in cultures that are markedly different from the US. Should international counselor education programs adjust to the notion of Western wellness approaches in countries that have historically supported illness-based approaches (e.g., Central European nations, such as the Czech Republic; Gabrhelik and Miovský 2009; Papežová 2002), or should educators in such contexts push for a reform of approach in counseling to fit the Western model as this might fill a need not met by other mental health providers? The purpose of this paper is to explore the experiences of European master's-level students in an English-language counseling program in Central Europe (the Czech Republic) to develop a better understanding of factors that impede or support the acceptance of counseling and wellness-based perspectives.

Training from Abroad: Bringing Counseling to Central Europe

As a function of globalization and industrialization, the need for (and utilization of) counseling services in countries and cultures the world over is becoming increasingly apparent (see Hohenshil et al. 2013 for a detailed review). Towards this effort, the US-based Council for Accreditation of Counseling and Related Educational Programs (CACREP) in 2008 created an International Registry of Counsellor Education Programs (IRCEP). This registry serves to endorse non-US-based counselor training programs that sufficiently meet its standards (IRCEP 2014). Despite these trends toward expanding the profession beyond the US borders, a majority of scholarship related to counselor training and culture is limited to issues of sensitivity and understanding of various cultures (e.g., Thomlinson-Clarke and Clarke 2010) or of students in US institutions from other cultures (e.g., Nilsson and Dodds 2006).

Research pertaining to training international students in the US supports *social constructionism* (Gergen 2009), as the focus is on adaptation to meet the needs of varying cultures. Scholarship indicates problems in this regard, including overgeneralization of research findings to all international students, the lack of focus regarding differences among groups, a focus on personal factors more than on environmental, and an overemphasis on identifying adjustment problems (Yoon and Portman 2004). As such, counselor educators need to be careful in their efforts to implement mental health treatment derived from models developed in the US when conducting international work (Gerstein and Ægisdóttir 2007), particularly since cultural adaptations to psychotherapy/counseling seem to produce more effective outcomes than non-adapted treatments (Benish et al. 2011). Research has not yet examined issues specific to programs where students living in cultures outside of the US are trained specifically in the broadly prescribed US model of counseling, though such programs are already in operation throughout the world (IRCEP 2014; University of New York in Prague 2013).

Central Europe and the Czech Republic as an Exemplar

The role of counseling is strengthening in Central Europe and the Czech Republic, mainly due to the influence of the European Union (Rosolová 2009, as cited in Simons et al. 2012), with more than half of the Czech-Moravian Psychological Society indicating counseling as a specialization

of practice as early as the year 2000 (Hoskovec and Brožek 2000). At present, the country offers training programs in counseling mainly informed by US training models (e.g., University of New York in Prague 2013), yet the Czech Republic has a history of treatments informed more by the broadly described medical model (Gabrhelik and Miovský 2009). This raises questions as to whether local educators should accept the traditional Czech approach to treatment or promote the wellness model of counseling as largely practiced in the US and other contexts.

The current-day Czech Republic (founded in 1993) has seen dramatic socio-cultural changes since the fall of the Berlin Wall, but the influence of Western culture in post-communist countries has been inconsistent. Across Central Europe, a great deal of variance can be seen in attitudes toward gender equality (Ferber and Raabe 2003), consumerism (Gurdon et al. 1999), and misanthropy (Melgar et al. 2013). In general, with a history of mental health treatment mired by adherence to the illness model (Gabrhelik and Miovský 2009), the Czech Republic has at times struggled with the basic tenets of wellness as supported by the current model of counseling taught in the United States and elsewhere.

As evinced by the development of counselor training programs (e.g., University of New York in Prague 2013), the Czech Republic is a country amenable to including counselors among its mental health providers. This, coupled with the country's dramatic social changes, make for a compelling exemplar regarding efforts to integrate wellness-based approaches in cultures historically opposed to such efforts. Understanding the experience of students in such programs is important, particularly when considering CACREP/IRCEP's continued efforts at legitimizing counselor training across the globe.

Methods

This project attempted to gain in-depth insight into a previously unexplored concept regarding international training of counselors (i.e., the experiences of Central European students being trained according to US standards of counselor training). As such, the research used qualitative methods—specifically, phenomenology. The phenomenological tradition of research focuses efforts on capturing the experiences of participants and distilling their statements into a clearly explained *essence* of that experience (Creswell 2006).

Participants

Participants were students enrolled in a master's-level counselor training program located in the Czech Republic, but overseen by an American university. The degree offered required a 48-credit course of study, intended to train students living and working in Europe in the basic model of counseling as practiced in the US. Students completed the program during evenings and weekends, over the course of approximately 2 years. The program was full-time and with an accelerated format, with each three-credit class taking place over the course of two weekends. The degree retained the title *clinical counseling psychology* to adhere to local standards regarding titles of practicing psychotherapists (i.e., *counselor* is not a recognized term, while *psychologist* is). All courses, tests, and assessments were in English, and the curriculum was largely in accordance with standards set by the Council for the Accreditation of Counseling and Related Education Programs (CACREP), sans specific courses in professional orientation, mental health counseling, trauma, and career counseling. The curriculum was established jointly by the host university in the Czech Republic and the associated American university.

Recruitment for the study occurred in regard to two separate groups: students who had just started their training (i.e., completed 9–16 credits) and students who were nearing completion of their training (i.e., 30 or more credits). Creswell (2006)recommends using up to 10 people for a phenomenological qualitative approach, while Johnson et al. (2009) recommend obtaining information from between 4 and 10 interviewees.

Five of the 31 enrolled students agreed to be part of the study following recruitment by an instructor not affiliated with the study. This sample was comprised of four females and one male, with ages ranging from 25 to 41, all of whom spoke English as a second language. Four of the students were beginning their internships (30 or more credits) while one had just completed a third class (9 credits total). Four of the students were residents of the Czech Republic for at least 2 years, though only two were naturalized citizens. One was commuting from a residence in Poland and was a Polish citizen and two were living in the Czech Republic but were originally from Romania and Italy respectively.

Procedures

Three research assistants (graduate counseling students from a US-based institution) trained specifically for this project conducted 1-hour interviews with participants via Skype. The faculty sponsors of the project were not involved in data collection or participant recruitment, as they were also instructors in the participants' training program. Interviews were semi-structured, and interviewers followed a list of nine predetermined questions pertaining to experiences in graduate training, conceptualization of the wellness model, and beliefs regarding the impact of training on culture. Interviews were recorded with Ecamm, a software program designed for capturing and preserving Skype communications. The research assistants transcribed all calls, and emailed completed transcripts to participants with a statement requesting verification that the text accurately captured the essence of their views and the interview itself.

Data analysis was facilitated by two full-time faculty members in a professional counseling master's program in the US as well as the three graduate student research assistants. Analysis was conducted using the established protocols for phenomenological inquiries outlined by Creswell (2006). In this approach, researchers immerse themselves in the process, carefully scrutinizing the transcripts, making notations about the information within, identifying core concepts and meanings, creating and organizing these into units, and developing a rich description that captures the "essential, invariant structure, or the central underlying meaning of the experience" (Creswell 2006, p. 52).

The researchers independently reviewed hard copies of the transcripts and identified common themes, and as a group coded data during four separate group meetings of 1.5 hours each. Data analysis concluded during the final meeting in which the researchers reviewed their cumulative findings and agreed that this was an accurate representation of the group without intrusions of their biases.

Researcher Trustworthiness

All data analysts on the project first completed a bracketing exercise in which they identified potential biases related to the study before reviewing the data. During their independent reviews of the transcribed interviews, analysts kept reflexive journals in which they recorded thoughts and reactions related to personal biases (see Hunt 2011, for a detailed review). These journals were

discussed at the start of each group meeting for approximately 30 minutes, to review and account for ongoing biases.

Beliefs and Biases of the Researchers

The two faculty members had previously worked as adjunct instructors in the program (full-time professors in the US university affiliated with the program), and indicated that this experience would likely bias perspectives regarding the efficacy of the education provided (i.e., either defending its utility or overcompensating for this experience by being overly critical). Both admitted to being surprised upon noting that no students in the sample were able to demonstrate a proficient understanding of the wellness model being taught (i.e., Myers and Sweeney 2008). Both were required to refrain from recruitment of subjects, undertaking interviews, and undertaking interview transcriptions, in case any of the interviewees were former students or had had any interaction with these instructors during their time in the program.

All analysts indicated that they themselves adhered to the wellness model, and believed this to be a potential bias. After reading the transcripts initially (as part of the reflexive process), the analysts agreed that they were confused by the participants' apparent lack of understanding of regulations regarding licensing procedures and the regulation of counseling in the Czech Republic. As one analyst put it, "…no one seems to know what is going on; it feels like frontier times in a way." In line with this, all analysts reported concerns with the lack of consensus regarding terminology, identity, and what would likely happen for trainees following graduation.

During group reviews of transcripts, the question was raised as to whether a lack of understanding of licensure and regulation was attributable to the program lacking required training in professional identity and ethics. As one analyst put it, "The problem seems to be that they are still master's-level psychologists, and the title of the program [clinical counseling psychology as opposed to professional counseling] and lack of [a professional orientation class] seem to have an influence on this."

The three graduate student research assistants (separate from the faculty members) reported having concerns about their lack of understanding regarding Czech culture, as well as a prejudice regarding the rigor of a condensed training schedule. There was also concern about the idea of learning counseling in a second language, as well as the reading of transcripts from individuals using English as a second language. The trepidation was that subtle nuances of tone and delivery would be more easily lost when a person was speaking in their non-native language. One of the graduate student research assistants spent a semester in college in a post-communist culture, and reported some concern that these experiences might bias their data analysis. Per this student, "I had some expectations that there would be a greater sense of satisfaction [among Czech citizens] post-communism, and that the transition to a capitalist economy would have an impact on development of the counseling profession".

Results

Data analysis identified three main themes in the transcripts: a distinction between US and European standards of training and practice (with sub-themes related to frustration and confusion regarding practice standards, communism, and perceptions of Czech culture), psychologists being superior to counselors, and a somewhat clandestine adherence to humanistic values.

Distinction Between US and European Standards of Training and Practice

Participants indicated an awareness of the facets of practice in Central European culture as being distinct from the US training content. Participants referenced the alternate training requirements for licensure (i.e., the Czech requirement of additional post-graduate training in a specific treatment practice such as cognitive behavioral therapy) as well as separate sets of standards related to training and practice. Confusion regarding training in regard to the distinction between practice standards in the Czech Republic and the US was common, with participants referencing that they were in a training program structured according to US standards with many of the faculty being US professors visiting the country. The sample seemed to favor US education and practice standards, but lamented the fact that this input was not in keeping with the model of practice in Central Europe.

Frustration and Confusion Regarding Practice Standards

Participants expressed concerns about the limited regulation of mental health practices in the Czech Republic. Though this question was not posed directly, data analysts noted that none of the participants had a clear understanding of the requirements for master's-level licensure following graduation. Participants expressed concern over the absence of local regulations pertaining to clinicians, and the overall sense that the country lacked basic guidelines that would help them practice as professionals. It was explained by one participant that:

> … we don't have any rules, I mean, no nothing for counselors in the Czech Republic… to do internships in American way is strange… In Czech Republic, no one will let you do it. And yeah, there's less rules altogether, I guess, in this part of the world. And less responsibility taking.

Participants indicated frustration with the instructors' US bias, and their lack of awareness about details relevant to working in the Czech Republic (e.g., professors just providing lecture material about healthcare standards in the US). The consensus was that most instructors demonstrated a respectful curiosity regarding the host country's culture, but did not have a sufficient understanding of how the local mental health system was structured, how to get a license to practice independently, and what students could expect to find in the way of employment following graduation.

As the program was at the time not accredited by CACREP or IRCEP, the students did not receive training in regard to professional orientation; specifically, there was no input on the history and philosophy of the counseling profession and the roles and identities of various mental health professionals. This limitation was seemingly problematic, as analysts noted the impact this seemed to have on professional identity. One of the problems noted was that students identified as master's-level psychologists, with no clear understanding of the distinctions in practice related to counselors and psychologists.

Communism

The interviewers also explored the after-effects of communism on Czech culture, as the expectation was that many of these students would plan to live and work in the Czech Republic

following graduation. Though the majority of the sample (with the exception of one) was under 40 years old and the naturalized citizens reported a limited recollection of pre-communist culture, the consensus was that the country had undergone dramatic social and political changes in a very short period, and that the training program did little to acknowledge this. Additionally, all participants perceived the changes involved to be positive, in that the country had once been inhibited by communist rule. They perceived greater personal freedom and autonomy as being a favorable outcome. One participant explained that "…it's a big change. Everything has changed because the communism was more, the country was closed… now people are more trying to create their own lives according to their wishes…During communism, it was very boring."

This was also evident when participants discussed the program's ability to prepare students to practice with clients in the Czech Republic. Participants reported that given the living history of communist rule, older citizens (regardless of whether they would function in the role of clients or fellow clinicians) were likely to be more resistant to the changes and the younger generation would be more accepting of capitalist values. "What I can see," said one participant, "is that I see the old generations still possibly more tied to the communist mentality… I see that new generations are doing pretty well, and are very open-minded despite the fact that they were under a dictator still 25 years ago."

Perception of Czech Culture: Influence of the Host Country

In exploring the program's ability to train clinicians to work locally, a theme emerged that Czech people were more socially guarded than other European and American cultures; and that this social phenomenon was again negated by instructors in the program. One participant—a Czech citizen—questioned to what degree this guardedness was attributed to the shifting sociopolitical landscape and the extent to which this was the inherent nature of the Czech people. In addressing what she saw as a generational divide, she explained:

> I still kind of see the mentality of communism in [the] older population of Czech Republic. It's a question whether it is really an influence of communism or if it's the majority of characteristics of Czech people… on one hand, they're really nice people, but on the other hand they're pretty envious.

Two other participants—also not Czech citizens—expressed similar concerns related to the nature of the Czech population in general. One person stated:

> The only thing that I realized about the people here is that they're not very happy, they're pretty shy… I mean it's hard to hear Czech people say they're happy with something…

Another non-Czech participant noted that this concept of lacking trust among the general population might be more based on stereotype than fact. She opined, "I think Czech people are generally more open-minded. Although *they* don't believe that, but… I think they are."

Participants also expressed concern about the mental health community's lack of counseling identity in the Czech culture, and the difficulty maintaining this identity in a country where the practice is unrecognized and unregulated. A participant stated, "If I say I'm a counselor, I think that would confuse people and counseling is something probably not known and not accepted in Europe… There is not much counselors in the Czech Republic." In general, participants regarded counseling as a burgeoning profession within psychology. However, they agreed that the profession was too new and underdeveloped to meet the educational and practice criteria set by US standards.

Psychologists as Being Superior to Counselors

Another theme prevalent throughout interviews was that counseling was not merely an undeveloped practice when compared to psychology in general, but an inferior one as well. Participants mentioned the belief that psychologists were a better-trained version of counselors, or that counseling represented an academically-less-rigorous profession by comparison. Some statements were, "From my point of view the psychologist is… more experienced… with really hard stuff…Counselor, for me, is not treating very deep issues." and "… a counselor is not a scientist, whereas a psychologist is…"

Demonstrations of such hierarchies were common in these interviews, with agreement among participants that psychiatrists were more respected than psychologists and psychologists were more respected than counselors in the popular conception. One participant indicated that psychology in general was seen as a "a gray science which means that it's not as relevant as math or physics." The common theme among descriptions of hierarchies was both the recognition of counseling and psychology's respective positions, as well as frustration related to their own position. One student said, "It's very hierarchical and I don't like that because I'm not at the top of the hierarchy… where I would love to go is [being a] psychologist because you can do much more than just as a counselor…" One participant indicated that they felt incapable of assisting individuals with schizophrenia, and reported that individuals with serious mental illness were a subset of the population reserved for psychologists.

Divorced from the counseling identity specifically, one participant lamented the idea of hierarchies in the mental health system overall, stating, "When you say to someone you're a psychologist, they look at you and they think that you were too lazy to go for psychiatry." Another participant expressed similar ideas, with the added concern that while there is a stigma associated with mental illness in Central Europe, there is still a demand for services. She reported, "I went to therapy… and my therapist was booked solid. And other people's therapists were booked solid, so somebody was going."

Clandestine Adherence to Humanistic Values

None of the participants reported that they independently understood the wellness model, despite this being a part of the curriculum in their training program. The interviewers had to explain the concept to all interviewees. Several understood components that undergird the model (e.g., empowerment), yet there was puzzlement as to how the concepts worked together to form the wellness model. Most of the participants stated that they were comfortable with non-directive approaches, though one person indicated an outright adherence to illness-based principles (claiming that it was a better fit for individuals with disabilities). Despite adhering to wellness-based principles (e.g., strength-based approaches), some had concerns about the model's fit within the Czech culture. One participant reported the belief that the Czech Republic had biases related to psychodynamic approaches. She stated, "I don't think [the wellness model] fits very well. Czech Republic is more psychodynamic, you know, everyone is doing psychodynamic stuff… most of the therapists work this way."

Another participant expressed the belief that there may be distinctions in practice depending on context, but that the overall bias of the Czech Republic population was toward the medical/illness model. She explained, "I imagine that in private practice it's more about clients and therapists' relationships so more about the wellness model, but all

over for the Czechs and I think for psychiatrists, even private psychiatrists, it's the illness model definitely."

One participant indicated that while she valued the basic principles of wellness-based approaches, she was unable or unwilling to use them based on the directive approaches of her supervisor. This participant went on to recognize the distinction this represented from US values. She reported:

> My supervisor [is] very directive… On the other hand [my supervisor] is very fair… I think that if you see [my supervisor's] behavior in the US, you will prefer to sue her… in American standards, you are not able to do that [behave this way], you will lose your clients.

Still another person expressed unease about the stigma that Czech citizens hold against mental health issues; namely that consensus reduces mental health to a binary logic. She stated, "They think that the only people who go for therapy are those who want to kill someone or kill themselves or…they're crazy."

Discussion

The sample noted concerns in their training pertaining to cultural differences, counselor identity, and the fit of a humanistic profession within the host country. Participants reported feeling that, while the training program succeeded in providing a comprehensive overview of US practices, the instructors fell short in incorporating Central European practices, and confusion regarding outcomes (i.e., licensure and job prospects) was a chief complaint. They expressed doubt that wellness-based approaches could fit with the cultural standards of the host country. Interviewees reported that counselor identity was lacking in the local mental health community, and that deference to the medical model and psychology as a profession were standard practice; but that few of these concerns were sufficiently addressed in training. However, the sample largely reported adherence to wellness-based ideologies, despite limited knowledge of terminology and having concerns regarding the wellness model's fit in the local culture.

Implications for Practice

The Importance of Clarity in Training

When training in a separate culture, it is imperative that educators understand the nuances of the host country's culture and the practical implications for students regarding employment following graduation. One of the greater problems identified by students in this sample was a lack of reverence on behalf of the host institution for the nuances of practice in the host country, or in Central Europe in general. Specifically, all of the sample reported frustration with the fact that none of the program's professors or administrators had clear answers regarding job expectations or licensure following graduation. As such, organizers of programs should take the time to explore attitudes toward counseling and professional identity in the areas where students anticipate practicing. This was also evident in the sample's report of struggles in adopting wellness-based principles.

One possible remedy for this problem would be to include a comprehensive—yet culturally adapted—professional orientation and ethical practice course. Participants reported a great deal of frustration with the lack of standardization regarding mental health treatment, but this may be due to the fact that professional identity issues were never addressed sufficiently. However, educators should work to adapt courses to provide an overview of professional identity and ethical standards in accordance with the host country, or in a manner consistent with standards of practice for the graduates (e.g., if most students are expecting to work and practice in Central Europe, courses should address standards of practice and professional identity in Central Europe).

Acceptance of Cultural Norms While Advocating for Wellness

Counselor training programs present a Western frame of thought that may not be in keeping with the beliefs and attitudes of other cultures. The broadly stated US counselor education model is largely supportive of humanism and, more specifically, the wellness model (Myers and Sweeney 2008), or similar. In the case of the Czech Republic, this approach is not in keeping with cultural norms, particularly given the aforementioned deference to the medical model and history of exposure to communist values. International training programs should be mindful of these differences, particularly in cultures where endorsement of wellness-based principles is limited. Administrators of such programs should make an effort to become immersed in the details of the local culture in the interests of making sure that the training provided is in keeping with cultural customs. In some cases, this may require a training model that supports wellness-based principles but fully recognizes and is amenable to divergent perspectives.

A serious concern related to this program was the lack of monitoring and adjustment to the needs of the local culture. Students interviewed indicated that American instructors demonstrated no evidence of adaptation to specific concerns related to Czech culture. There was also no indication of utilizing feedback from students to adjust the program accordingly. Efforts at implementing a program such as this in a region that has limited connection to the counseling profession should include monitoring and feedback to ensure that the training provided is in keeping with the needs of the local community.

There is established agreement within counseling and therapy that a positive working alliance is integral to successful treatment outcomes (Elvins and Green 2008; Martin et al. 2000). Counselor traits such as flexibility, respectfulness, trustworthiness, confidence and warmth have been found to foster a strong working relationship (Ackerman and Hilsenroth 2003), but the extent to which these qualities would translate to all cultures is unclear. In this sample, participants described the professional culture of counselors as being ill-defined and existing within a broader culture (Central Europe) filled with inhibitions and guardedness. Training programs should take special care to avoid assuming that all cultures share similar perspectives regarding the nature, essential value, and effectiveness of engagement between counselor and client.

Implications for Educators

For international students with limited exposure to wellness principles, Western counseling perspectives are likely to be a difficult fit without focused support from educators. Among the first concerns related to the implementation of the wellness perspective is

assessing initial attitudes regarding wellness-based interventions. For example, measures of adherence to wellness principles and functioning can be assessed using the Wellness Evaluation of Lifestyle instrument (WEL; Hattie et al. 2004) for the development of programs. Specifically, this instrument could be administered to personnel at local mental health institutions in advance of program development, to determine the extent to which wellness-based principles are endorsed or not. Class discussion related to basic wellness principles (e.g., wheel of wellness, basic life tasks) should also be a focus at the start of training.

Throughout training, the initial attitudes toward wellness should be considered and negative attitudes might be reframed for students through relevant coursework. One of the better examples of reframing illness perspectives as being facets of wellness is Zalaquett et al.'s (2008) overview of reframing diagnostic criteria through a wellness lens using developmental counseling theory. The approach does not completely negate the medical model, but instead encourages clinicians to develop counseling strategies that incorporate the client's relevant contextual information. The goal is to advocate for wellness principles that are part and parcel of contemporary counseling, while at the same time making an effort to respect the students' inclinations toward more firmly established cultural frameworks.

Suggestions for Future Research

The authors recommend additional exploration with a larger sample of students, as this was a qualitative inquiry with a small sample. Three potential avenues of research may prove fruitful. First, it would be helpful to conduct pre-and post-reviews of attitudes toward wellness for international counseling students, to determine the need for more explicit wellness education, as well as to assess the benefits and limitations of training. Second, an exploration of Central European clients seeking mental health services and their preferences for wellness versus illness-based approaches would help with generalizability. Third, it may be useful to assess the impact of a comprehensive course on professional orientation and ethical practice that is tailored to the expectations and norms of the host country. Training programs should respond to citizens' needs, with this being accomplished perhaps through wellness-based methods or in finding a way to integrate such attitudes into the current culturally supported orientations towards treatment.

Limitations

One of the primary limitations of this study is the sample size. Though a sample of 5 meets the basic needs for a phenomenological inquiry (Creswell 2006; Johnson et al. 2009), a larger sample would have ensured better saturation. This problem could not be addressed, as only 5 students agreed to participate at the time of recruitment. Additionally, the program itself was terminated shortly after data collection was finished. The closing of the program was unrelated to the concerns explored in this research, but the closure meant that no other students could be recruited for the study.

Another limitation related to the sample was consistency of cultural identity. While all of these students indicated their primary residence was in the Czech Republic, only 2 identified as naturalized citizens. A lack of homogeneity of the sample related to culture makes it difficult to draw broad conclusions from the study's findings, as perspectives related to Czech culture are likely to be markedly different for naturalized citizens.

Conclusion

International counselor training programs need to adhere to standards of education and practice that are in keeping with the needs of the cultures they are training. The results of this qualitative inquiry indicate that students are very much aware of a difference in culture that creates complications in training and practice. While the Czech Republic currently provides herewith an example to explore such concepts, additional exploration related to training programs with similar structures in other countries is warranted.

Compliance with Ethical Standards All procedures performed in this study were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This article does not contain any studies with animals performed by any of the authors. Informed consent was obtained from all individual participants included in the study.

Conflict of Interest The authors declare that they have no conflict of interest.

References

Ackerman, S. J., & Hilsenroth, M. J. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review, 23*, 1–33. doi:10.1016/S0272-7358(02)00146-0.

Benish, S. G., Quintana, S., & Wampold, B. E. (2011). Culturally adapted psychotherapy and the legitimacy of myth: a direct comparison meta-analysis. *Journal of Counseling Psychology, 58*(3), 279–289. doi:10.1037/a0023626.

Creswell, J. W. (2006). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks: Sage Publications.

Elvins, R., & Green, J. (2008). The conceptualization and measurement of therapeutic alliance: an empirical review. *Clinical Psychology Review, 28*(7), 1167–1187. doi:10.1016/j.cpr.2008.04.002.

Ferber, M. A., & Raabe, P. H. (2003). Women in the Czech Republic: feminism, Czech style. *International Journal of Politics, Culture and Society, 16*(3), 407–430. doi:10.1023/A:1022308512580.

Gabrhelik, R., & Miovský, M. (2009). History of self-help and 'quasi-self help' groups in the Czech Republic: development and current situation in the institutional context of drug services. *Journal of Groups in Addiction and Recovery, 4*, 137–158. doi:10.1080/15560350903038718.

Gergen, K. (2009). *An invitation to social construction* (2nd ed.). Los Angeles: Sage.

Gerstein, L. H., & Ægisdóttir, S. (2007). Training international social change agents: transcending a U.S. counseling paradigm. *Counselor Education and Supervision, 47*(2), 123–139. doi:10.1002/j.1556-6978.2007.tb00043.x.

Grabosky, T. K., Ishii, I., & Mase, S. (2012). The development of the counseling profession in Japan: past, present, and future. *Journal of Counseling and Development, 90*(2), 221–226. doi:10.1111/j.1556-6676.2012.00027.x.

Gurdon, M. A., Savitt, R., & Pribova, M. (1999). Consumer activism in the Czech Republic: the role of exit and voice in a changing economy. *The Journal of Socio-Economics, 28*(1), 3–19. doi:10.1016/S1053-5357(99)00010-4.

Hattie, J. A., Myers, J. E., & Sweeney, T. J. (2004). A factor structure of wellness: theory, assessment, analysis, and practice. *Journal of Counseling and Development, 82*(3), 354–364. doi:10.1002/j.1556-6678.2004.tb00321.x.

Hohenshil, T. H., Amundson, N. E., & Niles, S. G. (2013). *Counseling around the world: An international handbook*. Alexandria: American Counseling Association.

Hoskovec, J., & Brožek, J. M. (2000). Contemporary psychology in the Czech Republic. *European Psychologist, 5*(2), 62–65. doi:10.1027//1016-9040.5.1.62.

Hunt, B. (2011). Publishing qualitative research in counseling journals. *Journal of Counseling and Development, 89*(3), 296–300. doi:10.1002/j.1556-6678.2011.tb00092.x.

Hutz-Midgett, A., & Hutz, C. S. (2012). Counseling in Brazil: past, present, and future. *Journal of Counseling and Development, 90*(2), 238–242. doi:10.1111/j.1556-6676.2012.00030.x.

IRCEP. (2014). International registry of counsellor education programs. Retrieved from http://www.ircep.org/ircep/template/registry.cfm

Israelashvili, M., & Wegman-Rozi, O. (2012). Formal and applied counseling in Israel. *Journal of Counseling and Development, 90*(2), 227–232. doi:10.1111/j.1556-6676.2012.00028.x.

Johnson, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method, and research*. London: SAGE Publications.

Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with other variables: a meta-analytic review. *Journal of Consulting and Clinical Psychology, 68*(3), 438–450. doi:10.1037/0022-006X.68.3.438.

Melgar, N., Rossi, M., & Smith, T. W. (2013). Individual attitudes toward others: misanthropy analysis in a cross-country perspective. *American Journal of Economics and Sociology, 72*(1), 222–241. doi:10.1111/j.1536-7150.2012.00865.x.

Myers, J. E., & Sweeney, T. J. (2008). Wellness counseling: the evidence base for practice. *Journal of Counseling and Development, 86*, 482–493. doi:10.1002/j.1556-6678.2008.tb00536.x.

Nilsson, J. E., & Dodds, A. K. (2006). A pilot phase in the development of the International Student Supervision Scale. Journal of Multicultural Counseling and Development, 34(1), 50

Papežová, H. (2002). Eating disorders across Europe: history of services for eating disorders with regard to political and women's situational changes in the Czech Republic. *European Eating Disorders Review, 10*, 79–84. doi:10.1002/erv.455.

Rosolová, K. (2009). Language in search of practice: The progress of curriculum reform in the Czech Republic (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3348210).

Simons, J. D., Hutchison, B., & Baštecká, Z. (2012). Counseling in the Czech Republic: history, status, and future. *Journal of Counseling and Development, 90*, 233–237. doi:10.1111/j.1556-6676.2012.00029.

Thomlinson-Clarke, S. M., & Clarke, D. (2010). Culturally focused community-centered learning: an international cultural immersion experience. *Journal of Multicultural Counseling and Development, 38*(3), 166–175. doi:10.1002/j.2161-1912.2010.tb00124.x.

University of New York in Prague. (2013). Master's in clinical counseling psychology program.Retrieved from http://www.unyp.cz/academic-programs/master-programs/masters-in-clinical-counseling-psychology.

Yeo, L. S., Tan, S. Y., & Neihart, M. F. (2012). Counseling in Singapore. *Journal of Counseling and Development, 90*(2), 243–248. doi:10.1111/j.1556-6676.2012.00031.x.

Yoon, E., & Portman, T. A. A. (2004). Critical issues of literature on counseling international students. *Journal of Multicultural Counseling and Development, 32*(1), 33–44. doi:10.1002/j.2161-1912.2004.tb00359.

Zalaquett, C. P., Fuerth, K. M., Stein, C., Ivey, A. E., & Ivey, M. B. (2008). Reframing the *DSM-IV-TR*from a multicultural/social justice perspective. *Journal of Counseling and Development, 86*, 364–371. doi:10.1002/j.1556-6678.2008.tb00521.x.