Designing Counselor Education in a Developing Context: A Prospectus for a Southern African Regional Counselor Training and Resource Center

Lisa Lopez Levers

Abstract

This article examines the need for a counselor training and resource center to serve the southern African region. It offers a theoretical framework for designing such a project, one aimed at fulfilling the related identified training needs of the region at multiple levels, by linking a model for sustainable economic development with educational, health-care, and mental health-care needs of the region. Identification of project need is based on previous pilot studies and field research conducted by the author and her co-researchers in southern African countries. Drawing on the results of the previous investigations *in toto*, the action research culmination is the prospectus presented here and the strategies that are outlined for achieving the goals of the project. The main purpose of the article is to present one example of a theoretical sustainable development paradigm as it might be applied to health- and education-related training in southern Africa.

World attention has been focused on the Republic of South Africa (RSA) since the dismantling of its oppressive apartheid system. While the RSA's newly formed government has been heavily involved in democratic reform and economic development, some have pointed to the need for assistance in developing viable models for human service provision (e.g., Grootboom, 1996; Guerra, 1998). Professional counseling has been viewed as one such ". . . viable approach to providing human services from a multicultural perspective" (Pedersen & Leong, 1997, p. 117), and the counseling literature provides insights related to the following professional issues in the RSA: psychological effects of apartheid on children (Hickson & Kriegler, 1991); changing geopolitical conditions (Wehrly, 1987); contextual considerations pertaining to the counseling process and the counseling relationship (Raubenheimer, 1987; Van Schoor, 1989); potential models for counseling interventions (Kagee, Naidoo, & Mahatey, 1997; Kagee & Price, 1994); training in specific counseling modalities (Strous, Skuy, & Hickson, 1993); and guidance and career development issues (Castle, 1996; Oakley-Smith, Skuy, & Westaway, 1988; Pretorius, Heyns, & Broekmann, 1991; Van Schoor & Whittaker, 1988; Watson, Stead, & De Jager, 1995).

While the RSA has remained a focus of world attention--and rightly so, for the dismantling of apartheid is arguably one of the most significant events of this century--little attention has been paid to other smaller and less developed nations in the southern African region. The other countries in this region have been immensely influenced, historically, by the political and economic situations in the RSA; and likewise, they

have been affected vastly by the reverberations of the RSA's apartheid system and its collapse. These countries are not nearly as developed and are, for the most part, lacking the same levels of resources and infrastructures as the RSA. However, they share many of the same social problems, and the people living there experience similar needs for human services.

The following discussion provides a theoretical framework and rationale for designing a Southern African Regional Counselor Training And Resource Center (SARCTARC). Research has suggested that such a project has the promise of having a positive impact in this region of the world (Kann & Quarmby, 1986; Levers, 1997b; Levers & Maki, 1994, 1995; Sebatane, Levers, & Ralebitso, 1993; Rollin & Witmer, 1992). The project is aimed at providing counselor training services for professionals and paraprofessionals living in the countries that comprise the southern region of Africa outside of the Republic of South Africa (RSA) and could link eventually with similar efforts in the RSA. By unifying and collaborating in the development of human services and related training, just as the countries have done in their efforts aimed at economic development, they could use precious resources wisely and effectively and avoid costly duplication of efforts.

The ten countries that historically have formed what is known as the Southern African Development Community (SADC) are Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania, Zambia, and Zimbabwe. In the past couple of years, the RSA, the Seychelles, the Democratic Republic of Congo, and Mauritius have joined the SADC. The SADC successfully has employed a project-oriented paradigm for sustaining economic development, one that is based on growth theories linked to regional cooperation (Martin, 1992; Seidman & Anang, 1992). In an analogous fashion, this grouping could serve as an organizing nucleus for discussion of a potential counselor training project. Since more of an infrastructure for human services already exists in the RSA, the project would not intend to exclude nor compete with the RSA; in fact, it eventually could connect with parallel efforts in the RSA to offer training services to those who provide counseling.

The American Counseling Association (ACA) offers the following generic definition: "Professional counseling is the application of mental health, psychological or human development principles, through cognitive, affective, behavioral or systemic interventions, strategies that address wellness, personal growth, or career development, as well as pathology" (ACA, 1998, On-line). Counseling, as it is referred to here and as it is applicable to the southern African context, is a synthesis of what is known in the U.S. as school and career counseling on the one hand and vocational rehabilitation and health/mental health counseling on the other. This synthesis of counseling strategies or specialty areas is based on the results of pilot studies and prior field research in five southern African countries, including Botswana, Lesotho, Namibia, Swaziland, and Zimbabwe (Levers, 1997b; Levers & Maki, 1995, 1994; Sebatane, Levers, & Ralebitso, 1993); the findings reflect indigenous counseling-related needs as articulated by Africans who work in various governmental Ministries, human services, education, and the health fields, as well as those expressed by traditional healers. The need for counseling services and an associated counselor training strategy was identified and supported in the invited studies; the prospectus that is presented here

is a culmination of the participatory action reseach strategies employed in the investigations. The premise of a regional counselor training and resource center is connected not only to the educational and health needs of the region's populations, but can be viewed as directly linked to the economic development of the region. The connections between health and education and their linkages to economic development form a part of the theoretical framework that is elaborated in this discussion.

The SARCTARC project aims to train paraprofessionals in the earliest stages, and professionals in later stages, to provide a model of counseling that links directly to basic, secondary, and post-secondary education levels, as well as to adult needs across the lifespan, and ultimately to enhanced potential for economic development, as well as to important health concerns. Although affiliated with selected universities, the project would differ from an exclusively university-based counselor education program by developing as an entity which could provide "free-floating" training services to a variety of educational, governmental, non-governmental, and non-profit sectors and by directing the training to multiple levels of need.

A pre-project aspect of the SARCTARC is to initiate a pilot project in a few tactically selected SADC countries. Essential ground work would be laid, and important networking strategies with other SADC countries could be implemented. The seven-year time line begins with a systematic needs assessment and simultaneous "grass roots" level training and builds toward an ultimate university graduate curriculum for counselor education. This prospectus offers the basic concepts behind the project and can be used as the basis for developing a more detailed proposal for necessary funding. The project is envisioned as one that would be a collaborative venture among donor-country and African universities, governmental agencies, and non-governmental donor organizations. Depending on available funding, the SARCTARC could continue to provide resources aimed at counselor training at multiple levels for as long as the need might remain.

Background of the Project

In the aftermath of the collapse of apartheid in the Republic of South Africa (RSA), a number of socio-economic problems have emerged in the surrounding countries. For example, the economies of many of the SADC countries have depended for decades on remittances from the large number of migrant workers employed in the mines of the RSA. In recent years, and due to technological advances, many of these workers have been displaced and forced to return home to villages where no opportunities exist for employment. There is speculation that unemployment has led to a greater incidence of psychosocial problems, like alcoholism, addiction to home-brewed beer, and domestic violence. To use the capital city of one of the SADC countries as an example, adult unemployment in Windhoek, Namibia is at 40%, with even higher rates in rural areas.

Internal urban migration in the southern region of Africa is a relatively new phenomenon (Wilkinson, 1983), and makeshift squatters' villages have developed in some urban areas, with a host of ensuing problems related to sanitation, health, poverty, crime, and so forth. Some adolescents, and even young

children, have left their rural villages for perceived economic opportunities in urban areas. The reality is that there are no opportunities for them, and street children can now be found in many urban centers. Often the only "service" available to deal with this problem is to place the children in jails or prisons, sometimes with adult criminals. For children who have the advantage of remaining in school, there are scant opportunities for academic, vocational, or personal counseling. This occurs at a time when high technology is in its infancy in southern Africa, but has great potential for growth; yet very few young Africans are being guided toward careers in technological fields (Sebatane, 1987). And for those fortunate few who are directed to high tech career paths that are in demand in the marketplace, "brain drain" to developed countries, especially to the RSA, is still problematic in the region.

In addition to the health, educational, and economic problems associated with youth, rapid urbanization and industrial development have created problems connected with the growing elderly population. Harpham (1994) noted that those involved in urban health planning in developing countries need to reconsider public policy in order to address the mounting problems across the lifespan of an ever growing and an aging population.

Philips and Verhasselt (1994) have pointed to the social and political disruptions in parts of Sub-Saharan Africa as major threats to health and emotional well-being. Political violence that percolates or erupts in one part of the region can affect the health, welfare, education, economics, and other quality-of-life aspects of the entire region. Philips and Verhasselt have argued that post-violence victims, whether injured physically, psychologically, emotionally, and/or spiritually ". . . rarely receive the care they need in these poor conditions of development" (1994, p. 315).

Preliminary Research

The findings of an intensive case study of counselor training needs in Lesotho (Sebatane, Levers, & Ralebitso, 1993)--one of the poorest countries in southern Africa, and arguably somewhat illustrative in terms of the need for human services--and subsequent follow-up studies involving several other SADC countries (reported in Levers, 1997b; Levers & Maki, 1994, 1995), revealed a need for culturally sensitive counselor training among the indigenous professionals and paraprofessionals in those countries. As one African professional put it, her country was experiencing a "human services crisis." The following excerpt from a World Health Organization (WHO) publication provides a succinct framework for understanding the human service crisis that presently exists in southern Africa:

The past decade has witnessed a remarkable increase in the awareness of governments, top-level health administrators and decision-makers in developed and developing countries of the magnitude and nature of mental, neurological and psychosocial problems, and of the pervasive importance of psychosocial factors for general health and overall development. This awareness includes a recognition of the multitude of stresses likely to increase further mental, neurological and psychosocial disorders. People in developing countries are particularly exposed to such stresses, which range from deprivation and malnutrition to consequences of war, poverty and environmental deterioration. What is more, in many

countries social networks and other features of community life, which have until recently played an important protective role against the damage that can be caused by these factors, are significantly affected by trends of community disintegration, family breakdown in conditions of rampant urbanization, economic stagnation and related factors. (WHO, 1987, p. 123)

The following counselor-training-related issues were identified as problematic in one part of southern Africa, with possible implications for the entire region: the lack of basic counseling skills training; the lack of indigenous training opportunities; the lack of cultural specificity in donor service provision; and the lack of centralized service coordination, especially as it might better integrate educational and health factors among donors, governmental agencies, and Non-Governmental Organizations (NGO's) (Levers, 1997b; Sebatane, Levers, & Ralebitso, 1993). An analysis of identified problem areas indicated that the following needs should be addressed: provision of basic counseling skills training in the areas of education, health, mental health, and criminal/juvenile justice; opportunity for culturally sensitive counselor training "at home"; conducting a systematic needs assessment; and coordination of service provision (Levers, 1997b; Sebatane, Levers, & Ralebitso, 1993). In a separate study, traditional healers in three southern African countries identified the need for healers to be included in any cross-training efforts aimed at professional counselor development (Levers & Maki, 1994, 1995).

Rationale for a Collaborative Project

The countries that comprise the southern African region have coordinated sustainable development efforts in multiple arenas by forming the Southern African Development Community (SADC). Their successes in economic development are perhaps prototypical for other interests in the region and should not be overlooked by such concerns as education and health. The SADC countries face many of the same socioeconomic problems that affect most other developing nations, as well as some which are unique to southern Africa. However, there is very little "social service infrastructure" present and aimed at addressing these problems in most of the southern African countries. And where services *are* available, providers usually represent Western donor organizations, having sufficiently humanitarian intentions, but sometimes lacking necessary knowledge about the complexity of culturally specific aspects of local needs.

A strength of the SARCTARC model is that it can capitalize on regional cultural similarities as a unifying force, while at the same time retaining the flexibility to attend to the cultural variance that exists among the SADC countries, or even among different groups within a single country. It is therefore essential that all efforts to train counselors incorporate the highest level of cultural specificity into the training models (Friedman & Hedlund, 1991; Levers, 1997a, 1997b; Nwachuku & Ivey, 1992; Vontress, 1991; Wehrly, 1987). It is also essential that training involve professional pluralism. The 1977 WHO Assembly adopted resolutions to integrate traditional systems of medicine into national and primary health care systems; the WHO and UNICEF sponsored the 1978 Ata Alma conference, where additional resolutions were passed to attain the "Health for All by the Year 2000" strategy (Hyma & Ramesh, 1994). Many southern African countries have incorporated elements of indigenous healing into national health care systems and

adopted pluralistic medical practices. It is important that professionals working for Western donor organizations offering allied health services in developing countries adopt a parallel attitude toward professional pluralism among practitioners of counseling and other human services (Levers, 1997b).

The human-services-needs-continuum in the southern African region goes well beyond what is usually considered to be the scope of human services in the West. First, the traditional medicine system is considered a part of the whole African cosmological perspective; therefore, the modern biomedical conceptualization of a mind/body separation is not a part of the more holistic African cosmological world view. Simply put, for most Africans, health and mental health issues are not separated in the same way as in the West, yet donor organizations have attempted to implement social services models based on such dualistic theoretical premises. There is a strong cultural need for service provision to be conceptualized in pluralistic and interdisciplinary ways that are inclusive of an indigenous healing perspective (Hyma & Ramesh, 1994; Philips & Verhasselt, 1994; Raubenheimer, 1987; Van Schoor, 1989; Vontress, 1991). Levers (1997b) and Levers and Maki (1994, 1995) found this to be true in investigations of the practices of traditional healers in several southern African countries, in reference to disabilities; ethnorehabilitation and psychoecological pluralism were more viable theoretical models for understanding human service needs in southern Africa than a more dualistic biomedical model. In their research on indigenous models of helping in non-Western countries, Lee, Oh, and Mountcastle (1992) noted the importance of kinship and ancestral and spiritual influences on the counseling relationship and process; they emphasized "...the importance of American [and other Western] counseling professionals assuming a global perspective on the nature of psychological distress and the myriad means of addressing challenges to mental well-being" (pp. 9-10).

Second, recent political change and related economic development opportunity in the southern African region connect education and health issues in ways not previously accounted for in governmental systems patterned largely after European systems and having discreetly functioning Ministries of Education and Health. It is precisely the space at the intersection of education and health to which this project would direct its efforts to train professional counselors who are adept at providing combinations of the following services: career/vocational counseling and school-to-work-transition interventions to age-appropriate school children; health and mental health counseling to children and adults in rural and urban areas; disability-related counseling; substance abuse counseling; and linkages between the biomedical and traditional healing communities. Positions already exist in which African workers are providing some of these services, but they largely do so without the benefit of even basic skills training. For example, the Rural Health Motivator may provide health, mental health, and rehabilitation counseling services, as well as linkages between the biomedical and traditional healing communities, but probably has had formal training only in the last area; teachers are called upon to provide career and vocational counseling, as well as guidance services to their students, yet teacher training centers often do not provide the pre-service basic training to do so.

Third, and finally, people in the southern African region have suffered from the effects of colonialism, severe poverty, wars, apartheid-related trauma, the effects of massive relocation in the case of refugees, a lack of sufficient health care, and a lack of educational and vocational opportunities--precisely the sorts of psychosocial stressors alluded to in the WHO publication cited above. Perhaps the notion of an education/health intersect, especially in reference to the postcolonial African nations under discussion here, can best be understood by citing from An Uneasy Walk to Quality, a history of the nursing profession in Botswana, written by Serara Selelô-Kupé, Chair of the nursing department at the University of Botswana, where traditional healing has been incorporated into the Westernized nursing curriculum. Also an instrumental leader in educational aspects of WHO concerns, Dr. Selelô-Kupé states the following: "This book might as well be titled all of the following: *Colonialism is dangerous for the education and the health of the colonized people*. *Sexism is dangerous for your education and for your health*. *Professional domination is dangerous for the education and health of the dominated professions*. *Racism is dangerous for your education and your health*" (*Preface*, 1993). The effect of colonialism in contemporary southern Africa may be the exact point at which health and educational issues intersect; however, the aftermath of colonialism is only one part of a much larger current picture.

An examination of postcolonial nation states and their governmental systems in the southern region of Africa reveals a relatively universal, if not united, agenda for democratic reform and sustainable economic development (Seidman & Anang, 1992). The current status of such reform and development is tenuous at best; its future remains in some ways dependent upon the continuation of assistance by industrial nations. Yet old notions of a politically unstable continent dependent on Western aid are giving way to a more contemporary vision of emerging self-efficacy. An editorial in a recent issue of The Economist provided the following insight:

Indeed, sub-Saharan Africa is in better shape than it has been for a generation. A new sort of African leader is trying to break the addiction to foreign aid, and to the idea that Africa's woes can be blamed forever on the legacy of colonialism. They are beginning to see their countries not as victims but as emerging markets, capable by dint of their own efforts of profiting from the freer flow of trade in the global economy. It is high time that foreigners began to see Africa that way too. (*Emerging Africa*, 1997, p. 13)

In the same issue of The Economist, Jeffrey Sachs (1997), a professor of international trade at Harvard University and director of the Harvard Institute for International Development, argues that geographically challenged areas, such as sub-Saharan Africa, can be positively affected, in the face of globalization, through well-conceived economic development policies. Recent theories of microeconomics take into account the interrelationships among poverty, health, and education issues in developing countries and their labor markets (Ray, 1998). Responsible policies that support growth theories of economic development can serve as models for and be extended to include education and health issues.

Project Strategy

A significant contribution can be made by donors, in support of the southern African region's agenda for democratic reform of their governments and related sustained economic development, by continuing to focus on education and health issues and thereby attending to the intersubjective well-being of persons living in the region. However, such assistance must be sensitive to aspects of traditional cultural values that may differ from the epistemological assumptions of Western education, health, and human services.

A project such as SARCTARC is psycho-ecological and pluralistic in its conceptualization; it embraces the confluence of health, social, economic, cultural, and educational issues and needs; and it focuses on cultural sensitivity as a central position. It also offers a format for training African human service professionals in a set of skills that they have identified as important to their own professional development and that would be adapted to the cultural needs of southern African countries. In turn, those trained with a set of counseling skills that link health and education issues could join with school personnel on the one hand and indigenous health care providers on the other hand to optimize current health and education opportunities available to the southern African people, as well as to create potential opportunities for the future.

The aim of the SARCTARC project can best be achieved through a donor country/Southern African Region collaborative effort. This effort would involve African and the donor country's educational institutions, and governmental and non-governmental agencies. The collaboration also would involve, of necessity, the Ministries of Education and Ministries of Health in the SADC countries. The SADC countries have a nearly two-decade history of successfully collaborating in their project-oriented approach to regional cooperation (Martin, 1992), so the SARCTARC would be patterned after such project orientation rather than a centralized-location model. This also follows a recent trend on the part of major donor organizations away from the centralized-location model toward coordinated regionalization (B. Otaala, Dean of the College of Education at the University of Namibia, personal communication, 5 August 1997).

One strategy for effective collaboration is the inauguration of the project through a pilot project in only a few select SADC countries. This would make the project more tenable, as well as more manageable, in the beginning stages. For example, the project could begin where there is strong local support, with these countries serving as the nucleus and start up. An advisory group representing the region would need to be organized, and other countries could join the project, as the model develops, and of course depending upon interest.

Another strategy for effective collaboration is the use of already existing precious resources, rather than an attempt to "reinvent the instructional wheel." For example, the project would try to negotiate a collaborative relationship with the African Virtual University (AVU), a newly funded project of the World Bank. A brochure from Kenyatta University describes the AVU project in the following way:

The African Virtual University (AVU) is a concept of distance education which uses [a] technological mode of instructional delivery. It is the first of its kind interactive - instructional telecommunications network established to serve countries of Sub-Saharan Africa....[Its] mission is to use the power of modern

information technologies to increase access to educational resources throughout Sub-Saharan Africa. (B. Otaala, personal communication, 5 August 1997)

SARCTARC Project

The primary goal of the SARCTARC Project is to provide support services to educational institutions, health organizations, Ministries, and NGO's throughout the southern African region in the pre-service and inservice training of professional counselors and the inservice crosstraining of other allied health professionals in matters related to professional counseling. The project would consist of three phases: (1) start-up activities, development of a representative advisory group, a comprehensive needs assessment, preparation of culturally relevant training materials, and beginning grass roots training; (2) counselor training, train-the-trainers training, and development of a culturally relevant university curriculum; and (3) the initiation of a university-based counselor education program(s). Methods of product delivery include but are not limited to satellite uplink teleconferencing and computer interactive learning, as well as more traditional modes of academic learning and inservice training. Deliverables also would include crosstraining with allied health professionals and traditional healers interested in project objectives.

Education and health care are both vital aspects of the counselor-training-related problems and needs identified in southern African countries. Professionals and paraprofessionals currently work in counselor-like capacities, but with little--or most often no--basic skills training. The project first would train those already providing counseling services but lacking previous counselor training; then it would build upon this base, training trainers and other counselors, and ultimately expanding to assist in the design of university curriculum.

There are a number of counselors in various southern African countries, having received Master's degrees (in some cases doctorates) in counselor education from American and British universities, who have experienced frustration upon returning home to find that their training had prepared them for work in an industrial rather than developing context (see a fuller discussion of this issue in Levers, 1997b). The SARCTARC project would avail these professionals of the opportunity to "retool." They would be the most likely resources to inform the project activity around infusing cultural specificity into the counselor training models. They also would be the most likely candidates for the initial train-the-trainers stage, becoming trainers themselves and preparing African professionals to matriculate into the initial university programs for advanced study in counselor education.

Ultimately, experienced African professional counselors would be empowered as the first generation of counselor educators, trained on "home soil" and building counselor training programs at African universities. Once university programs are in place and running, the need would lessen for an independent project like SARCTARC; the counselor education programs and their graduates would naturally network and eventually assume the work of the project. Built into the conceptualization of this project is that the donor country's counselor educators can assist in the earliest stages of the project by providing the "technology" for designing and disseminating culturally sensitive models of counselor

training that are "good fits" for the southern African region and that can adjust to the needed levels of training, from "grass-roots" to graduate degree; however, an ultimate objective of the project is that indigenous counselors and counselor educators be empowered by the activity of the project to provide culturally relevant services to their various constituencies, from villages to universities. It is anticipated that by the end of the project, an infrastructure will be securely in place for Africans training African counselors in Africa. In other words, the project is pre-programmed for the planned obsolescence of non-African leadership.

Need for the project can be demonstrated in the areas of educational development, economic development, career development, improved health care, and the improved delivery of human services. The start-up agenda for the project includes establishing a regional office to begin phase-one activity. An estimated time line for the project is seven years.

Conclusion

In his contribution to a special issue of the International Journal of Intercultural Relations devoted to training global counselors and psychologists, the following was astutely asserted by Courtland Lee, a professor of counselor education and a past president of the American Counseling Association:

As the world enters a new century, counseling professionals have the opportunity to assess the philosophy and scope of mental health intervention. The philosophy of counseling in the 21st century must encompass a commitment to social change that focuses on helping to empower individuals to meet the challenges of global transformation. The scope of this commitment must entail a global collaboration of counseling and related mental health professionals who have the awareness, knowledge, and skills to promote human development locally, nationally, and internationally. (Lee, 1997, p. 285)

A counselor training and resource center, such as the one suggested here, has the potential to assist the southern African region in meeting the challenges of global transformation. This training endeavor stands to be of great benefit to professional counselors, those who train counselors, and the people to whom counseling services are rendered. By extension, such a center can ultimately have a positive effect on all the people of the region by empowering service providers to address intersubjectivity and human development issues related to health, education, and economic development in culturally appropriate ways. If successfully funded and initiated, the project also could serve as a model for collaborative work in other regions of the world where sociopolitical, cultural, and ethnic strife has affected the well-being of people in the region. Such a model has the potential for sustaining economic development, while fostering human development, in ways that are culturally sensitive and globally relevant.

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